The Outcome Measurement System (OMS)
Training for Maine CACs

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August 6, 2019

Waterville, ME

Introductions – Who's in the room?

Your Name, Organization, and Title/Role

One question you hope to have answered by the end of the day

Learning Objectives

Today's Goals

1. Learn about the purpose and background of OMS – why is collecting feedback so important?

2. Plan how to implement, expand, or maintain OMS at your CAC by following best practices for survey collection

3. Explore ways to use OMS results to support your CAC's mission

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.
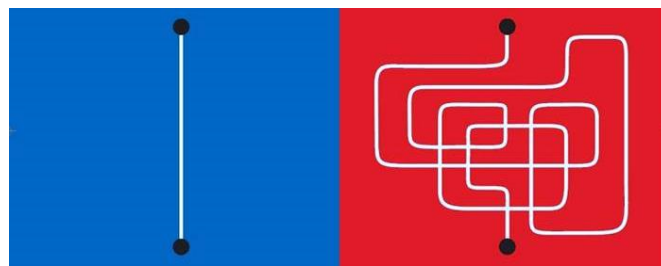
Child Advocacy Data Comes from Many Sources

- CAC Statistics - Case Management/Service Usage Data

- Data from Partners - CPS referrals, LE arrests, prosecution rates

- Financial Data

- Client and Team Member Feedback
  - Satisfaction is an important outcome itself, but also leads to better engagement with services, which in turn leads to better outcomes for families.

- Demographics/Census/National Statistical Data – Who lives in your community? How does this impact your center?

- Research Studies – What does research show will be the impact of core services (forensic interviews, mental health counseling, etc.)?

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

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

Statistics as another language

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

- Like any language, some people are more fluent than others and it may be hard to learn at first.

- You must continually practice this language to effectively communicate with others who speak it.

- Bridge the gap/language barrier between CACs and funders, boards, and policy makers

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

Handouts:

The Role of Advocates in OMS

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

Available by PDF on the NCA Members Only Website.

The Basics - What is OMS?

❖ A standardized, research-based system of surveys designed measure CAC performance based on stakeholder satisfaction.

- Items are based on issues of most importance to CACs, MDTs & families.

❖ Purpose of OMS is to help CACs evaluate their programs in order to:

- Increase the quality of services provided to children and families.

- Improve the collaborative efforts of MDTs.

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

❖ 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.

- Some CACs may use results for other projects, funding, etc.

- NCA Accreditation – See next slide

OMS and Accreditation

Two components in the 2017 edition of the NCA Accreditation Standards for CACs 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 are assured to be found in compliance when participating in OMS and following best practices for collecting surveys and using results.

The Basics - What is OMS?

❖ OMS is a free NCA membership benefit: No separate enrollment costs or annual fees for NCA members in good standing.

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 have support from the Chapter to participate in OMS 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.
  - ○ Non-members that requested accounts prior to the new policy are "grandfathered" in, but we still strongly encourage becoming members with NCA and accessing the many other benefits we provide to CACs.

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 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.

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**

  o We need this data to show why CACs are so important

  o This allows us to fight for the resources CACs need to survive and thrive

  o 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.

Your State

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 & Expansion by NCA

❖ NCA identified outcome measurement as a primary need in the 2010 Strategic Planning process.

❖ After hearing about the success of OMS in Texas, NCA entered into an agreement with CACTX to adopt the system and began introducing it to additional states as a "pilot program" from January 2012 to June 2014.

   • Adoption of the system was divided into waves, with 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 & Expansion 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.

National Adoption & Expansion by NCA

❖ 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.

  ❖ 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 by the Numbers

❖ **781 CACs have participated in OMS as of December 2018.**

- Since 2015, at least one center has participated in all 50 states, plus locations in Canada and Australia.
- 90% of Accredited CACs participate in the program
- On average over the past 3 years, one new center joined OMS every week

❖ **Over 350,000 surveys collected to-date** (January 2012 to December 2018):

- 233,000 Initial Visit Caregiver Surveys
- 46,000 Caregiver Follow-Up Surveys
- 72,000 Multidisciplinary Team (MDT) Surveys.

About 1 in 6 families who walk through door of any CAC in the country share feedback through the OMS Initial Visit Caregiver Survey.

If we limit this to just the centers participating in OMS, the number is closer to 1 in 5.

The goal is to expand feedback opportunities to all families!

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Questions on the Purpose & History of OMS?

Why is outcome measurement important? How do data sources fit together?

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?

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 <u>opportunity</u> 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

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)

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Handouts:

Paper Copies of the 3 Main OMS Surveys

Initial Visit Caregiver Survey

Caregiver Follow-Up Survey

Multidisciplinary Team (MDT) Survey

Examples only! Contact us for printable Word Doc copies. Your CAC and/or Chapter may have custom additions.

*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**

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Initial & Follow-Up Caregiver Surveys

Similar questions at two time points: Initial visit & follow-up approx. 2 months later

Child Demographics: Gender, Race, Age

Four Areas of Measurement – 1 to 3 multiple choice items in each group

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

The Child's Experience (caregiver perspective)

Interactions with Center Staff / Overall Impression of Center

Caregiver Access to Information & Services

Preparing Caregivers for Challenges/Future Possibilities

Open-Ended Questions – Examples:

"Would you have liked additional services (for your child/for yourself) that were not offered?"

"What did you appreciate the most about your experience at the center?"

"Was there anything that the center staff could have done better to help you or your child?"

Additional Service-Specific Questions on the Follow-Up Survey:

Satisfaction with specific services, including…

Forensic interview, Mental health services, Medical exam, Case info/updates

Best Practices for Initial Visit Caregiver Surveys

❖ Review surveys with all staff members that interact with caregivers

❖ Make it a standard part of the process - Offer the survey to <u>every</u> caregiver!

- Inform caregivers about the surveys from the beginning of their visit, just like any other standard procedures

- Avoid saying things like "If you want" or "If you have time" – this makes it sound like you don't really care whether they complete the survey.

  - Focus on the benefit to caregivers, an opportunity for a voice in the process, which they often do not have with other agencies.

❖ If they decline or say they do not have time, have a back-up method ready to use.

- Offer to email the survey or give a printed hand-out with the link.

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Introducing the OMS Initial Visit Caregiver Survey to a Potential Participant

At the beginning of the visit:

"We'll wrap up the visit today with an 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."

Best Practices for MDT Surveys

❖ The survey is ideally given twice a year, approximately 6 months apart.

❖ 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

❖ Send a reminder before the deadline – thank those who already participated.

❖ **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.

Multiple Ways to Collect Surveys

Recommend using a <u>variety of methods</u>: 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)

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Multiple ways to Collect Surveys   On-Site Electronic options

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

- Set up a tablet or a computer in a private area – close to staff for questions, but remote enough for privacy.

- Only basic equipment is needed
  - NCA does not supply tablets, but many tablets now cost under $50 on average (for example, Amazon's Kindle Fire).
  - Many funders/grants will cover devices for OMS. You can also check with your State Chapter or Regional CAC for resources in your area.

- Works through any up-to-date **web browser** (no special software/apps)

Pros:

- Higher response rates compared to after-visit options
- Very little staff time
- More anonymous
- Cost-effective in the long-term

Cons:

- Higher up-front cost (but grants or donations can eliminate this)
- Center must have Internet access, WiFi for tablets
- Discomfort with technology (staff or participants)

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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.

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Multiple ways to Collect Surveys   Paper Surveys

- Good option for centers without WiFi and/or back-up for caregivers uncomfortable with technology, but be sure to ask – don't make assumptions!

- Responses should be entered on a regular basis, ideally within 2 weeks of survey being completed or at least monthly.

- **Please do not wait until the end of a collection period to enter surveys!**

  - From NCA and your Chapter's perspective, it looks like you are not participating.

  - Limits your ability to prepare accurate reports if paper surveys have not been entered.

- Remember to allocate enough time to enter paper surveys regularly and be very careful when entering responses – this option increases the risk of data entry errors, difficulty reading participants' handwriting, etc.

  - Even though entering paper surveys generally takes 5 minutes or less per survey, that adds up over time

  - **100 surveys = 500 minutes = over 8 hours, an entire workday!**

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

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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!

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."

Questions about Surveys, Collection Methods, or Barriers?

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

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

Overcoming Barriers

Up Next: BREAK, then how to use 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!

  - This is not the same as deciding to only offer the survey to a certain number or percentage of participants. We strongly believe EVERY family and team member should have the opportunity to share feedback, so we discourage only offering surveys to a certain percentage of people (and not others), even if the sample is random.

"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

- **Demographics of Children/Team Members:** Each survey starts with basic questions about the child (gender, 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 case management system about clients served and information you already know about your team. Do the percentages line up (approximately)? Are any groups over- or under-represented? How could you better reach all groups?

- **Comparison to Past Timeframes:** Reports allow you to filter results for specific timeframes. If you run a report for all surveys collected in 2017 and then you run a report for all surveys collected in 2018, 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?

"Good" vs. "Bad" Performance on OMS, cont.

- **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 to Handle Negative Feedback

- Evaluation reveals both areas for improvement AND areas of success. Negative results should not be viewed as failures, but rather opportunities to learn and improve.
- Some negative feedback is inevitable. We provide services in a challenging field and there may be many reasons that caregivers or team members are dissatisfied.
  - **Issues within your direct control:** Share feedback with staff & brainstorm solutions
  - **Partner issues:** Inform team members about any trends you are seeing (i.e. lack of follow-up, misinformation, etc.)
  - **Issues outside your control**: Acknowledge the feedback and inform any stakeholders on the possible reasons why families may feel this way.

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How can CACs use OMS results?

Raise Awareness & Engage Partners

- Enhance public image of CACs
  - Add statistics to public awareness campaigns
  - Share results with local newspapers and other media outlets to raise awareness about the CAC
  - Include results as part of flyers and brochures distributed by community partners
- Remind partners why the CAC is so important
  - Engage professionals from partner agencies to increase involvement in the MDT/CAC
  - Show partners that your stakeholders value the services of your CAC
- Engage board members
  - Provide boards with information to use in planning and evaluation
  - Attract community/corporate representatives to diversify your Board

Safe Shores (DC) Fundraising Materials

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

FORENSIC SERVICES

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

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

CLINICAL SERVICES

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

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

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

PREVENTION EDUCATION

This year saw unprecedented growth in our Prevention Education Program.

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

2014	302
2015	1,241

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.
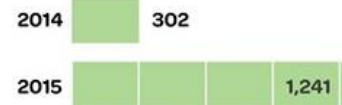
FAMILY ADVOCACY SERVICES

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

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

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

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

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

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

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

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

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

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.
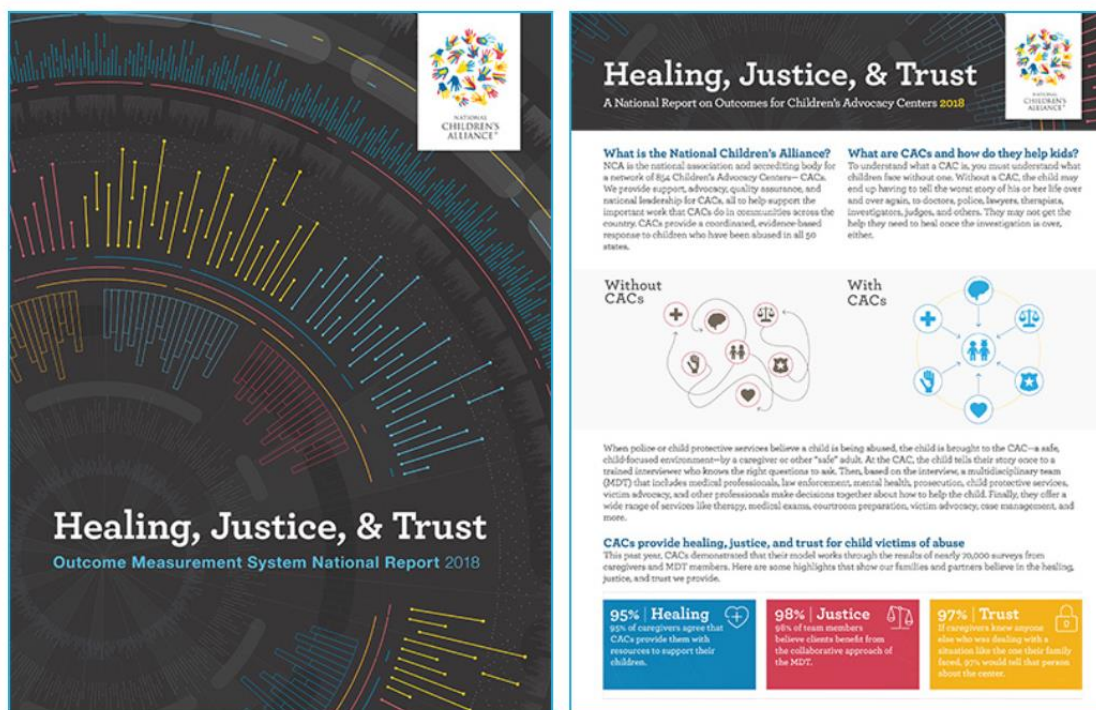
OMS Resources for Members (NCA website)

"Healing, Justice & Trust" – 2018 reports coming soon, 2017 available now

Will have 2 versions showing national results of OMS

- Member version – includes many suggestions/takeaways for the CAC field
- 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

Trends from OMS: Family Engagement in Services
An example of how NCA uses OMS results for national initiatives

- On the OMS Caregiver Follow-Up Survey, caregivers are asked if they were given information about how to get services for children and themselves, such as counseling and family support.

- Most caregivers indicate, yes, they have been provided with this information. In this case, a follow-up question is asked regarding whether the services were used.

- Since 2014, there has been a trend with fewer families going on to use services, despite referral rates remaining steady or increasing.
  - 56.5% of children referred to services went on to use them in 2018, down from 69.1% in 2014
  - 32.4% of caregivers referred to services went on to use them in 2018, down from 47.6% in 2014.

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Trends from OMS: Family Engagement in Services

- In other data collection from CACs, concrete barriers such as service location/transportation are estimated to be significant barriers by almost 50% of CACs (2018 NCA Member Census).

- However, OMS Caregiver Follow-Up Surveys indicate that very few caregivers see location/transportation as a barrier for accessing services (1.9% child barriers, 1.4% caregiver barriers).

- Instead, the most common barriers reported by caregivers are more perceptual in nature and indicate low buy-in to the importance of services.
  - Caregivers do not think children need the services (22.5%) or do not think they need services for themselves (51.3%)
  - Children are already receiving similar services elsewhere (24.9%) or caregivers are using similar services elsewhere (12.4%)
    - Services caregivers see as "similar" may not be evidence-based
  - Caregivers have not had time/have not made appointments yet (12.9% of barriers for children's services; 16.5% of barriers for caregiver services)

To address these issues, NCA is partnering with the University of Oklahoma Health Sciences Center on a NIMH grant to create a curriculum and train victim advocates on engaging children and families in mental health care.

Group Discussion

How does your CAC use OMS results?

How would you like to use results in the future?

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.

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Next: Live Demo

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.

qualtrics.

Projects   Help

☐ All Folders   Project Name ⌄

🔍 Search P...   **+ Create Project**

★ ⓒ 1. OMS - Initial Visit Caregiver Survey
Dashboard · Modified 2017-11-17 18:35:28

5
Pages

66
Widgets

132k
Responses

★ ⓒ 2. OMS - Caregiver Follow-Up Survey
Dashboard · Modified 2017-11-17 18:39:22

6
Pages

118
Widgets

27k
Responses

★ ⓒ 3. OMS - Multidisciplinary Team (MDT)
Dashboard · Modified 2017-11-17 18:44:40

6
Pages

68
Widgets

40k
Responses

★ ⓒ 4. OMS - Case-Specific Multidisciplinary Team
Dashboard · Modified 2017-11-28 20:16:04

5
Pages

37
Widgets

7.4k
Responses

★ ⓒ 5. OMS - Individual Client Needs Assessment
Dashboard · Modified 2017-11-17 18:46:45

5
Pages

49
Widgets
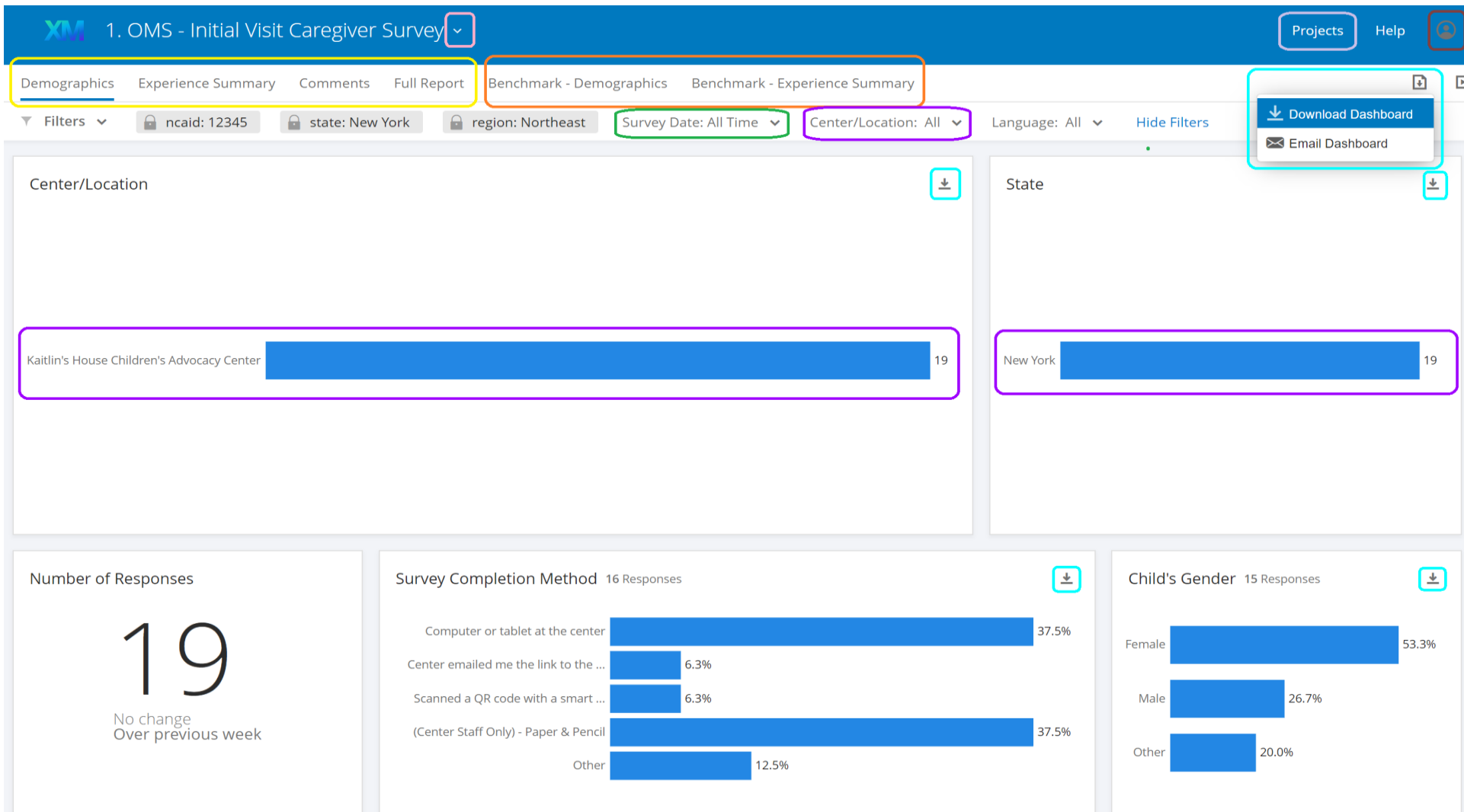
19k
Responses

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 4 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.

XM   1. OMS - Initial Visit Caregiver Survey ⌄

Projects   Help

Demographics   Experience Summary   Comments   Full Report   Benchmark - Demographics   Benchmark - Experience Summary

▼ Filters ⌄   🔒 ncaid: 12345   🔒 state: New York   🔒 region: Northeast   Survey Date: All Time ⌄   Center/Location: All ⌄   Language: All ⌄   Hide Filters

⬇ Download Dashboard
✉ Email Dashboard

Center/Location

Kaitlin's House Children's Advocacy Center   19

State

New York   19

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)

Number of Responses

19

No change
Over previous week

Survey Completion Method   16 Responses

Computer or tablet at the center   37.5%
Center emailed me the link to the ...   6.3%
Scanned a QR code with a smart ...   6.3%
(Center Staff Only) - Paper & Pencil   37.5%
Other   12.5%

Child's Gender   15 Responses

Female   53.3%
Male   26.7%
Other   20.0%

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

Tabs in Dashboards

Your center will have a minimum of 6 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 4 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 4 tabs showing just your center's data. Core survey items (multiple choice, etc.) and any comments directly related to those items. *Additional tabs in Follow-Up and MDT with N/A responses removed.*

- **Comments:** 3rd of 4 tabs showing just your center's data. Comments on bigger/more detailed open-ended items.

- **Full Reports:** 4th of 4 tabs showing just your center's data. Combines first 3 tabs into one report for ease of downloading results.

- **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.

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 or klounsbury@nca-online.org

(202) 548-0090 Ext. 211

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