Utah Children's Justice Center Program

National Children's Alliance®

The Outcome Measurement System (OMS)

Improving Outcome Measurement in Utah

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The Basics - What is OMS?

- A standardized, research-based system of surveys designed measure CAC performance based on stakeholder satisfaction.
  - Items are based on issues of most importance to CACs, MDTs & families.
- Purpose of OMS is to help CACs evaluate their programs in order to:
  - Increase the quality of services provided to children and families.
  - Improve the collaborative efforts of MDTs.
- Voluntary program – all NCA members are eligible to participate, but are not required to do so in most cases.
  - Some states have linked participation to state funding streams.
  - Some non-NCA-members may also participate
    - If they have clear plans to become NCA members in the future, as OMS will hopefully help develop programs in alignment with accreditation standards.

The Basics - What is OMS?

- Participating centers must use core OMS survey items for national comparisons, but may add extra items relevant to their particular center.
- OMS offers an advanced system, without the expense or technical expertise that would be required for an individual CAC to develop such a system. It also connects you to a national network for benchmarking.
- Although the online system has many features, we do not expect you to be a technology expert! We can tailor training & technical assistance to your individual needs and we can do many functions for you so all you have to do is collect the surveys!
- Results are automatically compiled into state, regional, and national reports, without any need for you to manually send reports to those organizations.

History & Development of OMS in Texas

- OMS was originally developed by the CACs of Texas through collaboration with researchers at the University of Texas - Austin.
- Development was rigorous and evidence-based, involving an extensive literature review, instrument analyses, site visits, focus groups with CAC Directors, and pilot testing to ensure high statistical reliability & validity.
- The development process lasted from 2006 until 2009 and the resulting system was expanded to most CACs in Texas by 2010.

children's advocacy centers™ of texas

National Adoption & Expansion by NCA

- NCA identified outcome measurement as a primary need in the 2010 Strategic Planning process.
- After hearing about the success of OMS in Texas, NCA entered into an agreement with CACTX to adopt the system and began introducing it to additional states as a “pilot program” from January 2012 to June 2014.
  - Adoption of the system was divided into waves, with Chapters joining in groups each year until July 2014 and on a rolling basis thereafter, with the last state (New Mexico) joining in December 2015.
  - Utah was one of the first states outside of Texas to start using OMS

National Adoption & Expansion by NCA

- Collaboration with the Crimes against Children Research Center at the University of New Hampshire began in July 2013 to make improvements to the program, including survey revisions and technology advancements.
- NCA created the OMS Coordinator position at the beginning of 2014 to oversee expansion and improvement of the program, as well as provide ongoing training and technical support to all participating centers.
- Surveys were revised slightly and transitioned to an online system (FluidSurveys) in July 2014.
- Ongoing revisions are planned approximately 2-3 years apart (next in July 2017), to ensure continued adaptability and success of the program.

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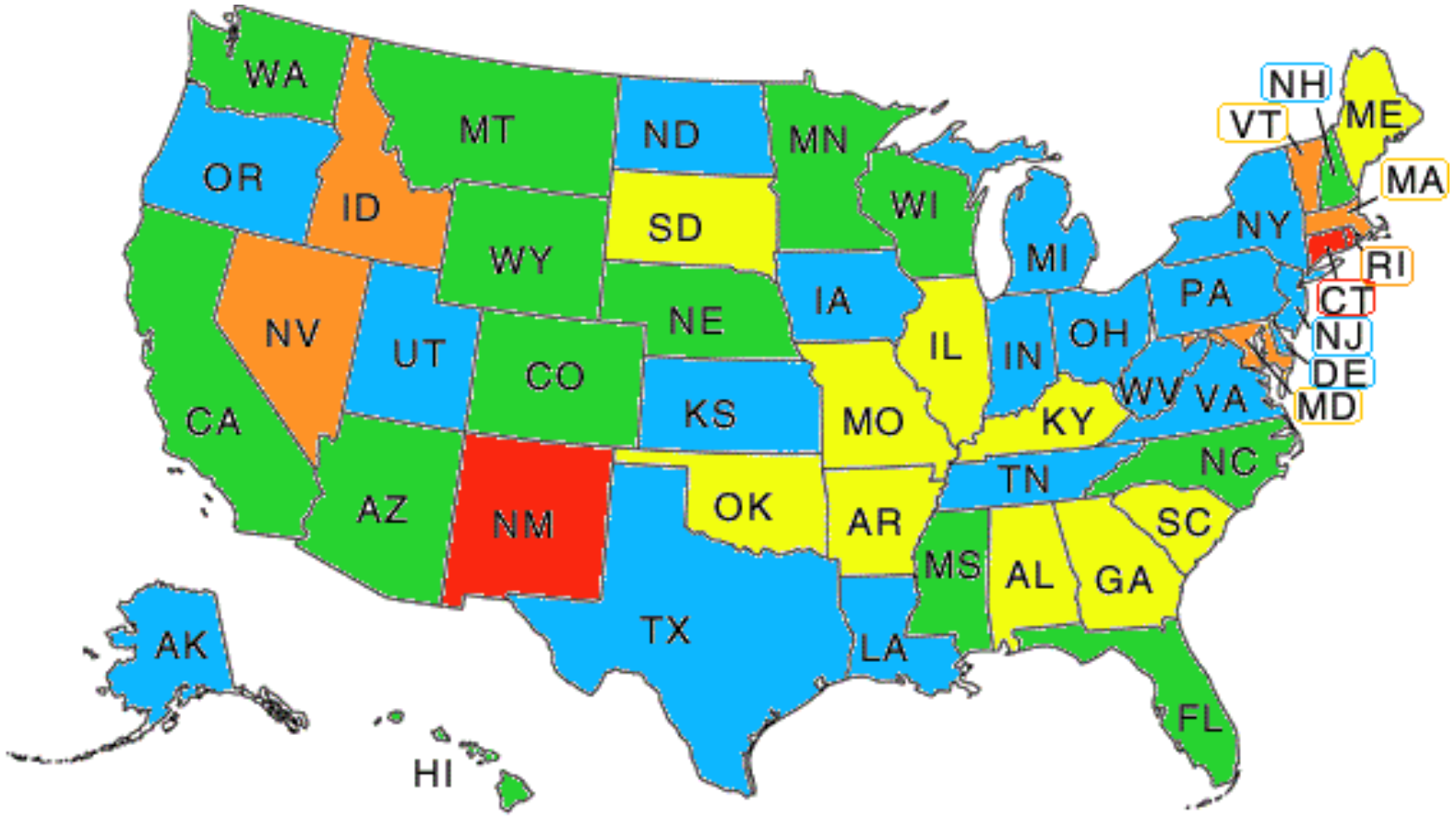
OMS Expansion - Now Available in All 50 States



When the 1st CAC in each state joined OMS:

Blue - 2012 (+ Texas since 2009)

Green - 2013 **Orange** - Jan. to June 2015

Yellow - 2014 **Red** - July to Dec 2015

Full CAC Participation in 20+ States

635+ CACs

2 International Locations:

Canada

Australia

How can CACs use OMS results?

Improve Services

- Establish common goals, ensure all staff are working toward these goals
  - Measure outcomes that are necessary and valued by all CACs
    - Communicate desired outcomes to staff and stakeholders
  - Also measure issues relevant to your individual Chapter & CAC
    - Add your own questions to explore special populations and local services.
- Identify strengths and areas for improvement – prioritize resources
  - Find out which parts of your CAC are most valued by caregivers & MDT members
    - Continue or expand effective services
    - Provide positive feedback to staff members, raising morale
  - Fix problems identified by participants
    - Improve services with low scores or make decisions to discontinue or scale back ineffective programs
    - Give guidance to staff members, use as an opportunity to re-direct unsuccessful work practices.

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How can CACs use OMS results?

Raise Awareness & Engage Partners

- Enhance public image of CACs
  - Add statistics to public awareness campaigns
  - Share results with local newspapers and other media outlets to raise awareness about the CAC
  - Include results as part of flyers and brochures distributed by community partners
- Remind partners why the CAC is so important
  - Engage professionals from partner agencies to increase involvement in the MDT/CAC
  - Show partners that your stakeholders value the services of your CAC
- Engage board members
  - Provide boards with information to use in planning and evaluation
  - Attract community/corporate representatives to diversify your Board

How can CACs use OMS results?

Increase Funding & Other Resources

- Improve likelihood of securing and retaining funding
  - Outcomes have become an expectation for many funders
    - Use OMS results as part of applications for grants, certifications
    - Often accepted in place of other funder-required surveys, since OMS addresses primary issues of importance and allows for the addition of funder-specific questions. We can help you “merge” OMS with other surveys.
- Support changes in legislation
  - Center results are combined into state, regional, and national statistics used by the State Chapter and NCA
  - Show state and federal representatives why CACs are valuable
  - Provide statistics to representatives to use in their fight for changes in legislation
- Build new partnerships with other organizations
  - Show other organizations, such as other community-based programs and research institutions, that your CAC is valued by stakeholders and would make an effective partner.

The Bigger Picture

- Remember, OMS results are also included in aggregated reports for the State Chapter and NCA
- **NCA and Chapters use OMS data to advocate for <u>YOU</u>**
  - We need this data to show why CACs are so important
  - This allows us to fight for the resources your program needs to survive and thrive.
  - OMS helps CACs stand out from other programs
- This is yet another reason why we need ALL centers to participate in OMS and make the best use of this valuable resource.
  - The more data you collect, the harder we can fight for you

OMS and Accreditation

Revised NCA Accreditation Standards go into effect for all CACs with site reviews starting in January 2017 (applications due July 2016 or later)

Two components in particular now focus on collecting feedback and specifically mention OMS in the "Statement of Intent" in the accreditation handbook.

MDT Standard, Component F: The CAC provides routine opportunities for MDT members to give feedback and suggestions regarding procedures and operations of the CAC/MDT. The CAC has a formal process for reviewing and assessing the information provided.

Case Tracking Standard, Component E: CAC has a mechanism for collecting client feedback so as to inform client service delivery.

To meet these two standards, you must provide documentation of how you collect this information. Centers can use other surveys, but must show what and how. The case tracking standard requires that any instrument must be valid and reliable. Centers using OMS are assured to be found in compliance.

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Questions on the History or Purpose of OMS?

Development by CACTX, adoption by NCA, or rollout to State Chapters and CACs

How can CACs use OMS results?

What is the connection to funding, accreditation, etc.?

Up Next: What is on the surveys and how do CACs collect them?

Children's Advocacy Center Outcomes

Two primary outcomes, measured by three surveys:

Outcome #1: The Children's Advocacy Center facilitates healing for the children and caregivers.

Initial Visit & Follow-Up Caregiver Surveys

Outcome #2: The multidisciplinary team approach results in more collaborative and efficient case investigations.

MDT Survey

Highly recommend using all 3 surveys!

Also 2 optional surveys used by 5-10% of centers, no national reports:
Case-Specific MDT Survey & Individual Client Needs Assessment

Part One Webinar: Introduction to OMS (Implementing the Program at Your Center)

How does offering OMS help a CAC?

Show Stakeholders you Value their Opinions

- Give caregivers a voice in the process and show them you care about their children and family.
  - Simply asking for feedback can help caregivers feel more engaged.
  - OMS allows the caregiver to take a step back and consider their visit as a whole, possibly reminding them to ask questions or seek out additional services.
  - **All** caregivers should be given the opportunity to give feedback, even if they decide not to participate. Flexible options will encourage participation.
- Give MDT members a structured, anonymous way to provide feedback.
  - MDT members are in a unique position to see the results
  - Be sure to review the results with the team and collaborate to find solutions to any issues raised in the surveys
  - Shows the team you are listening and will help them feel engaged as partners at the CAC

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Best Practices for All Surveys

- **All CAC staff and MDT members should know about OMS and why you are participating**
  - Practical benefits (i.e. outcomes are often a requirement for funders)
  - Mission-based benefits (i.e. collecting surveys gives stakeholders a voice in the process)
- **Share results with CAC staff and MDT members**
  - Feedback outcomes are important to everyone's work
  - Highlight strengths of the CAC/MDT
  - If areas for improvement emerge, mention these to the team and (depending on the nature of the issue) either inform the team how you plan to address the issue or brainstorm solutions with the team.
- **Be flexible and try multiple methods until you find one (or more) that work for your center**

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Initial & Follow-Up Caregiver Surveys

Similar questions at two time points: Initial visit & follow-up approx. 2 months later

Child Demographics: Gender, Race, Age

Four Areas of Measurement – 2 to 3 multiple choice items in each group

Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, Don't Know

The Child's Experience

Interactions with Center Staff / Overall Impression of Center

Caregiver Access to Information & Services

Preparing Caregivers for Challenges/Future Possibilities

Open-Ended Questions – Examples:

"Would you have liked additional services (for your child/for yourself)?"

"What did you appreciate the most about your experience at the center?"

"Was there anything that the center staff could have done better to help you or your child?"

Additional Service-Specific Questions on the Follow-Up Survey:

Child and caregiver satisfaction with specific services, including…

Forensic interview, Mental health services, Medical exam, Case info/updates

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Best Practices for Initial Visit Caregiver Surveys

- Review surveys with all staff members that interact with caregivers
- Make it a standard part of the process - Offer the survey to <u>every</u> caregiver!
  - Inform caregivers about the surveys from the beginning of their visit, just like any other standard procedures
  - Focus on the benefit to caregivers, an opportunity for a voice in the process, which they often do not have with other agencies.
  - Avoid saying things like “If you want” or “If you have time” – this makes it sound like you don’t really care about their feedback.
    - Don’t frame it as something required by the CAC, Chapter, or NCA
- If they decline or say they do not have time, have a back-up method ready to use.
  - Offer to email the survey or give a printed hand-out with the link.

Introducing the OMS Initial Visit Caregiver Survey to a Potential Participant

At the beginning of the visit:

"We'll wrap up the visit today with an <u>opportunity</u> for you to share feedback. This will only take 5 or 10 minutes of your time and <u>it will give you a voice in the process at the center</u>. We really want to hear your honest opinions about what we are doing well and what we could improve."

Best Practices for Caregiver Follow-Up Surveys

- ❖ Not connected to Initial Surveys
  - Caregivers do not need to complete the Initial Survey to be eligible to take the Follow-Up Survey, so it should be offered to everyone.
- ❖ Timing is flexible - Ideally 2 months, any time after 1 month
  - Allow enough time for caregiver to connect with services, but not so long that contact information becomes outdated or caregivers are unwilling to engage.
- ❖ Inform caregivers at the first visit, ideally after the Initial Survey
  - You may need to collect contact information (i.e. email addresses).
- ❖ Be flexible – try multiple/hybrid approaches
  - Example – centers call and offer to send survey by email or do over the phone
- ❖ Incorporate as part of existing routines (i.e. follow-up calls).
- ❖ Use volunteers and interns – less staff time & neutral 3rd party

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Multidisciplinary Team (MDT) Member Survey

Background Information:

Professional Discipline

Number of Years Working with the CAC Model at the Center

County/Jurisdiction

Areas of Measurement: total of 12 multiple-choice items

Strongly Agree, Somewhat Agree, Somewhat Disagree, Strongly Disagree, Not Applicable

Communication

Collaboration

Structure (Environment/CAC Setting)

Overall Effectiveness of the MDT

Open-Ended Responses

Optional comment boxes on multiple-choice items

“Please share any additional observations, opinions, concerns and/or recommendations.”

Best Practices for MDT Surveys

- Ideally given twice a year, approximately 6 months apart.
  - Preferably once between Jan. and June & once between July and Dec.
- Inform MDT members about the surveys ahead of time.
  - Focus on the importance of their feedback
  - Emphasize that you plan to share results with them
- Email is the most efficient way to collect surveys from team members.
  - Increases the scope of people who will be able to participate
  - Eliminates the need for manual entry of responses from paper surveys
- Give a deadline for completing the survey - 2 to 3 weeks works well for most teams

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First Steps to Start OMS at your CAC

- Forward the OMS Start-Up Email to anyone else at your center who will be responsible for daily operations of OMS.
- Read the OMS Quick Start Guide, which contains these steps.
- Open and save copies of all the attachments in a place that will be easy to access and remember
  - You do not need to read them all at this time: they are like the user manual for your car, just reference them as needed.
- Attend/view a recording of the Part One Webinar
- Review and share surveys with all staff members
  - Save links to the online surveys on your computer/web browser as bookmarks/favorites.

First Steps to Start OMS at your CAC

- You do not actually need to log in to your online account at this point if you are happy with how the surveys look.
  - You are welcome to explore, but certain features will not be active until you actually collect surveys (i.e. viewing responses, creating reports, etc.)
  - If you want to change your survey links or logo, we will show you how to do that in the Part One webinar, but you could also just email the OMS Coordinator.
- Discuss with your team how you want to collect surveys, referencing the options we covered in this webinar.
  - Designate who will be responsible for different roles – administering surveys to clients, entering paper surveys, creating reports when that time comes, etc.

You are welcome to contact your Chapter or the NCA OMS Coordinator at any time in this process or throughout your participation!

Differences Between Accounts & Links

Each CAC has one account – share login information with all staff at your center who will be working on OMS. Please do not attempt to change your log-in email or password without informing your Chapter or NCA.

- FluidSurveys accounts are for administrative purposes.

  Login Page: http://nationalchildrensalliance.fluidsurveys.com/ …

  Username/Email: email@example.com

  Password: 1a2bc3

- Links to each of the survey types for your center – use for accessing surveys themselves (on a tablet, entering paper surveys, etc.)

  Initial Visit Caregiver Survey:

  http://nationalchildrensalliance.fluidsurveys.com/s/kaitlin-initial/

  Caregiver Follow-Up Survey:

  http://nationalchildrensalliance.fluidsurveys.com/s/kaitlin-followup/

  Multidisciplinary Team Survey:

  http://nationalchildrensalliance.fluidsurveys.com/s/kaitlin-mdt/

Multiple Ways to Collect Surveys

Recommend using a variety of methods: Be flexible, all go to one account

On-site Options:

- **Computers/Tablets** (recommended)
- **Scan QR Codes with Smartphones** (may require scanner app)
- **Paper Surveys** (responses must be entered manually)

After Visit Options:

- **Handout with survey link** (and QR code)
- **Email Surveys** (esp. recommended for MDT Surveys)
- **Telephone Calls** (esp. recommended for Follow-Up Surveys)
- **Paper Surveys** (with postage paid envelope)

Multiple ways to Collect Surveys On-Site Electronic options

Recommend using a <u>variety of methods</u>: Be flexible, all go to one account

<u>Tablet / Computer on-site at the CAC</u> – guidelines available

- Set up a tablet or a computer in a private area
- Only basic equipment is needed (< $100 – Allowable expense for NCA members; many CACs have devices donated or covered by grants; can use older computers)
- Works through any **web browser** (no download necessary)

<u>Scan QR Code on Smart Phone</u>:

- Caregivers or MDT members can scan custom QR code, complete the survey on-site with their own smart phone.
- Print hand-outs or display on brochures, poster in common area, etc.

Pros:

- Higher response rates compared to after-visit options
- Very little staff time
- More anonymous
- Cost-effective in the long-term

Cons:

- Higher up-front cost (but grants and donations can eliminate this)
- Center must have Internet access, WiFi for tablets
- Discomfort with technology (staff or participants)

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QR code

Multiple ways to Collect Surveys Links

Distribute the Link as Part of Take-Home Materials:

- Customize link, include CAC name & Survey type: easier to remember, more personal
- Recommend including both the link and the QR code

Send the Survey Link by Email:

- Ask caregivers for email addresses at the initial visit
- Especially easy to distribute to MDT this way
- Use either your own email system (just include your center's custom link) or use the Email Invitation Feature in FluidSurveys
  - Track whether the email invitation has been viewed and completed
  - Responses remain anonymous, option to send reminder email to select groups

Pros:

- Fewer requirements for families/MDT while on-site
- No special equipment needed
- Very low cost – only a few minutes of staff time to send the emails, print handouts

Cons:

- Lower response rates than on-site (may not check email, easy to ignore)
- Not accessible for caregivers without Internet access

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Multiple ways to Collect Surveys Telephone Calls

- Incorporate into existing phone calls whenever possible
  - Will NOT replace general check-ins or case updates
- Great task for interns and volunteers (surveys do not include sensitive questions or case-specific information); can refer caregivers to staff if questions come up.
- Recommend typing responses directly into an online survey – writing the responses on paper and then entering into the online system at a later date is time-consuming, increases chance of data-entry errors, and delays reporting.
- Guidelines, sample script, and call record are available, but you are free to develop your own process depending on what works best for your center.

Pros:

- More personal
- May fit into existing follow-up routine
- No special equipment required
- Accessible to clients without Internet

Cons:

- Much more staff time compared to email
- May be unable to reach caregivers (phone numbers change, etc.)
- Much less anonymous, potential for bias

Multiple ways to Collect Surveys Paper Surveys

- Only recommended in the following situations:
  - Back-up option: caregivers uncomfortable with technology; tablet already in use
  - Rural centers without high-speed Internet
  - Centers with restrictive technology rules
- Staff members' own discomfort with new technology is understandable, but it should not be the only reason for using paper surveys.
  - **Please do not use less efficient methods due to fear about the online system – We will help you! Please share your concerns with us directly.**
- Do not make assumptions that caregivers will not know how to use technology without actually asking them about their personal preferences.
  - **We all know that making assumptions about the families we work with does them a disservice.**

Multiple ways to Collect Surveys — Paper Surveys

- Three options for paper surveys:
  1. Collect on-site in a private location, 5 or 10 minutes at end of visit.
     - Collect surveys in a box, rather than handing directly to a staff person.
  2. Provide survey to caregivers at the beginning and have them complete it throughout the visit and hand it in prior to leaving the center.
     - This MAY be better for families rushing to leave at the end, but often caregivers will forget to fill it out if a specific time is not dedicated to the survey.
     - Reduces benefit of survey as a wrap-up/summary of the visit.
  3. Send the survey home with clients (in their take-home packet with a postage-paid envelope)
     - In general, this is the least effective and most time-consuming method.
     - Combines the low likelihood of receiving a response since it is not on-site with the drawbacks of staff having to enter in responses from paper surveys.

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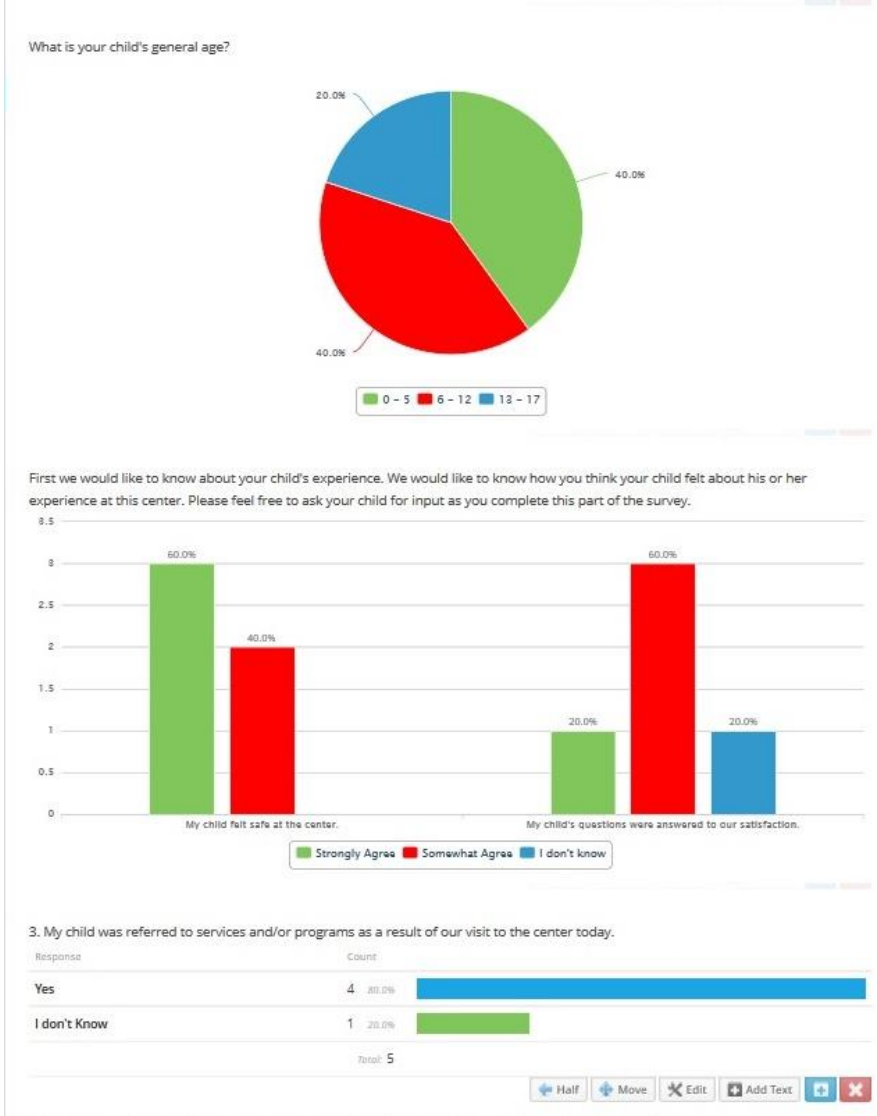
Multiple ways to Collect Surveys Paper Surveys

- Responses should be entered on a regular basis, ideally within 2 weeks of survey being completed.
  - A guide is available with step-by-step instructions for entering surveys via the direct links to your center's surveys.
- **Please do not wait until the end of a collection period to enter surveys!**
  - From NCA and your Chapter's perspective, it looks like you are not participating.
  - Limits the ability to prepare accurate reports if paper surveys have not been entered.
- Paper surveys take more staff time, increase risk of data entry errors/difficulty reading participants' handwriting, and can delay reporting.
  - Even though entering paper surveys generally takes 5 minutes or less per survey, that adds up over time
  - **100 surveys = 500 minutes = over 8 hours, an entire workday!**

Reports in FluidSurveys



- Results are stored for each survey type.
- The responses page shows line-by-line surveys collected by date.
- Aggregated reports - Each CAC can start with a template and make a duplicate copy for customizations.
  - Reports can be exported in many formats (Print, PDF, Word, Excel, PPT)
- Reports can be filtered to look at select groups and timeframes – months, quarters, 6-month periods, and years
- Benchmark performance against state, regional, national results
- Compare your performance to similar centers
  - For example, a hospital-based CAC could compare their results to all hospital-based CACs nationwide

Part Two Webinar: Creating Reports & Sharing Results

Questions on Surveys or Collection Methods?

Initial Visit Caregiver Survey, Caregiver Follow-Up Survey, or MDT Survey

On-site Collection Methods vs. After-Visit/Off-site Methods

Electronic Options vs. Paper Surveys

Spotlight on a Participating CAC

Location: Midwest, serving several counties with a mix of urban, suburban, and rural communities; two satellite centers opened in late 2014/early 2015.

Organizational Type: Independent 501(c)3

NCA Membership Status: Accredited Member

 # Children Served per year: 1,100

Participating in OMS since: July 2013

Staff: 17 total across 3 locations: 1 Executive Director, 1 Program Director, 1 Development Director, 1 Training & Prevention Director, 3 Forensic Interviewers, 4 Child Advocates, 1 MDT Coordinator, 2 Medical Staff, 3 Assistants in various depts

The Child Advocates and Staff Assistant are currently handling most day-to-day OMS responsibilities, but Directors have also been involved in many ways.

Satellite locations may only have 1 or 2 staff members, but are fully participating in OMS.

Although this may be a larger center, the lessons they have learned about administering surveys, and the ways they use survey results, can help guide all centers participating in OMS.

Spotlight on a Participating CAC

How do you collect Initial Visit Caregiver Surveys?

"Our CAC set a goal that our advocates are offering non-offending caregivers the initial survey 80% of the time at the initial visit to the CAC. Our advocates do a great job of getting this done! There are obviously times that offering a survey would not be appropriate, for example when emotions are very high."

In the first year this center participated in OMS, all surveys were done on paper, because that was the only option at the time.

When the online system was launched in July 2014, it took the center a little while to make the switch. The CAC introduced a tablet in September, but from July to December 2014 over 60% of the surveys were still being done on paper.

By January to June 2015, 87% of surveys were done on the tablet. The CAC still offers the paper surveys if a caregiver requests it or if another family is using the tablet, but paper surveys now make up less than 10% of all surveys.

Spotlight on a Participating CAC

What about the Caregiver Follow-Up Surveys, how do you get those?

This CAC does not provide follow-up services like counseling on-site, which means most caregivers will not return to the center.

"During the advocate's meeting with the non-offending caregiver, we are trying to get email addresses now. Many parents prefer this as a way of communication so it has been helpful for continued contact, as well as our follow-up caregiver survey."

"We have our staff assistant sending the follow-up surveys to those caregivers with email addresses, but the response rate has not been great with this. We send a reminder, but if this isn't working (and on cases where we do not have an email address), we attempt to contact non-offending caregivers 3 times via phone for surveys. Interns and volunteers have assisted with this project as well."

From July to December 2014, only 5% of surveys were being done by email. This increased to almost 20% from January to June 2015, although phone surveys still make up the majority of follow-up surveys.

Spotlight on a Participating CAC

How do you collect surveys from your Multidisciplinary Team (MDT)?

"We do our General Multidisciplinary Team survey 1-2 times per year… Our MDT Coordinators are required to work with the team and put together a plan for improvement within 2 weeks of the surveys."

This CAC administered the MDT Survey in December 2014 and October/November 2015. It was sent out entirely by email invitation. Most MDT members responded within 24 to 48 hours of the invitation, making it a fast, anonymous way to gather feedback from the team without taking up valuable time in a meeting. However, the team sent a reminder after about two weeks and this resulted in double the response rate compared to just the one email they sent in December 2014, showing how important it is to send a reminder after the first invitation.

Spotlight on a Participating CAC

How do you use your results? Who do you share them with and what has the reaction been?

Caregiver Surveys:

*"We have used the results of these surveys for funders. In particular, the Victims of Crime Act (**VOCA**) and [State] **Health and Human Services**. This is a great way to show the results of our services according to the families we serve! This **helps funders see what an amazing job we do** and helps our staff see what **areas we may need to improve in**."*

*"For our staff some of the great outcomes have been the **comments families leave**. This may show **themes** such as families wanting more services. Now the families can indicate what services they feel they need. So we have adjusted how we refer families to services and what services we need to have in our back pockets! This is also a **huge boost for morale** when you see how families are grateful for what we have helped with."*

Spotlight on a Participating CAC

MDT Surveys:

*"In reviewing results we can **see where changes need to be made** with regards to the dynamics of a particular MDT. Its great to **hear from our partner agencies how we have helped them**, but it is necessary to hear what we need to improve upon to help them with these cases."*

Overall:

*"We have used comments and outcomes from all surveys to share with our **Board of Directors** how we are doing. We have used this as **kudos amongst our staff** as well."*

*"With everyone requiring agencies to SHOW how you make a difference, utilizing OMS and getting some values on **how we make a difference** and showing **how we have improved in particular areas** has been extremely helpful!"*

This center also uses quotes from caregivers and MDT members in their annual report, and other materials, to give context to other statistics.

QUESTIONS?

For more information, technical support, or any other questions, please contact:

Kaitlin Lounsbury, OMS Coordinator, at

OMScoordinator@nca-online.org

(202) 548-0090 Ext. 211

Feel free to take my business card and call or email any time!