SOUTHERN REGIONAL
Children's Advocacy Center

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Outcomes Framework for CACs

A Framework for Measuring Outcomes for Children's Advocacy Centers and Multidisciplinary Teams

For more information or technical assistance in implementing strategies in this framework, please contact:
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Outcome Measurements for CACs/MDTs

As funders seek more outcome data to support their investments, Children's Advocacy Centers (CACs) and Multidisciplinary Teams (MDTs) must be able to respond effectively. The work of CACs and MDTs is complex, multifaceted and evolving which makes specific outcome data somewhat elusive. A framework for measuring outcomes should be focused on performance measures which, when taken together, actually capture data regarding desired outcomes of the work of CACs/MDTs, not just indications of whether organizations are efficiently operated or well-trained.

The attached framework for outcome measurements for CACs/MDTs is predicated on the overall goal for CACs/MDTs being "Improved Child Well Being and Community Safety." This overall desired goal is made up of two major outcome measures related to Quality of Life: Outcomes for Kids and Outcomes for Community/Society. The Outcomes Framework for CACs identifies the performance measures which support these two overall desired outcomes.

To drill down further, two areas of functioning are identified which provide the foundation for achieving the above desired outcomes:

1. Quality of Intervention (process)
2. Quality of Organization (structure)

The performance within these functional areas provide the means for achieving the ultimate outcomes for a multidisciplinary response.

This framework for outcomes is meant to focus on outcomes, not on the inputs which go into each performance measure or the associated outputs. For instance, the NCA Standards specify the training requirements (inputs) for medical, mental health and victim advocacy providers. These inputs are certainly critical to providing quality services (outputs) but they are not outcomes, in and of themselves. These may later be added to help the reader understand the entire framework, but for this iteration, the intent is to focus on outcome and the performance measures most critical to supporting those outcomes.

The data gathered from this framework is only helpful in comparison with other data. The three choices of data sets to which to compare are:

1. Data from other centers to get a sense of how a CAC is doing in relation to other CACs,
2. Data from future time periods of the same CAC to see how the CAC is progressing over time, and
3. Data from communities not using the CAC model to determine if the community with a CAC has better outcomes for kids and society. The third option is problematic since those communities without CACs may not have the ability or motivation to track the information, though this could provide an opportunity for research in the future.

Options one and two are possible for the CAC network if there is agreement over time regarding the data to be tracked and compiled.

This framework gives CACs, whether individually or in conjunction with state or national groups, the opportunity to assess the outcomes for their centers and to demonstrate to funders and other interested parties the impact CACs/MDTs have on children and society.

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OUTCOME MEASUREMENTS FOR CACs/MDTs

Improved Child Well-Being and Community Safety

QUALITY OF LIFE (OUTCOME FOR KIDS)

Overarching Measure: The consequences of abuse are reduced for children and families.

PROPORTION OF:	ASSESSMENT TOOLS
Children and caregivers' resource and support needs met during service provision.	Assessment of needs at intake vs. follow up contact by Victim Advocate.
Children/caregivers reporting positive functioning at six month follow-up by Victim Advocate.	Assessment of needs at intake vs. follow up contact by Victim Advocate.
Children with physical concerns from abuse receiving medical care.	Reports from team medical provider on medical evaluation follow through. Self reports of child /caregiver on medical evaluation follow through.
Children with trauma symptoms from abuse showing a reduction of symptoms following treatment.	Standardized pre- and post-trauma assessments.
Children free from abuse by their perpetrators.	Number of repeat reports of abuse for children seen at the CAC/MDT vs all. cases reported

QUALITY OF LIFE (OUTCOME OF COMMUNITY/SOCIETY)

Overarching Measure: Perpetrators of abuse are held accountable for their actions and children are protected.

	ASSESSMENT TOOLS
Proportion of identified offenders either pleaing or convicted of a crime against a child.	Prosecutor reports of conviction rates vs charges pressed.
Number of confirmed allegations of abuse by repeat offenders is reduced in the community.	Case tracking system of CAC/MDT showing reduction in repeat offenders.

QUALITY OF INTERVENTION (PROCESS)

Overarching Measure: Children and families receive trauma informed, evidence based services to address their needs and obtain justice.

PROPORTION OF:	ASSESSMENT TOOLS
Sexual abuse/physical abuse/other targeted reports seen at CAC/MDT.	Percentage of cases meeting case acceptance criteria seen at the CAC/MDT vs. number of cases meeting case acceptance criteria reported to CPS/LE.
Forensic interviews of children scheduled within requested timeframe.	Number of forensic interviews conducted within timeframe requested by investigatory agencies vs. all interviews.
Children with physical concerns accessing medical service by trained child abuse medical providers.	Number of medical referrals made vs. number of interviews conducted. Number of cases seen by trained child abuse medical professional vs. all referred cases. Number of referrals showing for initial medical exam vs. number of referrals.
Children with trauma symptoms accessing evidence-based MH services.	Number of MH referrals made vs. number of interviews conducted. Report of MH provider regarding follow through of child/caregiver in initial shows for services vs. number of referrals. Report of MH provider of ongoing service for children with trauma symptoms.
Identifed offenders charged with a crime.	Number of cases with charges pressed vs. number of cases of confirmed abuse.
Children/caregivers reporting a satisfactory experience with CAC/MDT during investigation and service provision.	NCA's Outcome Measurement System (OMS) or some other survey instrument following service delivery.

QUALITY OF MDT ORGANIZATION (STRUCTURE)

Overarching Measure: Investigations and interventions are carried out through a coordinated, collaborative MDT approach.

	ASSESSMENT TOOLS
CAC/MDT has documented procedures and plans to guide the work of the professionals addressing child abuse in the community.	Local up-to-date signed document outlines how a coordinated response to targeted cases will occur in the community. Current strategic plan actively guides the work of the CAC and addresses the expectations of the Executive Director.
Proportion of interviews occurring with all investigatory agencies involved.	Number of interviews of target case children with all investigatory agencies involved vs. number of interviews of target case children.
Proportion of interviews and investigations occurring according to protocol.	Number of interviews and investigation proceeding according to the procedures outlined in local protocol vs. the number of target cases.
Proportion of service coordination with all partners involved.	Number of case records reflecting opportunity for input from all partners regarding service provision for the child/caregiver.

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Intended Use of Outcomes Framework

for CACs

The Outcomes Framework for CACs is meant to provide guidance on how child abuse professionals working within MDTs/CACs may begin to capture outcome data to support their work in addressing child abuse in a coordinated collaborative multidisciplinary manner in their communities. More and more funders and other potential supporters want to see outcome data showing their resources are being utilized in a manner which is effective, efficient and has a positive impact on the issue to be addressed. This document provides a beginning point for individual CACs, networks of CACs, state chapters and national networks to choose measures appropriate to their needs.

The assessment tools and methods outlined in the framework are suggestions of how the respective measures may be captured. We are not, in any way, suggesting these are the only way. The framework is intended to be flexible so each CAC may choose its own measurement tools. The most important aspect of the measurements is that they be taken in a consistent manner, whether within one CAC over time or among a group of CAC on established time frames.

Similarly, the definitions of the data points should be established and implemented consistently across the pool of CACs gathering data. The definitions should be debated and agreed upon prior to the gathering of data. For instance, the definition of “child” usually refers to anyone under the age of 18 but this could vary by state or upon the consensus of all involved in the data collection. The important point is that the definitions are established and maintained over time. Also, it is important to remember any extreme deviations from commonly accepted definitions will mean those data measures will not be able to be folded into larger data sets, so caution is urged in exclusively using a definition which is an outlier from the norm. If outlier definitions are used to accommodate the special needs of a group, the commonly accepted definitions should also be used and data collected to enable flexible use of the data collected.

In an attempt to provide more helpful information regarding the assessment tools/methods suggested for each measure, below are some additional explanations of the intent of the assessment methods identified in the Outcomes Framework for CACs.

Quality of Life (Outcomes for Kids)
Overarching Measure
The consequences of abuse are reduced for children and families.

1a. Needs assessment at intake vs six month follow up contact by victim advocate.	The CAC's need assessment at intake would be repeated at regular follow-ups to determine the needs met during service provision.
2a. Needs assessment at intake vs six month follow up contact by victim advocate.	The CAC's need assessment at intake would be repeated at regular follow-ups to determine the ongoing functioning of the child.
3a. Reports from team medical provider on medical evaluation follow through.	Report out of medical provider regarding shows and no shows of medical referrals by team…may be a written report or verbal report.
3b. Self-reports of child/caregiver on medical evaluation follow through.	Report of child or caregiver regarding whether the child obtained a medical exam following their report of abuse. Further parsing of this information may be needed to separate into exams by a trained child abuse medical provider or by a medical practitioner without specialized training in child abuse.
4a. Standardized pre and post trauma assessments.	Any widely accepted trauma assessment tool such as those listed on NCTSN website.
5a. Number of repeat reports of abuse for children seen at the CAC/MDT vs all cases reported.	The number of reports which have the same child and perpetrator as a previous report handled by the team compared to the total number of reports seen by the team over a period of time (annual).

Quality of Life (Societal Outcomes)
Overarching measure
Perpetrators of abuse are held accountable for their actions and children are protected.

1a. Prosecutor reports of conviction rates vs charges pressed.	Prosecutor's report of pleas or convictions of perpetrators compared to the number of perpetrators against whom charges were pressed.
2a. Case tracking system of CAC/MDT showing reduction in repeat offenders.	A baseline number of repeat perpetrators over a period of time (annual) compared to the number of repeat offenders over future same time periods.

Quality of Intervention (process)
Overarching Measure
Children and families receive trauma-informed, evidence-based services to address their needs and obtain justice.

1a. Percentage of cases meeting case acceptance criteria seen at the CAC/MDT vs number of cases meeting case acceptance criteria reported to CPS/LE.	The number of cases designated to be target cases in the MDT/CAC protocol or interagency agreement actually seen at the CAC vs the cases designated to be seen by the MDT/CAC.
2a. Number of interviews conducted within timeframe requested by investigatory agencies vs all interviews.	Number of interviews conducted by the designated forensic interviewer within the timeframe requested by the investigatory agencies (LE, CPS) compared to all interviews conducted by designated forensic interviewers.
3a. Number of medical referrals made vs number of interviews conducted.	Number of medical referrals made by the team compared to the number of interviews conducted.
3b. Number of cases seen by trained child abuse medical professional vs all referred cases.	Number of cases seen by medical provided with specialized child abuse training vs all cases referred for medical exams.
3c. Number of referrals showing for initial medical exam vs number of referrals.	Number of cases actually showing up for the appointment with medical provider vs number of referrals for medical exam

4a. Number of MH referrals made vs number of interviews conducted.	Number of mental health referrals made by the team compared to the number of cases interviewed by the team
4b. Report of MH provider regarding follow through of child/caregiver in initial shows for services vs number of referrals.	Number of cases actually showing up for initial appointment with mental health provider compared to the total mental health referrals made by the team. This may be written report or verbal report of MH provider to the team.
4c. Report of MH provider of ongoing service for children with trauma symptoms.	The number of children with trauma symptoms and appropriate for counseling continuing in counseling to a point of substantial reduction of trauma symptoms as determined by the MH provider compared to the number of children the MH provider determined appropriate for counseling as a result of a trauma assessment. This could be a written report or a verbal report to the team by the MH provider.
5a. Number of cases with charges pressed vs number of cases of confirmed abuse.	Number of cases with a perpetrator charged with a felony or misdemeanor compared to the number of cases determined by the team to be abuse.
6a. OMS or some other survey instrument following service delivery.	Number of children/caregivers reporting high or somewhat high satisfaction with the investigation and service provision on a follow-up survey compared to all children/caregivers responding to the survey.

Quality of Organization (structure)
Overarching Measure
Investigations and interventions are carried out through a coordinated, collaborative MDT approach.

1a. Local up-to-date signed document outlines how a coordinated response to targeted cases will occur in the community.	Document signed by all partners outlining protocol
1b. Current strategic plan actively guides the work of the CAC and addresses the expectations of the executive director.	Board approved strategic plan
2a. Number of interviews of target case children with all investigatory agencies involved vs number of interviews of target case children.	Number of interviews of target case children with a representative of each investigatory agency involved in the process as defined by protocol vs the total number of interviews of target case children.
3a. Number of interviews and investigation proceeding according to the procedures outlined in local protocol vs the number of target cases.	A checklist of primary points of collaboration defined in the protocol indicates interviews and investigations met protocol compared to the number of target cases handled though the MDT
4a. Number of case records reflecting opportunity for input from all partners regarding service provision for the child/caregiver.	The number of cases presented to the team for input into service provision, for example through case review, informal team discussions, electronic solicitation or other means as compared to the total number of target cases handled through the MDT.