The Outcome Measurement System (OMS)

Training for Kentucky Advocates

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Learning Objectives

Today's Goals

1. Learn about the purpose and background of OMS – why is collecting feedback so important?
2. Plan how to implement, expand, or maintain OMS at your CAC by following best practices for survey collection
3. Explore ways to use OMS results to support your CAC's mission
4. Share ways in which OMS surveys and results are being used in Kentucky

Why is Program Evaluation Important?

- Make improvements
  - Data-informed decisions:
    - Maintain or expand effective parts
    - Change or remove ineffective parts
  - Engage participants
  - Provide feedback to staff
- Meet accountability requirements
  - Expectation for many funders – current and potential
  - Other stakeholders: boards, donors, policy-makers
- Raise awareness
  - Promote successful practices
- Contribute to the organization & the field
  - Add to existing knowledge about what does and does not work, for both internal and external uses

Terminology: Outputs vs. Outcomes

- Outputs:
  - WHAT do we do?
  - WHO we reach?
  - Examples:
    - Number of people trained
    - Number of referrals to mental health services
    - Characteristics of cases, clients, members, etc.

- Outcomes:
  - HOW WELL are we doing what we do?
    - Short-term and long-term results
    - Overall impact on the community/society

Both are important for program evaluation

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Child Advocacy Data Comes from Many Sources

- CAC Statistics - Case Management/Service Usage Data
- Data from Partners - CPS referrals, LE arrests, prosecution rates
- Financial Data
- Client and Team Member Feedback
  - Satisfaction is an important outcome itself, but also leads to better engagement with services, which in turn leads to better outcomes for families.
- Demographics/Census/National Statistical Data – Who lives in your community? How does this impact your center?
- Research Studies – What does research show will be the impact of core services (forensic interviews, mental health counseling, etc.)?

Each piece provides important context. Messages are stronger when information is supported by multiple pieces of the puzzle.

Source: “10 Tips for Measuring Programs with Data” by Idealware - http://www.idealware.org/

Statistics as another language

Outcome data gives CACs another "language" to communicate the success of their center.

- Like any language, some people are more fluent than others and it may be hard to learn at first.
- You must continually practice this language to effectively communicate with others who speak it.
- Bridge the gap/language barrier between CACs and funders, boards, and policy makers

Special thanks to Andrew Agatston, the Georgia State Chapter Director, for sharing this idea, which we have adapted here.

Handouts:

The Role of Advocates in OMS

Feel free to share with staff and team members so everyone knows about OMS and how the program fits in with the support role of CAC staff.

Available by PDF on the NCA Members Only Website.

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.
- First developed by the CACs of Texas from 2006 to 2009, adopted by NCA in 2010/2011 and began to expand nationally in 2012.

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The Basics - What is OMS?

- OMS is a free NCA membership benefit: No separate enrollment cost or annual fees for NCA members in good standing.
- All members are eligible to participate, but are not required to do so in most cases.
  - Some states have linked participation to state funding streams.

New Policy for Non-Members Joining OMS - Effective June 2018

- Non-member CACs can either join NCA as members (Accredited, Associate, Affiliate, or Satellite) or pay $300 annual fee to participate in just OMS.
- Must get a letter of support from the Chapter and must join as NCA members within 5 years of account creation date.
- Only impacts NEW accounts for non-member centers interested in joining OMS for the first time.

The Basics - What is OMS?

- Participating centers must use core OMS survey items for national comparisons (existing items cannot be deleted or reworded), but may request to add extra items relevant to their particular center.
- Most customizations and other administrative functions are done by NCA staff, so you can focus on collecting surveys & using results.
- 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.
- Results are automatically compiled into state, regional, and national reports, without any need for you to manually send reports to those organizations.

OMS and Accreditation with NCA

Two components 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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Why should CACs collect feedback?

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 caregivers to take a step back and consider their experience with the CAC as a whole, possibly reminding them to ask questions or seek out additional services, which will ultimately benefit the children.
  - **All** caregivers should have 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 – in a unique position to see results/progress made.
  - 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

The Bigger Picture

- Statistics and results from programs like OMS are also included in aggregated state, regional, and national reports.
- **NCA and Chapters use this data to advocate for CACs**
  - We need this data to show why CACs are so important
  - This allows us to fight for the resources CACs need to survive and thrive
  - Helps CACs stand out from other programs
- This is why we need ALL centers to follow best practices in data collection and make the best use of this valuable resource.

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Questions on the Purpose of OMS?

Why is outcome measurement important?

How do outcomes fit in with other statistics?

How does OMS overlap with NCA Accreditation?

Up Next: How was OMS developed and what makes it different from other surveys a CAC might use?

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.

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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 State 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.
- The first online system, FluidSurveys, was launched in July 2014 and the survey questions were revised slightly at that time.

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Updates in 2017/2018

- Feedback was collected from CACs and Chapters in 2016 regarding two main elements of the program: technology & survey content
- In the summer of 2017, OMS switched from FluidSurveys to Qualtrics, addressing many of the requests related to technology, such as improved filtering and benchmarking tools, as well as more interactive reports for State Chapters and Regional CACs.
- In fall 2017, we contracted with two researchers (Wendy Walsh from University of NH and Ted Cross from University of Illinois) to revise the content of the surveys.
  - We incorporated feedback from CACs and presented the proposed changes in an open forum webinar in October.
  - A few more revisions were made and the surveys were pilot tested by 20 centers.
  - The revised versions were launched nationally in January 2018.
- Improvements include shorter surveys, clarified wording, consistent formatting, removal of duplicative items, and improvements in reading ease scores (both caregiver surveys are at a 5th grade reading level).

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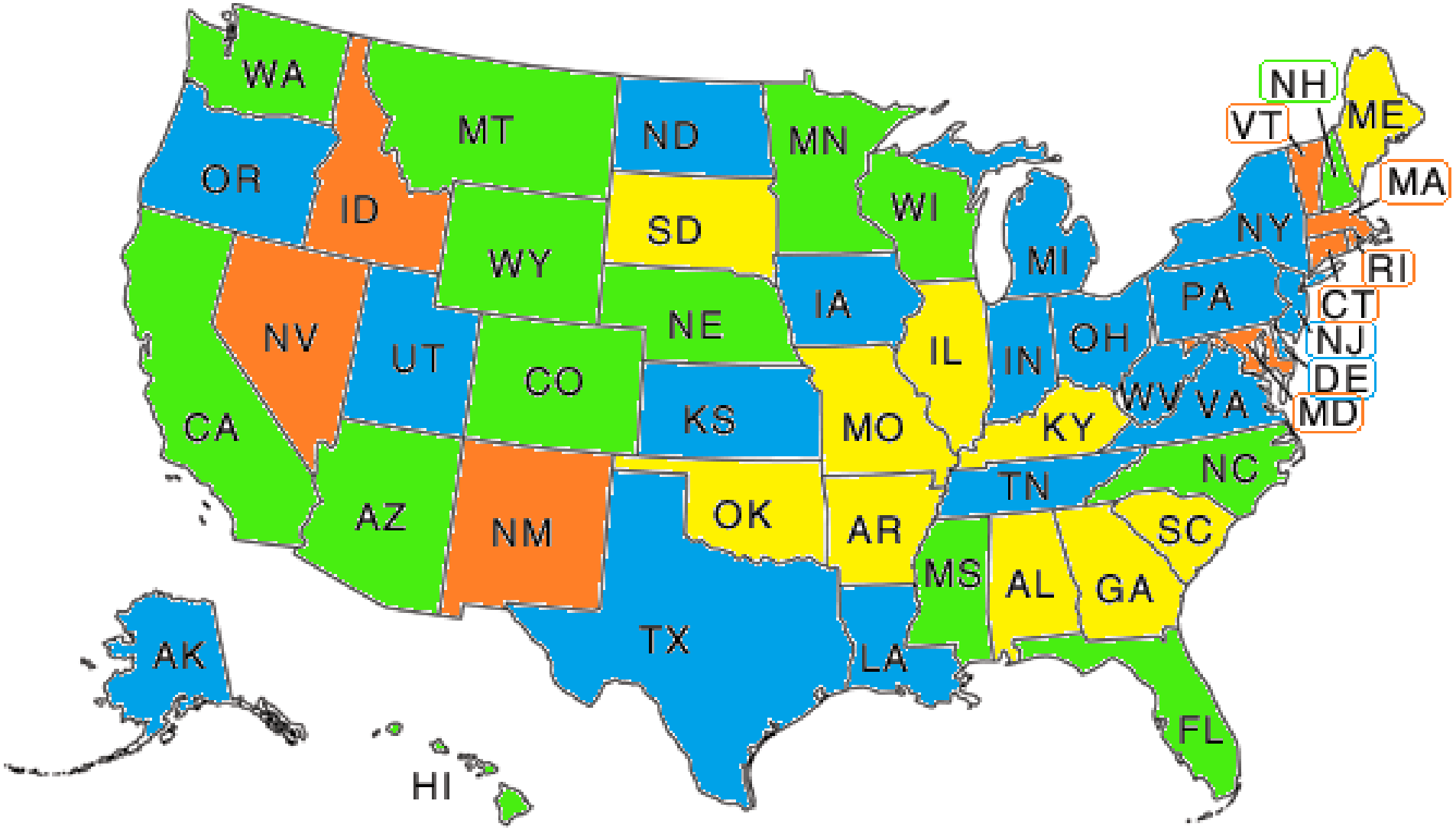
OMS Expansion - Used in all 50 States since 2015



Plus Two International Locations:

Canada

Australia

When the 1st CAC in each state joined:

Blue - 2012

(+ Texas since 2009)

Green - 2013

Yellow - 2014

Orange - 2015

OMS by the Numbers

- 762 CACs have participated in OMS as of June 2018.
- Over 82% of all NCA members participate, with at least one center in all 50 states, plus locations in Canada and Australia.
- Surveys collected to-date (January 2012 to December 2017):
  - 184,000 Initial Visit Caregiver Surveys
  - 46,000 Caregiver Follow-Up Surveys
  - 58,000 Multidisciplinary Team Surveys

In 2017, approximately 14% of all families served by CACs provided feedback through the OMS Initial Visit Caregiver Survey.

(Approximately 46,000 surveys out of about 335,000 kids served)

The goal is to expand feedback opportunities to all families!

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Questions on the History of OMS?

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

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

Handouts:

Paper Copies of the 3 Main OMS Surveys

Initial Visit Caregiver Survey

Caregiver Follow-Up Survey

Multidisciplinary Team (MDT) Survey

*Remember that branching in online surveys actually makes them shorter than paper surveys.

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)

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 – 1 to 3 multiple choice items in each group

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

The Child's Experience (caregiver perspective)

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) that were not offered?"

"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:

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
  - Avoid saying things like “If you want” or “If you have time” – this makes it sound like you don’t really care whether they complete the survey.
    - Focus on the benefit to caregivers, an opportunity for a voice in the process, which they often do not have with other agencies.
- 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.

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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

- Timing is flexible - Ideally 2 months, but any time after one month is fine
  - Allow enough time for caregiver to connect with services, but do not wait so long that contact information is outdated
- Inform caregivers at the first visit, ideally after the Initial Survey.
  - You may need to collect contact information (i.e. email addresses).
- The 2 surveys are not connected - they are both anonymous and un-trackable
  - Caregivers do not need to complete the Initial Survey to be eligible to take the Follow-Up Survey, so it should be offered to <u>everyone</u>.
- Be flexible – try multiple/hybrid approaches
  - Example – centers call and offer to send survey by email or do over the phone
- Incorporate the survey as part of existing follow-up routines (esp. phone calls).
- Use volunteers and interns – limited staff time and provides neutral 3rd party

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What do we do if there are multiple children?

Caregiver surveys include questions about the child, such as demographics, which are geared toward one child. After discussion with the researchers, this was not changed in the revisions. Instead, the following guidelines (which are included in the Admin Guide) should be used:

- If a caregiver comes to the center with multiple children, they should be asked to complete the survey with regard to the child of primary concern (i.e. involved in the allegation).
- If multiple children are of equal concern (i.e. both children required full interviews), the caregiver should be asked to fill out a survey for each child, since the experience could be significantly different for one child compared to another.
- Your center may also choose to use a random selection technique for families with multiple children when it is not feasible to complete multiple surveys. In this case, one example commonly used in research settings is to select the child with the most recent birthday and fill out one survey based on that child's experience.
- For the Follow-Up Survey, the caregiver should be reminded to complete the survey about the same child as the Initial Survey or if they did not complete the Initial Survey (or cannot recall which child they selected), the instructions above can be used again.

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: 14 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

- The survey is 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 (and actually do this!)
- 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
- **SHARE RESULTS WITH TEAM MEMBERS**
  - This is VERY important – team members will know if you are actually using their feedback
  - Highlight strengths of the team, acknowledge what is working well
  - If areas for improvement emerge, mention these to the team and either inform the team how you plan to address the issue or brainstorm solutions with the team, depending on the nature of the issue.

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Questions?

What are the 3 main survey types and when is the best time to collect them?

Up Next: Common barriers to survey collection & effective solutions.

Barriers to Program Evaluation

- Attitudinal Barriers:
  - **Leadership:** Do directors value data & convey this to staff?
  - **Staff:** What is their experience with data collection and how might this impact their current actions?
  - **Participants:** If the process involves engaging others in the process (families, outside agency partners, etc.), how do they view data collection?
- Practical Barriers:
  - **Existing Procedures:** Do current practices make it difficult to incorporate data collection?
  - **Time:** Are staff and participants given adequate time to incorporate necessary steps?
  - **Systems/Technology:** Are the most efficient methods being used?

Making Time for Surveys

- Making time to do something is usually a combination of two things:
    1. Feeling the activity is important.
    2. Having flexibility for when and how to do the activity.
- Any activity is more likely to succeed when both of these elements are met. If either one is missing, and especially if both are missing, it is understandable why someone would not proceed. OMS surveys are no different.
- Importance:
    - Explain why the surveys are important. Give examples of how the information is used. Show genuine enthusiasm for the process.
- Flexibility:
    - There is no “one size fits all” approach, so offer a variety of options. If one approach is not working, try something different or add back up options.

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Sensitivity to Challenging Situations

If you find yourself thinking, or you hear from other staff, “The families I work with are in crisis. They don’t want to fill out surveys during this difficult time.”

Ask yourself (or this staff member) some important questions:

- **Is this all families or just the “worst case scenarios”?** In difficult situations, you can use professional judgment to offer the surveys at a later time (this is why flexible options are important). Most centers find that the majority of caregivers are willing to participate when staff convey the importance of sharing their voice and provide adequate time for caregivers to participate.
- **Is this something caregivers are telling you or are you making assumptions about how caregivers feel?** We know in all other aspects of our work that we need to ask questions before we can truly understand someone’s experience or opinions. If caregivers are declining on a regular basis, might this be related to how the survey is being presented to them?
- **What are the benefits for caregivers?** Benefits include feeling engaged with the center and empowered to meet the needs of their children, by having a voice in the process. Your center also benefits from the helpful feedback, but **ultimately it is the families that benefit from improved services**.

Surveys are Important, but also Voluntary

- Your role is to offer a reasonable opportunity for a family or team member to share feedback about the CAC process.
- Respect when someone declines to participate.
  - "I don't have time" is an invitation to describe why the survey is important and offer alternative options.
  - "I don't want to give feedback" is a firm "No" and should be respected.
    - If this is on the Initial Visit Caregiver Survey, you can say "I understand. We would really appreciate your feedback, so if you change your mind, there will still be a Follow-Up Survey in a couple months."

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Ethical Survey Administration

The way a survey is offered to a family can influence how they respond. Although we hope every family will give positive feedback, center staff should reduce potential bias with the following best practices:

- **Privacy**: Caregivers should have a private place to complete the survey. Staff should be nearby if questions come up, but not so close that they can see the caregiver's responses to the survey.
- **Anonymity**: Whenever possible, surveys should be given in writing, either electronically or on paper. Surveys should only be given verbally to caregivers with lower literacy levels, lack of access to electronic options from home (i.e. follow-up surveys by telephone), or by request. Paper surveys should be dropped into a ballot box rather than handed directly to staff.
- **Neutral Directions**: Staff should never purposely try to influence a caregiver's responses. When providing directions and/or clarifications, staff should not tell caregivers how to respond or reword questions in such a way to get more favorable responses.
    - Example: A caregiver asks what a question means on the survey. The staff member tells them "oh yeah, we went over that, so just go ahead and mark Strongly Agree." Instead, the staff member should explain the item and let the caregiver make their own choice.

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Questions?

How can I present the surveys in a sensitive way?

Other questions about barriers & solutions.

Up Next: Methods to Collect Surveys, Pros & Cons of Each

Multiple Ways to Collect Surveys

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

On-site Options:

- **Computers/Tablets** (recommended)
- **Paper Surveys** (responses must be entered manually)

After Visit Options:

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

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Multiple ways to Collect Surveys On-Site Electronic options

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

- Set up a tablet or a computer in a private area – close to staff for questions, but remote enough for privacy.
- Only basic equipment is needed
  - NCA does not supply tablets, but many tablets now cost under $50 on average (for example, Amazon's Kindle Fire).
  - Many funders/grants will cover devices for OMS. You can also check with your State Chapter or Regional CAC for resources in your area.
- Works through any up-to-date **web browser** (no special software/apps)

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 or donations can eliminate this)
- Center must have Internet access, WiFi for tablets
- Discomfort with technology (staff or participants)

Multiple ways to Collect Surveys — Links

Distribute the Link as Part of Take-Home Materials:

- Templates are available. Use short links and/or QR codes generated through free third-party systems.

Send the Survey Link by Email:

- There is no longer an email invitation feature built in to the online system, due to a variety of drawbacks. Instead, simply copy and paste your center's custom link into an email in your own system
  - Remember to use blind/BCC if you are sending to multiple people, especially caregivers
- We have templates for what you could say in the email, but we encourage you to make it your own!

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 the 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

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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

- Good option for centers without WiFi and/or back-up for caregivers uncomfortable with technology, but be sure to ask – don't make assumptions!
- Responses should be entered on a regular basis, ideally within 2 weeks of survey being completed or at least monthly.
- **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 your ability to prepare accurate reports if paper surveys have not been entered.
- Remember to allocate enough time to enter paper surveys regularly and be very careful when entering responses – this option increases the risk of data entry errors, difficulty reading participants' handwriting, etc.
  - 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!**

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Questions about implementing OMS at a CAC?

OMS Start-Up Emails

Training Webinars: Part One & Part Two (live or recordings)

Customizations: Requesting additions or updates to contact info

Discussing OMS with your team

Up Next: Using OMS Results at CACs

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
- 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 – examples.
  - Fix problems identified by participants
    - Improve services with low scores or reconsider current practices
    - Give guidance to staff members, use as an opportunity to re-direct unsuccessful work practices.

“Good” vs. “Bad” Performance on OMS

Each CAC may have different interpretations of their results, but here are some overall points to keep in mind

- **# of Surveys Collected:** Some states or individual CACs may choose to set targets or goals for number or percent of surveys to collect. This might be to encourage staff, perhaps finding the current number and pushing for a reasonable increase in the next timeframe. This is not just a quota, though – every family should have the opportunity to share feedback!
- **Demographics of Children/Team Members:** Each survey starts with basic questions about the child (general, race/ethnicity, age) or team member (professional discipline, years working with CAC model, county/jurisdiction). This is meant to be compared to data you already have in your CMS about clients served and information you already know about your team. Do the percentages line up (approximately)? Are any group over- or under-represented? How you better reach all groups?

“Good” vs. “Bad” Performance on OMS, cont.

- **Comparison to Past Timeframes:** Reports allow you to filter results for specific timeframes. If you run a report for all surveys collected in 2016 and then you run a report for all surveys collected in 2017, what differences do you see? Have some items improved? Have other items deteriorated? How can your team celebrate these successes or find solutions to trouble areas?
- **Comparison to State, Regional, and National Trends:** This is when the benchmarking tabs on your reports will be especially helpful. They can also be filtered by date, so you can see if you have improved relative to the larger group as well in given timeframes.
    - **“Healing, Justice & Trust”** National OMS reports from NCA are created annually and highlight trends in the field that we believe are most essential in terms of successes in our field and areas the field should focus on. We use this data to create training and technical assistance programs as well!
- **Share results with your team!** You may not wish to share every data point, depending on the situation/group, but find ways to highlight successes and ask for assistance on areas needing improvement.

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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

Safe Shores (DC) Fundraising Materials

Thanks to you, Safe Shores – The DC Children's Advocacy Center is making the future better for children and families affected by abuse, trauma and violence.

FORENSIC SERVICES

Your support helped **542 children** speak their truth by providing a safe space to tell their story.

Safe Shores' goal is to ensure children only have to tell their story one time, in one place, to one person.

CLINICAL SERVICES

Your gift was instrumental in helping to heal the hearts and souls of children: **we provided over 1,200 art, sand and play therapy sessions.**

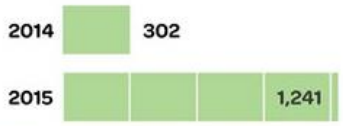
Safe Shores **hired two new therapists** this year, bringing our total to five full-time clinical staff.

DID YOU KNOW?
Therapy is provided free of charge to every single Safe Shores client for as long as needed.

PREVENTION EDUCATION

This year saw unprecedented growth in our Prevention Education Program.

We had a **410% (!) increase** in the number of adults who committed to keep kids safe by being trained in Stewards of Children©, an evidence-supported, child sexual abuse prevention program.



Research shows that adults who participate in Stewards of Children® trainings leave with **increased knowledge, improved attitudes, and are more likely to adopt effective child-protective behaviors.**

Safe Shores aims to train 30,000 adults, or **5% of Washington DC's population**, in order to change the culture of child protection by 2020.

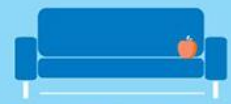
FAMILY ADVOCACY SERVICES

Many of the children and families we see don't have the resources to provide items critical to their healing process. When families are dealing with trauma associated with abuse, even small tasks can feel overwhelming and out of reach.

Together, we lifted the spirits of **234 children and families** by providing holiday gifts.

You inspired confidence and excitement for a new year of learning: **220 children received brand new school supplies!**

You made a difficult transition just a little easier for kids by providing clothing and toiletries for **302 take-care bags.**



Your support helped **232 parents and caregivers** get through a tough time by providing much-needed items such as grocery gift cards, furniture, school uniforms and emergency travel funds.

95% of parents and caregivers told us that their child felt safe at Safe Shores.

92% of parents and caregivers felt that they left knowing what to expect with the situation facing their child and family.

92% of parents and caregivers felt that staff provided them with resources to support their child and respond to their needs.

Your giving helped restore hope to 1,292 children and families this year.

"I appreciated the kind and helpful resources that they *[Safe Shores]* offered my family and I at this difficult time. We truly thank the staff at the Center."

"The staff was very patient, friendly and warm. We appreciate the gift card and clothing. The whole experience at the Center made us feel at ease."

"Every aspect of this situation has been difficult, but this visit has been very beneficial and informative – a silver lining in this experience."

"I want to say thank you and I feel at home and safe with my child here."

Safe Shores
THE DC CHILDREN'S ADVOCACY CENTER
www.safeshores.org

Handouts:

OMS Brief Report

Combines data from OMS with an overview of the CAC model and data from other sources, including NCA statistics & Gap Maps

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 issues of importance to CACs 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.

Questions about ways for CACs to use OMS results?

Improving Services & Supporting Staff

Raising Awareness & Engaging Partners & Increasing Funding

Up Next: OMS in Kentucky

Big Picture: How are State Chapters Using Data?

- **Share outcomes with state funders**
  - As part of existing relationship or when requesting new/additional funding
- **Provide statistics on legislative visits to show value of CACs**
  - Stand out from other organizations competing for funding
- **Present results to boards, members, and the public**
  - Include results in annual reports, newsletters, and presentations
  - Add to Chapter website and brochures
- **Use data in trainings to demonstrate CAC/MDT goals**
- **Identify struggling areas & offer assistance**

NATIONAL CHILDREN'S ALLIANCE®

QUESTIONS?

Feel free to stay after to meet with me individually.

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

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