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The Outcome Measurement System (OMS) Training for Arizona CACs

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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

Terminology: Quantitative vs. Qualitative

- Quantitative

- Numbers: Counts, percentages, etc.
- Measuring a clearly defined area
- Examples:
 - Number of CAC staff trained
 - Characteristics of the participants
 - Percentages that agree/disagree with survey items



- Qualitative

- Words: Open-ended responses, anecdotes, testimonials
- Exploring and learning about a topic
- Examples:
 - Responses to questions that start with “Please describe... tell us more about...”



One is not fundamentally better than the other, but there are different methods for gathering & interpreting results

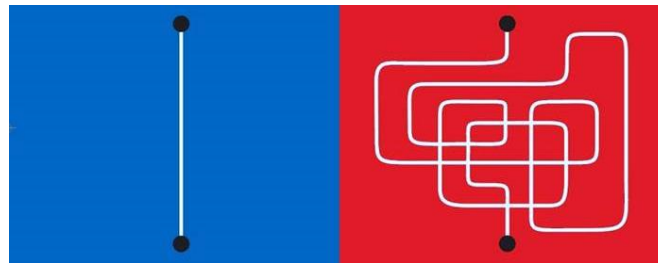
Terminology: Direct vs. Proxy Measures

- Direct Measures:

- Outputs/outcomes within our immediate control and ability to measure
- Examples:
 - Providing forensic interviews to a specific # of children
 - Helping families and team members to feel heard and understood

- Proxy Measures:

- Predict outcomes beyond our direct control/ability to measure
- How does our work incorporate factors that predict long-term outcomes? What does research say will be the impact of our actions?
- Example: People are more likely to engage in follow-up services if they are satisfied with their experience at an organization. Although the organization may not be able to measure all long-term outcomes of all follow-up services, they can measure someone's initial satisfaction, which supports engagement in those services.



Child Advocacy Data Comes from Many Sources

- CAC Statistics - Case Management/Service Usage Data (OUTPUTS)
- Data from Partners - CPS referrals, LE arrests, prosecution rates
- Financial Data
- Client and Team Member Feedback (OUTCOMES)
 - 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.



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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.



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.

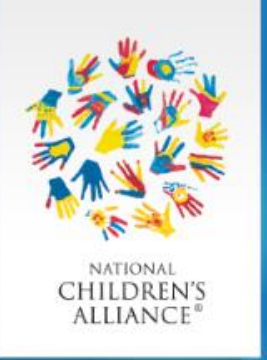


The Basics - What is OMS?

- ❖ 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.

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?

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



History & Development of OMS in Texas

- ❖ OMS was originally developed by the CACs of Texas through collaboration with the RGK Center 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.

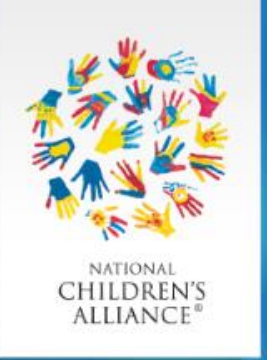


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Site Visits & Focus Groups

- Research team visited CACTX headquarters and CAC of Austin, Center for Child Protection to ensure they understood the CACs' mission, work, and operating environment
- 3 focus groups with 35 centers, divided by size
 - Small/rural, medium/suburban, large/urban
 - Designed to give a voice to centers of all sizes
- Each group addressed the following questions:
 - What are the 3-5 most important performance indicators that you currently track and why do you consider them important?
 - What performance indicators do you wish you could report on?
 - What expectations have you encountered from funders?



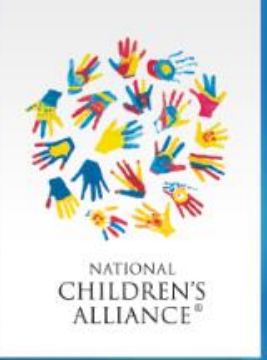
Literature Review & Instrument Analysis

- Literature Review – 2 Areas:
 - Research on the Children's Advocacy Center Model
 - How CAC program efforts link to specific outcomes
 - History, use, and development of outcome measurement systems
 - Guide development process
 - Insights into experiences of other organizations
- Instrument Analysis – 2 Areas:
 - Sample of CAC evaluation instruments from the 2004 National Institute of Justice Special Report: *A Resource for Evaluating Child Advocacy Centers*
 - Analyzed to find common themes and review wording choices for individual questions
 - Evaluation instruments used by CAC organizations in TX
 - Approx. 50 different forms and reports utilized to monitor and evaluate the performance of local CACs or to monitor therapeutic outcomes



Pilot Testing & Statistical Analysis

- Tested in diverse centers across Texas
 - Considered rural/urban, number of clients served, etc. for combination of optimal data collection & generalization of results.
- Reliability
 - Cronbach's alpha: statistical method/calculation to ensure the reliability of an instrument.
 - Will results be consistent when the measure is given to similar populations?
 - Target is .7 or higher: All OMS surveys scored between .88 and .95, indicating high reliability
- Validity
 - *"Does our tool measure what we want it to measure?"*
 - Ensure that the survey items accurately assess the outcomes we are trying to measure.
 - Survey items compared against themes observed in focus groups, literature review, and other survey instruments.



National Adoption by NCA

- ❖ NCA identified outcome measurement as a primary need in the 2010 Strategic Planning process.
- ❖ After hearing about the success of OMS in Texas, NCA entered into an agreement with CACTX to adopt the system and began introducing it to additional states as a “pilot program” from January 2012 to June 2014.
 - Adoption of the system was divided into waves, with Chapters joining in groups each year until July 2014 and on a rolling basis thereafter, with all 50 states participating by December 2015.



National Adoption by NCA

- ❖ Collaboration with the Crimes against Children Research Center at the University of New Hampshire began in July 2013 to make improvements to the program, including survey revisions and technology advancements.
- ❖ NCA created the OMS Coordinator position at the beginning of 2014 to oversee expansion and improvement of the program, as well as provide ongoing training and technical support to all participating centers.
- ❖ Surveys were revised slightly and transitioned to an online system (FluidSurveys) in July 2014.
- ❖ At least one CAC in all 50 states has participated in the program as of 2015. Currently, only 3 states have less than 50% of CACs participating.

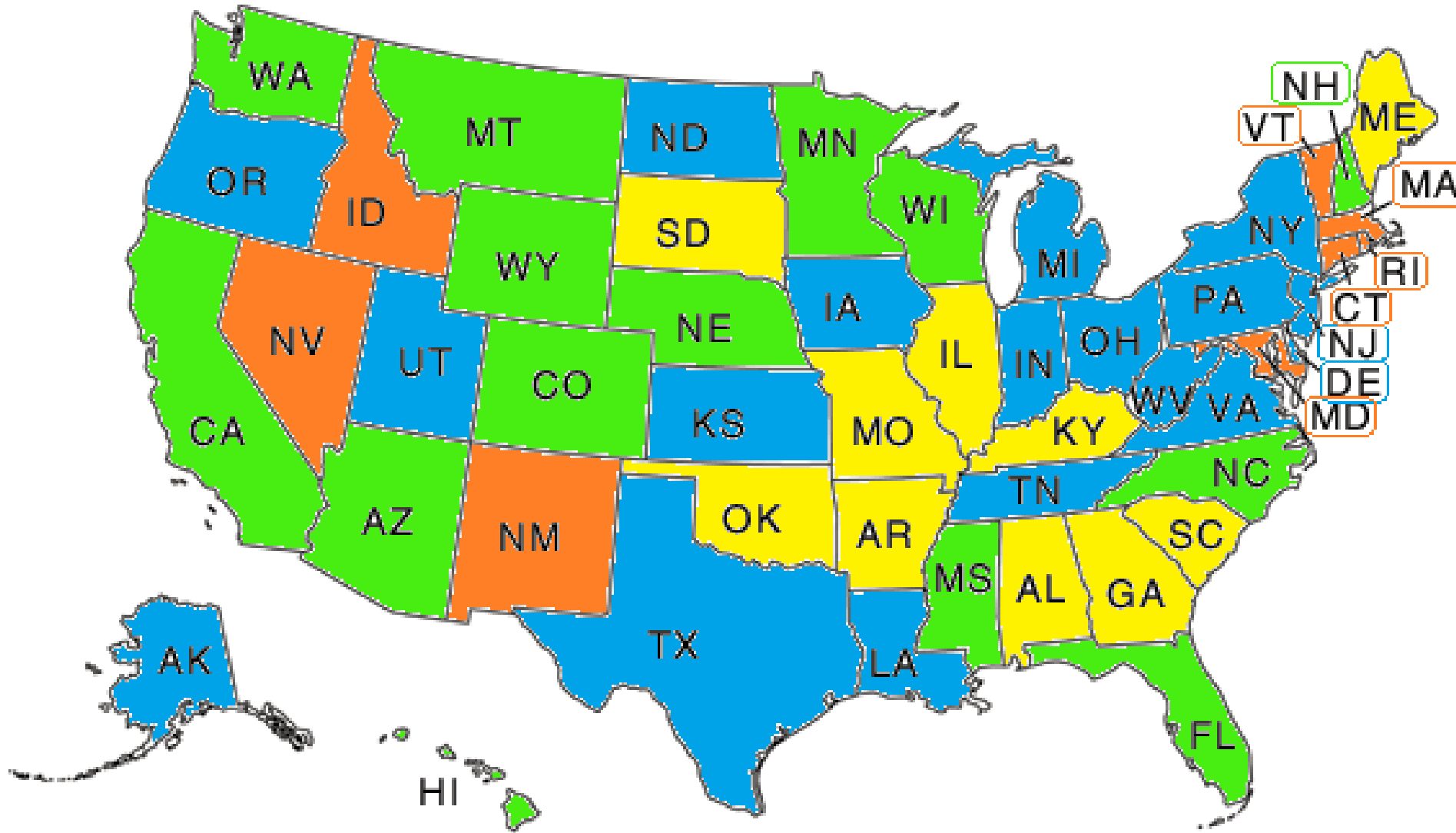


Updates in the Past Year

- ❖ 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).



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?



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)

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





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.

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



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



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 every 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.





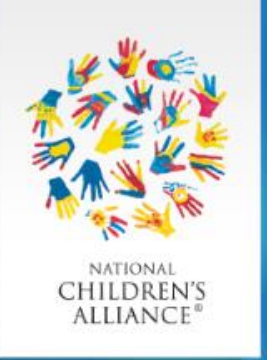
Introducing the OMS Initial Visit Caregiver Survey to a Potential Participant

At the beginning of the visit:

“We’ll wrap up the visit today with an opportunity for you to share feedback. This will only take 5 or 10 minutes of your time and it will give you a voice in the process at the center. 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 everyone.
- ❖ 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



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.”



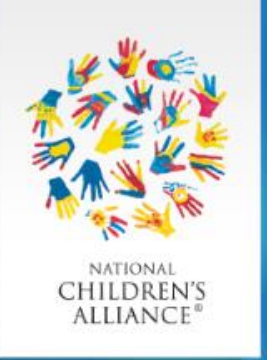
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Best Practices for MDT Surveys

- ❖ 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 – unlike caregivers who may never return to the center, 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.

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.



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.”



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**
- **Email Surveys** (esp. recommended for MDT Surveys)
- **Telephone Calls** (esp. recommended for Follow-Up Surveys)
- **Paper Surveys** (with postage paid envelope)



Multiple ways to Collect Surveys

On-Site Electronic options

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

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

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.

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!**



How to Enter Paper Surveys

- There is no need to log in to the account every time! Instead, go directly to the same link you would use to open the survey on a tablet, send in an email, etc.
- In the first item on the survey “How did you reach this survey?” select “**(Center Staff Only) – Paper & Pencil**”

How did you reach this survey? Please choose one of the options from the list below.

▼

Computer or tablet at the center

Scanned a QR code with a smart phone at the center

Center emailed me the link to the survey

Link on the center website

Other (please describe)

(Center Staff Only) - Paper & Pencil

(Center Staff Only) - Over the Phone

Next

How to Enter Paper Surveys

Once selected, another item will appear to enter the date the participant completed the survey on paper.

You can either select the first of the month (if you only know the month) or select the exact date, if known.

Staff: For paper surveys, enter the date this survey was completed by the participant. If you know the exact date, please select it. If you only know the month and year, please select any day within that month.

← March 2017 →						
Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8

03-07-2017

Fill in the responses entered by the participant and press submit. That's it!



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Questions about Surveys or Collection Methods?

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

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

Electronic Options vs. Paper Surveys

Up Next: How does a center (or new staff member) get started with OMS?

Choosing an OMS Point-of-Contact

- Many CAC staff members may be involved in the process, but there should be one person designated as the “point-of-contact” for the program at the center.
- This person is responsible for keeping up-to-date on training, monitoring trends in response rates/results, and communicating with other staff about the program.
- This person should ensure they receive announcements about the program from their State Chapter. They do not need to be the same person as the Qualtrics login (often a director or generic email address), as communications are generally sent through the Chapter, not through Qualtrics/NCA.
- If multiple staff are involved (collecting surveys, viewing/using results, etc.), this person will ensure that staff are familiar with and following best practices for each person’s particular role in the process.

The exact position is less important than the ability of the staff member to perform these functions.



First Steps to Start OMS at your CAC

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



First Steps to Start OMS at your CAC

- Discuss with your team how you want to collect surveys, referencing the options we covered in this webinar.
 - Designate who will be responsible for different roles – administering surveys to clients, entering paper surveys, creating reports when that time comes, etc.
- You do not actually need to log in to your online account at this point, as data will only display once surveys are collected.
 - Once surveys are collected, watch the Part Two webinar to learn how to create reports and share results.

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



OMS Training Webinars

Two-part webinar series, repeated twice a year (summer and winter)

Part One: Introduction to the Outcome Measurement System (OMS): This webinar includes information about implementing the OMS program at Children's Advocacy Centers, including best practices for introducing the program to your staff and distributing surveys to caregivers and team members. The training is designed for centers just starting with OMS, new staff members, or existing staff members just needing a refresher on best practices.

Part Two: OMS Training for Creating Reports & Sharing Results – This training is designed for centers that have already collected surveys (or centers looking ahead at what they intend to do once they collect data) and want to view their survey responses, create reports, and think of ways to share results with interested parties such as other staff/boards, partners, funders, and the public. It includes a demo of the reporting dashboards available for CACs, Chapters, and Regional CACs in Qualtrics - Vocalize.



Training Materials in Addition to Webinars

OMS Training Section on NCA Members Only Website!

<http://nationalchildrensalliance.org/members/oms>

Improve Your Experience

Training materials for collecting data

Use Your Results

Telling your story through OMS

Add Your Voice

How using OMS can help your CAC

Otherwise, materials were included in your OMS Start-Up Email or can be requested by emailing OMScoordinator@nca-online.org

- Administrative Guide with screenshots & step-by-step instructions
- Two-page Quick Start Guide with most important steps
- Various special-topic guides, scripts, templates (now also included as an appendix in the Admin Guide)
- A new **Cheat Sheet of Qualtrics Report Buttons** is now available at <http://nationalchildrensalliance.org/members/oms-documents>

Paper surveys are included in your OMS Start-Up Email or you can request them by emailing OMScoordinator@nca-online.org. They are not publicly posted, as some centers have requested additions.



Reminder: If your center needs extra custom items added to your surveys (for a funder, etc.), contact the OMS Coordinator or your State Chapter. Kaitlin will program into the online system, give you an updated paper copy, and add to online reports in your account.



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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.



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.

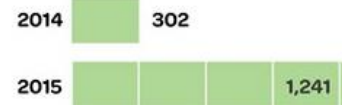
We had a **410% (!) increase** in the number of adults who committed to keep kids safe by being trained in Stewards of Children®, an evidence-supported, child sexual abuse prevention program.



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."

Children's Alliance of Montana Brochure

That every child in Montana has access to a Children's Advocacy Center and the expertise of professionals on a Multidisciplinary Team.

Provide support, training and technical assistance to professionals working on Multidisciplinary Teams and in Children's Advocacy Centers to strengthen their response to child abuse and promote healing for victims and their families.

Member Benefits

- ⇒ Team, Staff and Board Technical Assistance
- ⇒ Training opportunities
- ⇒ Mentoring
- ⇒ Stipends for trainings
- ⇒ Resources
- ⇒ CAM Newsletter
- ⇒ Participation in state & national Outcome Measurement System (OMS) Evaluation Project

Children's Advocacy Centers

Children's Advocacy Centers (CACs) provide a child-friendly environment where children feel safe and comfortable while they are being interviewed by trained professionals regarding alleged abuse. Professionals representing key disciplines work as part of a coordinated intervention to reduce trauma to children and families, improve health and welfare and hold offenders accountable.

First STEP Resource Center
A Program of St. Patrick Hospital
Serving Missoula County
(406) 329-5776
NCA Accredited since 2010

Flathead County CAC
A Program of the Flathead County Sheriff's Office
Serving Flathead County
(406) 758-5593
NCA Accredited since 2008

Emma's House
Serving Ravalli County
(406) 363-7216
NCA Accredited since 2010

Cascade County CAC
Serving Cascade County
(406) 268-3756

Park County CAC
Serving Park County
(406) 222-7402

Valley County CAC a program of the Glasgow City Police Department
Serving Valley County
(406) 228-4333

Affiliate Members

MCSART Program
Children's Justice Bureau—
Montana Department of Justice

What MDT Members Have to Say:

"We have a strong CAC program and a high functioning MDT with great support from our community's criminal justice and child welfare leaders. Our CAC director does a great job of fostering a healthy team."

100% of MDT members agreed:

Children & Families benefit from the collaborative MDT approach.

1122

• Forensic Interviews

1211

• Children Served

437

• Medical Evaluations

Outcome Measurement System — OMS

Montana CACs participate in a national Outcome Measurement System to assess and improve services provided to children and families and MDT Professionals.

"So grateful that this service is here in our community"

OMS Caregiver Results

93% "My child felt safe at the center"

80% "My child was referred to services"

87% "My child was satisfied with the forensic interview process"

NCA Annual Brief Report

Healing, Justice, & Trust

A National Report on Outcomes for Children's Advocacy Centers 2016



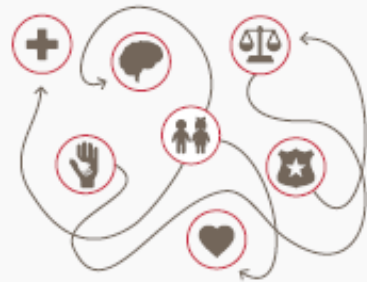
What is the National Children's Alliance?

NCA is the national association and accrediting body for a network of 822 Children's Advocacy Centers—CACs. We provide support, advocacy, quality assurance, and national leadership for CACs, all to help support the important work that CACs do in communities across the country. CACs provide a coordinated, evidence-based response to children who have been abused in all 50 states.

What are CACs and how do they help kids?

To understand what a CAC is, you must understand what children face without one. Without a CAC, the child may end up having to tell the worst story of his or her life over and over again, to doctors, police, lawyers, therapists, investigators, judges, and others. They may not get the help they need to heal once the investigation is over, either.

Without CACs



With CACs



CACs provide healing, justice, and trust for child victims of abuse

In 2016, CACs demonstrated that their model works through nearly 50,000 surveys from caregivers and MDT members. Here are some highlights that show our families and partners believe in the healing, justice, and trust we provide.

- **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.

When police or child protective services believe a child is being abused, the child is brought to the CAC—a safe, child-focused environment—by a caregiver or other “safe” adult. At the CAC, the child tells their story once to a trained interviewer who knows the right questions to ask. Then, based on the interview, a multidisciplinary team (MDT) that includes medical professionals, law enforcement, mental health, prosecution, child protective services, victim advocacy, and other professionals make decisions together about how to help the child. Finally, they offer a wide range of services like therapy, medical exams, courtroom preparation, victim advocacy, case management, and more.

The CAC movement is growing and improving

With approximately 800 member CACs serving 324,602 children in 2016, NCA represents a growing movement providing more and better services to children and families nationwide.

In the last ten years, the number of NCA member centers serving kids has grown 35%

Since 2006, annually our member CACs have served...

- 60% more child victims of physical abuse
- 70% more child victims of neglect
- 111% more child witnesses to violence
- 45% more children endangered by drugs

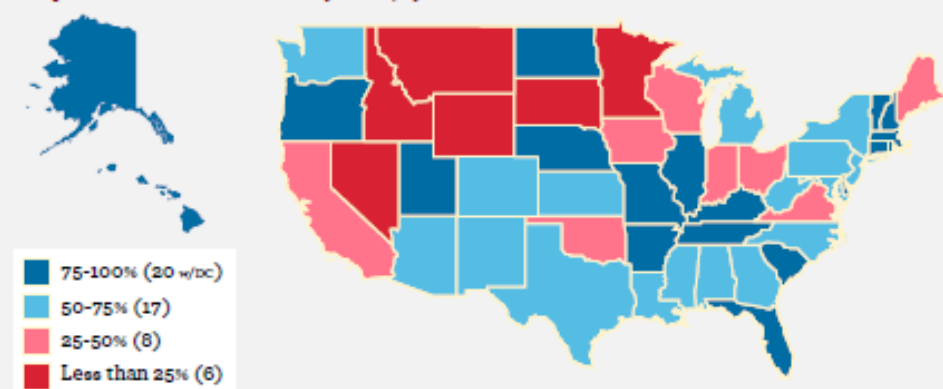
And provided...

- 28% more children with counseling and other mental health services
- 44% more children with onsite forensic interviews
- 296% more children and family members with case management services
- 48% more children, family members, and community members with prevention education

The need remains

Despite the success of the CAC model in helping children who have been victimized by abuse, there's still an outstanding need for more CAC coverage, and more support. States in red below have a lower proportion of counties covered by CACs, while states in blue have a higher proportion of CAC-served counties or have full coverage.

Proportion of Counties Covered by CACs, by State



CAC services are available to approximately 4 in every 5 U.S. children

But that still leaves **13,533,785** children living in areas without a CAC.

Funding and legislative support helps ensure children across the country have access to a CAC when they need it, and helps expand capacity and geographic coverage to reach more children and families with the services they need. Thank you for your support of this crucial resource for children and families in communities across the country.

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.



OMS Spotlight on a Participating CAC

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

Caregiver Surveys:

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

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



OMS Spotlight on a Participating CAC

MDT Surveys:

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

Overall:

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

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

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



Big Picture: How are State Chapters Using Data?

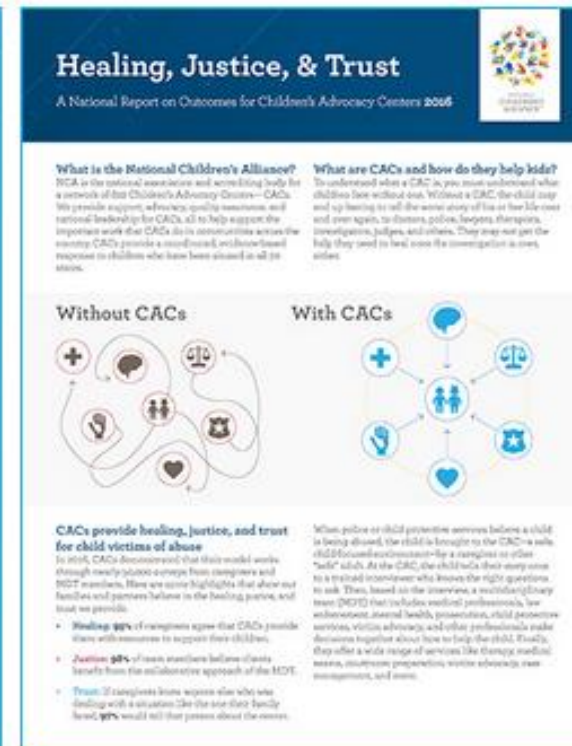
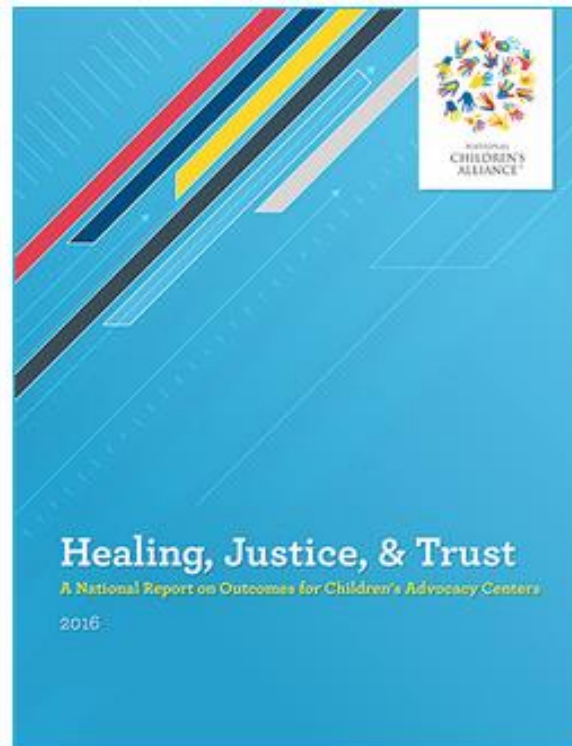
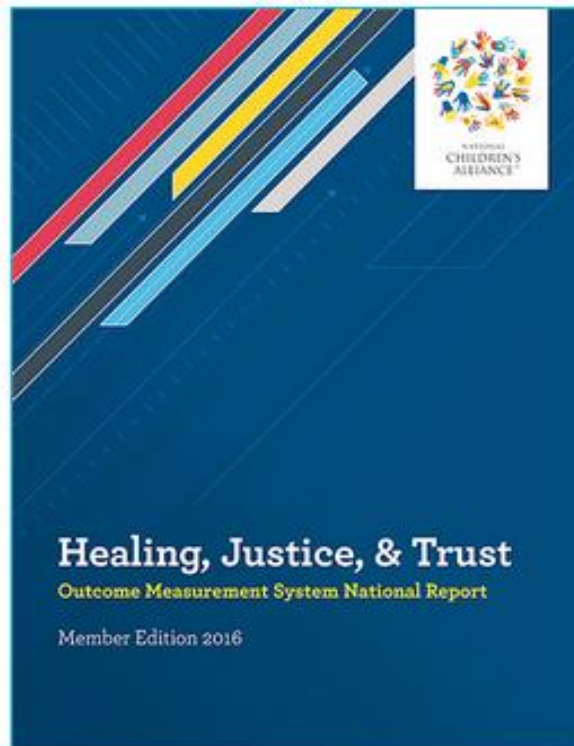
- **Share outcomes with state funders**
 - As part of existing relationship or when requesting new/additional funding
- **Provide statistics on legislative visits to show value of CACs**
 - Stand out from other organizations competing for funding
- **Present results to boards, members, and the public**
 - 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**



OMS Resources for Members (NCA website)

- 2016 “Healing, Justice & Trust” – **2017 versions coming this summer!**
 - 3 versions showing national results of OMS
 - Member version – includes many suggestions/takeaways for the CAC field
 - Public version – summarized data for the public and policy makers
 - Brief version – combines OMS with other data sources

<http://nationalchildrensalliance.org/members/oms-resources-members>



OMS Resources for Members (NCA website)

A customizable, professionally-designed template has been made for combining results from OMS, statistics, Gap Maps, and other sources to tell a unified story about your CAC. A training video and link to the resource is available on this page.

<http://nationalchildrensalliance.org/members/oms-resources-members>



Create Your Own

Telling Your Story Through Shared Outcome Data!
from National Children's Alliance

What questions are we trying to answer?

- 1) Who are we and what do we do? (No brainer: Never assume and always first)
- 2) How do we know it's working? (Show success with OMS)
- 3) How do we show we're growing? (Show momentum w/ statistical data)
- 4) How do we show what we still need? (Show need through coverage/other data)
- 5) What do we want? (Make a specific ask and say what you'd do with it)

Healing, Justice, & Trust
Measuring Outcomes for Kids

Without CACs

With CACs

The West Virginia CAC movement is growing and improving

The best example

Healing, Justice, & Trust: Measuring Outcomes for Kids

39:15

HD :: vimeo



Small Group Discussions

How does your CAC use OMS results?

(If you are not yet using OMS, skip to the next question.)

How would you like to use OMS results in the future?

Share some common themes back with the larger group.



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Questions about ways for CACs to use OMS results?

Improving Services & Supporting Staff

Raising Awareness & Engaging Partners & Increasing Funding

Up Next: Reporting Dashboards in Qualtrics



Differences Between Accounts & Links

- Links to each of the survey types for your center – use for collecting surveys themselves (on a tablet, entering paper surveys, etc.).
 - There is no login required. The links can be opened on any device connected to the internet.
 - The code at the end of each link is how the system knows that results belong to your center, so surveys results will show up in your reporting dashboards above, as well as state, regional, and national aggregated reports, all automatically.

Please be careful when typing in links – consider using short links.

- Qualtrics accounts are for viewing results in reporting dashboards.

There are NO survey administration functions in accounts themselves.

Login Page: <https://nca.az1.qualtrics.com/vocalize/login>

Username/Email: email@example.com

Password: Use “Forgot Password?” button if needed

Each CAC has one account – share login information with all staff at your center who will be working on OMS. Passwords can be changed using the Forgot Password? button, but usernames must be changed by NCA.



Tabs in Dashboards

Your center will have a minimum of 5 tabs for each survey type. If your center has requested additional items, you may have one or more additional tabs for those items.

- **Demographics**: 1st of 3 tabs showing just your center's data: Number of surveys, completion method, and demographic information such as gender, race/ethnicity, and age for children, and professional discipline, years working with the CAC model, and county for MDT Surveys.
- **Experience Summary**: 2nd of 3 tabs showing just your center's data. Core survey items (multiple choice, etc.) and any comments directly related to those items.
- **Comments**: 3rd of 3 tabs showing just your center's data. Comments on bigger/more detailed open-ended items.
- **Benchmark - Demographics**: 1st of 2 tabs benchmarking your center's performance to state, regional, and national results. Each item has color-coded bars for each group (your own center, the state you are in, the region your state is in, and the national data). This particular tab shows benchmarking to demographic items previously discussed and shown on the Demographics tab.
- **Benchmark - Experience Summary**: 2nd of 2 tabs benchmarking your center's performance to state, regional, and national results. Shows benchmarking to all other multiple-choice items on the survey.



See the full list of surveys by clicking the Projects button in the right-hand corner

Select the survey type for which you wish to view results

Disregard meta-data on the right. This refers to national totals. You will see your center's own information in the dashboard itself for each survey type.

The screenshot shows the Qualtrics dashboard interface. At the top left is the Qualtrics logo. At the top right is a navigation bar with a 'Projects' button (highlighted in a yellow box), a 'Help' link, and a user profile icon. Below the navigation bar is a search bar and a 'Create Project' button. The main content area displays a list of surveys. A green box highlights the survey list, which includes five items: '1. OMS - Initial Visit Caregiver Survey', '2. OMS - Caregiver Follow-Up Survey', '3. OMS - Multidisciplinary Team (MDT)', '4. OMS - Case-Specific Multidisciplinary Team', and '5. OMS - Individual Client Needs Assessment'. To the right of the survey list, there are columns for 'Pages', 'Widgets', and 'Responses'. A red diagonal line is drawn across the right side of the survey list, indicating that the meta-data on the right should be disregarded.

Survey Name	Pages	Widgets	Responses
1. OMS - Initial Visit Caregiver Survey Dashboard · Modified 2017-11-17 18:35:28	5	66	132k
2. OMS - Caregiver Follow-Up Survey Dashboard · Modified 2017-11-17 18:39:22	6	118	27k
3. OMS - Multidisciplinary Team (MDT) Dashboard · Modified 2017-11-17 18:44:40	6	68	40k
4. OMS - Case-Specific Multidisciplinary Team Dashboard · Modified 2017-11-28 20:16:04	5	37	7.4k
5. OMS - Individual Client Needs Assessment Dashboard · Modified 2017-11-17 18:46:45	5	49	19k

Showing page 1 of 1

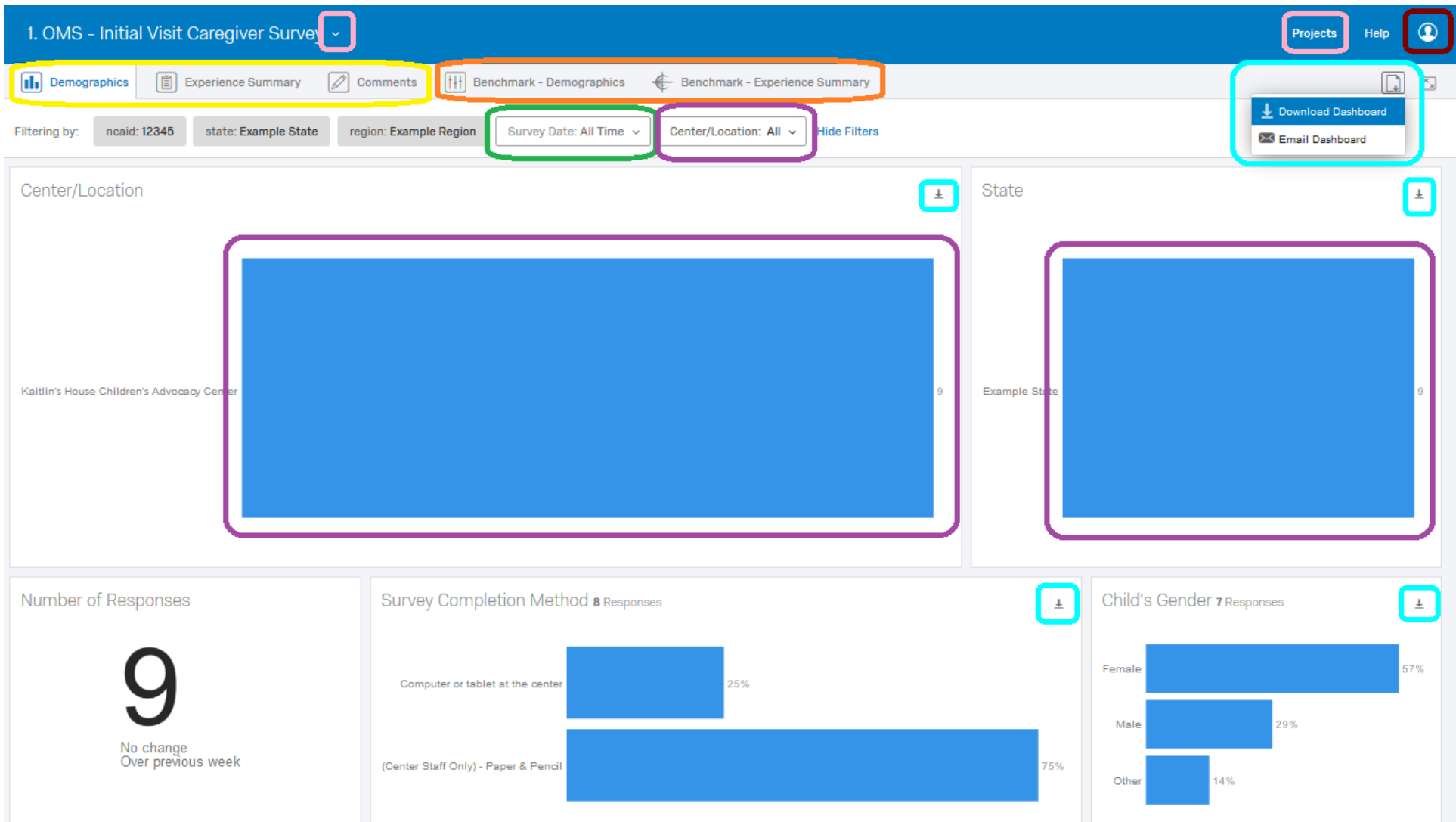
Switch surveys using the drop-down or return to the Projects page.

Your center's data is divided into the first 3 tabs (see review on the next page)

Benchmark your results to larger groups – state, region, national – via the last 2 tabs.

Download by tab or by widget (item) to export a PDF or JPG (screenshots) or a CSV spreadsheet (raw data, replaces the “Responses” page in FluidSurveys)

Filter results by timeframe. “All Time” by default, but click to choose a specific date range.



Filter results by location (only necessary if your organization oversees multiple centers). Click the bar to select one center (or state, for regional users) or use the drop-down menu to select multiple locations at once (type in the first few letters of the name)

Access account settings (such as to change the password), refresh the account to prompt updates, or log out.



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QUESTIONS?

Feel free to stay after to meet with me individually.

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

Kaitlin Lounsbury, Program Evaluation, at

OMScoordinator@nca-online.org

(202) 548-0090 Ext. 211

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