

## Healing, Justice, & Trust

A National Report on Outcomes for Children's Advocacy Centers

## Highlights from 2018 Annual National Data



Percentages are rounded to the nearest one percent.

## Healing, Justice, & Trust

A National Report on Outcomes for Children's Advocacy Centers 2019

#### Why the Outcome Measurement System?

National Children's Alliance (NCA) offers the Outcome Measurement System (OMS) to help Children's Advocacy Centers (CACs) evaluate their programs to increase the quality of services provided to children and families and improve the collaborative efforts of multidisciplinary team (MDT) members.

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

- 1 The CAC facilitates healing for children and caregivers.
- 2 The MDT approach results in more collaborative and efficient case investigations.

The first outcome is measured through two caregiver surveys, and the second outcome is measured through an MDT survey. Caregivers are asked to complete an initial survey at the end of their first visit to the CAC and then a follow-up survey two months later to provide feedback on their experiences with the CAC. MDT surveys are given to all team members twice a year, approximately six months apart, to give feedback on the current functioning of the team across all cases.

#### In 2018, 781 Children's Advocacy Centers submitted a total of



In 2018, **88%** of Accredited CACs and **83%** of all NCA Member CACs participated in OMS.

Since NCA implemented OMS nationally in 2012, participating CACs have collected more than 350,000 surveys! By survey type: approximately 233,000 Initial Visit Caregiver Surveys; 46,000 Caregiver Follow-Up Surveys; and 72,000 Multidisciplinary Team Surveys.

In 2018, we launched improvements to the OMS surveys based on CAC feedback and pilot testing in 2017. Caregiver surveys are now easier for families, with both the initial and follow-up surveys shortened and brought to a fifth-grade reading level. Questions on the MDT survey have also been updated to clearly ask about topics important to the team's work.

#### LOCAL IMPACT

#### Giving Families and Team Members a Voice

We always want to do more for children and their families. But it's not solely how CACs and their staff feel about their results that drives changes. To help families and communities address child abuse and help children go on to live healthy, happy lives, we need to listen to what caregivers and our team members have to say about their experiences with the CAC model.

#### Healing

"My child has a place to go where she finally felt safe to share her story. So grateful she could take these first few steps toward healing."

-A CAREGIVER OF A CHILD SERVED BY A CAC



#### **Justice**

"I'm glad we have the CAC available for the families in our county.

The MDT model really does make our cases stronger and ultimately helps victims." —CAC ADMINISTRATIVE STAFF



#### **Trust**

"Thanks for making her feel safe and that she can trust her voice with you."—A CAREGIVER OF A CHILD SERVED BY A CAC



#### NATIONAL IMPACT

#### The Bigger Picture

Thanks to the CACs that submitted survey data in 2018—and the caregivers and MDT members who took the time to respond to the surveys—we are able to see the bigger picture of the national impact that NCA members have.

Statistics and results from programs like OMS are included in aggregated state, regional, and national reports. NCA and State Chapters, and CACs can use this data to advocate the services kids need:

- This data helps your CACs make the case that our model works.
- OMS data helps you fight for the resources you need to survive and thrive.
- Together, we can use this data to make sure to expand access to CACs to more kids in your community and across the country.



#### **Program Spotlight**

## CAC of Androscoggin, Franklin, and Oxford Counties

#### LEWISTON, MAINE

Kat Perry, manager of the CAC in Lewiston, Maine, says they depend on OMS feedback to keep their program on track and ensure quality. "We have used the data we receive to make changes in how we respond to the needs of our clients." The center's family advocate and forensic interview team get direct feedback from the surveys, and the CAC also incorporates the feedback into training sessions. Kat says it helps the MDT, too. "We have been able to come back to our teams and discuss what is going really well and what growth opportunities we have as a collaborative team and as individual members of that team."

And the survey results have a more subtle yet lasting impact: "It helps us to demonstrate to the families, team members, and funders that we are invested in what we do, doing what we say we are doing, and constantly committing to improvement."



#### The Strength of the CAC Model

NCA members come in many forms—but the quality remains consistently high.

With more than **880 member CACs** serving more than **367,731 children** in 2018, NCA represents a growing movement providing more and better services to children and families nationwide. But, as you know, there's no one-size-fits-all CAC structure; our member centers may be independent nonprofits, hospital-based organizations, or part of the local government; in their own standalone buildings or sharing space with partner agencies; rural or urban; have large budgets or small; and they serve families and professionals from diverse backgrounds. But what doesn't vary is quality.

In 2018, NCA partnered with research consultants from two universities to compare feedback from OMS and found that caregiver and team member satisfaction is consistently high across CACs from diverse backgrounds. **Consistently across the country, CACs help children heal and help professionals work together to serve families.** 

#### What We Learned from Your OMS Results



#### Investing in the needs of Spanish-speaking families is worth it.

Caregivers who completed the Initial Visit Caregiver Survey in Spanish were more likely to want additional services for their children (17%) vs. English-speaking caregivers (7%). On follow-up surveys, Spanish-speaking caregivers were more likely to use services they were referred to for themselves (59%) vs. English-speaking caregivers (31%). This means Spanish-speaking families want additional services for their families and they are likely to follow up and use those services at high rates. CACs should rise to meet Spanish-speaking families' willingness to engage with services and ensure that culturally sensitive services are available for all families.



Co-location boosts engagement in follow-up services. According to the follow-up surveys, children and caregivers are significantly more likely to use follow-up services when CACs are co-located with partner agencies (61% vs. 54% of children; 38% vs. 29% of caregivers). Although the exact reasons for this are unclear, families may already be familiar with the location and be more confident in using services directly located alongside the CAC. We know evidence-based services are an important part of the healing process, so having services in one convenient location may increase engagement, leading to better outcomes for children and families.



NCA members have stronger MDT collaboration. The OMS program is an NCA member benefit, but some non-member CACs are grandfathered in. Results of the 2018 analysis indicate that, at these non-member centers, MDT members may experience more difficulties with team collaboration. Non-member CACs are less likely to agree that team members willingly share information relevant to cases (91% vs. 99% combined Strongly and Somewhat Agree), less likely to agree that all team members are actively involved in cases relevant to their roles (81% vs. 94%), and less likely to agree that other team members turn to their agency for information, expertise, and direction (79% vs. 95%). Being a part of the CAC movement through NCA leads to stronger MDT collaboration at the local level. Improve your game with MDT experts around the country on NCA Engage at engagenca.org.

## Healing

CACs help to restore lives after abuse



In survey results, caregivers of children served by CACs say that CACs help them and their children feel safe:

"I feel like finally someone (actually a whole group) is here and want to support my daughter and see she heals from this."



"Everything about this experience was positive. The main thing I appreciate is that our conversations and visit was all geared towards my daughter and her story and healing process."



"They did great giving me all of the information I needed. They helped us so that now, we can move forward and get the healing we need."



"They listened and helped us feel like my son can really heal from this experience."





#### Services for Children

#### The Barriers to Treatment

It's not enough to inform caregivers about what services are available. We also must engage with families to overcome barriers to treatment. The biggest single barrier is perceptual—many caregivers say they simply do not believe mental health services are necessary. Use your OMS results to find out exactly what is stopping families from making maximum use of the services your center offers.

"We didn't realize that it would have been so important for our daughter or ourselves. I wish they would have called a few days later to really encourage us to get therapy/counseling for her/us."

"We are still trying to decide if counseling will drive these memories further into her mind or will be helpful."

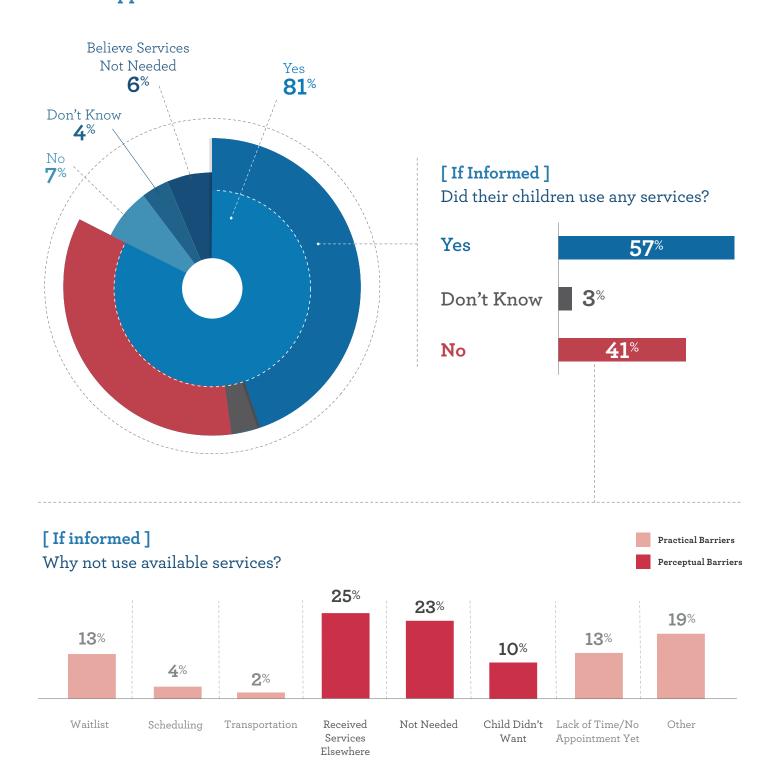
"The father did not think my stepdaughter should receive these services. I disagree, but I cannot place her in therapy without his consent."

"We go to a church where they offer services. I was very nervous, [and we] are more familiar with classes and services with the church."\*

 $<sup>^{\</sup>ast}$  Translated from original caregiver response in Spanish.

#### Informed and Engaged?

81% of caregivers were informed about services for children. **What happened next?** 



Evidence-based mental health treatments help, and it's important to get that message to families. CAC staff need to be able to explain what services are available and how children and their caregivers can benefit from those services.

#### **Increasing Family Engagement**

To help increase family engagement, NCA is working with the University of Oklahoma Health Sciences Center to launch an online training series on the topic in Q4 2019. The goal is to help your center communicate to caregivers what services are available and how they and their children can benefit from those services. To participate, contact Michelle Miller at NCA at mmiller@nca-online.org.

Rates of children using services have continued to decline, from 69% in 2014 to just 57% in 2018. Although centers frequently cite concrete barriers such as transportation issues (2%), the most common reasons for low engagement in follow-up services are perceptual, such as caregivers not thinking children needed the services (23%) or children not wanting to use the services (10%). And the most common reason given was that children were "already receiving similar services somewhere else" (25%). It's up to center staff to explain the importance of evidence-based treatment as opposed to other services that may not fully meet the needs of children exposed to trauma.

#### Services for Caregivers

Amid the family crisis caused by child abuse, caregivers are often stretched to the breaking point, choosing to put their own needs last. Yet we know that the single most important support for a child recovering from trauma is the support they receive from their caregivers. On a depressurized airplane, parents must put on their own oxygen masks before helping their children. The crisis of abuse is no different. Victim advocates and CAC professionals must make the case that seeking mental health and other services for caregivers is far from selfish: these services are critical to ensuring the caregiver can truly meet the needs of their child. Here's the choice caregivers say they face:

"I felt my daughter was more important to be taken care of. I just wanted to focus on her."

"I am already missing so much work for my daughter's therapy, meetings with teachers, meetings with the Commonwealth, and court is coming soon. I am worried about a larger strain on my workplace if I ask for even more time off."

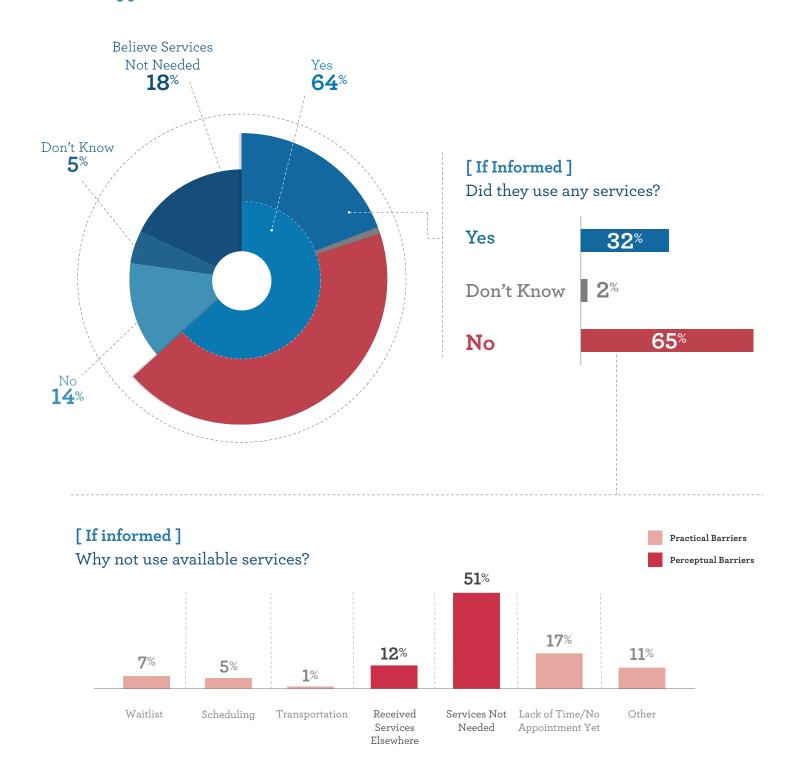
"Money is kind of tight right now, when I have the money, then I'll take care of myself."

"I have many responsibilities at home so decided to see if I can ride out the storm."

#### Informed and Engaged?

64% of caregivers were informed about services for themselves.

#### What happened next?



#### Satisfaction

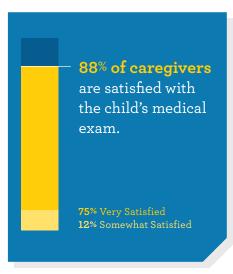
Overall, most caregivers are satisfied with the services that they and their children received through a CAC:

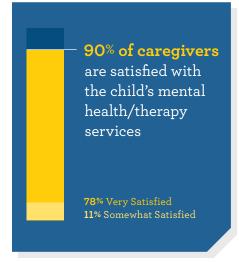
"They worked with me and my child in helping understand how to work together during the healing process."

"I felt they really cared about my child at the center. Staff took time to find out what we needed to heal and made us feel safe."

"I am thankful that counseling is available to help my child cope with and heal from this situation."

# "Overall, the services we have received from the center have been helpful to me and my child." 86% Strongly Agree 9% Somewhat Agree





83% of caregivers
are satisfied with mental health/
therapy services for themselves

73% Very Satisfied
10% Somewhat Satisfied

Most caregivers are satisfied with the types of services available from CACs. Only 5% would like additional services for children and 5% would like additional services for themselves.

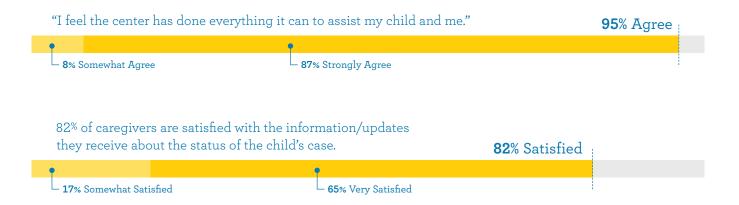
## **Justice**





#### Together, CACs and their MDT partners address abuse:

"They made me feel certain that my child isn't just another case. They all seem to be very determined to help get some sort of justice or closure." —A CAREGIVER OF A CHILD SERVED BY A CAC



## MDT members agree that children and their families benefit from their collaborative approach:

"I feel that all the different agencies work well together. Information sharing is important. All agencies work towards a common goal. I feel without this cooperative agreement, many criminal cases would not be charged." —A LAW ENFORCEMENT MEMBER

"The center is doing a tremendous job handling a high volume of extremely complicated cases. Child victims are receiving extraordinary service and protection."



-A PROSECUTOR

"I feel these meetings help the team and points the case in the right direction with either resources or other services."

-A WORKER WITH CHILD PROTECTIVE SERVICES



"This is one of the most valuable teams that I serve on. I appreciate the opportunity to work with the other agencies to better serve our families."—SCHOOL PERSONNEL



"It is truly an honor to be a part of a team where all members are passionate and committed to helping children, families, and the community to address issues related to abuse, neglect, and prevention."—PROBATION/COURT PERSONNEL

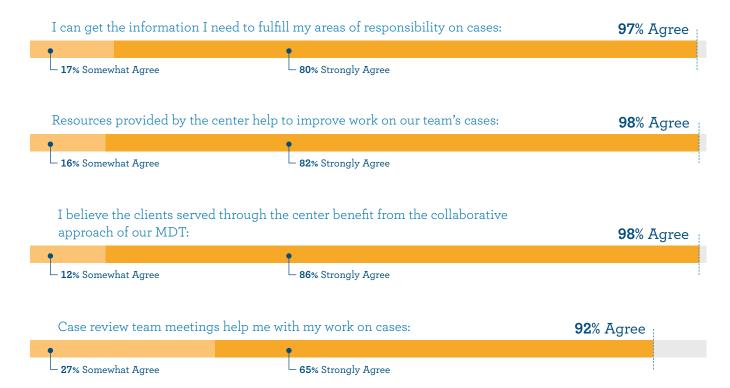


I can provide input during the forensic interview process:

96% Agree

**13**% Somewhat Agree

83% Strongly Agree



#### **Process Spotlight**



#### **CASE REVIEW IS VITAL**

While 92% of MDT members surveyed agreed that case review meetings helped with their work, only 65% strongly agreed. Case review is a vital part of the MDT process, creating an effective, efficient response to cases and protecting children. It also enables the MDT to improve its own effectiveness. If your OMS results don't show team members strongly supporting case review, ask each member what would make the process more helpful.

- Remember that case review requires digging deeper, from multiple angles, than case reporting.
   If members are just reporting out on cases, MDT members may feel their time is not well spent.
- Leadership buy-in is important. If members' leaders view case review as a frustrating requirement of working with the CAC rather than as a valuable tool, that attitude is likely to trickle down to team members. Ask at the leadership/MOU signatory level what would make case review beneficial.
- Relationships are key; it is vital that members feel safe enough to openly discuss concerns. Some teams eat lunch together as part of case review, with time for conversation. Others share knowledge on a rotating basis to gain a greater understanding of each other's work and the barriers they face in their own organizations.
- Help new members fit in through an orientation explaining the process, what is expected of them, and what they can get out of participation. A veteran member can serve as mentor.

Successful case reviews are the result of cohesive, engaged team members, which takes intention and ongoing adjustments. An engaged and vibrant MDT will ultimately lead to better responses to children and their families.

## **Trust**





#### Caregivers trust CACs to help them and their children:

"You all are very kind and offered us a relationship of trust."

"My child was comfortable and able to trust them."

"We trust that they know what they are doing and that their number one priority is my daughter's safety."

"I liked that I was provided with information about what to expect and how I can help."



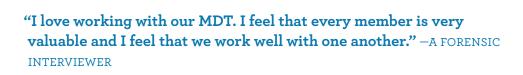


#### Team members and their agencies support the CAC model:

"All members of the Child Advocacy Center are engaging, well informed, considerate, professional, and show a true concern for each child and family they encounter.

Their knowledge, opinion, and experience is a benefit to law enforcement." —A LAW ENFORCEMENT TEAM MEMBER

"I think they do a great job with organizing the information so that what is presented is relevant. I also like the way that different disciplines are represented, are welcome to participate, and all perspectives are respected." —A MENTAL HEALTH PROVIDER





"The collaboration of the professionals at MDT improves outcomes for each case and helps the medical professional to make the best recommendations to benefit the child." —A MEDICAL PROVIDER



"The unified push for best practices and continuing education is something that stands out, in a very good way."—A PROSECUTOR



Team members willingly share information relevant to our cases:

98% Agree

15% Somewhat Agree

83% Strongly Agree

The Children's Advocacy Center Model fosters collaboration on the multidisciplinary team:

98% Agree

11% Somewhat Agree

87% Strongly Agree

The center provides an environment where I feel safe expressing my concerns or making suggestions about the functioning of the multidisciplinary team:

96% Agree

#### Team Spotlight

#### INGREDIENTS FOR SUCCESSFUL COLLABORATION

Survey results suggest that MDT members may struggle at times with their relationships with other team members. While a large proportion of MDT respondents agreed with measures of team collaboration, that agreement may be shallow, as many respondents disagreed or only "somewhat" agreed with statements that are true of strong teams.

"Team meetings are a productive use of my time."



"Other team members understand my role on the team."



"All members of the multidisciplinary team are actively involved in cases relevant to their role."



"Other team members turn to my agency for information, expertise, and direction."



- To support these relationships, CACs need to **start by getting everyone clear on the critical role they play in investigating cases**—almost 30% of team members indicate not all members are actively involved in cases relevant to their role. Barriers to full participation should be discussed openly and candid but constructive discussion about the need for an "all-in" approach is critical.
- The next piece is making sure **everyone understands each other's roles** on the MDT. This is important for not only every new member of the team but also on an ongoing basis for existing team members, especially when there are changes in procedures.
- Finally, it's not enough to just get people in the same room and tell them what other agencies can offer—team members need to actually **reach out to each other**. When planning next steps on cases, team members should actively plan to work together, rather than only going back to their own agency. MDT coordinators can support this by suggesting plans that involve multiple agencies working together. CACs can support this by offering opportunities for team members to connect in a shared space.

#### How to Use This Report/Next Steps

The appendices summarize the responses given to caregiver and MDT surveys at CACs all across the country. **Compare your CAC's own OMS results to these national benchmarks** to see what challenges your center faces—and where you shine.

For centers currently participating in OMS, be sure to check out your reporting dashboard in Qualtrics to **view your results on a regular basis**. Discover areas for improvement as well as areas of success, and use the information to make data-driven decisions. Track outcomes over time and filter by sub-groups of participants to reveal potential differences. In particular, compare client and team member demographics to **see if results are representative of the people you serve**.

If certain groups are over- or under-represented, brainstorm with your team to think of ways to make the surveys more accessible. Then, compare your local performance to state, regional, and national benchmarks measuring the same outcomes. Ultimately, we can all work together to share results with funders, policy makers, and the public to highlight the important work of CACs and MDTs.

Does your center not use OMS? Consider how OMS can help give families a voice in the CAC process, empowering them to take an active role in helping children heal from abuse. You can also use OMS to encourage team members to share feedback and partner with the CAC to improve the MDT response to help families and hold offenders accountable. Contact Kaitlin Lounsbury at <a href="mailto:OMScoordinator@nca-online.org">OMScoordinator@nca-online.org</a> to join today.

**For help with OMS or to share success stories** of how your center uses the program, contact Kaitlin Lounsbury, NCA's program evaluation coordinator, at <a href="mailto:OMScoordinator@nca-online.org">OMScoordinator@nca-online.org</a>.

#### APPENDIX A

#### National Benchmarks: Initial Visit Caregiver Survey

#### Total Surveys Collected in 2018: 49,509\*\*

| Child's Gender: |       | Child's Race/Ethnicity:             |       | Child's Age: |       |
|-----------------|-------|-------------------------------------|-------|--------------|-------|
| Female          | 70.8% | Black or African American           | 16.1% | 0 to 5       | 19.7% |
| Male            | 28.7% | Hispanic or Latino                  | 16.9% | 6 to 12      | 47.9% |
| Other           | 0.5%  | White/Caucasian                     | 63.4% | 13 to 17     | 31.6% |
|                 |       | American Indian or Alaska Native    | 2.8%  | 18 and up    | 0.8%  |
|                 |       | Asian                               | 1.1%  |              |       |
|                 |       | Native Hawaiian or Pacific Islander | 0.7%  |              |       |
|                 |       | Multi-Racial                        | 5.8%  |              |       |
|                 |       | Other                               | 0.9%  |              |       |

|  | Strongly<br>Agree | Somewhat<br>Agree | Somewhat<br>Disagree | Strongly<br>Disagree | I Don't<br>Know |
|--|-------------------|-------------------|----------------------|----------------------|-----------------|
| I believe my child felt safe at the center.  | 89.6%             | <b>7.4</b> %      | 0.4%                 | 0.4%                 | 2.2%            |
| The center staff made sure I understood the reason for our visit to the center.  | 94.2%             | 4.7%              | 0.4%                 | 0.3%                 | 0.4%            |
| When I came to the center, my child and I were greeted and received attention in a timely manner.                            | 95.8%             | 3.3%              | 0.3%                 | 0.3%                 | 0.2%            |
| I was given information about the services and program provided by the center.   | 94.3%             | 4.0%              | 0.5%                 | 0.4%                 | 0.7%            |
| My questions were answered to my satisfaction.   | 92.6%             | 5.9%              | 0.6%                 | 0.4%                 | 0.5%            |
| The process for the interview of my child at the center was clearly explained to me.   | 93.5%             | 5.0%              | 0.6%                 | 0.4%                 | 0.4%            |
| I was given information about possible<br>behaviors I might expect from my child in<br>the days and weeks ahead.             | 79.4%             | 10.6%             | 3.1%                 | 2.5%                 | 4.3%            |
| The staff members at the center were friendly and pleasant.  | 97.4%             | 2.0%              | 0.1%                 | 0.2%                 | 0.2%            |
| After our visit at the center, I feel I know what to expect with the situation facing my child and me.                       | 80.7%             | 13.2%             | 2.0%                 | 1.0%                 | 3.1%            |
| The center staff provided me with resources to support my child and respond to his or her needs in the days and weeks ahead. | 90.0%             | 6.5%              | 0.9%                 | 0.7%                 | 1.9%            |

|  | Yes   | No    | I Don't<br>Know | Services<br>Not Needed |
|--|-------|-------|-----------------|------------------------|
| Did someone at the center give you information about how to get services like counseling or family support for YOUR CHILD? | 87.0% | 3.5%  | 3.1%            | 6.4%                   |
| Did someone at the center give you information about how to get services like counseling or family support for YOURSELF?   | 77.1% | 7.5%  | 3.3%            | 12.2%                  |
| Would you have liked additional services for YOUR CHILD that were not offered by the center?                               | 6.8%  | 69.6% | 23.5%           |                        |
| Would you have liked additional services for YOURSELF that were not offered by the center?                                 | 4.2%  | 78.3% | 17.5%           |                        |
| Was there anything that the center staff could have done better to help you or your child?                                 | 2.3%  | 87.4% | 10.2%           |                        |

#### **APPENDIX B**

#### National Benchmarks: Caregiver Follow-Up Survey

#### Total Surveys Collected in 2018:\* 10,433\*\*

| Child's Gender: |       | Child's Race/Ethnicity:             |       | Child's Age: |       |
|-----------------|-------|-------------------------------------|-------|--------------|-------|
| Female          | 71.6% | Black or African American           | 13.1% | 0 to 5       | 18.0% |
| Male            | 27.9% | Hispanic or Latino                  | 15.4% | 6 to 12      | 48.2% |
| Other           | 0.5%  | White/Caucasian                     | 66.6% | 13 to 17     | 32.5% |
|                 |       | American Indian or Alaska Native    | 1.9%  | 18 and up    | 1.3%  |
|                 |       | Asian                               | 0.9%  |              |       |
|                 |       | Native Hawaiian or Pacific Islander | 0.5%  |              |       |
|                 |       | Multi-Racial                        | 5.4%  |              |       |
|                 |       | Other                               | 1.2%  |              |       |

|   | Strongly<br>Agree | Somewhat<br>Agree | Somewhat<br>Disagree | Strongly<br>Disagree | I Don't<br>Know |
|---|-------------------|-------------------|----------------------|----------------------|-----------------|
| The staff members at the center have been friendly and pleasant.  | 95.5%             | 3.3%              | 0.4%                 | 0.4%                 | 0.4%            |
| As a result of our contact with the center, we knew what to expect in the days and weeks that followed.                               | 77.6%             | 15.8%             | 2.7%                 | 2.0%                 | 2.0%            |
| Since my first contact with the center, center staff has been available to answer any questions I had.                                | 87.6%             | 7.6%              | 1.3%                 | 1.0%                 | 2.6%            |
| Overall, the services we have received from the center have been helpful to me and my child.  | 86.4%             | 8.5%              | 1.4%                 | 1.7%                 | 2.1%            |
| I feel I have received information that has helped me understand how I can best keep my child safe in the future.                     | 83.9%             | 10.2%             | 1.9%                 | 1.7%                 | 1.8%            |
| I feel that the center has done everything it can to assist my child and me.  | 87.0%             | 8.2%              | 1.7%                 | 1.8%                 | 1.3%            |
| If I knew anyone else who was dealing with<br>a situation like the one my family faced, I<br>would tell that person about the center. | 91.1%             | <b>5.4</b> %      | 0.7%                 | 1.6%                 | 1.3%            |

|  | Yes   | No    | I Don't<br>Know | Services<br>Not Needed |
|--|-------|-------|-----------------|------------------------|
| Did someone at the center give you information about how to get services like counseling or family support for YOUR CHILD? | 81.3% | 6.9%  | 3.5%            | 8.3%                   |
| If yes, has YOUR CHILD used any of those services?   | 56.5% | 40.7% | 2.8%            |                        |

| If no, please tell us the reason(s) YOUR CHILD has not used the services. |       |  |       |  |  |  |  |
|---|-------|--|-------|--|--|--|--|
| Still waiting to receive services   | 12.8% | I did not think my child needed the services     | 22.5% |  |  |  |  |
| Days/times did not fit our schedule                                       | 3.8%  | My child did not want to use the services        | 10.4% |  |  |  |  |
| Location hard to get to (no transportation)                               | 1.9%  | Have not had time/have not made appointments yet | 12.9% |  |  |  |  |
| My child was already receiving similar services elsewhere                 | 24.9% | Other  | 19.0% |  |  |  |  |

|  | Yes   | No    | I Don't<br>Know | Services<br>Not Needed |
|--|-------|-------|-----------------|------------------------|
| Did someone at the center give you information about how to get services like counseling or family support for YOURSELF? | 63.8% | 13.7% | 4.6%            | 17.9%                  |
| If yes, have YOU used any of those services?   | 32.4% | 65.3% | 2.3%            |                        |

| If no, please tell us the reason(s) YOUR CHILD has not used the services. |       |   |       |  |  |  |
|---|-------|---|-------|--|--|--|
| Still waiting to receive services   | 6.7%  | I was already receiving similar services somewhere else | 12.4% |  |  |  |
| Days/times did not fit our schedule                                       | 5.1%  | Have not had time/have not made appointment yet         | 16.5% |  |  |  |
| Location hard to get to (no transportation)                               | 1.4%  | Other   | 11.1% |  |  |  |
| I did not think I needed the services                                     | 51.3% |   |       |  |  |  |

| Please rate your satisfaction with the following services*** | Very<br>Satisfied | Somewhat<br>Satisfied | Somewhat<br>Dissatisfied | Very<br>Dissatisfied | I Don't<br>Know |
|--|-------------------|-----------------------|--------------------------|----------------------|-----------------|
| Forensic interview   | 77.8%             | 12.3%                 | 2.2%                     | 2.0%                 | 5.7%            |
| Medical exam   | 75.4%             | 12.1%                 | 1.9%                     | 2.5%                 | 8.1%            |
| Mental health services for YOUR CHILD                        | 78.4%             | 11.2%                 | 1.5%                     | 1.7%                 | 7.1%            |
| Mental health services for YOURSELF                          | 72.7%             | 10.3%                 | 2.2%                     | 2.5%                 | 12.2%           |
| Information/updates on status of your child's case           | 64.8%             | <b>17.1</b> %         | 5.9%                     | 6.3%                 | 5.8%            |

|  | Yes  | No    | I Don't Know |
|--|------|-------|--------------|
| Would you have liked additional services for YOUR CHILD that were not offered by the center? | 5.4% | 80.3% | 14.2%        |
| Would you have liked additional services for YOURSELF that were not offered by the center?   | 4.6% | 84.8% | 10.6%        |
| Was there anything that the center staff could have done better to help you or your child?   | 5.9% | 86.2% | 7.9%         |

#### **APPENDIX C**

#### National Benchmarks: Multidisciplinary Team Survey

#### Total Surveys Collected in 2018:\* 13,812\*\*

| Professional Discipline    |       | How long have you worked with the CAC mode | el at this center? |
|----------------------------|-------|--|--------------------|
| Law enforcement            | 32.5% | Less than 1 year                           | 17.5%              |
| Child protective services  | 23.7% | 1 to 3 years                               | 35.0%              |
| Medical professional       | 4.4%  | 4 to 6 years                               | 18.5%              |
| Prosecution                | 8.1%  | 7 years or more                            | 28.9%              |
| Mental health professional | 6.6%  |  |                    |
| Advocate                   | 9.4%  |  |                    |
| Forensic interviewer       | 4.1%  |  |                    |
| School personnel           | 3.6%  |  |                    |
| Probation/court personnel  | 1.8%  |  |                    |
| CAC administrative staff   | 1.4%  |  |                    |
| Other                      | 4.5%  |  |                    |

| How accurately does each of the following statements reflect your experience as a member of the CAC/MDT?***  | Strongly<br>Agree | Somewhat<br>Agree | Somewhat<br>Disagree | Strongly<br>Disagree |
|--|-------------------|-------------------|----------------------|----------------------|
| Team members willingly share information relevant to our cases.  | 83.2%             | 14.9%             | 1.2%                 | 0.7%                 |
| I can provide input during the forensic interview process.   | 82.8%             | 13.4%             | 2.2%                 | 1.6%                 |
| Members of the multidisciplinary team demonstrate respect for the perspectives and informational needs of other team members.                          | 76.7%             | 18.7%             | 3.2%                 | 1.4%                 |
| The Children's Advocacy Center model fosters collaboration on the multidisciplinary team.  | 86.6%             | 11.0%             | 1.4%                 | 1.0%                 |
| Team meetings are a productive use of my time.   | 66.9%             | 26.5%             | 4.9%                 | 1.7%                 |
| Case review team meetings help me with my work on cases.   | 65.0%             | 26.8%             | 5.9%                 | 2.3%                 |
| Other team members understand my role on the team.   | 71.0%             | 23.1%             | 4.4%                 | 1.5%                 |
| I believe the client served through the center benefit from the collaborative approach of our multidisciplinary team.                                  | 85.8%             | 12.2%             | 1.2%                 | 0.7%                 |
| My supervisor/agency is supportive of the work of the multidisciplinary team.  | 89.0%             | 9.5%              | 1.0%                 | 0.5%                 |
| All members of the multidisciplinary team are actively involved in cases relevant to their role.   | 71.2%             | 23.2%             | 4.5%                 | 1.1%                 |
| Resources provided by the center help improve work on our team's cases.  | 82.1%             | 15.6%             | 1.6%                 | 0.6%                 |
| The center provides an environment where I feel safe expressing my concerns or making suggestions about the functioning of the multidisciplinary team. | 80.4%             | 15.1%             | 2.9%                 | 1.6%                 |
| I can get the information I need to fulfill my areas of responsibility on cases.   | 80.2%             | 16.8%             | 2.2%                 | 0.8%                 |
| Other team members turn to my agency for information, expertise, and direction.  | 72.4%             | 23.0%             | 3.6%                 | 1.0%                 |



70.0% to 79.9%

Below 70.0%

Open-ended questions (such as what additional services caregivers would have liked) that were on these surveys are not included.

<sup>\*</sup> Final numbers for national reports are pulled annually for the previous year each February 15. There may be situations where centers collecting surveys on paper may enter additional surveys into the system after this date, the results of which are not captured in this report.

<sup>\*\*</sup> Each question on the survey is voluntary and participants may choose to skip any question. This causes variation in the total number of responses for each item. Percentages are calculated based on the number of responses to each question, not the total number of surveys collected.

<sup>\*\*\*</sup> Not Applicable (N/A) responses have been removed from the calculations above, to more accurately reflect participants for whom the question was relevant.

