



# The Role of Advocates in the Outcome Measurement System (OMS)

The purpose of the Outcome Measurement System (OMS) is to help CACs evaluate their programs to:

- 1) Increase the quality of services provided to children and families, and
- 2) Improve the collaborative efforts of multidisciplinary team (MDT) members.

OMS was introduced by NCA in 2012, after being created in Texas in 2009. These research-based, standardized surveys have been repeatedly tested to ensure high reliability and validity. Nationally, over 350,000 OMS surveys have been collected by over 800 CACs.

There are three primary surveys in OMS:

- Two **Caregiver Surveys**: one given at the initial visit and the follow-up survey given approximately 2 months after the first visit
- One **MDT Survey**: given to all team members approximately twice a year, six months apart.

Each survey takes only a few minutes to complete and can be done on a computer/tablet/smartphone, by email, over the phone, or on paper.

## ***How Do CACs Use OMS?***

Chapters and CACs use the data from OMS in many ways to support the mission of their organization.

- To improve service delivery:
  - ✓ Boost staff/team morale by demonstrating areas of excellence.
  - ✓ Redirect unsuccessful work practices by identifying areas for improvement.
- To benchmark an individual CAC's results to state, regional, and national data.

- To give clients and MDT members a voice in the CAC process.
- To increase the likelihood of securing funding:
  - ✓ Many funders now require measurable outcomes to ensure that their investments are resulting in quality services for clients.
- To enhance the CAC's public image by including results in public awareness campaigns.

## ***What is the Role of Advocates in OMS?***

Victim advocates (also known as family advocates, victim support specialists, etc.) play an important role in the CAC process. According to the NCA Accreditation Standards, **"victim advocates are available to provide needed crisis intervention, safety planning, referrals for additional services, ongoing support, information and case updates, and court advocacy in a timely fashion. Victim advocates allow the MDT to anticipate and respond to the specific needs of children and their families more effectively, lessen the stress of the court process, and increase access to resources needed by the child and family, including access to victims of crime funding."**

For advocates to most effectively help families, they need to know what support will be most helpful. The best way to find out what families need is to ask them.

Advocates already do this when meeting with families individually, but caregivers also need opportunities to share opinions, concerns, and suggestions anonymously. The OMS caregiver surveys allow families to have a voice in the CAC process and their experiences can help advocates improve services for all families.

OMS should be viewed as a tool for advocates to help improve their work. Positive feedback helps advocates know what techniques are working best, so they can be sure to continue those practices. Negative feedback will help advocates grow and improve in their role.

In many centers, OMS is specifically assigned to advocates and they serve as the main user of the program for the center. The advocate is responsible for learning to use the program through available trainings, ensuring that surveys are offered to every family in an effective and appropriate way, and monitoring survey results and reporting those results to CAC Directors and colleagues.

Although many items on OMS focus on the role of the advocate, there are several items that involve other staff/team members. Advocates need to pass along this feedback, either as it comes up or all together at regular intervals, such as once a quarter.

Some advocates will be directly responsible for distributing MDT Surveys in addition to caregiver surveys. Other centers may assign MDT Surveys to another staff member, such as an MDT Coordinator or the CAC Director. In such cases, staff should work together to ensure tasks are divided appropriately.

Ultimately, every staff member should be aware of OMS and why these surveys are being collected from caregivers and MDT members. This can be accomplished by routinely discussing the program at meetings and other activities.

It is also important to remember that OMS may be used for external purposes, such as reporting to funders or including results in public awareness campaigns. Advocates should be mindful of this and ensure that their process of administering and reporting on the surveys will meet these needs.

### ***Collecting Surveys in a Sensitive Way***

Many advocates express concern about asking caregivers to complete surveys at a time when families are understandably emotional and under stress. Thankfully, advocates are specially trained to help families navigate this process and hopefully this will reduce a caregiver's stress by the time the surveys are administered. In many cases, we find that hesitation to administer surveys is due to how staff members perceive and approach the survey process.

It is important to remember that OMS surveys are different from other paperwork the caregiver is filling out during their visit. They are not being asked for details about what happened to their child that led them to the CAC. Instead, they are being asked to reflect on the visit itself and how well prepared they feel for the future.

Caregivers are asked to take an active role in improving the CAC process and services, which can be very empowering, especially when they may feel like they do not have a say in other parts of the process. Asking for a caregiver's opinion shows that you care about the family's experience and you genuinely want to improve how your CAC serves them and other families.

OMS can help caregivers to process the information they have learned at the CAC. The surveys specifically outline what we hope to accomplish in the course of a family's interaction with a CAC. It reminds the caregivers what assistance they have received and may prompt them to ask questions about topics that they missed.

This is an important step in helping the caregiver to feel calm and prepared at the end of their visit. This is why all caregivers should be given the opportunity to share feedback. If a caregiver is too overwhelmed to complete the survey on-site, advocates can use their best judgment and give other opportunities to complete it, such as sending a copy home or calling a few days later and doing the survey over the phone.

That being said, the way advocates approach the survey process is extremely important. When staff members are describing the center, the interview process, and other services, caregivers should be informed that they will have a chance to provide feedback and reflect on their experience. This makes the survey part of the regular process, not just an extra thing to tack on.

Staff members should have an upbeat attitude when describing the purpose of the survey, be available if the caregiver has questions while taking the survey (while still keeping an appropriate distance to allow privacy), and enthusiastically thank the caregiver when they are finished.

**For assistance, contact:**

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