

Outcome Measurement System Users Guide

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Introduction

This guide is designed to assist Children's Advocacy Centers (CACs) with implementation of the Outcome Measurement System (OMS). OMS was originally developed by a team of researchers at the University of Texas, Austin. It was acquired by National Children's Alliance (NCA) in 2012 and has been enhanced over time to meet the evolving needs of CACs. Collectively, the core surveys that comprise OMS are designed to provide client and multidisciplinary team (MDT) partner feedback to CACs, to assess indicators of progress toward positive client outcomes, and to document the important work of the field. Questions in the surveys have been extensively pilot tested, are research-based, and have demonstrated strong reliability over time.

In this guide, you will find information about how to collect feedback from clients and MDT partners using the suite of OMS surveys. A step-by-step outline of how to access your CAC's OMS results dashboard in Qualtrics once you begin collecting data is also provided. This information is presented first in a quick-start format, with more detailed instructions in a following section.

All OMS surveys consist of a core group of questions common to all OMS users. Data from these questions are stored in Qualtrics, an online survey platform, and are pooled at the CAC, state, regional, and national levels. This allows individual CACs to access their individual data and also allows for tracking OMS results at both the local and national levels over time. For this reason, core questions cannot be altered or deleted on OMS surveys. Each CAC is welcome to request that a handful of custom questions be added to each of their surveys, however.

Please note that OMS surveys and supplemental materials (i.e., this *Users Guide*, online accounts, etc.) are intended for the sole use of participants in OMS. Although the use of OMS is a service provided by NCA, the OMS surveys and the question items they contain are the property of NCA. OMS materials may not be duplicated for use outside of participation in OMS, and data collected through OMS must also be entered into the current online system.

Overview of OMS tools and survey questions

What does OMS measure?

The survey tools that comprise OMS are collectively designed to assess the following two specific, mission-critical outcomes for CACs:

- The CAC facilitates healing for the child and caregivers.
- The MDT approach results in more collaborative and efficient case investigations.

Each of these outcomes is measured by gathering information about indicators—each indicator is reflected by a question on one or more of the tools. These indicators are research-based elements of the larger outcomes. For example, questions on the caregiver surveys reflect components of a trauma-informed approach and indicators that a caregiver or child has received services in a manner that is consistent with beginning a path toward healing. More specifically, items on the caregiver surveys assess whether caregivers and children were welcomed and felt safe at the center, received information about what would happen during their visit, received information about and referrals to needed resources, and had the opportunity to ask questions, among other topics. All of these trauma-informed elements are building blocks of a foundation of healing.

Similarly, the MDT Survey asks MDT members to provide feedback about issues including but not limited to mutual respect on the team, clarity of roles, and the degree to which members openly share information. Each of these elements contributes to investigations that are collaborative, informed, comprehensive, and efficient.

All of the OMS surveys provide space for clients and MDT partners to provide comments about what was helpful to them, what was impactful or working well, and what suggestions they have for improving services. These comments can be instrumental in identifying successes to celebrate and for pinpointing issues at the CAC or in MDT meetings to consider adjusting.

Customization

As noted above, each survey has a set of core questions that are common across all OMS users and therefore cannot be changed or deleted to ensure data consistency across CACs. However, each CAC can add a small number of custom questions to any of the surveys to address issues, initiatives, or outcomes of interest to that organization. Instructions and suggestions for customizing an OMS survey can be found on page 18.

Spanish Language Versions

Caregiver and youth surveys are available in both English and Spanish. Online surveys have an option to switch languages at the top of the survey (see the drop-down menu at the top right of the screen). Printable paper surveys are also provided in both languages. Centers can translate paper copies into other languages as long as the translations are accurate and results are entered into the online system (under the English version). The MDT Survey is available in English.

Why use OMS?

What are the benefits?

The Outcome Measurement System provides an out-of-the-box tool that all CACs can implement immediately to start collecting input from their clients and MDT partners. It is relatively quick to implement and means that CACs do not have to start from scratch to develop their own survey tools. CACs around the country have used results from OMS in many ways, including:

- **Celebrating your staff.** Clients often write very complimentary notes in OMS surveys that can be morale boosters when shared with staff members who are working tirelessly on behalf of kids.
- **Documenting the things you know you are doing well.** Results from OMS surveys provide concrete evidence of the safe environment that centers are providing for young people as well as the ways that CACs help put youth and their families on a path toward healing.
- **Identifying practices that could be strengthened or changed.** OMS surveys often provide very concrete feedback about things that are working well at the CAC as well as suggestions for processes that could be enhanced.
- **Assisting with accreditation.** Using OMS can meet components of accreditation standards related to eliciting client and MDT member feedback.
- **Advocating for funding.** OMS provides data that can strengthen funding applications and funding-related advocacy efforts.
- **Bolstering knowledge about and the public image of your CAC.** Results from OMS surveys are useful in public awareness campaigns, social media, and public relations efforts, and convey to the public the many ways that young people benefit from your center.

OMS Quick Start Guide

Feel ready to jump in? Start here!

1. Open the documents attached to your OMS Start-Up Email and save them on your computer for easy future reference.
2. Preview the online versions of the OMS surveys using your custom links listed on your OMS Start-Up Email.
3. **Optional customization:** If you are happy with the appearance of the surveys and you do not need to add any extra items for your center, you can skip this step and get started immediately! If you need to make edits to custom features of your center's surveys (i.e., your center's logo at the top of each survey, your center's name or contact information, or if you need to add more items to your surveys, such as for specific funders) contact OMScoordinator@nca-online.org. Existing items cannot be reworded or removed from the surveys, as this would undermine the national reporting process and statistical integrity of the surveys. However, additional items may be added to the beginning (background/demographic questions) or end of the surveys (all other questions).
4. Identify core staff who will be involved in implementing OMS, including at least one primary point person. While only staff who are collecting surveys or entering data need to be fully trained on OMS, it is important for all CAC staff and volunteers to be aware of the program. Consider watching an on-demand training regarding the implementation of OMS. These can be found on the [OMS landing page of NCA Engage](#). An NCA Engage account is required to access this page. If you need assistance with NCA Engage, contact membership@nca-online.org. Once on the OMS landing page, scroll down a bit to find the most recent recorded webinar.
5. Decide what method you will use to collect surveys, purchase any supplies/devices (i.e., a tablet for caregivers to fill out surveys), and start collecting surveys! If needed, you can start with one survey type and move to the other types at a later point. Keep in mind that caregivers do not need to complete the Initial Survey to be eligible to complete the Follow-Up Survey—the two surveys are both anonymous and not connected for individual participants. **We strongly recommend collecting data from clients and MDT partners electronically, as this protects anonymity, increases data accuracy, and eliminates the need to use staff time to do data entry.** However, you can choose to have surveys completed by participants online, or via a paper and pencil survey that staff later enter online. Considerations for disseminating each specific survey are at the bottom of this Quick Start Guide.
6. If you choose to have clients complete surveys on paper, staff enter the surveys into OMS by using the same links that the clients use. Simply click on the link that corresponds to the paper survey type and enter the answers that the client gave on the paper survey by clicking through the survey. When finished, click "Submit." Reload the appropriate link for the next paper survey.
7. Once you have collected a few surveys, your results will populate in your OMS results dashboard, hosted on the research platform Qualtrics. Instructions for navigating your OMS results dashboard are on page 21.

Quick start guide to distributing surveys

Initial Visit Caregiver Survey: Getting Responses

We recommend using a computer/tablet on-site. If you choose this method, add the **Initial Visit Caregiver Survey** link as a bookmark on the device for easy access. A staff member should open the survey for the caregiver and give the caregiver some space to complete it, but still be nearby enough to answer questions. As soon as the caregiver hits “Submit” at the end of the survey, they should return the tablet to the staff member and the staff member should inform them about the Caregiver Follow-Up Survey (see below) and ask how they would like to receive it.

Other methods for having caregivers complete the survey include providing a QR code to the survey so clients can complete it on their phones, sending the caregiver an emailed link to fill out the survey at home after their visit, providing a paper survey, or using a combination of methods.

Caregiver Follow-Up Survey: Getting Responses

We recommend collecting this about two months after the initial visit, but the timing is flexible. At the initial visit, tell the caregiver to expect the Caregiver Follow-Up Survey and ask them how they would prefer to complete it. If the caregiver returns to the center for follow-up services in this time frame (i.e., for counseling, etc.), they can take the survey on a computer/tablet while they are at the center. However, many caregivers may not return to the center, so we recommend collecting every caregiver’s email address and/or phone number (usually both, just in case) and then either send the email invitation or conduct the survey over the phone at the agreed-upon time (guides/scripts are available).

The Caregiver Follow-Up Survey can be integrated into the follow-up calls you may already make but will not replace any other follow-up procedures your center currently uses (unless you already use another survey—in which case please contact us to find out how to “merge” your survey with the OMS survey). Volunteers and interns can conduct surveys over the phone, if needed and available, as the surveys do not contain any case-specific information or sensitive topics.

Youth Feedback Survey: Getting Responses

Caregivers need to give permission for youth to receive the feedback survey, so it is important to incorporate information about the survey and to provide an example, a blank survey, to caregivers during the intake process. As for caregivers, we recommend that youth who are given permission to complete the survey (and who, themselves, consent to take the survey) complete the survey via a bookmarked link on a CAC tablet or laptop. Using a QR code on a flyer for youth to link to surveys on their phone is also popular with youth.

Paper surveys can also be used. Do not email surveys to youth.

Multidisciplinary Team (MDT) Survey: Getting Responses

We recommend sending the MDT survey link by email (a template/sample script is available) and including a specific deadline for the team to complete the survey. The survey should ideally

be conducted once every six months, and results should be discussed with the MDT members. MDT surveys can be given on paper at a team meeting, which will necessitate identifying a staff person who will enter the survey responses into OMS (see #6, above).

Need Help?

If you have any questions or run into any barriers to participation in OMS at your center, please contact NCA's Program Evaluation Manager at OMScoordinator@nca-online.org. We offer unlimited technical assistance at no charge to help your center make the best use of OMS!

Comprehensive guide to gathering data with OMS

Need more detail? Start here!

Understanding roles and responsibilities

Before getting started with OMS, it may be helpful to know how all parts of the CAC field fit into using OMS.

Centers

CACs are responsible for identifying their own goals for using OMS and determining how they will make use of the information and feedback that is returned in the surveys. Additionally, CACs have the following responsibilities:

- Identify at least one staff person who coordinates the CAC's OMS-related efforts and serves as OMS point person.
- Maintain records of custom OMS survey links for the CAC and OMS dashboard login information.
- Determine which surveys to use and how to distribute surveys to clients and MDT partners. Consider writing a protocol for how surveys will be introduced and provided to caregivers, youth, and MDT partners.
- Identify and train all staff responsible for providing the survey to clients or MDT partners.
- Maintain a consistent survey distribution system.
- Enter data from surveys completed by paper.
- Regularly review and download OMS results reports from the OMS results dashboard.
- Attend training opportunities and train new staff regarding OMS as turnover occurs.

State Chapters

Chapters also have important roles to play in maximizing the use of OMS. Each State Chapter will define its role a bit differently, but at a minimum, Chapters:

- Are the first source of information, updates, and troubleshooting support for OMS.
- Arrange conference call consultations for CACs with NCA, if needed.
- Maintain records of OMS participation among CACs in the state.
- Work with centers to decide on possible targets/goals and to troubleshoot issues.
- Work on expanding OMS participation in the state.
- Consult with CACs regarding how to make use of OMS results and about the implications of results.
- Review and distribute results at a state level.
- Discuss possible distribution options for CACs based on local resources.

NCA

NCA provides technical assistance, training, and other individualized support services to Chapters and CACs upon request. NCA:

- Establishes new OMS accounts for CACs.
- Provides OMS surveys in paper and electronic versions.

- Provides access to electronic dashboards (one per center) to see real-time results.
- Provides OMS training resources to Chapters and CACs.
- Provides technical assistance and troubleshooting.
- Implements customization of surveys by adding questions requested by CACs and State Chapters.
- Conducts ongoing tests to maintain and improve functionality of the online system.
- Provides routine opportunities for program feedback from CACs and Chapters.
- Distributes results at the national level.
- Periodically updates OMS tools based on emerging issues in the field.

Getting training and support

In addition to this *Users Guide*, on-demand training is available via prerecorded webinars that can be accessed at any time. These can be found on the [OMS landing page of NCA Engage](#). An NCA Engage account is required to access this page—please contact membership@nca-online.org for assistance with NCA Engage. Once on the OMS landing page, scroll down a bit to find the most recent recorded webinar. Shorter guides and handouts can also be found on our website at nationalchildrensalliance.org/members/oms-documents. Technical assistance is available by contacting omscoordinator@nca-online.org.

General preparation

A few initial steps will facilitate the administration of the surveys down the road. First, a staff member or regular volunteer should be charged with overseeing OMS in each center. Tasks outlined in the CAC section above can also be divided between multiple staff. All staff should be aware of OMS and its purpose.

New OMS users are provided with an OMS Start-Up Email that contains the CAC's custom survey links to the electronic, online versions of each of the four core OMS surveys. These survey links are very important—they are the links that will be used repeatedly by clients and MDT partners to complete surveys. **These links never expire—the same link is used over and over again to collect each individual survey of a specific type, even if you add custom questions.** Links should therefore be documented in a place that staff have easy access to.

Before beginning to distribute the surveys, it is important to establish how clients and MDT partners will respond to the surveys. If participants will complete the surveys electronically, on a tablet or laptop onsite, a device should be obtained and bookmarked with survey links. It will also be important to identify a private location where caregivers can complete the survey. The place should be quiet and allow privacy, but a staff member should be reasonably close by in case the caregiver has questions while completing the survey. Although the survey only takes a

few minutes to complete, it is worth considering how to provide childcare assistance as necessary.

We strongly encourage having clients and MDT partners complete surveys electronically. This increases data accuracy, protects anonymity, and saves staff time. We also recognize that some caregivers may be more comfortable completing surveys on paper. **Printable paper copies of all surveys were provided with your OMS Start-Up Email.** If a paper option is offered at your site, it is important to provide a box or other receptacle in which clients can place the completed surveys. The receptacle should be secure and private, and caregivers should be informed that surveys are checked monthly, for example, so you will not know which survey belongs to them and so that their responses will be anonymous.

Prior to using the surveys for the first time, it is important to look at the electronic version of the survey and ensure that the information on the first survey page is accurate (e.g., the correct logo, CAC name, and contact information for the CAC are listed). Simply click on one of the custom links provided to your CAC to view the first page of the survey. Contact OMSCoordinator@nca-online.org with any requested changes to this information or for new printable surveys.

Initial Visit Caregiver Survey: Implementation instructions and tips

These surveys should be completed by caregivers at the end of their first visit to the center, or shortly afterward. Generally, waiting until the conclusion of the forensic interview before completing the survey is advised. Decide ahead of time what methods you will use to provide the survey to caregivers, and train advocates or other responsible staff regarding building the survey into their regular routine with all caregivers. If possible, a non-direct service staff member, volunteer, or staff member other than the caregiver's primary contact at the center should distribute the surveys to the clients. Clients may feel more comfortable with answering the questions truthfully with this approach. If a direct staff member or the client's advocate is the only person available, that person should make every effort to inform the family that their feedback will be confidential and will not impact their child's case.

Consider providing more than one option for how to access the survey. This builds in additional choice and control for caregivers. Always ask permission before emailing or texting a survey link to a client's private email or phone number.

How to Introduce the Survey to Caregivers

All clients should be given the opportunity to complete a survey. Consider introducing the idea of the survey early in the visit and providing the actual options for completing the survey toward the end of the visit. Clients are experts about their own and their children's experiences and have important insight to share with the CAC about what worked well for them and what suggestions they have about their time at the center. A sample script is available in the Appendix section at the end of this guide. If a caregiver appears particularly overwhelmed, CAC staff can use their best judgment about whether to 1) offer an at-home option to complete the

survey or, 2) not request survey participation in some limited circumstances. In the vast majority of cases, caregivers should be in the position of deciding if they would like to provide feedback rather than CAC staff making that determination on their behalf. It is important to stress the following information:

- All clients are asked to complete a survey—client voice is critical to improving the ways that the center supports children and their families.
- The survey is completely optional—deciding not to take the survey does not impact a child’s care or case.
- The survey should take five to 10 minutes to complete.
- The survey is anonymous and confidential. No personally identifying information such as name, address, or birthdates are collected. Clients’ feedback does not impact a child’s care or case and cannot be used in any legal proceedings.
- Honest feedback is important and there are no “right” or “wrong” answers. Honesty helps to improve services (consider providing a concrete example of how client feedback has helped to create concrete changes in the past).
- Caregivers are encouraged to answer questions about their child’s experience to the best of their ability. If they feel they cannot speak about the child’s experience at the center, they can answer “I Don’t Know” or skip any item they are uncomfortable completing. It is also fine to ask a child for input about their experience as a survey is completed.

Do not insist upon or require survey completion. Staff might consider keeping notes of what caregivers identify as the reason(s) for refusal and share this with supervisors on a regular basis so that this information can be used to improve the system. If a caregiver declines to complete a survey during the visit, it may be appropriate to offer to email or mail a survey later. If they continue to decline, that is completely fine and should be respected as a “no.”

Spanish Language Versions

The Initial Caregiver Survey is available in both English and Spanish. In the online version, caregivers can toggle to their preferred language using the drop-down menu at the top right of the screen. Printable paper copies are also available in both languages.

If a caregiver comes to the center with multiple children, they should be asked to complete the survey in reference to the child of primary concern. If the children are of equal concern (i.e., both children require interviews), provide the caregiver with a choice about whether to complete multiple surveys. If children’s experiences were very different, the client might choose to complete more than one survey. If the overall feedback is similar across children, one survey is enough. Your center may also choose to use a random selection technique for families with multiple children who do not want to complete multiple surveys, such as selecting the child with the most recent birthday as the reference child.

Options for Providing the Survey

1. Electronic via tablet or laptop at CAC (**recommended**): Offer an electronic option to complete the survey at the CAC on a central laptop, desktop, or tablet with a bookmarked link for the caregiver to open the survey and complete it. This option

requires an internet-connected device, but the device can be very basic. Make sure there is a private location available for clients to complete the survey on the device. **This approach generally produces a high response rate.**

2. Electronic via QR code (*recommended*): Provide a QR code link to the survey on a handout and/or on flyers posted in the waiting room. QR codes can be easily created by you from your custom OMS survey links. This allows clients to scan the code and complete the survey on their phones. To create a QR code, search for “free QR code generator” on Google and you will find many services available, such as: qrstuff.com and qr-code-generator.com. **This approach generally produces a high response rate.**
3. Electronic via a link texted to a client. There are many free or low-cost text message services online. Some centers are using these to text families the survey link, as well as information about parenting classes and invitations to community events. For more information about using texts, please see our [online resources page](#).
4. Electronic via a link emailed to caregivers immediately following their visit. This method gives caregivers more privacy and shortens their visit but is likely to result in very few responses.
5. Provide a paper copy of the survey. Paper surveys can be provided in a packet with other information, as a handout toward the end of the first visit, and/or with a stamped, addressed envelope to be mailed back later. We recommend that clients hand back their survey before leaving the initial visit, as this increases response rates. It is important to provide an anonymous method for returning the survey, such as a box or envelope in the waiting room. **Check your OMS Start-Up Email or contact OMScoordinator@nca-online.org, for printable Word doc copies of the surveys.** Printable surveys have customizable fields where CACs can add their name. Most of the text on these surveys is locked to further editing, however, to ensure that the survey is not changed and that the core survey is identical across all CACs. Instructions for entering data from paper surveys can be found on page 19.

Caregiver Follow-Up Survey: Implementation instructions and tips

Caregiver Follow-Up Surveys should be completed by caregivers 60-90 days after their first visit to the center. Because all surveys are anonymous, the Follow-Up Survey is not linked directly to a caregiver’s Initial Visit Survey. **All clients are eligible to complete a Follow-Up Survey even if they did not complete an initial one.** As with the Initial Visit Caregiver Survey, decide ahead of time what methods you will use to provide the survey to caregivers and train advocates or other responsible staff regarding building the survey into their regular routine with all caregivers. If possible, a non-direct service staff member, volunteer, or staff member other than the caregiver’s primary contact at the center should distribute the surveys to the clients. Clients may feel more comfortable with answering the questions truthfully with this approach. If a direct staff member or the client’s advocate is the only person available, that person should make every effort to inform the family that their feedback will be confidential and will not impact their child’s case.

Follow-Up Surveys can be a bit more challenging to secure. Some things that can help increase response rates include introducing the Follow-Up Survey during a client's initial visit, so they know to expect it. **Provide clients with information about the options your center provides for sending the Follow-Up Survey and ask clients to select the approach that works best for them.** Secure needed contact information from clients based on their preferred approach. Leveraging future visits to the center can also be helpful—clients are more likely to complete a survey onsite. A sample email and phone script for introducing Follow-Up Surveys is provided in the Appendix section of this guide. Additionally, some of the same messaging as described in the Initial Visit Caregiver Survey section above may be helpful. It can be helpful to explain to caregivers that we ask for feedback at more than one point because caregivers have more experience with the CAC over time and may have additional insight into what is and is not helpful after several weeks.

You might consider establishing a central log for tracking when and how caregivers have been offered the opportunity to complete a Follow-Up Survey. When introducing the Follow-Up Survey, remind the caregiver to complete the survey based on the same child about whom they completed the Initial Visit Caregiver Survey. Like the Initial Visit Caregiver Surveys, Follow-Up Surveys are available in both English and Spanish, in both the online and paper versions.

Options for Providing the Survey

1. Electronic via tablet or laptop at CAC: If caregivers return to the CAC after at least 30 days, they can complete the survey on a device at the center. Bookmark the Follow-Up Caregiver Survey as described for the Initial Visit Caregiver Survey above and ensure that there is a private location available for clients to complete the survey on the device.
2. Send an electronic link to the survey, or a QR code for the survey via email or text. If caregivers have given permission to be recontacted by email or text, send no more than two follow-up invitations to complete the Follow-Up Survey. These invitations can include the survey link, the QR code to the survey, or both. To create a QR code, search for “free QR code generator” on Google and you will find many services available, such as: qrstuff.com and qr-code-generator.com. A script for email/text invitations can be found in the Appendix section of this guide.
3. Phone calls to caregivers: Many CACs already make follow-up calls to caregivers and the brief Follow-Up Survey can be integrated into these contacts. During a follow-up phone call, introduce the Follow-Up Survey and ask permission to read the questions on the survey to the client. As the caregiver responds, the CAC staff member can use a paper version of the survey or the online survey itself to record answers. If possible, it is important to have a neutral person (volunteer, admin staff, or someone other than the caregiver's primary advocate) complete the survey with the caregiver, as this increases confidentiality and the likelihood of receiving honest feedback. An example script for phone interviews is in the Appendix section of this guide.
6. Provide a paper copy of the survey. These can be mailed to clients preferred address with a stamped return envelope or provided during a follow-up visit. Check your OMS Start-Up Email or contact OMScoordinator@nca-online.org for printable Word doc copies of the surveys. These are locked for editing so that core questions cannot be changed over time. However, the printable documents have editable fields where CACs can add their name. These documents are not posted online, in the event a center has

requested extra items on their specific surveys. Instructions for entering data from paper surveys can be found on page 19.

Youth Feedback Surveys: Implementation instructions and tips

The entire CAC model is based on giving youth a voice—a voice to share what has happened to them and what they need now to heal and move forward in their lives. Asking youth to share feedback about the services they receive at the CAC takes this a step further and shows that children’s opinions regarding the CAC process are truly important. The Youth Feedback Survey is the newest OMS tool and was developed by a team of researchers. The survey is grounded in evidence-informed and developmentally appropriate approaches to giving youth an opportunity to provide feedback about their experiences.

The tool is primarily geared toward youth between the ages of 10-17. Children as young as seven may be able to complete the survey, but seven is the youngest age at which it can be offered. Caregivers and CAC staff can use their judgment about providing the survey to youth between the ages of 7-9. Because children under the age of 18 will be completing this survey, it is critical that their caregivers be informed in advance that you will be making this request of their child. Caregivers must consent to approaching youth with the survey.

We recommend that the Youth Feedback Survey be introduced to the caregiver as early as possible in the process, preferably at the same time they are told about other procedures to expect during the visit. Staff can share a copy of the youth survey so caregivers can preview the tool. If the caregiver does not agree, do not ask again, and make sure this is communicated to any other staff members to ensure the child will not be asked later to complete the survey. Let caregivers know they will have their own opportunity to share feedback as well. Caregivers should also know that once they give permission for a youth to be provided with the opportunity to complete the survey, the caregiver will not see or have access to the child’s feedback.

Centers have flexibility on the exact timing of when to offer the survey to youth participants. **However, Youth Feedback Surveys should only be completed while the child is on-site.** Concerns regarding confidentiality and privacy mean that mailing or emailing the survey to a child later is inappropriate. The survey should be offered after any snacks, toys, or other gifts that your CAC offers, to reduce the possibility that kids could feel they must complete the survey in exchange for these comforts. Youth have the right to refuse to complete the survey, even if a caregiver has given permission. Similar to the caregiver surveys, however, essentially all youth and their caregivers should be offered the opportunity to complete the survey. Youth should be in the position of making decisions about whether or not to complete the survey in the vast majority of cases, rather than CAC staff determining this on their behalf.

Like all OMS surveys, anonymity is paramount. The survey should not capture any names, case numbers, or other identifying information that could link responses back to the child/case. This is also why no demographic information is collected on the Youth Feedback Survey.

Options for Providing the Survey

1. Electronic via tablet or laptop at CAC (**recommended**): Offer an electronic option to complete the survey at the CAC on a central computer/tablet with a bookmarked link for the youth to open the survey and complete it. This option requires an internet-connected device, but the device can be very basic. Make sure there is a private location available for young people to complete the survey on the device. **This approach generally produces a high response rate.**
2. Electronic via QR code (**recommended**): Provide a QR code link to the survey on a handout, and/or on flyers posted in the waiting room. QR codes can be easily created by you from your custom OMS survey links. This allows youth to scan the code and complete the survey on their phones. To create a QR code, search for “free QR code generator” on Google and you will find many services available, such as: grstuff.com and qr-code-generator.com. **This approach generally produces a high response rate.**
3. Provide a paper copy of the survey. Offer the survey in a private area, but still close enough for staff to answer questions or otherwise assist the child if needed. Completed surveys should be dropped into a ballot box or envelope to preserve anonymity. As an extra layer of privacy, particularly for teens, consider offering an envelope to seal the survey before dropping it in the box. It is important to avoid asking a child to hand a completed survey directly to an adult (staff person or caregiver). Instructions for entering data from paper surveys can be found on page 19.

Multidisciplinary Team (MDT) General Surveys: Implementation instructions and tips

All members of any of the CAC’s MDTs complete this form, including any appropriate CAC staff. The MDT Survey is designed to be administered twice a year, approximately six months apart. This timing is intended to provide CACs with regular feedback about MDT processes without over-burdening MDT members with too many survey requests. Your state may suggest a distribution time frame (for example, some states ask all centers to collect the surveys in March and October to address funder requirements), but most states give CACs flexibility on when they choose to collect the surveys. Check with your State Chapter regarding suggested or required distribution schedules.

When introducing the survey, it can be helpful to reinforce that it assesses MDT members’ overall experience on the team over the decided time frame. In other words, MDT partners should reflect on their general opinions about the operation of the team and not on feedback regarding the discussion of a specific case (see the Case-Specific MDT Survey, if such feedback is desired). MDT partners may also want to know how their confidentiality will be protected, and how the data will be used. Prior to implementing the MDT Survey, CACs should create a plan for regularly sharing OMS results with the teams in a way that informs and improves their process without identifying responses from individual members.

This survey instrument begins with three questions that allow the respondent to identify their occupation, the length of time the person has been working with the CAC model and the county they serve. The county item is customizable, by request, and can be changed from a fill-in-the-blank to a multiple-choice or dropdown item, which would be necessary for filtering reports by jurisdiction. The survey then asks 12 questions about the MDT experience, taking into account all of the cases that the respondent has assisted with during the time frame established, and concludes with an open-ended question where the respondent can share any additional information they would like to offer. Surveys should take 5-10 minutes to complete.

Options for Distributing the MDT Survey

1. Electronic via an emailed link (**recommended**). We strongly recommend distributing all MDT Surveys by email, as this will not limit your feedback to just the team members that happen to be in a particular meeting. This approach also maximizes privacy and anonymity and reduces staff time spent on data entry. Sample wording for the email is included in the Appendix, and CACs can simply include their center's custom link to the MDT Survey in that script and distribute it to an MDT listserv or to individual, bcc'd MDT members.
2. Provide an electronic link to the survey via QR code or text. Similar to the process described for caregiver surveys, the MDT Survey link can be quickly converted to a QR code that MDT members can scan on their phone either on-site or after an MDT meeting. To create a QR code, search for "free QR code generator" on Google and you will find many services available, such as: qrstuff.com and qr-code-generator.com. If MDT members have given permission to be recontacted by text, the survey link can also be transmitted that way.
3. Provide a paper copy of the survey. Paper surveys can be completed on-site during or after an MDT meeting or can be mailed to MDT partners. If done on-site, extra attention to privacy and confidentiality is required. Ideally, there should be several feet of space between each respondent for the purpose of privacy, and a box or envelope where MDT members can drop off completed surveys should be provided. Do not remove the surveys from the receptacle until all the respondents in the group have left the premises. If you are collecting surveys on paper, you should only use NCA-created printable Word docs for printing the survey. Do not print surveys directly from the system. You can customize the Word doc templates by adding your center name and contact information, as those are editable fields in the documents (which are otherwise locked to prevent editing the items themselves). Do not recreate alternative versions of the survey, especially by deleting or changing the wording of any pre-existing survey questions, as this reduces the reliability and validity of the survey. Instructions for entering data from paper surveys can be found on page 19.

Case-Specific MDT Survey (OPTIONAL): Implementation instructions and tips

This instrument is considered supplemental by NCA but may be required by your Chapter. It is NOT a replacement for the general MDT Survey. The Case-Specific MDT Survey is intended to

be used to assess MDT process connected to a particular case or meeting, rather than to assess the functioning of an MDT over time. When distributing the survey, it is important to emphasize the case or meeting that the survey references.

Members of the MDT, including the appropriate CAC staff, complete this survey. The survey instrument begins with two questions that allow the respondent to identify his or her occupation and the length of time the person has been working with the CAC model. The survey then asks 10 specific questions about the team experience. Like the general MDT Survey, this survey concludes with an open-ended question where the respondent can share additional information. The Case-Specific MDT Survey allows the administering CAC to monitor the effectiveness of the model relative to a specific case and/or a specific cluster of people working with the case. Results of this survey type are not included in state, regional, or national reports.

Like the general MDT Survey, the Case-Specific MDT Survey is best distributed by email. However, any of the survey distribution approaches described above for the general survey can be used. Please note that Case-Specific MDT Surveys are not customizable.

Customizing your OMS surveys

As noted above, the core OMS surveys cannot be edited or changed. This ensures that an identical set of questions are used across all CACs who implement OMS, and that resulting data is nationally standardized. However, CACs are welcome to customize their surveys by adding a handful of unique questions. Customization is available for all surveys **except** the Case-Specific MDT Survey.

To add custom survey questions, email OMScoordinator@nca-online.org with the request and convey the following information:

1. Provide the exact wording of the new questions—double check spelling of names or places.
2. Identify the survey(s) to which the new questions will be added.
3. Specify whether the Spanish version of the survey is needed.
4. Specify whether your CAC uses paper and pencil versions of the survey to collect responses from caregivers, youth, or MDT partners.

We recommend adding no more than five additional questions to a survey to avoid overburdening survey participants and potentially undermining your response rate. Once received, NCA makes a strong effort to add your new questions within two weeks and will notify the CAC when the relevant survey has been updated.

Common Custom OMS Question Additions

Although CACs have wide license to determine what kinds of questions are most useful to add to their surveys, we offer a few examples of the most common requests:

- *Additional demographic or location questions.* Many CACs add questions that ask about the county or city that a child lives in, or more specific demographic information such as the gender or racial identity of the caregiver.
- *Additional services or service provider questions.* Some CACs add items that ask clients to indicate which providers they saw during their visit, either by name, or by job title or professional discipline.
- *Questions regarding unique programs or initiatives at your center.* Many CACs have innovative and unique programs, waiting rooms, or other features they want client feedback about. For example, centers with a facility dog may ask agree-disagree questions about interacting with the dog (e.g., “Interacting with Fluffy helped to put my child at ease”) or for open-ended comments about the program.
- *Additional close-ended question regarding the impact of the visit and/or services.* CACs can ask about additional areas of impact/outcomes that are not already reflected in the core OMS questions. These outcomes could be related to perceived knowledge, skills, confidence, or healing. Examples include “As a result of my time at the center, I am better able to support my child.” Or “I believe that working with the center facilitated healing for my child and family.”

Entering data from paper surveys

Data from surveys completed via paper and pencil are entered into the system in the same way as if clients or MDT partners had completed the surveys online. Staff do not need to log into or have access to Qualtrics to enter data; just the paper surveys and custom survey links are needed. To make data as available and accessible as possible, we recommend entering client surveys at least once per month and MDT Surveys as soon as they are completed. We suggest keeping copies of paper surveys until you have confirmed that they have populated in your OMS results dashboard in Qualtrics—this can take from 30 minutes to three days depending on the overall demand on Qualtrics at any given time. Check other recordkeeping policies at your center for additional considerations regarding paper records retention.

To Enter Data, Follow These Steps

1. Open (click on) the appropriate survey link (e.g., click on the custom Initial Visit Caregiver Survey link for your CAC to enter data from a paper Initial Visit Caregiver Survey). Consider saving each link as a bookmark/favorite in your browser for easy access in the future. It is important to bookmark the survey from the first page, before any responses are entered, so it opens as a fresh, blank survey each time.
2. If a caregiver or youth survey was completed in Spanish, use the same link but switch over to the Spanish version of the survey using the drop-down menu on the top right of the screen. This ensures that there is an accurate count of how many families are completing the survey in Spanish vs. English and allows you to use the language filter in your Qualtrics dashboard to compare feedback by the language spoken by families. The order of survey questions is identical on both the paper and online versions of the survey, so Spanish fluency is not required to enter answers in Spanish.

3. For the first item on the survey, “How did you reach this survey? Please choose one of the options from the list below,” select “(Center Staff Only) - Paper & Pencil.” Be careful making this selection; you will not be able to return to this page once you click “Next” at the bottom of the first page, as this activates a unique survey response in the system.
4. Click “Next” after you select the collection method. A calendar will appear on the next page to enter the date the participant **completed** the survey (which may be different than the date you are entering it). Select the exact date if you know it, or select any date within the correct month if you only know the month. This date is especially important for the “Survey Date” filter in Qualtrics reporting dashboards, so if you type in the date manually, be sure to use the format MM·DD·YYYY. Keeping track of the date that surveys were completed is especially important if there is a significant lag between when clients and MDT partners complete surveys and when staff enter those surveys into the system.
5. Fill in the remainder of the survey based on the responses provided on the paper copy. Click “Submit” at the end and close the page once you receive a confirmation page indicating the survey was submitted successfully. Re-open a fresh survey using the appropriate link or the bookmark/favorite you saved in your web browser and repeat the process above until you have finished entering all paper surveys.

Accessing and exporting data: Using your OMS results dashboard

Once you have collected a few surveys, you are ready to view your survey results on your custom OMS results dashboard. The OMS surveys are hosted by Qualtrics, which is also where you will find your dashboards.

Logging In to Your Dashboard

The login page is nca.az1.qualtrics.com/vocalize/login. Enter the login email address for your center; this information can be found in your OMS Start-Up Email. **Because each center is an individual OMS “user,” each CAC has one and only one set of login credentials.** Multiple staff members working on the program must share this information.

If this is the first time logging in to Qualtrics, enter your email address and select “Forgot password?” to set up a password to your account. You must use the email address currently assigned to your account. If you wish to change that address, contact OMScoordinator@nca-online.org to make the change on the NCA administrative side and then return to this step once you receive confirmation that the account has been set up. If this is your first time accessing the dashboard, you will also be asked to agree to the Qualtrics Terms of Service agreement. If you do not agree to these terms, you will not be able to access the online dashboard to view your results from the OMS program.

Navigating the Dashboard

Depending on where the last user from your CAC left off, you will either go directly to a specific survey dashboard or you will see a list of “Projects” (the five OMS survey types described above) that you can choose from. At any point, you can return to the “Home” menu or to the main list of survey Dashboards (the “Project” menu) by clicking on one of these options on the three-bar drop-down menu next to the blue “XM” at the top left of your screen.

From the Projects Menu, select the survey whose results/dashboard you would like to view or download. Once on a specific survey’s dashboard, results from your returned OMS surveys are displayed in different tabs on the left-hand side of the dashboard. If your center has requested additional custom questions, you may have one or more additional, unique tabs or “pages” for those items. The list below shows the name of the core set of tabs and the information you can access by clicking on each.

- **Demographics:** This is one of three tabs showing just your center’s data. This tab shows the number of surveys collected, the completion method of the surveys, 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:** This tab shows the core survey items (multiple choice, etc.) and any comments directly related to those items. This tab is called “Services” on the Individual Client Needs Assessment.
- **Comments:** This tab shows comments on larger open-ended items, particularly what caregivers appreciated the most about the CAC (on the two caregiver surveys) and the open-ended items for other information/suggestions/notes on all survey types.
- **Full Report:** This tab combines information from all previous tabs onto one page.

- **Benchmark - Demographics:** This is the first of two 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 tab shows benchmarking to demographic items previously discussed and shown on the Demographics tab.
- **Benchmark - Experience Summary:** This is the second of two tabs benchmarking your center’s performance to state, regional, and national results. This particular tab shows benchmarking to all other multiple-choice items on the survey. Open-ended items are not available for benchmarking, as written comments on surveys are considered private to each center.

Filtering Data

See Figure 1 below for an overview of functions on the OMS dashboards. On the top of each dashboard are a set of filters that allow you to see a subset of your OMS results for that survey. Some filters are fixed, such as those that limit your data view to surveys from your CAC, and to benchmark data from your state and region. Other filters can be altered by you. These include the time frame of results you want to view, and filtering results by demographic characteristics.

To filter data using the filters at the top of the screen:

- Click on the appropriate filter to open the drop-down menu.
- Click on the option that matches the time frame or option that you wish to limit results to. You can go back into a filter and select additional options—for example, multiple racial identities—by repeatedly opening the drop-down menu and selecting additional options).
- If you oversee multiple CAC locations, there will be more than one option available under the “Center/Location” filter—you can review OMS results for one, a subset, or all of the CACs on your OMS account.
- The “widgets” on the screen (the charts and tables displaying your data) will now be limited to surveys that match the specific characteristics you selected.
- To undo filters, open the relevant drop-down menu and select “All.”

Not every question on the OMS surveys has a corresponding filter programmed to the top of your OMS results dashboard. You can still filter data, however, by scrolling down to the chart or graph that corresponds to the question you want to filter by and clicking on the blue bar next to the value that you want to limit data to. For example, in an Experience Summary or Full Report tab, you could scroll down to results for a particular question and look at only results from people who “strongly agreed” with the statement in that question by clicking on the “Strongly Agree” bar. One clicked, data in all other charts is limited to answers from people who strongly agreed with your reference question. Unfilter by clicking the blue bar again.

Downloading Results and Printing Reports

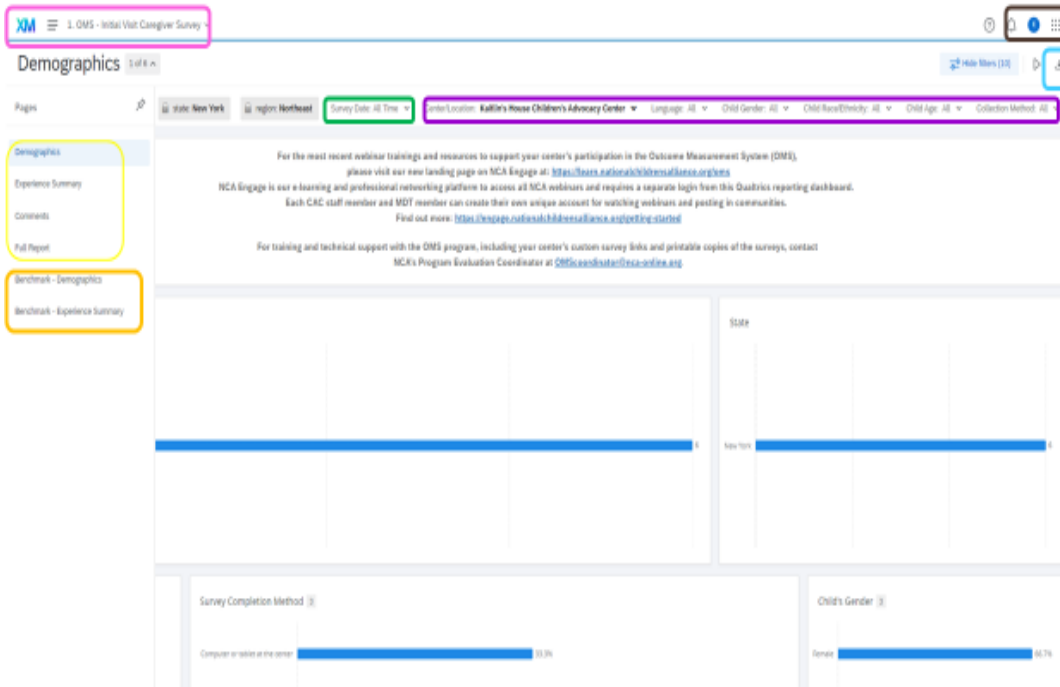
Information regarding your OMS survey results can be downloaded in two formats: a PDF report and a spreadsheet of raw data. **First, set all filters to your desired time frame and other parameters.** Then, to download a report, click on the “Export” button on the top right of your screen and select “Download Dashboard.” On the pop-up menu that appears, you can select whether you’d like to view results as a PDF, JPG or Word file (all of which are essentially a screenshot of everything on the dashboard you are viewing), or as a CSV file, which can be opened in Excel and will provide you with raw, survey-by-survey data. Note that if you choose to download a full dashboard into a CSV file, each row in that file represents an individual completed survey, and each column represents a question in the survey. There will be multiple empty columns in the file because of custom questions that have been added by other CACs. For this reason, **we strongly recommend downloading data as a PDF or JPG file.**

At the bottom of the “Export Options” pop-up menu is a choice between automatically downloading the file, or receiving a notification that the file is ready. When the file is ready, a red notification will appear on the bell icon at the top right of your screen. Click there to see and access the reports that are ready for download. Depending on the overall demand on Qualtrics at any given time, downloads can take between a few minutes to a few hours to become available.

It is also possible to download responses for a single question. Choose the specific chart or table that you would like results for and hover the cursor over the title of the chart. Click the three dots that appear on the top right of that chart or table and click “Export.” This can be a helpful option for downloading all open-ended comments—these can be downloaded into an Excel file.

Figure 1. Navigating an OMS Dashboard

- Switch surveys using the drop-down or return to the Projects page.
- Your center's data is divided into the first 4 tabs. Click between tabs to view.
- 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.

Appendix A

OMS example scripts for introducing surveys

Introducing the Initial Visit Caregiver Survey

Example Script

Toward the end of your visit today, we will ask you for feedback about your experience at the center. It is important to us that our center is as welcoming, effective, and supportive as possible, and information about your and [child's name's] experience today will help us to know what is working well and what we might improve. The survey will take about five to 10 minutes to complete. This is completely voluntary—whether or not you take the survey has no impact whatsoever on the child's case. The survey is confidential. It will not be linked to you, the child, or this case. You are also welcome to skip any questions on the survey that you don't want to answer.

Thank you for considering this—your experience is really important for us to hear. We have the following formats available for you to take the survey in [table, QR code, etc.]. Which would you like to use?

Introducing the Caregiver Follow-Up Survey

Example Email

Sender: [Send the invitation from the CAC director, advocate, or another staff member the caregiver will recognize]

Subject: Please tell us about your experience with [the Children's Advocacy Center]

Dear Caregiver,

[Approximately X days, weeks, months ago], you and your child visited [the Children's Advocacy Center]. We would like your feedback on the services provided to your family by the center, how well-supported you and your child have felt by the center staff, and how we might be able to improve the services we offer to families. We believe every caregiver should have a voice in the process at our center, so please take this opportunity to share your opinions!

Please use the following link to fill out a survey about your experience: [Invite Link]

If you have any questions about the survey or anything else related to your experience at [the Children's Advocacy Center], please contact [Staff Member] at [email address] or [phone number].

Thank you!

[Children's Advocacy Center Staff]

Example Phone Call

The following script can be used as a guide for completing surveys with caregivers over the phone. Your center may wish to edit this script to meet the needs of your center and the caregivers in your community. Once you start the actual survey, however, it is important to read the survey items exactly how they are written. The script assumes that you have the caregiver on the phone.

Hello. My name is: [redacted] and I'm calling from [center]. Thank you for taking the time to speak with me today. We are interviewing caregivers who have received services through our center. We do this because we very much value your feedback and would like to hear what was helpful about your time at the center, and what suggestions you might have. We want to make sure we are doing the best we can with the services and programs available to families at our center. The survey is confidential and will only take 10 to 15 minutes of your time. Would you be willing to spend a few minutes of your time to participate?

If "No,"

I understand that you might not want to do the survey over the phone. Would you prefer if I email the survey to you so that you can take it whenever is most convenient for you?

If they still say "No," thank them for their time and remind them of the number for the center in case they change their mind or have any questions.

If "Yes," then proceed:

Before we start, I would like to explain how the survey will go and answer any questions you might have. We are interviewing clients who have received services through our center. I would like to ask you some questions about you and your child's experience at the center.

The information you provide in this survey will help us to improve our services and better assist our clients. The information you provide is confidential. Your answers will not be traced back to you, nor can this information be used in any legal proceedings. Your participation in the survey is entirely voluntary—if you do not wish to answer a particular question, let me know and we can skip that question.

We will not be discussing your child's case, just your experience at the center and any services, programs, or other resources that you and your child were offered. Please only consider your experience with the center itself, not with other agencies you might have had contact with as part of your child's case (for example, law enforcement or child services).

[If applicable (interns/volunteers/staff not assigned to the case)]

I am not assigned to your child's case, so I will not be able to answer questions you may have about that. However, if you would like someone to follow up with you regarding

your answers to this survey or any other questions about the center, please let me know and I will make a note for the appropriate person to call you back.

[For all staff to say]

Please remember that there are no correct answers. We value your opinion, and it will help us improve our service.

Do you have any questions before we begin?

Introducing the Youth Feedback Survey to caregivers

Example Script

We would also like to ask [child's name] for feedback about their experience at the center today. We believe it is important to give [her/him/them] the opportunity to share these opinions. The survey is anonymous and will not be connected to the case file. The survey is voluntary, so if [child's name] is too upset at the end of the visit, or if they do not want to participate for any other reason, we will not ask them any further. A copy of the survey is included in your packet, so you can see what questions [child] will be asked. Will this be OK with you? Do you have any questions I can answer for you?

Introducing the Youth Feedback Survey to youth participants:

Example Script

Hi, [child's name]. While you are waiting for [caregiver] to finish up, would you mind if I show you our youth survey and see if you want to fill it out? We like to get feedback from [children/youth/kids/teens] who come here so we can be sure we are doing our best for you. It will take about five minutes, or you can take longer if you want. You can say no, or you can choose to only answer the questions you feel like answering and skip the ones you don't.

Please don't put your name on it so you can keep your answers private. When you are finished you can put it [in the envelope, in the survey box, etc.]. You can ask me any questions or ask for help anytime. Take your time and look it over. If you want to fill it out, great. If not, that's OK, too. Just leave it here when you go.

Inviting your MDT to complete the MDT Survey

Example Email

Sender: [Send the invitation from the CAC director, MDT coordinator, or another staff member the team will recognize]

Subject: Please tell us about your experience with [the Children's Advocacy Center, Multidisciplinary Team, etc. - customize for your center]

Dear Team Member,

As a valued member of [the Children's Advocacy Center Multidisciplinary Team], we want to hear your opinions and suggestions about the work of the team. Your feedback will help us learn more about what is working well, what changes are needed, and how we can continue moving forward in a positive direction.

Please use the link below to fill out a brief survey about your experience on the team over the past six months. The survey will take less than 10 minutes to complete. The survey does not ask for any identifying information, and your responses will not be shared with anyone. Please reflect on all of the meetings you have participated in during this time: Survey link: [Invite Link]

Please complete this survey by [Date]. We plan to discuss the results of these surveys at our meeting on [Date].

If you have any questions, please contact [Staff Member] at [email address] or [phone number]. Thank you!

Appendix B

Third-party options for customizing links, QR codes, and texting

The options below are examples of third-party resources that some centers choose to use. These are not part of the standard NCA Qualtrics system for OMS. We encourage you to find the options that work best for your center, but these examples may be helpful for you.

How to shorten and customize your links

If you plan on typing the link in manually on devices, particularly if you will be providing links to participants to complete surveys on their own computers or smartphones, we recommend using free services such as bitly.com or tinyurl.com to transform the longer link into a short, customized link. Each service will walk you through the process, but essentially you will copy and paste your long link and then choose a brief ending (“alias”). Be sure to use something that identifies the link as being from your CAC and the survey type, such as “mycac-initial” or “yourplace-1.” This will save time and reduce the likelihood of typos when entering the link manually. This is also an essential first step before setting up handouts or using text services to distribute links.

Making a link into a QR code

Similar to using free websites to shorten and customize your links, there are also free websites to change your link into a QR code. This allows survey participants to scan the code and pull up the survey on their smartphone, without needing to type in the link. This does require the participant to have a QR code reader on their smartphone already, but many newer phones have this built in or free apps can be downloaded. It is helpful to have BOTH a short link and a QR code (not just the QR code by itself), so the participant can use whichever option works best for their phone/device.

Search for “free QR code generator” on Google and you will find many services available, such as qrstuff.com and qrcode-monkey.com.

See page 31 for an example flyer containing a QR code.

Options for texting surveys

There are many free or low-cost text message services online as well. Some centers are using these to text families the survey link as well as send information about parenting classes and invitations to community events. The text messages are similar to what doctors, dentists’ offices, and school districts are using for appointment reminders or event notifications. Try searching for

“send text messages from computer” on Google to see the many services available. **Remember to always get consent to contact families by text message, such as adding this question to an intake form or separate opt-in form, along with fields for contact information.** Here are two services that CACs have used successfully for OMS.

1. Google Voice: google.com/voice

This is a free service. If you set up a Gmail account and go to Google voice, you can request a free phone number. You can text from Google Voice’s webpage (unlimited number of texts). If they text you back, it will go to an email which you can have auto-forwarded. You can also have it set to send whatever they text back as a text message to a phone # you designate.

2. EZ Texting: eztexting.com

This is a paid service that offers many advanced features, such as scheduled texts. Create an account and choose which service plan is best for your center, such as the pay as you go option that charges a small fee (a few cents) per text message or a monthly plan to service a larger number of families.

For both options, use a brief message followed by your short, custom link. Text is limited to 160 characters, so think carefully about how to encourage participation in a brief format.

Example flyer/handout



TELL US HOW WE DID!
¡CUÉNTANOS COMO LO HICIMOS!

Please take our anonymous survey!
¡Tómese unos minutos para completar una encuesta anónima!

Scan the **QR Code** or **type** in the following **link**: <https://tinyurl.com/cacsantaclara-initial>
Escanea el **código QR** o **escriba** el siguiente **enlace**: <https://tinyurl.com/cacsantaclara-initial>



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