



NATIONAL
CHILDREN'S
ALLIANCE®

Healing, Justice, & Trust

Outcome Measurement System National Report

Member Edition 2016

Healing, Justice, & Trust

Outcome Measurement System National Report Member Edition 2016

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 light blue 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: Note: Statistics with a satisfactory rating below 80% "strongly agree" are considered to be opportunities for improvement and are marked with a red icon in the report with potential solutions. Conversely, statistics that have improved significantly since the previous edition are marked with a green icon. Look for the red and green icons for these highlight areas throughout the report.

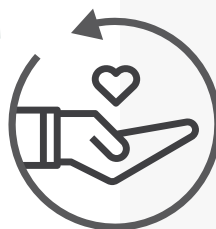


In 2016, **681** Children's Advocacy Centers
(more than 100 new centers participating!) submitted a total of



40,055

Initial Caregiver
Surveys



8,466

Caregiver Follow-Up
Surveys



12,685

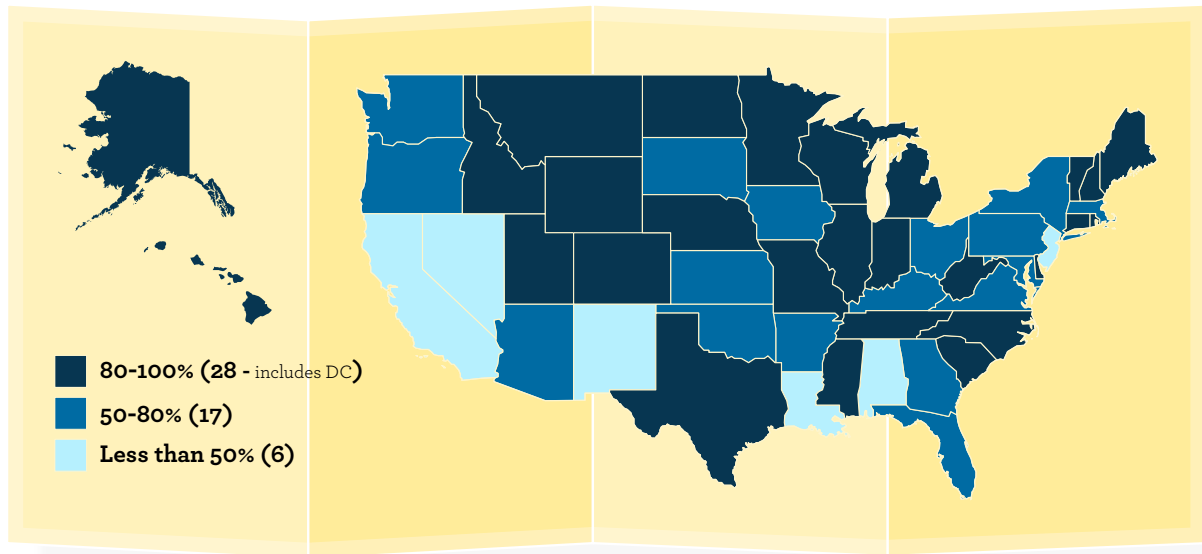
Multidisciplinary Team
(MDT) surveys

That's 61,206 surveys total...**15% more than in 2015!**

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. In most states, more than 80% of CACs 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. Since last year, so many CACs have begun participating in OMS that we eliminated our lowest bracket (less than 30%) altogether. (Way to go, Ohio!) Together, we can use OMS to get more information to provide the best services we can.



Highlights from 2016 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 CACs are meeting each of these three needs. Here are a few highlights.



Healing

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



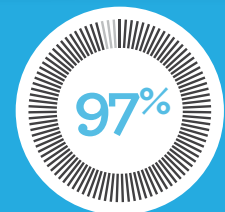
Justice

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, 97% would tell that person about the center.





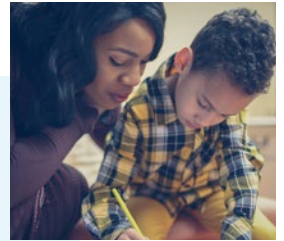
Healing

CACs help to restore lives after abuse

CACs help caregivers and kids feel safe

A caregiver of a child served by a CAC:

“Everyone at the child safe center made me feel welcomed and made my children feel safe. I feel that my anxiety, as well as my daughters, has reduced due to the fact that we have more knowledge as to what’s to come.” ¹



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



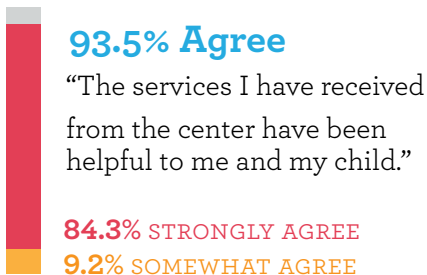
CACs provide support beyond just the initial visit

“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 6.3% would like additional services for children and only 6.2% would like additional services for themselves/caregivers.



See more on p. 8

90% of caregivers are satisfied with the child’s forensic interview.

77.8% VERY SATISFIED	12.2% SOMEWHAT SATISFIED
----------------------	--------------------------

87.8% Agree

“I was given information about possible behaviors to expect from my child after we leave the center today and in the days and weeks ahead.”

76.4% STRONGLY AGREE	11.4% SOMEWHAT AGREE
----------------------	----------------------

See Opportunities for Improvement on p. 16

Are CACs hearing from everyone they serve?

Both nationally and for specific centers, comparing OMS data against the statistical data CACs submit to NCA can reveal the gaps in information we collect from caregivers. Some OMS trends are consistent with the data found in NCA's annual National Statistical Report. However, by measuring the demographic gaps between the overall CAC service population and the proportion of OMS caregiver survey responses, we can see where CACs may not be sufficiently collecting the feedback needed from caregivers of children of all genders, age groups, and racial/ethnic groups, skewing results and preventing CACs from understanding the challenges of all the children and families they serve.

Children whose caregivers submitted an OMS survey

By Gender: **Female: 70.1%** | **Male: 29.5%** | **Other: 0.4%**



Caregivers of boys, who make up **37%** of the children CACs serve, are underrepresented in OMS survey responses.

By Age Group:



By Race/Ethnicity:

African American: 14.5%

Caregivers of African American children, who comprise **20.5%** of the CAC service population, are significantly underrepresented in OMS responses.

Hispanic: 12.6%

Responses from the caregivers of Hispanic children are proportionally close to their **14.6%** of the CAC service population, but Hispanic children, at **25%** of the total child population, are significantly underserved by CACs.

White/Caucasian: 61.4%

White children make up just **53.1%** of the CAC service population, so survey responses from their caregivers are significantly overrepresented.

Native American / Alaska Native: 2.1%

Multi-racial: 7.0%

Asian/Pacific Islander: 0.8%

Survey responses from the caregivers of Asian and Pacific Islander children are consistent with the **1%** of the CAC service population they represent. However, these communities, representing more than **5%** of the U.S. child population, are underserved by CACs.)

Other Race/Ethnicity: 1.6%



OMS and statistical demographic data can tell us a lot about the populations we serve—and which ones require more attention.



CACs should develop strategies to empower caregivers of all backgrounds to provide feedback and attend follow-up appointments. Additionally, translation services, multilingual tools, and increased cultural competency may improve outcomes for all populations. Compare your community's demographics to your OMS and statistical data and see if there's a major gap between the children in your community and those you serve.

A caregiver of a child served by a CAC:

“We were treated with kindness and respect. I feel that we were provided with information to begin the healing process.”¹

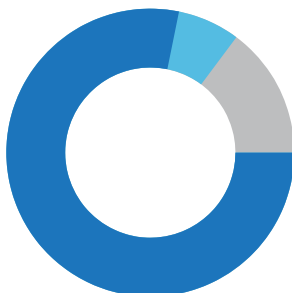


Caregivers are more satisfied with services for themselves and their children

Based on the surveys CACs collected in 2016, CACs are delivering high-quality mental health, medical and other services to children and caregivers.

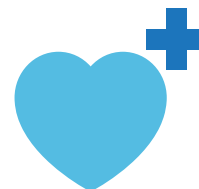
87.9% of caregivers are satisfied

with the child's medical exam



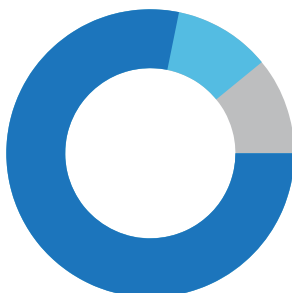
76.9% VERY SATISFIED

11% SOMEWHAT SATISFIED



90% of caregivers are satisfied

with the child's mental health/therapy services



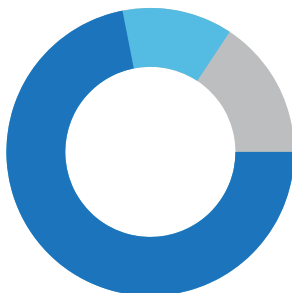
78% VERY SATISFIED

12% SOMEWHAT SATISFIED



86.6% of caregivers are satisfied

with mental health/therapy services for themselves/caregivers



75.9% VERY SATISFIED

10.7% SOMEWHAT SATISFIED



Since last year, caregiver satisfaction with CAC medical and mental health services for themselves and their children has improved significantly. Satisfaction with medical exams for their children went up **2.7%—about 70,000 children** with happy parents! Caregivers reporting they were “very satisfied” with medical exams rose by 3.4%. Caregivers were also significantly happier with mental health services for themselves—3.4% more parents were “very satisfied” with their own services! **CACs are helping caregivers better understand what to expect.** Keep it up!

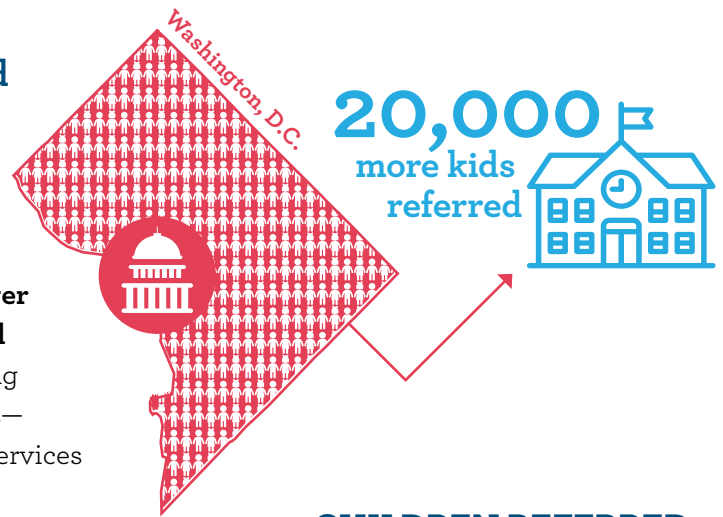


However, more than one-in-five caregivers isn't yet “very satisfied” with medical services for their children or mental health services for themselves or their children.

See Opportunities for Improvement on p. 16 for ways to improve caregiver satisfaction with medical and mental health services.


More caregivers and children are referred to services, and those who use them, like them

Compared to 2015, caregivers report that 3.6% more children are being referred to CAC services—almost 20,000 more kids each year. **The increase alone is larger than the number of all public middle and high school students in Washington, D.C.!** Caregivers are receiving more referrals, too. Referrals to caregivers went up 2.6%—about 8,500 more caregivers being referred to crucial services they needed to support their children.

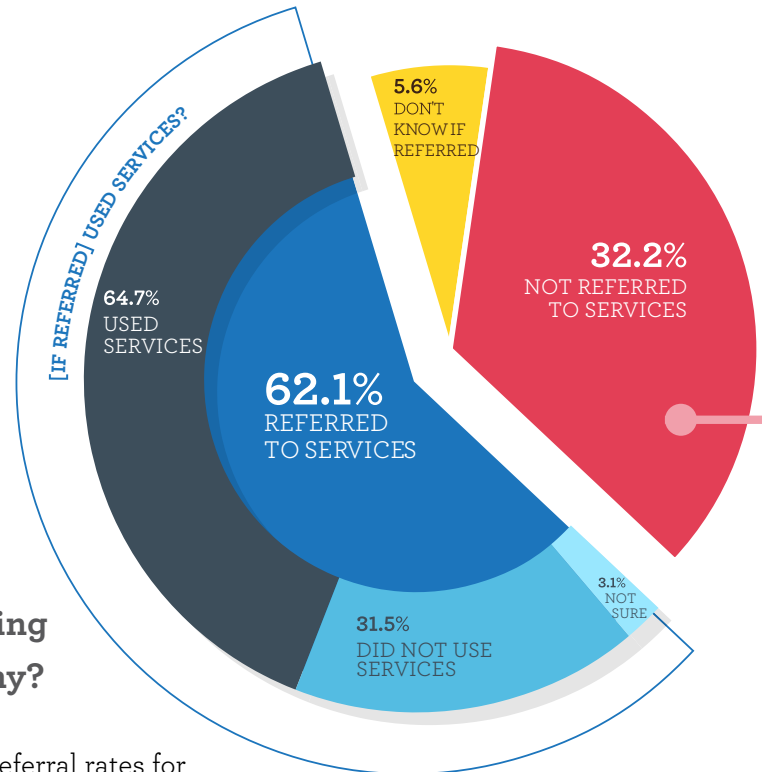


But, there's still work to do

Of caregivers whose children used services referred by CACs, 92% agreed, “The services my child has received have been helpful to him or her.” That’s almost **120,000** kids whose caregivers said benefited from services!



CHILDREN REFERRED TO SERVICES



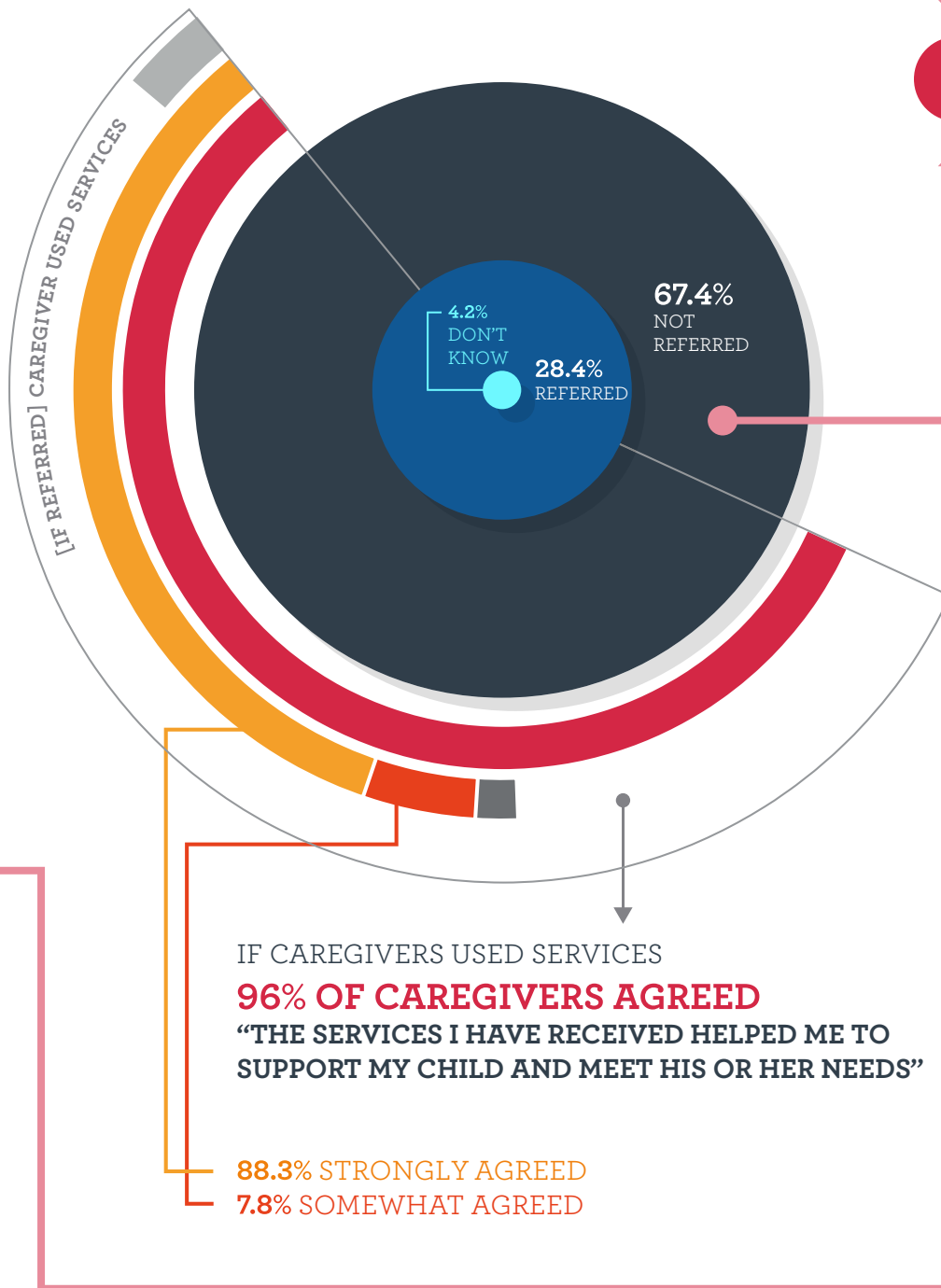
Proportionally, fewer caregivers are using referred services for their children. Why?

Nationally, surveys from caregivers show that while referral rates for services are rising, the rates of children and caregivers using those services once referred are falling. Caregivers reporting they didn’t use referred services for their children rose 2.5%. That may not sound like much, but **that’s 5,000 additional children each year** who need mental health, medical care, or other services, and who aren’t getting them—now about 63,500 children altogether.

What’s keeping caregivers from using these services? Despite perceptions of professionals, caregivers say the single biggest barrier to accessing CAC-referred services for their children or themselves is because they do not believe the services are needed. (27.8% of caregivers who didn’t use referred services for their children said it was because they didn’t think children needed them, while a whopping 53.5% didn’t use services for themselves for the same reason!) Victim advocates have a critical role informing caregivers on the need to use these services to help their children heal, and exploring with the caregiver if there are any past negative experiences with therapy that are creating a barrier to engaging in the service.



CAREGIVERS REFERRED TO SERVICES



Many caregivers still not receiving (or understanding) needed referrals

While not all caregivers and children need referrals, caregivers reported that nearly one-third of all children and almost two-thirds of caregivers didn't get referrals to any services. CACs should start with trauma screenings, which can be helpful in identifying the need for services. Victim advocates and case managers can improve engagement with services by offering written referrals, working to connect families directly with service providers, and conducting active outreach for follow-up.

But, caregivers who do use referred services are overwhelmingly satisfied with them

When they used referred services for themselves, **96.1% of caregivers agreed**: "The services I have received helped me to support my child and meet his or her needs." **88.3% strongly agreed**. That's about **37,500 caregivers** with a positive impression of their services—nearly all of them. More caregivers need referrals to these much-needed and well-received services!





Justice

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

CACs foster collaboration among partners in justice

A prosecutor and MDT member:

“This is the best system for investigating and prosecuting cases. It really helps to have everyone involved from the beginning.”

A medical provider and MDT member: “I believe the MDT provides the patients with comprehensive and compassionate care and am proud to be part of the team.”



A Law Enforcement Officer who serves on an MDT:

“Our local CAC is amazing to work with and they make my job so much easier. I am grateful for a strong, intelligent, hardworking interviewer and advocate who always get the job done and strive to make it even better for all of us, especially the children we serve.”

A mental health provider and MDT member:

“Our team works hard to give our clients the supportive care and our best clinical skills to develop trust and a healing environment. I appreciate the high quality of our team.”



98.1% Agree
84.4% STRONGLY AGREE
13.7% SOMEWHAT AGREE

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



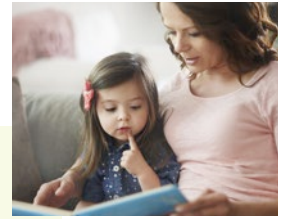
98% Agree
85.9% STRONGLY AGREE
12.1% SOMEWHAT AGREE

“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:

“They made me and my family feel supported. And that my children will receive justice.”

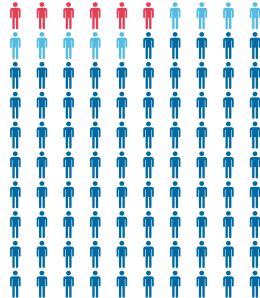


94.8% Agree

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

85.8% STRONGLY AGREE

9% SOMEWHAT AGREE

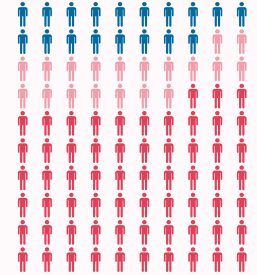


Only 63% of caregivers

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

63% VERY SATISFIED

19.6% SOMEWHAT SATISFIED



See Opportunities for Improvement on p. 17



MDT members agree the CAC model helps them work cases better

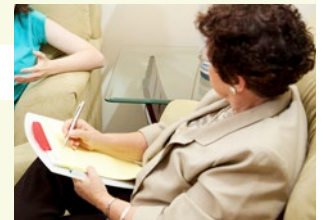
A victim advocate and MDT member:

“The MDT meetings have been essential to collaborating on the direction of current cases, getting answers about procedures that may be inefficient or ineffective, and learning about the expertise of the professionals on the team and how we can work together to improve our functioning.”



A forensic interviewer on an MDT:

“Overall, the team works very well together and works hard to ensure every case is handled appropriately.”

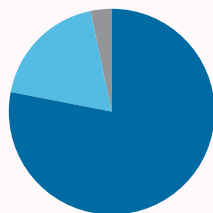


96.4% Agree

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

77.7% STRONGLY AGREE

18.7% SOMEWHAT AGREE

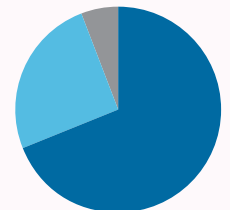


93.9% Agree

Case review team meetings are useful in the development of cases

68.4% STRONGLY AGREE

25.5% SOMEWHAT AGREE



See Opportunities for Improvement on p. 17





Trust

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

Caregivers trust CACs are on their side

“The attention to detail and accommodations to make sure my child felt safe and free to talk or even not talk.” ¹



“Staff was very caring. I felt my child was in good hands during the first visit, and I could trust the people at the center.” ¹



99.6% Agree

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

97.5% STRONGLY AGREE
2.1% SOMEWHAT AGREE

99.3% Agree

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

95.8% STRONGLY AGREE
3.5% SOMEWHAT AGREE

96.7% 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
5.5% SOMEWHAT AGREE

All three of these key, basic measures of caregiver trust in the CAC model were slightly up since last year, despite already being nearly perfect. Keep up the great work!

Caregivers trust CACs to tell them what to expect



“Everyone there gave us information that we needed to be able to understand what our daughter was dealing with so we could make good decisions for her. I felt we received a lot of support there. Thank you.”¹



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

98.8% Agree

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

93.9% STRONGLY AGREE
4.9% SOMEWHAT AGREE



98.2% Agree

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

92% STRONGLY AGREE
6.2% SOMEWHAT AGREE



98% Agree

“My questions were answered to my satisfaction.”

90.3% STRONGLY AGREE
7.7% SOMEWHAT AGREE



87.3% Agree

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

77.6% STRONGLY AGREE
9.7% SOMEWHAT AGREE



92.5% Agree

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

78.2% STRONGLY AGREE
14.3% SOMEWHAT AGREE



93.8% Agree

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

82% STRONGLY AGREE
11.8% SOMEWHAT AGREE



Improving communication to caregivers

More than one-in-five caregivers did not feel strongly 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, before leaving, the child is given an opportunity to ask any final questions while the caregiver is present.

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 affirmatively ensuring caregivers’ plans to take next steps, and providing clear, written follow-up materials to take home.



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

98% Agree

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

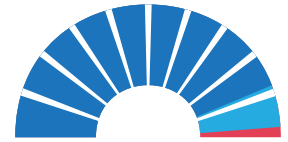
82.2% STRONGLY AGREE
15.8% SOMEWHAT AGREE



98.8% Agree

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

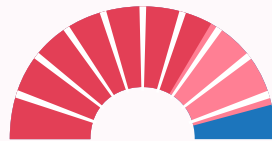
89.4% STRONGLY AGREE
9.3% SOMEWHAT AGREE



93.7% Agree

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

68.6% STRONGLY AGREE
25.1% SOMEWHAT AGREE



96.3% Agree

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

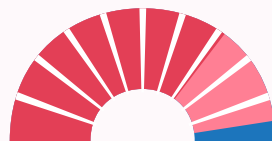
80.1% STRONGLY AGREE
15.5% SOMEWHAT AGREE



96% Agree

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

77.2% STRONGLY AGREE
18.8% SOMEWHAT AGREE



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.”

66.5% STRONGLY AGREE
27.5% SOMEWHAT AGREE



Improving MDT coordination and engagement

While MDT members agree overall with the successful management and coordination of their teams, many only somewhat agree that key aspects of the MDT process are going well, indicating room for improvement.

See Opportunities for Improvement on p. 18.



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

“Results from caregiver surveys enhance discussions around service provision at our statewide CAC Provider Council meetings and we also provide outcomes to our funders and the public through outreach materials. Our centers also use MDT survey results annually to guide conversations”

— Meg Hatch, Maine 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 DCFS director incorporated the data into his address.”

“We often include an “Outcome Measurement News” section in our monthly newsletter to highlight statistics, internal and external uses of OMS. We routinely incorporate OMS into our statewide Membership Meetings, sharing data and sparking conversations about CAC outcomes. We have also created informational flyers for several of our member centers that utilize.”

— Heather Phelps, South Carolina Network of Children’s Advocacy Centers (SNCAC)



A CAC professional:

“The OMS project helped us to receive Children’s Justice Act Funding from [our state]. The results have also helped developing communities and individual MDT professionals to see the benefits of the model.”

“Our CAC works within a larger health care system with multiple layers. OMS helps our program stand out to funders and administrators. It provides concrete information about the work we do with victims, families, and team members, increasing the visibility and long-term sustainability of the CAC.”

—Jane Holzrichter - Horizons Child Advocacy Center - Hutchinson, KS



A CAC professional:

“I have used [OMS results] to educate legislators to show that professionals value the MDT/advocacy center model”

“We use OMS Reports wherever we can, to improve the quality of services our agency provides, and that our Team provides to our clients. The surveys help us identify problems that we wouldn’t otherwise be aware of, as well as celebrate successes when outstanding positive results are captured.”

—Charlsi Legendre - Nashville Children’s Alliance - Nashville, TN



Opportunities for Improvement

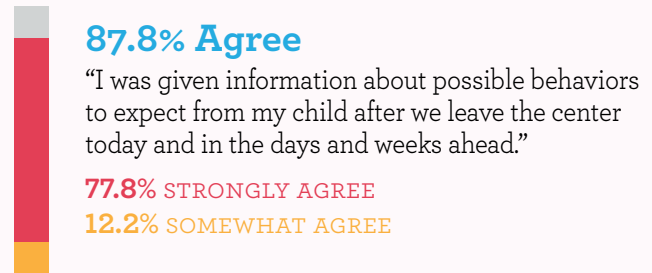


Here's more information on select sections of the report where survey results indicate movement-wide performance needs work.

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.

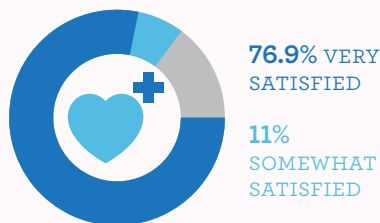


CACs can improve this measure by providing caregivers with information on typical trauma responses and coping strategies.

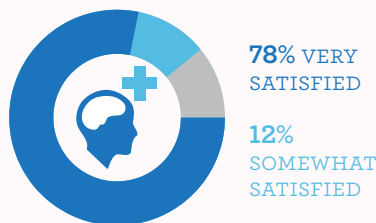
CACs should be concerned with improving caregiver satisfaction with medical and mental health services

While satisfaction figures for children's medical exams and mental health services for caregivers rose significantly since the previous year, CACs can do more to improve caregiver satisfaction with medical exams and mental health services for both children and caregivers.

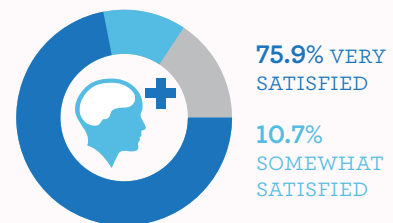
- A "warm handoff" to providers,
- Communication to caregivers that these interventions are not traumatic for children,
- Explaining to caregivers the reason behind requests for follow-up care,
- Education to caregivers on how these services reduce trauma symptoms, improve functioning at home, and school,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



Satisfaction with child's medical exam



Satisfaction with child's mental health/therapy services



Satisfaction with caregivers' own mental health/therapy services

Opportunities for Improvement

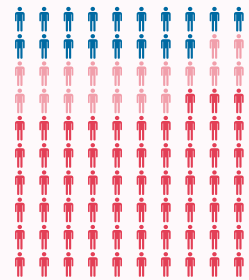


Many caregivers are not fully satisfied with case updates

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. Additionally, periodic check-ins with families can help improve this metric—in fact, the Victim Advocacy Standards calls for a protocol for follow-ups.



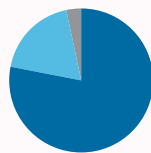
Many MDT members are seeking more meaningful case review and resources from their CACs

96.4% Agree

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

77.7% STRONGLY AGREE

18.7% SOMEWHAT AGREE

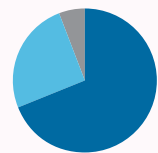


93.9% Agree

Case review team meetings are useful in the development of cases

68.4% STRONGLY AGREE

25.5% SOMEWHAT AGREE



CACs have an opportunity to significantly improve the satisfaction of their MDTs by ensuring that input is accepted and respected, that MDTs are well-resourced, and that case review meetings are productive.

Opportunities for Improvement



Improving MDT coordination and engagement

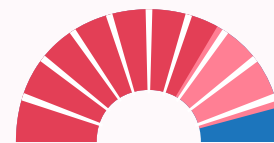
While MDT members agree overall with the successful management and coordination of their teams, many only somewhat agree that all MDT members are actively involved, that other members understand their own roles and consult them when appropriate, and that team members respect one another's perspectives and informational needs. More attentive facilitation of the MDT's interpersonal mechanics and clearer crosstraining on the roles of its members will improve this metric. Centers for which this year's OMS was the first formal feedback opportunity for its MDT should pay special attention to their responses.

93.7% Agree

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

68.6% STRONGLY AGREE

25.1% SOMEWHAT AGREE

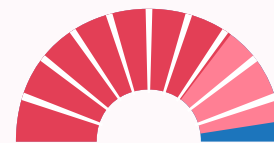


96% Agree

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

77.2% STRONGLY AGREE

18.8% SOMEWHAT AGREE

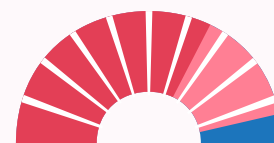


94% Agree

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


66.5% STRONGLY AGREE

27.5% SOMEWHAT AGREE



¹ Actual quote from a caregiver whose child was served by a CAC in 2016. 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.



National Children's Alliance
516 C Street, NE
Washington, DC 20002 US

nationalchildrensalliance.org