



NATIONAL
CHILDREN'S
ALLIANCE®

Healing, Justice, & Trust

Outcome Measurement System National Report

Member Edition 2015

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This version of the National Report is intended for use by CAC leaders, board members, and MDT partners to benchmark their CACs' performance against national survey responses to identify bright spots and areas for improvement. To share a positive look at the CAC movement with funders, donors, lawmakers, or community partners, please share the "National Report on Outcomes for Children's Advocacy Centers" with the red cover.

Why Use OMS?

National Children's Alliance offers the Outcome Measurement System (OMS) to help Children's Advocacy Centers (CACs) evaluate their programs to increase the quality of services provided to children and families and improve the collaborative efforts of multidisciplinary team (MDT) members. OMS also helps us show, beyond the numbers of children and families that we serve, that we serve them well.

In short, OMS helps CACs demonstrate the impact of their work to stakeholders externally, while benchmarking their progress against the field to identify areas for improvement internally.

The items on each survey were designed to measure two overarching outcomes:

1. How well the CAC facilitates healing for children and caregivers.
2. Whether MDT approach results in more collaborative and efficient case investigations.¹

Note: Statistics with a satisfactory rating below 80% "strongly agree" are considered to be opportunities for improvement and are highlighted in the report with potential solutions. Look for the red icon here for these areas for improvement.



In 2015, **580** Children's Advocacy Centers
submitted a total of



34,000

Initial Caregiver Surveys



7,587

Caregiver Follow-Up
Surveys



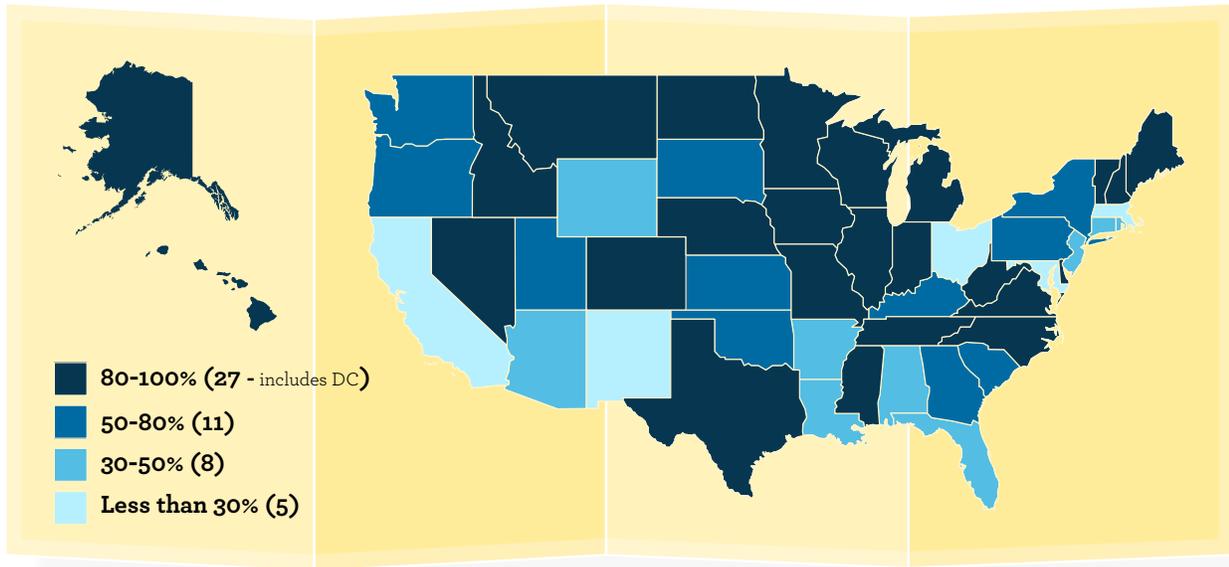
11,472

Multidisciplinary Team
(MDT) surveys

¹ For a detailed look at OMS methodology, please see NationalChildrensAlliance.org/OMSmethodology

OMS Participation by State

To ensure children and families in every state are receiving the best possible care and that MDT members believe the model is functioning well, broad participation in OMS is important. For most states, more than 80% of the CACs in that state collect and submit OMS surveys from caregivers and MDT members. States shaded in darker blue have broader participation from CACs located there, while lighter shades mean lower participation. Together, we can use OMS to get more information to provide the best services we can.



Highlights from 2015 Annual National Data

CACs strive to provide children and families with healing and justice in a child-focused, safe setting they can trust. In this report, we will break down data that demonstrates how well CACs are achieving each of these three goals. Here are a few highlights.



Healing

95% of caregivers agree that CACs provide them with resources to support their children.



Justice

98% of team members believe clients benefit from the collaborative approach of the MDT.



Trust

If caregivers knew anyone else who was dealing with a situation like the one their family faced, 96% would tell that person about the center.





Healing

CACs help to restore lives after abuse

CACs help caregivers and kids feel safe

A caregiver of a child served by a CAC:

“It was not as scary as I thought it would be. You all took the fear out of coming in there and talking. You also did a great job at explaining everything that was happening.”¹



“My child felt safe at the center.” **96.8% Agree**



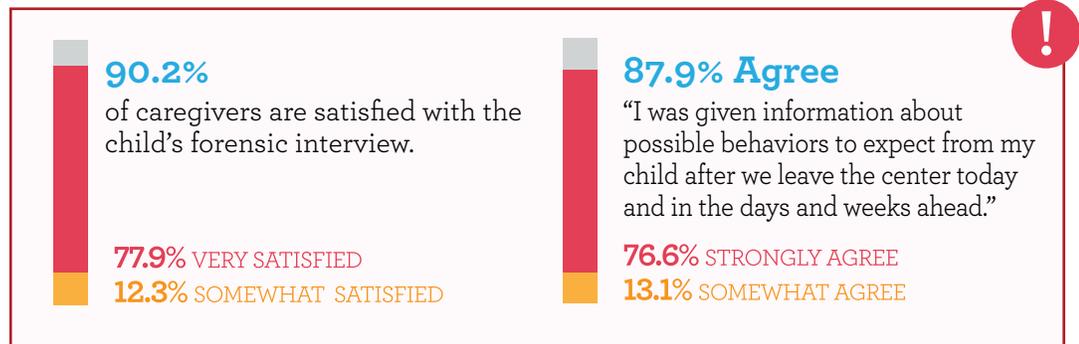
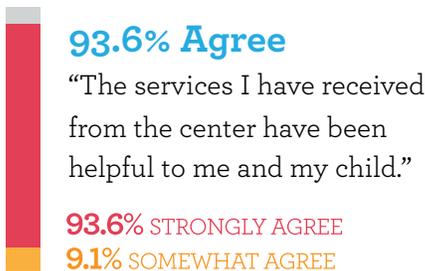
CACs provide support beyond just the initial visit

“Center staff provided me with resources to support my child and respond to his or her needs in the days and weeks ahead.” **94.9% Agree**



Caregivers are satisfied with information and services CACs offer to them and their children

Caregivers are overwhelmingly satisfied with the types of services available from CACs: only 6.7% would like additional services for children and only 6.2% would like additional services for themselves/caregivers.

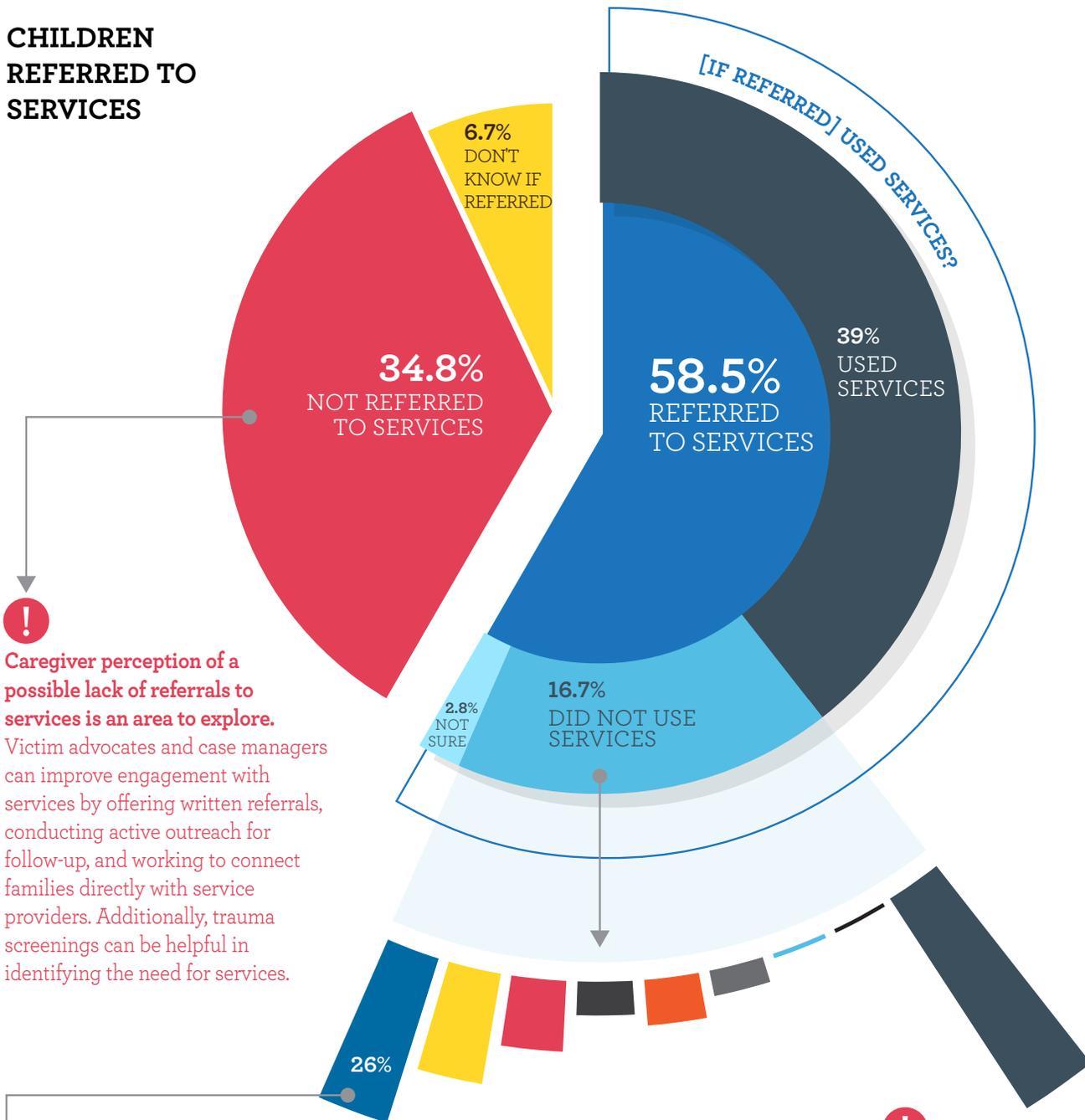


See Opportunities for Improvement on p. 14

Caregivers whose children use referred services find them helpful

Of the 67.6% of caregivers whose children who did use services referred by CACs, 93.2% agreed, “The services my child has received have been helpful to him or her.”

CHILDREN REFERRED TO SERVICES



Caregiver perception of a possible lack of referrals to services is an area to explore.

Victim advocates and case managers can improve engagement with services by offering written referrals, conducting active outreach for follow-up, and working to connect families directly with service providers. Additionally, trauma screenings can be helpful in identifying the need for services.

AMONG REFERRED CAREGIVERS, BARRIERS TO SERVICE DELIVERY PERSIST

Some families have multiple barriers to using services and selected more than one response. Therefore, responses may total more than 100%.

26.0%
CAREGIVERS DID NOT THINK THE CHILDREN NEEDED THE SERVICES

10.7%
CHILDREN DID NOT WANT TO USE THE SERVICES

6.9%
LONG WAIT LISTS, STILL WAITING FOR ONE OR MORE SERVICES

0.7%
NO CHILDCARE FOR OTHER CHILDREN

16.9%
CHILDREN WERE ALREADY RECEIVING SIMILAR SERVICES ELSEWHERE

5.1%
LOCATION OF SERVICES WAS HARD TO REACH, NO TRANSPORTATION

3.9%
DAYS/TIMES OF SERVICES DID NOT FIT FAMILY SCHEDULE

0.6%
SERVICES COST TOO MUCH

37.8%
OTHER REASONS



Victim advocates play a critical role in educating parents to use services. Despite perceptions of professionals, caregivers say the single biggest barrier to accessing CAC-referred services for their children is because they believe their children don't need them. Victim advocates have a critical role in educating and informing caregivers on the need to use these services to help their child heal.

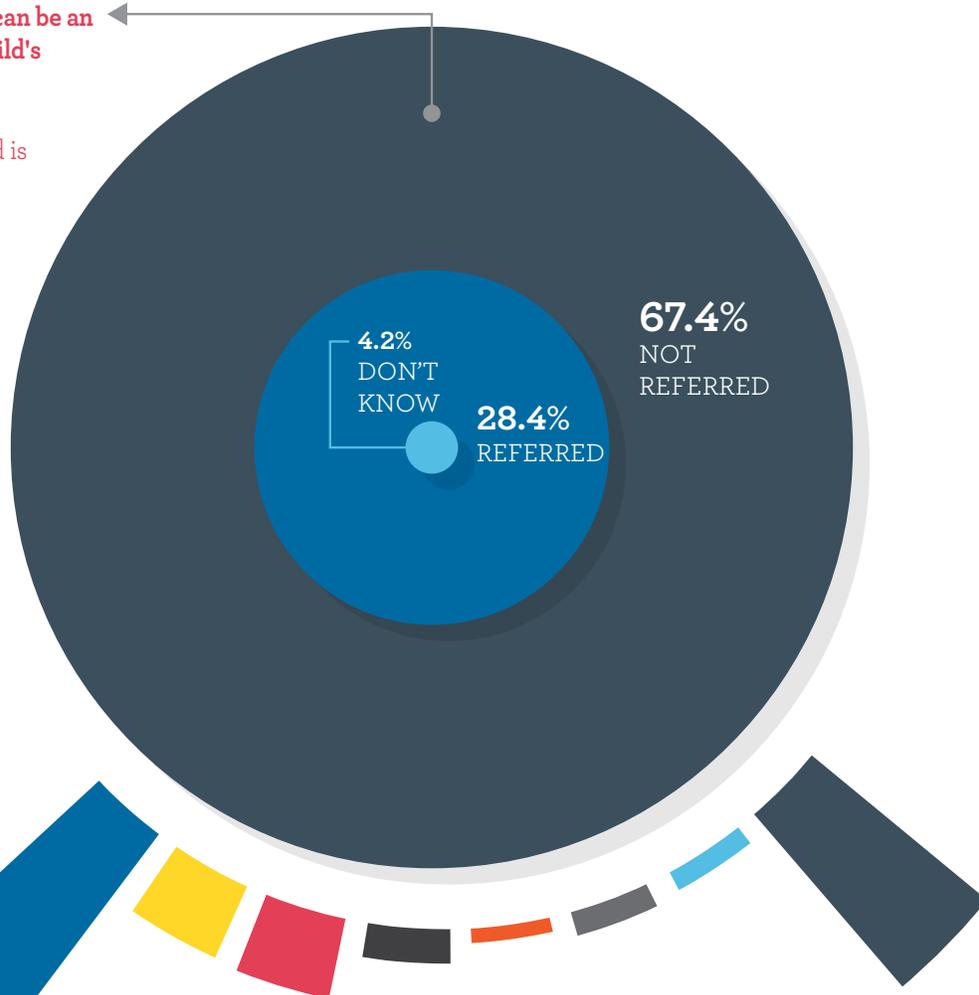
Caregivers tend not to use services for themselves, yet those who do agree the services helped

When they used referred services for themselves, 96% of caregivers agreed: “The services I have received helped me to support my child and meet his or her needs.” 85% strongly agreed.

CAREGIVERS REFERRED TO SERVICES

! Services for caregivers can be an important part of the child's healing process.

A caregiver's ability to provide emotional support for their child is the single most important predictive factor in the child's long-term well-being. Therefore, ensuring that the caregiver gets the care they need is vital for the healing process of the child. Quality intake includes assessing the caregiver's ability to support their child, and whether additional services for the caregiver may be needed.



BARRIERS TO CAREGIVERS USING SERVICES

Some families have multiple barriers to using services and selected more than one response. Therefore, responses may total more than 100%.

53.7%

53.7%
DID NOT THINK THEY NEEDED THE SERVICES

9.0%
DAYS/TIMES OF SERVICE DID NOT FIT SCHEDULE

1.6%
NO CHILDCARE AVAILABLE

2.2%
LONG WAIT LISTS, STILL WAITING FOR ONE OR MORE SERVICES

8.6%
ALREADY RECEIVING SIMILAR SERVICES ELSEWHERE

3.8%
LOCATION OF SERVICES WAS HARD TO REACH, NO TRANSPORTATION

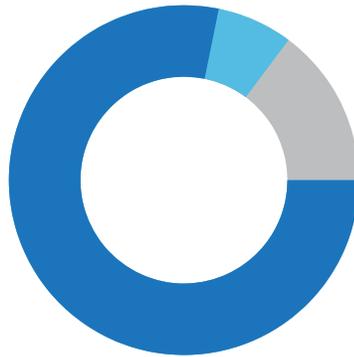
2.7%
SERVICES COST TOO MUCH

25.1%
OTHER REASONS

! **Victim advocates play a critical role in educating parents to use services.** Despite perceptions of professionals, caregivers say the single biggest reason they don't access CAC-referred services is because they believe they don't need them. Victim advocates have a critical role in helping caregivers understand why accessing the support services they need is important to help them cope with the stress of a difficult situation and support their children through the healing process.

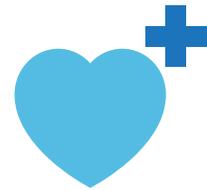
Caregivers are satisfied with medical and mental health services

85.2% of caregivers are satisfied
with the child's medical exam

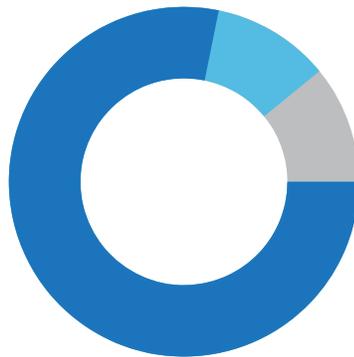


73.5%
VERY
SATISFIED

11.7%
SOMEWHAT
SATISFIED



89.1% of caregivers are satisfied
with the child's mental health/
therapy services

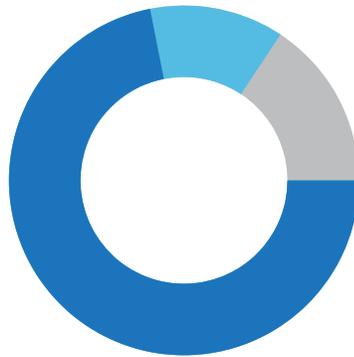


78.2%
VERY
SATISFIED

10.9%
SOMEWHAT
SATISFIED



84.3% of caregivers are satisfied
with mental health/therapy
services for themselves/
caregivers



71.9%
VERY
SATISFIED

12.4%
SOMEWHAT
SATISFIED



See recommendations to improve satisfaction with services in
“Opportunities for Improvement” on p. 14



Justice

CACs strive to ensure just outcomes for kids and protect all children from abusers

CACs foster collaboration among partners in justice

An MDT member from law enforcement:

“The strong multidisciplinary team that we have in our county... makes my job as a detective so much easier in bringing justice for these children. Everyone is a key component in giving these children hope for the future.”



A mental health provider and MDT member:

“Everyone works hard to help these families and children. They are dedicated to the best interest of the child. It is a respectful and collaborative environment.”



A child protective services worker who serves on an MDT:

“All team members work together collaboratively and communicate with each other effectively to help create shared awareness and shared ideas.”



98.4% Agree
“I believe the clients served through the center benefit from the collaborative approach of our MDT.”



98.3% Agree
“The Children’s Advocacy Center Model fosters collaboration.”

Caregivers agree CACs are determined to see cases resolved

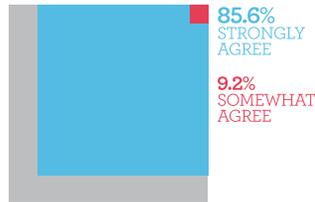
A caregiver of a child served by a CAC:

“I felt good about my child’s future and I trusted the people helping my child.”



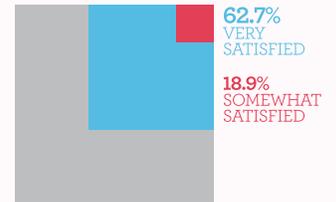
94.8% Agree

“I feel the center has done everything it can to assist my child and me.”



Only 62.7% of caregivers say

they are very satisfied with the information/updates they receive about the status of the child’s case



See Opportunities for Improvement on p. 15



MDT members agree the CAC model helps them work cases better

A medical provider/MDT member:



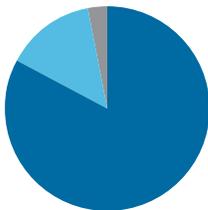
“The MDT meetings are conducted in such a way that fosters communication among members of the team... Respect is given to the concerns and opinions of other members of the team. The CAC also does a great job at looking for ways to improve and stay on top of the newest research...”

A forensic interviewer on an MDT:

“Everyone is allowed to share freely without judgment.”



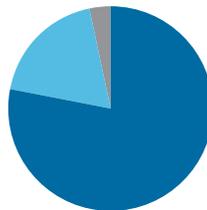
83%
STRONGLY
AGREE
14.1%
SOMEWHAT
AGREE



97.1% Agree

“I have the opportunity to provide input into the forensic interview process, thereby securing the level of information needed to fulfill my area of responsibility.”

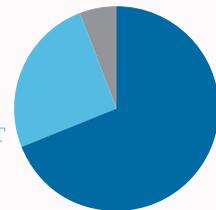
78.3%
STRONGLY
AGREE
18.5%
SOMEWHAT
AGREE



96.8% Agree

“The center provides resources that help me work on these cases better.”

69.1%
STRONGLY
AGREE
25.2%
SOMEWHAT
AGREE



Only 69% of MDT members strongly agreed

“Case review team meetings are useful in the development of cases.”

See Opportunities for Improvement on p. 15





Trust

Children and families served know they can trust their center and the CAC model

CACs foster collaboration among partners in justice

“Everyone seemed to have the whole family’s best interest in the whole situation. They want to be here for us, and help us heal.” ¹



“We felt like someone was finally on our side and willing to listen.” ¹

99.5% Agree

“Staff members at the center were friendly and pleasant.”

97.5% STRONGLY AGREE
2% SOMEWHAT AGREE

99.2% Agree

“When I came to the center, my child and I were greeted and received attention in a timely manner.”

95.9% STRONGLY AGREE
3.3% SOMEWHAT AGREE

96.4% Agree

“If I knew anyone else who was dealing with a situation like the one my family faced, I would tell that person about the center.”

91.2% STRONGLY AGREE
5.2% SOMEWHAT AGREE

Caregivers trust CACs to tell them what to expect



“The tour alongside with us (parents) made them feel comfortable and know [we] were here to be helped.” ¹



“They were very good at explaining what was going to happen and what to expect.” ¹

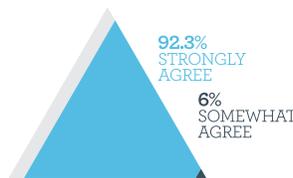
99% Agree

“The center staff made sure I understood the reason for my visit to the center today.”



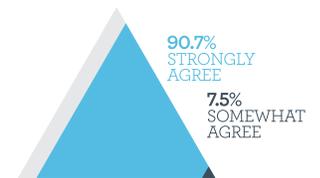
98.3% Agree

“The process for the interview of my child at the center was clearly explained to me.”



98.2% Agree

“My questions were answered to my satisfaction.”



87.5% Agree

“My child’s questions were answered to our satisfaction.”



93% Agree

“After our visit at the center, I feel I know what to expect with the situation facing me and my child.”



93.2% Agree

“I feel I have received information that has helped me understand how I can best keep my child safe in the future.”



Improving communication to caregivers

More than 20% of caregivers did not strongly agree that their child’s questions were answered to their satisfaction or that they knew what to expect with the situation facing them and their children.

A recent analysis showed that many caregivers may not report their children’s questions being answered only because those questions are asked away from the caregiver. This measure can be improved simply by ensuring that the child is given an opportunity to ask any final questions before leaving in the caregiver’s presence.

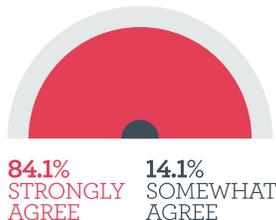
One of the most anxiety-provoking aspects for caregivers is feeling out of control and that they do not know what will happen next. CACs have a critical role not only in educating caregivers about immediate next steps but also making sure that they understand the steps and are sent home with clear, written follow-up materials.



MDT members and their agencies trust the CAC model and each other

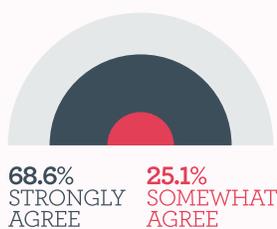
98.2% Agree

“Team members willingly share information relevant to our cases.”



98.8% Agree

“My supervisor/agency is supportive of the CAC concept and the work of the MDT.”

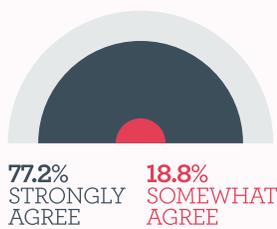
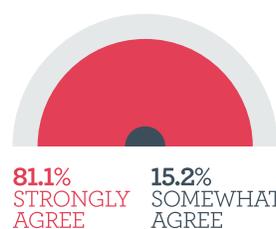


93.7% Agree

“All members of the MDT, as defined by the needs of specific cases, are actively involved.”

96.3% Agree

“The center provides an environment where I feel safe expressing my concerns or making suggestions about the MDT.”

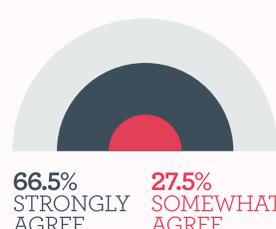


96% Agree

“Members of the MDT demonstrate respect for the perspectives and informational needs of other team members.”

94% Agree

“Other team members demonstrate a clear understanding of my specific agency-related role and turn to me for information, expertise, and direction as appropriate.”



Improving MDT coordination and engagement

While MDT members agree overall with the successful management and coordination of their teams, many only somewhat agree that all MDT members are actively involved, that other members understand their own roles and consult them when appropriate, and that team members respect one another’s perspectives and informational needs. More attentive facilitation of the MDT’s interpersonal mechanics and clearer cross-training on the roles of its members will improve this metric.



CACs and Chapters trust the information in OMS to improve their work

“As we combed through the data we realized that the measures that were the low-scorers had to do with functions that could be handled by advocates. Using the OMS data as the basis of a grant-funded initiative, we focused on supporting their unique role as a family’s ‘rock’ through the process.”



—Caitlin Smith, West Virginia Children’s Advocacy Network



A CAC professional:

“As [an] advocate, the open-ended questions provide the most viable information for me. Was I friendly, helpful, [did I] answer questions? When one category is low, we work to build it back up.”

A CAC professional:

“OMS has helped us give feedback to different program areas, for example: staff members on creating a safe space, on the resources shared/needed, and on other needs of the family.”



“This data allows us to describe to funders the impact and quality of our work that goes beyond the number of kids we serve. We use this data to drive decision-making for immediate training needs and trends, and it even spurs team dialogue about why the full array of CAC services and follow-up is so important.”

—Aurora Myers, Children’s Advocacy Centers of Kansas

A CAC professional:

“Most funders are requesting client feedback, so this is becoming much more important.”



“Using the OMS results greatly strengthened our relationship with the Governor’s Task Force on Children at Risk, which has a very similar mission as our Chapter. They could see the value of what our CACs were doing and the vital role the Chapter can play. It has improved our working relationship.”

—Kathy Downes, Idaho Network of Children’s Advocacy Centers

A CAC professional:

“OMS data was used for a legislative day at our capital. The data was used in a brochure for the day and our new [state child protective services] director incorporated the data into his address.”



Opportunities for Improvement



Caregivers need more information on what to expect



CACs can improve this measure by ensuring that caregivers are given the time and opportunity to better understand the forensic interview process.

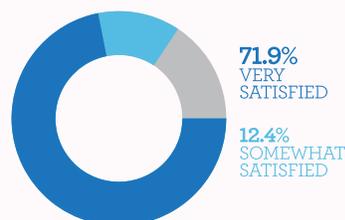
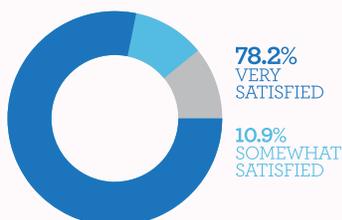
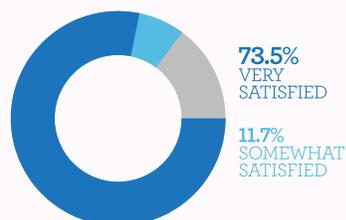


CACs can improve this measure by providing caregivers with information on typical trauma responses and coping strategies.

CACs should be concerned with improving caregiver satisfaction with medical and mental health services

While satisfaction figures represent overall high marks, CACs can do more to improve caregiver satisfaction with medical exams and mental health services for both children and caregivers. Strategies to improve satisfaction could include:

- A "warm handoff" to providers,
- Communication to caregivers that these interventions are not traumatic for children,
- Explaining to caregivers the reason behind requests for follow-up care,
- Education to caregivers on how these services reduce trauma symptoms, improve functioning at home, and school, contribute to the long-term health and well-being of their children.



Opportunities for Improvement

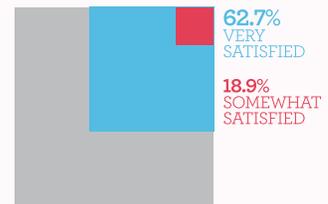


Many caregivers are not fully satisfied with case updates

Only 62.7% of caregivers say

they are very satisfied with the information/updates they receive about the status of the child's case

CACs, in partnership with their MDTs, can work to better inform caregivers on the status of their children's ongoing criminal cases.

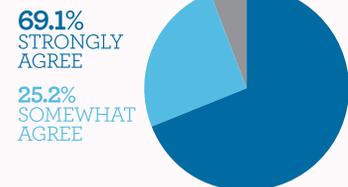


Many MDT members believe case review meetings could be improved

Only 69% of MDT members strongly agreed

“Case review team meetings are useful in the development of cases.”

CACs have an opportunity to significantly improve the satisfaction of their MDTs by ensuring that case review meetings are productive.



¹ Actual quote from a caregiver whose child was served by a CAC in 2015. Survey responses are collected anonymously and the photo is for illustration only.

This project was supported by Grant #2015-CI-FX-K002 awarded by the Office of Juvenile Justice and Delinquency Prevention, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this publication are those of the authors and do not necessarily reflect those of the Department of Justice.



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