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# The Outcome Measurement System (OMS)

## Training for Kansas CACs

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# Learning Objectives

## Today's Goals

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



# 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



# 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.**



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

# Statistics as another language

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

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

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





## Handouts:

### The Role of Advocates in OMS

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

Available by PDF on the NCA Members Only Website.

# The Basics - What is OMS?

- ❖ A standardized, research-based system of surveys designed measure CAC performance based on stakeholder satisfaction.
  - Items are based on issues of most importance to CACs, MDTs & families.
- ❖ Purpose of OMS is to help CACs evaluate their programs in order to:
  - Increase the quality of services provided to children and families.
  - Improve the collaborative efforts of MDTs.
- ❖ First developed by the CACs of Texas from 2006 to 2009, adopted by NCA in 2010/2011 and began to expand nationally in 2012.
- ❖ 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?

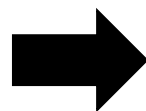
- ❖ Participating centers must use core OMS survey items for national comparisons (existing items cannot be deleted or reworded) but may request to add extra items relevant to their center.
- ❖ Most customizations and other administrative functions are done by NCA staff, so you can focus on collecting 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.



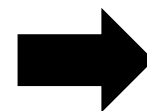


# The Bigger Picture

- ❖ 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**
  - We need this data to show why CACs are so important
  - This allows us to fight for the resources CACs need to survive and thrive
  - Helps CACs stand out from other programs
- ❖ This is why we need ALL centers to follow best practices in data collection and make the best use of this valuable resource.



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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# National Adoption & Expansion by NCA

- ❖ NCA identified outcome measurement as a primary need in the 2010 Strategic Planning process.
- ❖ NCA entered into an agreement with CACTX to adopt OMS and began introducing it to additional states as a pilot program beginning in January 2012.
- ❖ From July 2013 to June 2014, NCA collaborated with the Crimes against Children Research Center at the University of New Hampshire to make improvements. Surveys were revised slightly and transitioned to an online system (FluidSurveys) in July 2014.
- ❖ NCA created the OMS Coordinator position in February 2014 to provide ongoing training and technical support to all participating centers.



# National Adoption & Expansion by NCA

- ❖ Surveys were transitioned to the current system, Qualtrics, in August 2017.
  - ❖ Improvements Included:
    - ❖ Multi-level reporting dashboards for CACs, State Chapters, Regional CACs, and NCA
    - ❖ Easier filtering by dates – CACs can use a calendar feature to set their own start/end dates
    - ❖ Layered filtering – Add multiple filters by date, family demographics, etc.
    - ❖ Improvement benchmarking – compare to state, regional, and national averages
- ❖ The most recent survey content revisions were in January 2018.
  - ❖ Improvements Included:
    - ❖ Clarifying the wording of certain items based on CAC feedback
    - ❖ Shortening surveys by removing or consolidating duplicative items
    - ❖ Making the surveys easier to read (both Caregiver Surveys are now at a 5<sup>th</sup> grade level).
- ❖ NCA plans to develop a new tool – a **Youth Feedback Survey** – in 2020!





# OMS by the Numbers



- ❖ 797 CACs have participated in OMS as of June 2019.
  - 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 opportunity to give feedback, even if they decide not to participate. Flexible options will encourage participation.
- Give MDT members a structured, anonymous way to provide feedback – in a unique position to see results/progress made.
  - Be sure to review the results with the team and collaborate to find solutions to any issues raised in the surveys
  - Shows the team you are listening and will help them feel engaged as partners at the CAC



# 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)**



## 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 makes them shorter than paper surveys for most families.*



# Best Practices for All Surveys

## ❖ All CAC staff and MDT members should know about OMS and why you are participating

- Practical benefits (i.e. outcomes are often a requirement for funders)
- Mission-based benefits (i.e. collecting surveys gives stakeholders a voice in the process)

## ❖ Share results with CAC staff and MDT members

- Feedback outcomes are important to everyone's work
- Highlight strengths of the CAC/MDT
- If areas for improvement emerge, mention these to the team and (depending on the nature of the issue) either inform the team how you plan to address the issue or brainstorm solutions with the team.

## ❖ Be flexible and try multiple methods until you find one (or more) that work for your center



# Initial & Follow-Up Caregiver Surveys

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

**Child Demographics:** Gender, Race, Age

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

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

**The Child's Experience (caregiver perspective)**

**Interactions with Center Staff / Overall Impression of Center**

**Caregiver Access to Information & Services**

**Preparing Caregivers for Challenges/Future Possibilities**

**Open-Ended Questions** – Examples:

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

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

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

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

Satisfaction with specific services, including...

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



# Best Practices for Initial Visit Caregiver Surveys

- ❖ Review surveys with all staff members that interact with caregivers
- ❖ Make it a standard part of the process - Offer the survey to every caregiver!
  - Inform caregivers about the surveys from the beginning of their visit, just like any other standard procedures
  - Avoid saying things like “If you want” or “If you have time” – this makes it sound like you don’t really care whether they complete the survey.
    - Focus on the benefit to caregivers, an opportunity for a voice in the process, which they often do not have with other agencies.
- ❖ If they decline or say they do not have time, have a back-up method ready to use.
  - Offer to email the survey or give a printed hand-out with the link.





## Introducing the OMS Initial Visit Caregiver Survey to a Potential Participant

*At the beginning of the visit:*

**“We’ll wrap up the visit today with an opportunity for you to share feedback. This will only take 5 or 10 minutes of your time and it will give you a voice in the process at the center. We really want to hear your honest opinions about what we are doing well and what we could improve.”**



# Best Practices for Caregiver Follow-Up Surveys



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

## On-site Options:

- **Computers/Tablets** (open in any up-to-date web browser, no downloads needed)
- **Paper Surveys** (responses must be entered manually on a regular basis)

## After Visit Options:

- **Handout with survey link** (template available; QR code through 3<sup>rd</sup> party)
- **Text Message** (through any 3<sup>rd</sup> party provider, examples available)
- **Email** (send custom link in your own email system, tips/script available)
- **Telephone Calls** (guide available, consider using interns or volunteers)
- **Paper Surveys** (if mailing, provide postage paid envelope)



# 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.”







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# 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.



# How can CACs use OMS results?

## Raise Awareness & Engage Partners

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





# Safe Shores (DC) Fundraising Materials

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

## FORENSIC SERVICES



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

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

## CLINICAL SERVICES



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



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

### DID YOU KNOW?

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

## PREVENTION EDUCATION

This year saw unprecedented growth in our Prevention Education Program.

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



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



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

2014 302

2015 1,241

## FAMILY ADVOCACY SERVICES

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



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



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



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



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



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



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



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

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

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

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

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

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



# 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.



# 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.**



**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.

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

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

Showing page 1 of 1

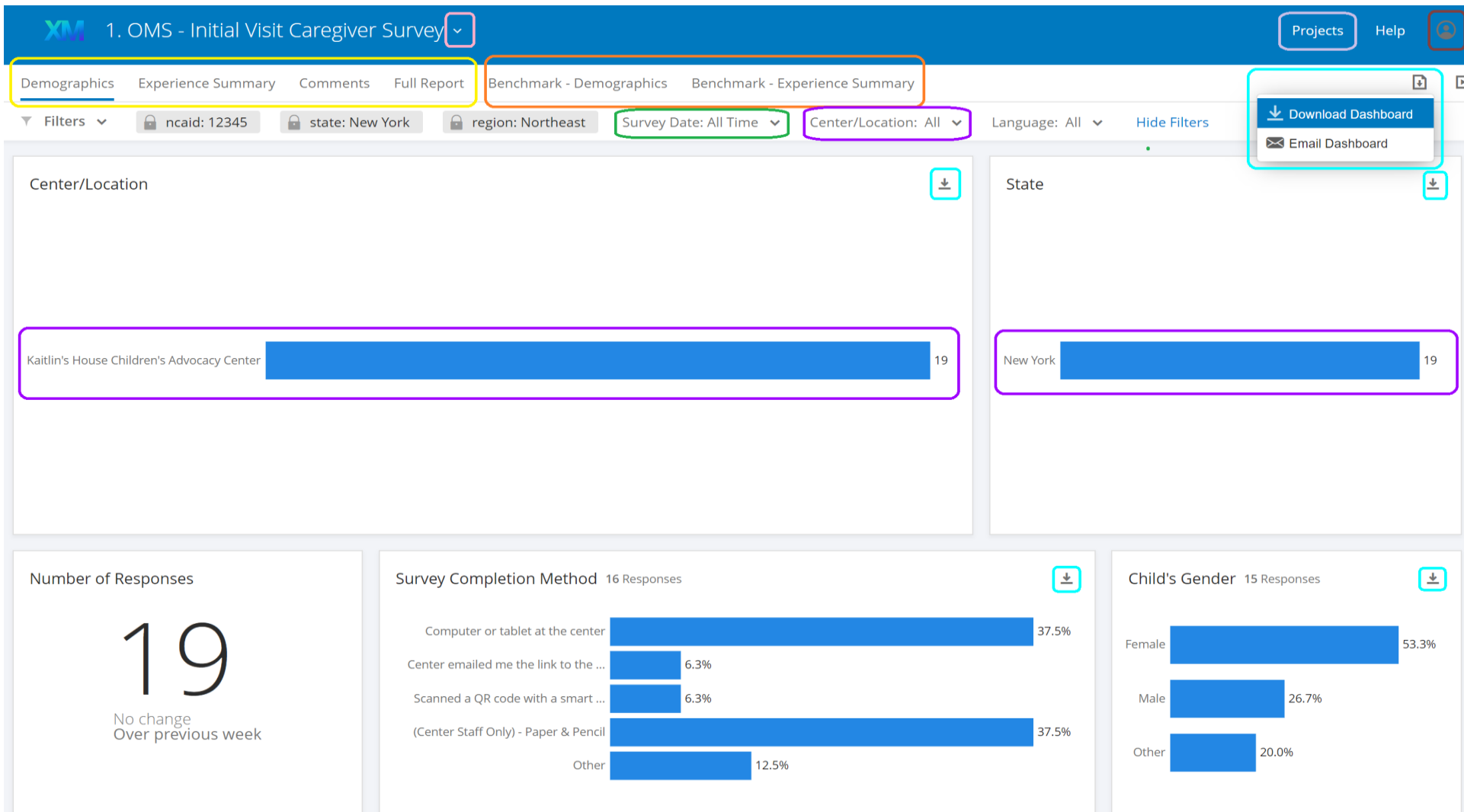
Switch surveys using the drop-down or return to the Projects page.

Your center's data is divided into the first 4 tabs (see review on the next page)

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

Download by page (entire tab) or by widget (individual charts)  
Export a PDF or JPG (image/screenshots) or CSV spreadsheet (Excel, raw data)

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



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

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



# 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**: 1<sup>st</sup> 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**: 2<sup>nd</sup> 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**: 3<sup>rd</sup> of 4 tabs showing just your center's data. Comments on bigger/more detailed open-ended items.
- **Full Reports**: 4<sup>th</sup> of 4 tabs showing just your center's data. Combines first 3 tabs into one report for ease of downloading results.
- **Benchmark - Demographics**: 1<sup>st</sup> 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**: 2<sup>nd</sup> 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.



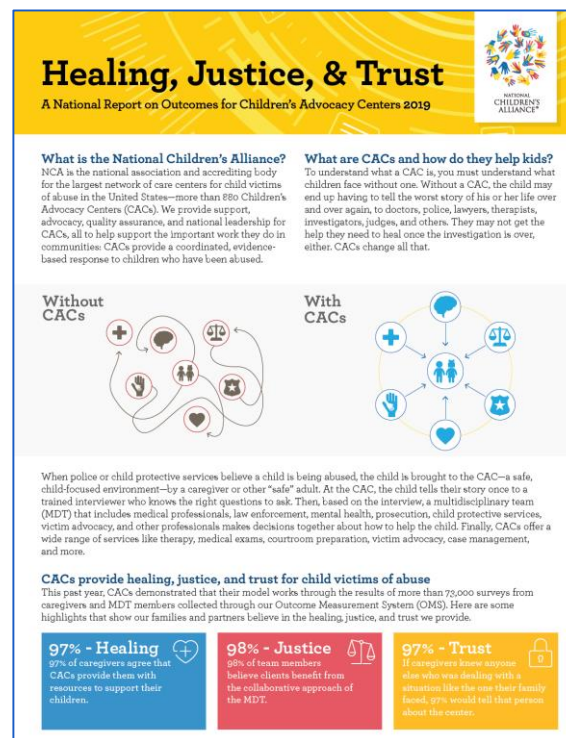
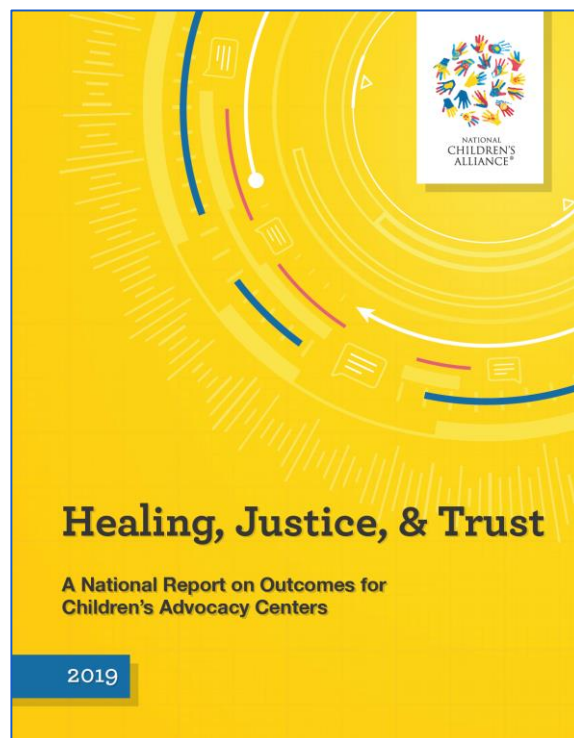
# OMS Resources for Members (NCA website)

“Healing, Justice & Trust” – New Reports Available SEPTEMBER 2019

Two versions showing national results of OMS:

- Member version – includes many suggestions/takeaways for the CAC field
- Brief version – combines OMS with other data sources (See Handout)

<https://www.nationalchildrensalliance.org/members/oms-resources-for-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.

<https://www.nationalchildrensalliance.org/members/oms-resources-for-members/>



## Create Your Own

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

What questions are we trying to answer?

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

**Healing, Justice, & Trust**  
Measuring Outcomes for Kids

**Without CACs** vs **With CACs**

**The West Virginia CAC movement is growing and improving**

**The best example**

39:15

How do we know it's working? (Show success with OMS)

HD :: vimeo

# 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.





# 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.**





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# QUESTIONS?

Feel free to stay after to meet with me individually.

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

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