

The Duke Endowment: Child Advocacy Center Evaluation

Year 3 Final Report

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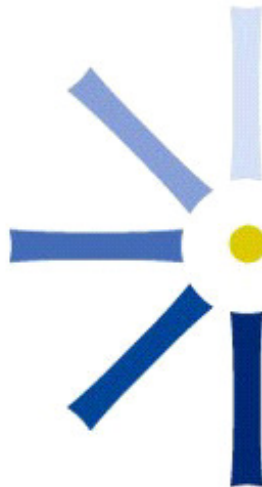


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Executive Summary

In 2004, The Duke Endowment (“TDE” or “the Endowment”) commenced its work with Child Advocacy Centers (CACs) in North and South Carolina. TDE promptly noticed that there was little agreement between CACs regarding outcomes, specifically:

- The primary focus of a CAC
- What constitutes a good outcome for a CAC
- How to measure outcomes

TDE recognized that if CACs were to be ongoing grantees of the Endowment’s Child Care Division, TDE needed a demonstration of what impact, if any, CACs had on the children and families they served. Innovation Network (InnoNet) began working with the CAC initiative in 2004 to design an evaluation process to meet the needs of TDE and the CACs.

Over the past three years, the Endowment has brought 32 CACs together with Innovation Network to participate in trainings and conversations around the evaluation of CACs. The evaluation team, along with tireless contributions from the CACs, has successfully developed a workable logic model, a common set of outcomes, and a set of standardized data collection instruments to be used across CACs.

This report summarizes the major milestones of this multi-year engagement, highlights findings from a process evaluation that was undertaken in the third year of the initiative, and emphasizes key learnings and recommendations.

Key Findings Summary

The findings from this process evaluation relate to five critical evaluation questions:

To what extent were the CACs satisfied with TDE’s and Innovation Network’s level and type of involvement? Overall, survey respondents and interviewees felt that The Duke Endowment’s and Innovation Network’s level of involvement was more than adequate. The highly participatory involvement of multiple stakeholders in this process increased the overall buy-in to the evaluation design. The collaborative

nature of the workshops helped to create a safe space for the CACs, the Endowment, and the evaluation team to share thoughts and ideas as the evaluation took shape.

Upon entering the process, what level of knowledge did the CACs have around evaluation?

Just over half of the CACs had moderate experience conducting evaluations prior to working with TDE, while a little over one-third had little to no experience. This discrepancy in evaluation knowledge and experience may have contributed to some frustration around the pace of the evaluation design.

How effective was the creation of the logic model? Nearly half of the CACs indicated that the logic model development process could be improved. Further analysis revealed that CAC satisfaction with this process was directly correlated to their level of evaluation experience—those with more evaluation experience felt the process was more effective than those with less experience.

How effective was the outcomes prioritization process? Approximately half of the CACs participating in the outcomes prioritization process felt that it was effective. Again, varying levels of evaluation experience played a role in this perception. Among the noted benefits of the process, CACs felt that it helped them get beyond reporting "just numbers to delve into the 'So what?'" question. Most of the CACs felt that although this process was challenging, it was worth the effort.

Has the data collection process been relevant to the CACs and their work? A great majority of the CACs indicated that they would be able to use the evaluation data to improve their services and better serve their clients. Many of the CACs felt that the data allowed them to learn more about the implementation of their services and address potential gaps. CACs are also learning to use evaluation data in grant requests to other funders.

In short, this effort marks a turning point in the ability of CACs to collect consistent data, contribute to the knowledge base of common outcomes, measure their impact, and improve their services.

Introduction

The Duke Endowment (TDE) was founded in 1924 as a private foundation by philanthropist James P. Duke. Its mission is *“to improve lives and communities in North Carolina and South Carolina by educating minds, strengthening bodies, enriching spirits and nurturing children.”* TDE meets this mission by awarding funding in the areas of child care, education, health care, and rural churches.

In 2004, when TDE began considering working with Child Advocacy Centers (CACs), there were more than forty CACs in the Carolinas. Fourteen centers were members of the National Children’s Alliance (“NCA”). Since the NCA accreditation process involved ten pre-set standards which would serve as useful benchmarks, TDE decided to support CACs which had received, or were considering applying for, NCA accreditation.

If CACs were to be ongoing grantees of the Child Care Division of TDE, there had to be a demonstration of the impact, if any, that CACs had on the children & families they served. The Duke Endowment noticed through the first round of proposals received from CACs that there was little agreement between CACs regarding outcomes, specifically:

- The primary focus of a CAC,
- What would constitute a good outcome, and
- How to measure outcomes.

Without agreement around outcomes, any investment by TDE in CACs would be fragmented. An evaluation plan was needed before any future funding requests could be entertained.

Over the past three years, The Duke Endowment has partnered with Innovation Network (InnoNet) to build the capacity of Children’s Advocacy Centers that are accredited members of the NCA, and to design a framework to evaluate their work. During the third and final year of this partnership, Innovation Network conducted a process evaluation of the evaluation itself, looking at the planning process, the development/selection of data collection instruments, and the usefulness of data collected by the CACs.

Innovation Network’s evaluation team was first introduced to the CAC project in 2004. Our service delivery mechanisms during the engagement included consulting,

training, and online services. We used our signature participatory methods, involving multiple stakeholders to increase support for and use of evaluation results. We take a capacity building approach to working with nonprofits, leaving clients with the tools and knowledge to evaluate their own work long after we are gone. We worked with the CACs and TDE to design an evaluation process that would realize the goals of TDE as well as the CACs. Our aim was to help TDE and the CACs use evaluation as a tool that empowers them to improve their programs.

This report highlights the major milestones of this three-year engagement and illustrates how the overall process was perceived by the CACs and TDE staff. The final section of the report provides lessons learned and recommendations for improvement.

Major Milestones: Year 1, Year 2, and Year 3

In the first year, we worked with a total of 32 CACs to increase their knowledge of and capacity to conduct an evaluation of their program outcomes. These 32 CACs were broken into Group 1 (CACs that had already received NCA accreditation or were in the process of receiving it upon engaging with TDE) and Group 2 (CACs that had not yet begun the accreditation process). The evaluation team held separate trainings for each group. Group 1 was involved in the process from start to finish, working with TDE and the evaluation team to design the logic model, identify the outcomes, and to decide on the appropriate data collection instruments for each indicator. Group 2 entered the process after the evaluation had been designed.

It is important to note that the TDE evaluation process was not designed to determine if CACs are more effective than other service delivery models. It was designed to change practice and get CACs to begin thinking more intentionally about evaluation, and perhaps to encourage the National Children's Alliance to look beyond outputs to outcomes and impact. The purpose of the various trainings was to build the CACs' capacity to engage in evaluation on their own. Innovation Network focused heavily on the planning piece (logic models and evaluation plans), placing lesser emphasis on data collection.

- **Logic Model Creation**

At the start of this engagement, each CAC developed its own logic model. These individual logic models helped guide consensus around common activities, and were used as a basis for development of a standardized logic model that could apply to all NCA-accredited CACs. The standardized logic model was designed around

the ten NCA standards for accreditation. The reason behind this was that all NCA-accredited CACs would have these ten standards in place, thereby establishing a common starting point for the evaluation. (The standardized CAC Logic Model is attached as Appendix A.)

- **Outcomes Prioritization**

Group 1 CACs worked together to prioritize key outcomes and corresponding indicators from their individual logic models. The final product was an evaluation model (attached as Appendix B) that highlighted two of these outcomes and their indicators. The evaluation team facilitated an outcomes alignment process, in order to establish a list of outcomes that are common to all accredited CACs. TDE and the CACs were able to use the 10 NCA accreditation standards as the basis for identifying common outcomes. The CACs worked in small groups to develop short, intermediate and long-term outcomes (also known as a “chain of outcomes”). In the end, the group selected two main outcomes to include in the evaluation model:

- Effective collaborative response system, and
- Reduced negative impact of abuse.

- **Development of an Evaluation Model**

Once a decision had been made around the two final outcomes, the CACs worked together to finalize the evaluation model. This involved prioritizing key indicators for each indicator, based on proxy power and the level of effort involved in data collection. Together, the outcomes and key indicators formed the evaluation model which served as a basis for the evaluation.

- **Development and Selection of Data Collection Instruments**

The final step in creating the evaluation process was the selection/creation of data collection instruments (included in Appendix C). Once the outcomes and indicators were developed into an evaluation model, the second year of the initiative commenced with the defining, developing, and selecting data collection instruments to collect information appropriate for the indicators articulated in the evaluation model. Much of Year 2 was spent researching and refining data collection instruments and developing strategies for data collection. Table 1 below shows which indicators were addressed by the various data collection instruments.

Table 1. Data Collection Instruments

Data Collection Instrument	Indicator Addressed
<ul style="list-style-type: none"> • Multi-Disciplinary Team Questionnaire 	<ul style="list-style-type: none"> • %/# of MDT members reporting high team functioning
<ul style="list-style-type: none"> • Caregiver Self-Assessment 	<ul style="list-style-type: none"> • %/# of non-offending caregivers that feel they are able to support and protect the child victim
<ul style="list-style-type: none"> • Satisfaction Survey for Caregivers 	<ul style="list-style-type: none"> • %/# of non-offending caregivers who report receiving seamless and integrated services from the CAC
<ul style="list-style-type: none"> • Trauma Symptom Checklist for Young Children (TSCYC)¹ 	<ul style="list-style-type: none"> • Percent/# of children functioning normally at home, school and in the community, as reported by caregiver, teacher and counselor/therapist, if any; for children under the age of 8
<ul style="list-style-type: none"> • Trauma Symptom Checklist for Children (TSCC)¹ 	<ul style="list-style-type: none"> • Percent/# of children functioning normally at home, school and in the community, as reported by caregiver, teacher and counselor/therapist, if any; between the ages of 8-16

• Peer Learning and Problem Solving

In Year 3, there was a continuation of technical assistance on data collection with a focus on enhancing the peer learning network. To support peer learning, Innovation Network implemented a new form of technical assistance: the use of an online listserv powered by Google. The listserv was meant to promote information sharing, provide a venue for problem solving, and enhance discussion around technical data collection issues. Innovation Network staff made sure that all participant queries posted to the list were addressed in a timely manner. All of the CACs involved with TDE’s evaluation process were invited to join the listserv. It was hoped that the

¹ Initially, the group had decided to use the Brief Impairment Scale for children between the ages of 4 and 17, and the Child Behavior Checklist for children under 4 years old. However, these two instruments have administration requirements which presented major barriers to their use. The Trauma Symptom Checklist, in contrast, presents no such administration barrier, and already exists in separate versions for children under the age of eight (“TSCYC”) and for children between the ages of 8 and 16 (“TSCC”).

online forum would promote the sharing of best practices of data collection methods among CACs.

Thirty-nine CACs signed onto the listserv; eight of them posted messages.² The majority of the postings were about how and when to administer particular data collection instruments. The table below displays the overall utility of the listserv. While the CACs did not use the listserv as actively as envisioned, it does appear that those who did keep up with the postings found it to be useful. On a scale of 1 to 5 (1 being very useful and 5 being not at all useful), 65% of respondents rated the “utility” of the Google Group listserv a “3” or better.

Table 2. Google Group Listserv

On a scale of 1 to 5, how do you rate the overall utility of the Google Groups listserv?		
1 Very useful	3	10%
2	7	23%
3	10	32%
4	2	6%
5 Not at all useful	3	10%
N/A	6	19%
Total	31	100%

Despite the acknowledgement that a listserv is a worthwhile medium of communication, several barriers to using the listserv were cited by the respondents. Some felt that using the listserv was much more complex than using email or simply calling each other on the telephone. Others noted that they didn’t have time to use the listserv.

“I understand the idea about communicating with others, but I would just rather pick up the phone and call another CAC that is going through the process. This is quicker for me and provides instant gratification. It isn’t that it isn’t useful – for me it is just a time factor.” - Group 2 CAC

² Though this proportion was lower than expected, it is in fact quite high in terms of listserv participation rates in general. Most lists see a lurkers-to-posters ratio of 10:1*; the 39:8 ratio of the CAC listserv is more than twice that.

*(See Jakob Nielsen’s article at http://www.useit.com/alertbox/participation_inequality.html).

Methodology of Process Evaluation

The above sections explained the work that the evaluation team accomplished with the CACs. As part of the third year The Duke Endowment was also interested in evaluating the process that was used to engage the CACs in the evaluation design and implementation. The following section lays out the methodology used to evaluate our three year engagement with The Duke Endowment.

Innovation Network employed a mixed method approach (that is, examining both quantitative and qualitative data) in looking at the evaluation planning process, the development/selection of data collection instruments, and the usefulness of data collected for the CACs. Innovation Network collected data via:

- An online survey of participating CACs (see Appendices D & H for the survey and its results);
- Interviews with a sample of CACs³ to get more in-depth knowledge of what worked and what needed improvement (see Appendices E&F for interview protocols)
- An interview with Phil Redmond from The Duke Endowment (Appendix G) to get his perspective on the three-year process.

• **Online Survey**

The evaluation team used the survey to capture the CACs' thoughts on how the evaluation has been implemented, from the design phase all the way through to data collection. The questions covered basic information such as CAC location, to more detailed information around the evaluation process, workshop satisfaction, data collection efforts, and their opinions around the technical assistance. The survey was administered via the online survey platform Zoomerang.

The survey was sent out to a total of 60 CAC staff members⁴ who had been involved with The Duke Endowment evaluation process; of these, 16 were either no longer involved with the evaluation process or had moved on to other jobs. The remaining pool of 44 participants was given three weeks to complete the survey. Reminders were sent out weekly to those who had not responded. At the end of the three

³ Two different interview protocols were developed; one for Group 1 CACs and the other for the Group 2 CAC interviewees.

⁴ On occasion more than one survey was sent to a single CAC if multiple staff persons were involved in the process.

weeks, 31 out of the 44 (70%) had responded. Of the 31 respondents, 20 are from the Group 1 CACs and 11 are from the Group 2 CACs.

It should be noted that the majority of respondents (23 out of 31, or 74%) stated that they were already receiving funding from TDE prior to becoming involved with the evaluation process. In addition, 74% had their National Children's Alliance accreditation for over one year at the time of completing the survey. All survey responses are included as Appendix H.

- **CAC Interviews**

In January 2008, the evaluation team conducted phone interviews with selected CACs to delve deeper into the evaluation process, get some candid feedback, and develop recommendations to inform the design of the final workshop that was held in February 2008. Nine one-hour phone interviews were conducted with CACs from Group 1 and Group 2. Seven of the nine interviewees were the Executive Directors of their CACs; the remaining two were program staff. Interview protocols are included as Appendices E and F.

- **The Duke Endowment Key Informant Interview**

Innovation Network conducted an interview with Phil Redmond, program officer of The Duke Endowment's Child Care Division⁵. The purpose of this interview was to gain insight on how well the Duke CAC evaluation process worked from the perspective of the Funder. The protocol for this interview is attached as Appendix G.

⁵ The interview questions were submitted to Mr. Redmond electronically. He supplied his answers in written form.

Key Findings

The findings highlighted below cover all aspects of the three-year process: trainings, technical assistance, evaluation process, and data collection.

Level of Involvement: Overall, survey respondents and interviewees felt that The Duke Endowment's and Innovation Network's level of involvement was more than adequate.

The respondents were initially asked to rate The Duke Endowment's and Innovation Network's level of involvement throughout the evaluation process. Twenty-six out of the 31 (84%) survey respondents said that TDE's level of involvement was "just right." These results are consistent across Groups 1 and 2. Another CAC commented on the positive involvement of TDE in the evaluation process:

"Overall The Duke Endowment has exceeded any other funding source... I have been most impressed that they use our feedback. It makes you see how important this issue is for The Duke Endowment. That is great that we have funders that really care. They are setting us up to succeed." Group 2 CAC

In our interview with Phil Redmond, he indicated that the participatory nature of the work contributed to its overall success. He emphasized that while the ability for the Foundation to "both entertain from and 'push back' to the CACs was relatively a new idea," it was one of the more successful elements of the process.

Next, we asked CACs to rate the level of involvement by Innovation Network. Twenty-four of 31 respondents (77%) stated that Innovation Network had the right level of involvement during the evaluation process. One respondent noted that Innovation Network's involvement "has improved over time." See Table 3, below, for more details on CACs' perception around our involvement in the evaluation process.

Table 3. Innovation Network’s Level of Involvement in Evaluation Process

	Too Little	Just Right	Too Much	Other	
Group 1	1 (5%)	16 (80%)	0 (0%)	3 (15%)	20
Group 2	0 (0%)	8 (73%)	1 (9%)	2 (18%)	11
TOTAL	1	24	1	5	31

CAC participation: Approximately 50 percent of the CACs, from both groups, felt that they had an adequate voice in the evaluation process.

During long-term engagements such as this, it is important for everyone to have a sense of contribution to increase buy-in to the results. As uncovered through the online survey and CAC interviews, about half of the respondents felt satisfied with their contribution to the process.

Why only half? The comments below highlight some of the frustrations felt by the CACs at different points throughout the process:

“...Frustrating- when we decide on something at a training and then later things get changed. No group input at that time.” Group 1 CAC

“The Duke Endowment and Innovation Network should have said that “we have already agreed on this. We are not changing this now.” Sometimes someone has to be the policeman. That was what was frustrating for my people.” Group 1 CAC

However, there were some who did feel that they had an adequate voice:

“I did my best to be as helpful as I could. I absolutely had an adequate voice in the process.” Group 1 CAC

In hindsight, many of the CACs reflected that as painful as the process seemed at times, it was necessary in order to move the group forward.

Prior Evaluation Experience: Varying levels of evaluation experience among the CACs may have contributed to some of the frustrations felt regarding the pace of the workshops.

Seventeen out of 31 respondents (55%) had moderate experience conducting evaluations, prior to working with TDE. Table 4 shows the breakdown, by group, of the CACs' evaluation experience.

Table 4. CACs' Level of Evaluation Experience

	I had little to no experience conducting evaluations.	I had moderate experience conducting evaluations.	I had had lots of experience conducting evaluations.	
Group 1	7 (35%)	11 (55%)	2 (10%)	20
Group 2	3 (27%)	6 (55%)	2 (18%)	11
TOTAL	10	17	4	31

The discrepancy between the different levels of evaluation experience among participants may have contributed to the frustrations that were felt regarding the pace at which the group was able to move forward. Interviews further revealed that CACs with little to no experience conducting evaluations often felt "behind" or left out of the discussion. Both the evaluation team and TDE feel that it may have been worth the time to do a more extensive analysis of CAC evaluation capacity and knowledge prior to the start of the engagement in order to more closely tailor support to participant needs.

Once the evaluation process began, Group 1 CACs were the main decision makers. They were able to reach consensus with each other and with TDE around the creation of the logic model, the list of outcomes, prioritization of the outcomes, and the selection of the data collection instruments.

Logic Model Development⁶: Thirteen out of 20 respondents (65%) said that they had a “positive” or “very positive” experience developing a logic model for this evaluation.

As shown in Table 5, below, eight out of 20 respondents (40%) said that while they had a positive experience developing a logic model for this evaluation, the process could use more work. Three out of 20 respondents said that they had had a negative experience. Of these three, none had prior experience in conducting evaluations.

Table 5. Logic Model Development Experience

How would you rate your overall experience in developing a logic model for the purposes of this evaluation?		
I had a very positive experience.	5	25%
While my experience was positive, I think the process could use some work.	8	40%
I had a negative experience.	3	15%
I don't really remember the process, it was too long ago.	0	0%
Not applicable/ not present during that part of the process.	4	20%
Total	20	100%

During the in-depth phone interviews conducted by Innovation Network, several CACs further revealed frustrations around the logic model process. The following are some CAC testimonials:

“For me personally, not as useful. I was already experienced with it. A lot of it was review. Review isn't unhelpful. It was good to hear someone else describe the process.” Group 1 CAC

“It got really nitpicky. It was tedious – the development of the logic model, prioritization of outcomes. It was more about semantics than it should have been.” Group 1 CAC

⁶ This finding is drawn from responses to questions that were only asked of the Group 1 CACs.

Despite initial frustrations, most of the CACs interviewed did acknowledge that the growing pains were necessary to get to where they finally arrived. The quote below helps to illustrate this point:

“Logic models – it was good to have a refresher on that and to get a better understanding on that model...In the broad scope of the project, I think everything went smoothly.” Group 1 CAC

As mentioned earlier, seven out of the 20 (35%) Group 1 participants had no prior evaluation experience. Ten out of the 20 (50%) respondents, all with varying levels of knowledge around evaluations, stated that they had a clear understanding of “how components from the logic model were used to create the evaluation plan.” While, many of them did increase their knowledge around logic models and how to create them, one of the 20 participants stated that they did not leave with such a clear understanding. In giving feedback around Innovation Network’s role in the process, fourteen out of 20 respondents (70%) noted that the evaluation team clearly explained the connection between the logic model and evaluation plans. The one person who felt that the connection was not clearly explained had little to no prior experience in conducting evaluations. In summary, those individuals who had prior evaluation experience appeared to benefit more from the logic model process than those with little or no experience.

Outcomes Prioritization: Approximately 50% of the CACs that participated in the process to prioritize outcomes felt that it was effective.

There was an even split among the Group 1 survey respondents around the effectiveness of the outcomes prioritization process. Innovation Network further probed this issue during the interviews. It was found that while many CACs felt it was an arduous and sometimes tedious process to prioritize the outcomes, many of the individuals acknowledged that this was a necessary means to achieve the ends.

In further reviewing the process used to develop a common list of outcomes, we noticed that CACs with prior evaluation experience rated the process to be more effective. After the Group 1 CACs had chosen the outcomes, they moved on to building consensus around prioritization. Regarding the process used to prioritize the list of outcomes, CAC responses varied. Four out of 20 respondents (20%) found the process to be “highly effective,” whereas six out of the 20 (30%) felt that the process needed to be improved. Table 6 shows the detailed breakdown of responses.

Table 6. CACs' Experience in the Prioritization of Outcomes

How would you rate the process used to prioritize common outcomes used for this evaluation?		
I thought it was highly effective.	4	20%
I thought the process was somewhat effective.	6	30%
I thought the process could use some work.	5	25%
I don't really remember the process, it was too long ago.	1	5%
Not applicable/ not present during that part of the process.	4	20%
Total	20	100%

Outcomes Prioritization Challenges

Conversations with individual CACs further illuminated the challenges they faced during the outcomes prioritization process. Some CACs noted that the different levels of understanding around evaluation and outcomes measurement at times hindered this segment of the overall process.

“At the beginning of the process, I was totally lost in the outcome process, but after attending the meetings and contacting fellow CAC Directors, I was able to get a grasp of how to enter the data. It was a great challenge to me at times.” Group 1 CAC

Reaching consensus often proved to be difficult, which made the process around coming up with common outcomes quite challenging. However, that very challenge was integral to the success of the effort:

“There are 10 [NCA accreditation] standards that we all live by and we all do them differently. That’s the strength of the CAC model. Coming up with common outcomes enabled us to go beyond the numbers and the ‘so what?’ question. It gave us structure to evaluate ourselves.” Group 1 CAC

Another challenge noted by the CACs was the learning curve about CACs for the evaluation team. However, many respondents felt that the evaluation team had closed the learning gap between the first and second workshop.

“The assistance that Innovation Network provided was helpful. Innovation Network created a model that suited us. I could tell from the first meeting with Innovation Network, the level of research done between the first and second meeting was apparent.” Group 1 CAC

Outcomes Prioritization Benefits and Learnings

Despite several challenges, the CACs and TDE did note a number of benefits and learnings as a result of the outcomes prioritization process. The CACs appreciated the fact that TDE wasn't prescriptive in its evaluation approach. The CACs were able to come up with outcomes that were most realistic for their own work. The small group interactions were also noted as important to the learning process. The following quotes highlight some of these benefits and learnings:

“Narrowing the evaluation focus to 2 outcomes was very helpful.” Group 1 CAC

“...coming up with the common outcomes was the best thing we did. Prior to this, we didn't have benchmarks. It gave us a structure to evaluate ourselves.” Group 1 CAC

[Prioritizing the outcomes] “appears to have spurred the CACs to begin thinking about the possibilities/ramifications of an evaluation. Some are already thinking about next steps. Many are already using the data for other funders.” Phil Redmond, The Duke Endowment

“When you are trying to get people from 2 different states and all of them independent within their own states – it went as well as it could have gone... I thought it was very remarkable that we were able to agree upon anything. I thought it went very well.” Group 1 CAC

“It was nice to be a part of the evaluation planning, instead of someone saying ‘this is what you are going to do.’ It was great to have input.” Group 1 CAC

Data Collection Instrument Development: The selection and development of data collection instruments was a collaborative process. While there were mixed reviews on the selected instruments, most of the CACs felt they had an adequate voice in the process and that the selected surveys would yield useful information.

After the evaluation model had been finalized, Group 1 CACs discussed and selected data collection instruments that would best serve to capture the needed information. These instruments were then shared with the Group 2 CACs so that they could also begin data collection. Applicable responses to the online survey included the following:

- Ten out of 20 (50%) Group 1 CACs agreed that they “had an adequate voice in the process used to select the data collection instruments.”
- Fifteen out of 20 Group 1 respondents (75%) have started collecting data using the required surveys, compared to 2 out of 9 Group 2 CACs (22%).
- Three out of twenty Group 1 CACs (15%) and 3 out of 9 Group 2 CACs (33%) have started collecting data but have not implemented all of the surveys.

It should be noted that the group had the most trouble agreeing upon appropriate data collection instruments to measure the child well-being indicator. As noted by Phil Redmond, “...since this [was] the most difficult item to measure, then perhaps it makes sense that it would be the hardest for which to identify a tool.” Midway through the process we made a course correction, replacing the originally selected “Brief Impairment Scale and Child Behavior Checklist” with the “Trauma Symptom Checklist.” This transition led to some initial frustration, but in the end, most CACs felt that this decision was for the best. Part of the initial frustration felt by CACs in switching the data collection instrument in this way was that the final decision was made by a small subset of the CACs as opposed to the entire group.

When asked about the ease, quality, and utility of the selected data collection instruments, the CACs rated the instruments between 2.9-4.6 on a scale of 1-5, 1 being the lowest and 5 being the highest score. (See Table 7 for the full ratings.)

Table 7. Rating of Data Collection Instruments

	Ease of Administration	Quality of Instrument	Usefulness of data collected
Multi-Disciplinary Team Questionnaire	4.62	4.27	4.29
Caregiver Self Assessment	3.25	2.90	3.00
Caregiver Satisfaction Survey	3.70	3.90	3.86
Trauma Symptom Checklist	2.90	4.30	4.24

The Multi-Disciplinary Team Questionnaire received the highest marks for *Ease of Administration* and *Usefulness of Data Collected*. The Caregiver Self-Assessment had the lowest ratings. Many of the CACs expressed concern about the appropriateness of administering the self-assessment, since it puts the burden on the non-offending caregiver to rate their “adequacy” as a caregiver. Often times this may put the non-offending caregiver on the defensive. While the Trauma Symptom Checklist rated high in terms of instrument quality and utility of data collected, CACs felt the instrument was difficult to administer.

Using Evaluation Data: A majority of the CACs (80% of Group 1 CACs and 73% of Group 2 CACs) indicated that they would be able to use the evaluation data to improve their services and better serve their clients.

Below are testimonials regarding the data collection process. Several of the CACs feel that the data collection, albeit difficult at times, is definitely worth the effort, because it helps them learn as well as provide useful information to their funders.

“Funders like the fact that we are not only counting numbers, but also looking at behavior change.” Group 1 CAC

“We are using our outcome data for federal and state grants and also to report to the community. We have tweaked our outcomes on all of our applications.” Group 1 CAC

“Essentially we looked at what we were trying to measure to see how the process was meeting the goals. It [data collection] has strengthened our process and procedures. Ultimately, we are setting ourselves up to succeed.” Group 2 CAC

Through their data collection efforts, many CACs were able to learn about the implementation and results of their services. New information pointed out gaps and opportunities for improvement. For example, one CAC discovered that a large portion of reported cases at local agencies were not being referred to the CAC; this in turn helped them realize that they needed to strengthen agency buy-in to the CAC model.

Another CAC gained insight into the efficiency of their services. They learned that their turn-around time between the initial referral and first visit was not optimal, and made the appropriate adjustments to rectify the problem. The testimonials highlighted below further demonstrate some of the learnings CACs have experienced through their data collection efforts:

"[I] wish that more of the reported cases are referred to us. This tells me that we have to do more education to law enforcement. Getting their buy-in is key. We can't force people to use us, but it tells us that the multi-disciplinary team is key. We need to nurture that. Because of the numbers [revealed through the data collection process] I looked for avenues to help us." Group 2 CAC

We learned how quick turnaround time was between initial referral and first appointment. This encouraged us to work on improving turnaround time. We went from 78% to 85% turn around within a week. (i.e. only 78% of initial referrals were turned around to an appointment within a week) Now the rate is 85%." Group 1 CAC

"We have seen improvements in the 2nd half of the year. This was due to some things we did as a result of the initial set of data. (ex. we now make follow up call to remind people about appointments)" Group 1 CAC

Data Collection Challenges

As with any new procedure, the CACs faced a few challenges with the data collection process. Below are those which were cited most frequently:

Low staff capacity. Interviews revealed that understaffed CACs were struggling to fully understand the importance of the evaluation.

"The staff administering the surveys and collecting the data do not have a lot of experience doing evaluation so they often struggle to fully understand the

process and its importance. Sometimes it is just seen as more paperwork they have to work in to their already packed days.” Group 1 CAC

Difficulty in follow-up. Both the online survey and telephone interviews with CACs brought to light the difficulty that CACs face when trying to administer follow-up surveys with clients—both the child and the non-offending caregiver—due to the fact that they change addresses and phone numbers often.

“Collecting data at end of service and at the three month follow-up –I have many clients who move with no forwarding information or who do not respond to requests for completion of these surveys. Also collecting complete data from other agencies has proven to be more challenging than originally anticipated.” Group 1 CAC

Timing of surveys. During the workshops and telephone interviews CACs articulated that although the surveys were capturing the necessary information, the timing was not always appropriate. They felt that during the initial interview or following a counselor-client session were not necessarily suitable times to administer the surveys to the clients.

“[Because a] family is in crisis at time of visit, they are not able or willing to fill out lengthy paperwork. Also, we may only see a family one or two times so the data is limited.” Group 1 CAC

“Children often come to the CAC only once for the forensic interview. The Trauma Symptom Checklist is not appropriate to give children during this initial interview phase so we’ve chosen to utilize in tandem with counseling, but not all children 8-17 enter counseling so we are collecting data on a small population of the clients we serve.” Group 1 CAC

Low Client Participation. CACs stated that the non-offending caregivers’ willingness to participate in surveys is not always the most favorable. Having their children go through a lengthy and repetitive survey frustrated many of them. Furthermore, the surveys are administered during times of high stress, often causing further stress.

“Parents are often very offended about completing the surveys because of their anxiety and the fact that our agency requires 8 additional forms to be

completed, many of which requires their signatures plus answering questions. They view it as too much questioning.” Group 1 CAC

“Caregivers are usually emotional and do not want to answer a lot of questions. I’ve tried mailing forms, or sending the forms home with a return stamped envelope; none [were] returned.” Group 1 CAC

The challenges faced by the CACs are valid. In times of crisis, added paperwork seems to hinder the intake process. While data collection and evaluation in general are viewed as burdensome by both the administrator and the individuals asked to supply the data, the drawbacks must be viewed in proper context. Key questions that need to be asked at the start of any evaluative process include:

- Who will benefit from this information?
- How will this information be used?
- In the long run, what type of impact can this data have on the client population?
- Do the benefits of data collection outweigh the related costs?

In the long run it is hoped that this information will help CACs improve service delivery and better serve their clients. This data can also be used to make the case for additional funding and to promote the CAC practice model.

Lessons Learned & Recommendations

This section outlines the lessons learned and suggested recommendations derived from the findings of the evaluation. It is hope that these suggestions will be useful to The Duke Endowment in its continued work with child advocacy centers and contribute to CAC impact.

Lesson Learned—Diversity: While diversity is an important aspect of any group process, feedback from the CACs indicate that in some cases it hindered group consensus building.

- Regional differences between the CACs were heightened by differences in state laws and requirements when working with the different agencies that are often times involved in cases of child abuse.

- Participating CACs represented both urban and rural localities; they serve a broad diversity of clients. While this type of diversity was helpful in looking at the issues from multiple viewpoints, it often made problem solving and conversations around evaluation design more difficult. Solutions that were appropriate for one type of CAC did not always work for another.
- Similarly, there was a wide range in the size and budgets of the participating CACs. At times this led to the larger, more experienced groups being more vocal than the smaller ones and the smaller CACs feeling shut out of the conversation.

Diversity Recommendations:

Although feedback from many of the CACs indicate that the diversity of this group may have slowed down the consensus building process, the evaluation team strongly believes that this diversity also contributed to the development of the evaluation design. While each of the CACs possesses unique characteristics, they are all working towards the same goal: improving well-being for children who have experienced sexual/physical abuse. To this end, the evaluation design process forced the CACs to extract the similarities across their unique organizations to develop and prioritize common outcomes.

In the future, The Duke Endowment may want to consider grouping similar CACs together during the initial conversation/design stages, and then convening the larger group for final consensus building and problem solving. This will give the smaller, less developed groups a chance to voice their views in a more comfortable setting. The main benefit of keeping the diversity is the opportunity for peer learning and the sharing of ideas.

Lesson Learned—Consensus Building: The larger the group, the more difficult it is to facilitate consensus.

- As noted above, smaller/less-well-resourced groups are often reluctant to speak up in a large group setting. One of the tactics that worked well in the final workshop was grouping CACs with like characteristics together for small group work. This ensured that each type of CAC had a voice in the discussion.

- Working with a large group does not always lend itself to reaching group consensus. It should be noted that it was not the intention of The Duke Endowment to reach 100% consensus. As stated by Phil Redmond, “we all had to agree with the results of the decisions (regarding outcomes and indicators). I never expected complete agreement.”
- Sometimes the group got fixated on the minute details of wording around the outcomes and indicators. The facilitators needed to play a stronger role in keeping the group focused on the bigger picture.

Consensus Building Recommendation:

In future collaborations, it may make sense to structure workshops and group discussions around smaller groups with similar characteristics. This would help ensure that small group discussions were inclusive of all participants and would help create an environment for learning and collaboration. We believe that employing such an approach at earlier workshops would have helped to move the consensus conversation forward more purposefully. It would also have been helpful if the evaluation team and The Duke Endowment had played a more up-front role in setting boundaries for discussion and keeping the group focused.

Lesson Learned—Relationship Building: It is crucial to build strong relationships at the outset of an evaluation engagement.

The initial tensions that were experienced in the earlier workshops were a result of not having solidified relationships with the CACs prior to the start of the engagement. Building in time to get to know the CACs at the start of the project would not only have helped to increase the initial buy-in, but it also may have helped speed up the progress made during the first two workshops.

Relationship Building Recommendations:

For this particular engagement, the evaluation team conducted an initial online survey to get a broad sense of CAC evaluation knowledge prior to the first workshop. In retrospect, it would have been more helpful had the team reached out to the CACs individually to discuss what they hoped to gain from the process. This would have helped build relationships, given the evaluation team a better sense of context and understanding of the CAC culture going into the process, and enabled a more accurate assessment of CAC evaluation knowledge and capacity at the outset.

Lesson Learned—Data Collection: CACs need more support in collecting and tracking data.

While some instruction was provided regarding the Multi-Disciplinary Team Questionnaire, Caregiver Satisfaction Survey, and Caregiver Self Assessment, CACs wanted more input on how to collect and track data collected by the Trauma Symptom Checklist.

Data Collection Recommendations:

Since many of the CACs were already familiar with and using the Trauma Symptom Checklist instrument, it was initially hoped that those CACs that needed more guidance would be able to reach out to their peers via the Google Groups listserv. It may have been worthwhile to conduct an online tutorial or an in-person workshop on how to administer and record data collected by the Trauma Symptom Checklist.

Conclusion

The Duke CAC evaluation has been an interesting journey from start to finish. Prior to this engagement, very little had done in terms of measuring the impact of CACs on children who have been the victims of physical/sexual abuse. This effort marks a turning point in the ability of CACs to collect consistent data and contribute to the knowledge of common outcomes to measure the impact of their work. The data collected will also inform The Duke Endowment's future CAC funding practices.

This three-year engagement has been marked by periods of growth, transition, and pride. Evaluators, CACs, and The Duke Endowment have all learned from previous experiences and benefited from collaborative thinking. While the journey was marked by a few growing pains, these pains were necessary to move the group forward in its ability to demonstrate impact and make a difference in the lives of the children they serve.

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Appendix A - CAC Logic Model

ORGANIZATION: CAC Logic Model

Goal: To improve child well-being for children who have experienced sexual/physical abuse by reducing the negative impacts of abuse.

Resources

What resources do you have to work with?

Activities

What happens in your organization?

Outputs

What are the tangible results of your activities?

Short-term Outcomes

What changes do you expect to occur within the short term?

Intermediate Outcomes

What changes do you want to occur after that?

Long-term Outcomes

What changes do you hope will occur over time?

Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
Multi-disciplinary Teams: <ul style="list-style-type: none"> • Conduct MDT meetings • Offer professional support to each other • Provide training opportunities • Discuss cases (case review) • Develop memos of understanding 	<ul style="list-style-type: none"> • 12 meetings per year • Stress reduction of team members • 2-4 training opportunities per year offered to the train • Cases discussed monthly • #'s of memos of understanding 	<ul style="list-style-type: none"> • Improved service • Lower burn-out rate • Stress reduction • Increased knowledge from training opportunities • Increased speed of case response • Increased # of children served by coordinated vs. fragmented approach 	<ul style="list-style-type: none"> • Decreased job turnover • Better response time (increased ability to respond effectively to situations) 	<ul style="list-style-type: none"> • Reduced victim trauma • Increased case resolution • Increased # of corresponding responses serving the children
Child Friendly Environments <ul style="list-style-type: none"> • Train staff in development issues related to children • Provide age-appropriate facility (books, games) • Provide access to disabled • Child-proofing • Provide clean space 	<ul style="list-style-type: none"> • # staff that are trained • age-appropriate facility • Facility is safe 	<ul style="list-style-type: none"> • No children are hurt while in facility • Parents indicate facility is child friendly (at x% level) • Reduced fear and anxiety among children • Children act in age-appropriate manner • Children stay safe 	<ul style="list-style-type: none"> • Parents continue to use services of CAC as recommended 	<ul style="list-style-type: none"> • Reduced secondary trauma to children

Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
Medical <ul style="list-style-type: none"> • Schedule evaluation • Conduct evaluation • Write report • Provide appropriate treatment to child • Give court testimony (physician) 	<ul style="list-style-type: none"> • % of children that receive evaluations as percent of total seen at CAC 	<ul style="list-style-type: none"> • Determination of physical evidence of abuse 	<ul style="list-style-type: none"> • Treatment provided to children where medically indicated 	<ul style="list-style-type: none"> • Health to child has been restored • Health needs are addressed and actions taken if appropriate • Enhanced condition of child • Teaching and reassuring the alleged child victim about the normality of their body
Forensic Interviews <ul style="list-style-type: none"> • Conduct a forensic intake • Develop an intake report • Coordinate interview dates with all participants (victims, family, law enforcement...) • Conduct non-offender caregiver assessment • Conduct interview • Conduct a post interview 	<ul style="list-style-type: none"> • Intake report • # of confirmed interview dates • Assessment • # of interviews completed 	<ul style="list-style-type: none"> • Reduced anxiety to child and family • Information gathered from child in a legally sound manner 	<ul style="list-style-type: none"> • Increased knowledge for victim and family about abuse issues, non-offending parents support, the investigative 	<ul style="list-style-type: none"> • Increased successful prosecution

Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
conference with interview participants <ul style="list-style-type: none"> • Collect information from child • Write a summary report • Document interviews • Write report 	<ul style="list-style-type: none"> • Summary report • Documentation of interview • Completed interview report 	<ul style="list-style-type: none"> • Defining allegations 	process, and court process	<ul style="list-style-type: none"> • Healing for the victim and the family
Case Review <ul style="list-style-type: none"> • Coordinate the discussion of case by MDT • Document recommendations of team • Distribute the recommendations to MDT 	<ul style="list-style-type: none"> • Case review agenda created • Regular meeting of MDT held • Written recommendations distributed 	<ul style="list-style-type: none"> • increased coordination of investigations and follow-up interventions in child abuse cases • Increased sharing of information among MDT players 	<ul style="list-style-type: none"> • MDT agencies develop coordinated and comprehensive intervention plans • Increased focus of community resources on 	<ul style="list-style-type: none"> • Increased functioning of child across domains (education, psycho social, physical) • Reduced trauma symptoms

Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
			reducing risk and increasing safety for child	<ul style="list-style-type: none"> Through coordination community resources will be increased
Data Tracking <ul style="list-style-type: none"> Gather and compile case information Enter data in timely and systematic format <p>*Data tracking is a means to an end</p>	<ul style="list-style-type: none"> Data report (ex. # of children served, demographic info, etc.) 	<ul style="list-style-type: none"> Identify trends Numbers reported 	<ul style="list-style-type: none"> Demonstration of need Evaluation of data 	<ul style="list-style-type: none"> Reformed and maintained practice based on outcomes tracked (improve or maintain program) Increased ability to ID weak parts of process
Therapeutic Intervention <ul style="list-style-type: none"> Refer and encourage evidence-based therapy with all clients Follow-up regarding therapy Ensure payment Establishing partnerships in local community with local therapists Ensure availability of therapeutic 	<ul style="list-style-type: none"> #/% of referrals made X percent will schedule an appointment 	<ul style="list-style-type: none"> X percent will show up for their first appointment 	<ul style="list-style-type: none"> X percent will complete 5 sessions 	<ul style="list-style-type: none"> Increased # of victims will accomplish their therapy goals Reduced trauma

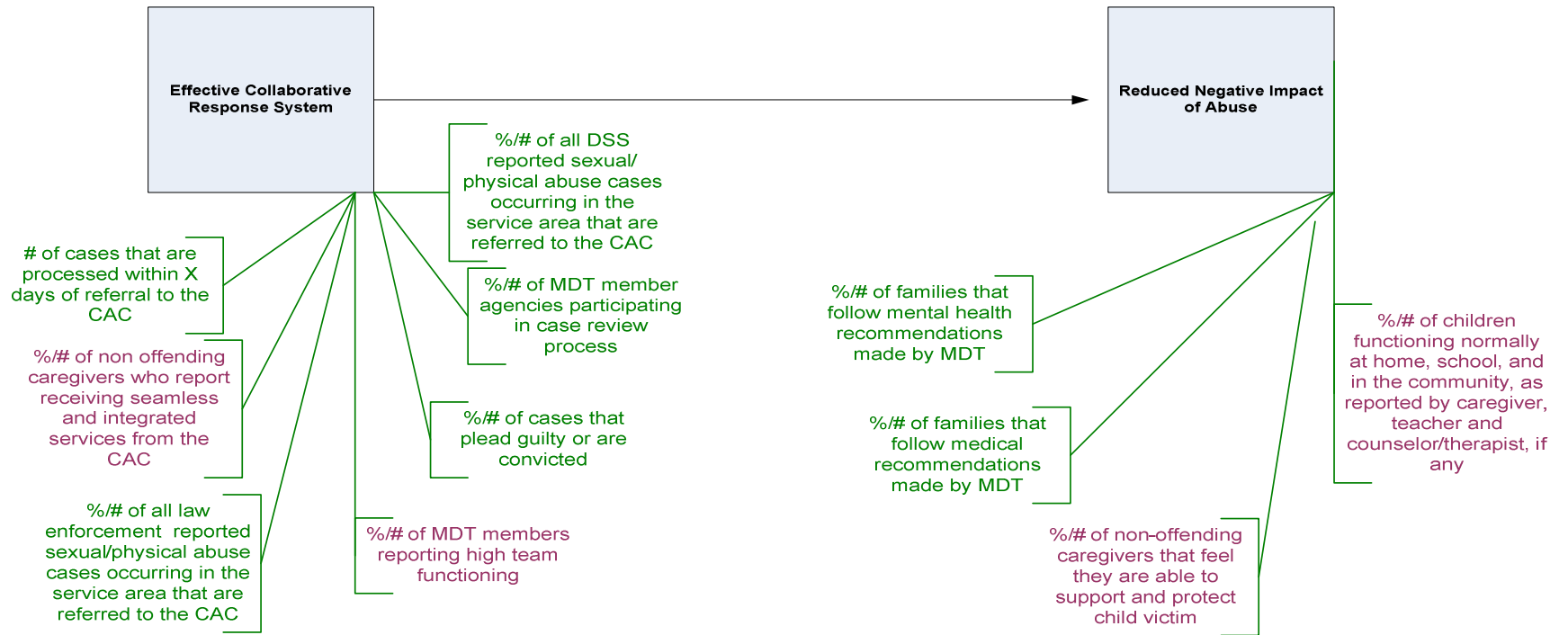
Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
services				symptoms <ul style="list-style-type: none"> Increased bar in community of quality of services
Cultural Competency <ul style="list-style-type: none"> Train and recruit board, staff, volunteers, team members who are culturally competent Provide culturally diverse environment for victims and families 	<ul style="list-style-type: none"> Board members, volunteers, and staff are reps of community Culturally representative environment in facility (ex. Pictures on wall, magazines in waiting room, etc.) 	<ul style="list-style-type: none"> Increased opportunities to share experiences 50% of children will be able to identify with something in the room 	<ul style="list-style-type: none"> Increase knowledge of one another Children will feel accepted 	<ul style="list-style-type: none"> Seamless services regardless of differences Anxiety or secondary trauma is reduced because children are able to ID culturally with their environment
Organizational Capacity <ul style="list-style-type: none"> Raise funds Hire/recruit appropriate staff Set up governance 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	
Victim Advocacy <ul style="list-style-type: none"> Provide parent sessions 	<ul style="list-style-type: none"> 100 percent of verbal children will be provided info tour 	<ul style="list-style-type: none"> Increased child's info about evaluation to decrease anxiety 	<ul style="list-style-type: none"> Parents feel supported 	<ul style="list-style-type: none"> Improved view of prosecution and justice

Activities <i>What happens in your organization?</i>	Outputs <i>What are the tangible results of your activities?</i>	Short-term Outcomes <i>What changes do you expect to occur within the short term?</i>	Intermediate Outcomes <i>What changes do you want to occur after that?</i>	Long-term Outcomes <i>What changes do you hope will occur over time?</i>
<ul style="list-style-type: none"> • Provide child friendly tours • Prepare for court • Manage cases • Provide parents with information about victim’s rights 	<ul style="list-style-type: none"> • #/% of parent sessions • #/% of child-friendly tours • Parents provided written information about victim rights 	<ul style="list-style-type: none"> • Parents increase knowledge to decrease their anxiety...to access other services • Increased number of children and parents are linked to community resources • Parents and children have increased understanding of investing process 	<ul style="list-style-type: none"> • Increased willingness among parents to make objective decisions • Enhanced overall wellness of children 	<ul style="list-style-type: none"> • Basic family needs are met • Strengthened families and children

Appendix B – TDE Evaluation Model

The Duke Endowment's Evaluation Model for Children's Advocacy Center Grants

Children's Advocacy Centers improve child well-being for children who have experienced sexual/physical abuse by reducing the negative impacts of abuse. □



Innovation Network will help with the research and development of instruments to collect indicators marked by purple text.

Appendix C – Data Collection Instrument Summary

Survey	Data Tracking System	Frequency of Administration	Focus of Survey	Notes/status
Caregiver Self Assessment	NCA Trak	Once at completion of services	Caregiver	There will be slight revisions to Question #3 of this tool that will be made by July 1 st , 2007.
Satisfaction Survey for Caregivers	NCA Trak	Once at completion of services	Caregiver	
Brief Impairment Scale ⁷	NCA Trak	3 times. First visit, last visit, 3 months after last visit [use until June 30 th , 2007]	Children between the ages of 4 to 17	
Child Behavior Checklist	NCA Trak	3 times. First visit, last visit, 3 months after last visit [use until June 30 th , 2007]	Children under 4	If CACs have staff on-site that meet the criteria ⁸ to interpret the CBCL then they should administer it. If they do not, they are not required to administer the CBCL and therefore will not be able to collect data on children under four. The language development section of the tool does NOT have to be administered.

⁷ BIS and CBCL will be discontinued for this evaluation. (Group 1 will discontinue using by June 30th, 2007. Group 2 will not use these surveys at all). In it's place, both Groups will use the TSCL to collect data on child functioning.

⁸ *The proper clinical and research use and interpretation of our materials require knowledge of the theory and methodology of standardized assessment, as well as supervised training in working with the relevant kinds of clients. The training required may differ according to the ways in which the data are to be used. Graduate training of at least the Master's degree level would ordinarily be expected.*

Trauma Symptom Checklist for Children (TSCC)		3 times. First visit, last visit, 3 months after last visit	Children between the ages of 8 and 16	CACs are to begin using this instrument on July 1 st , 2007
Trauma Symptom Checklist for Young Children (TSCYC) ⁹		3 times. First visit, last visit, 3 months after last visit	Children under 8	CACs are to begin using this instrument on July 1 st , 2007
Multi-Disciplinary Team Questionnaire	Survey Monkey	Annually	MDT members	This survey has been entered into Survey Monkey and can be administered to MDT members electronically. For more information contact Toni Freeman at TDE.

Additional Purchasing Information for the **Trauma Symptom Checklist:**

For TSCC:

1. TSCC Test Booklets -- they will use one per child per administration
2. Profile forms -- they will need one per child per administration if scoring by hand, HOWEVER...
3. Trauma Symptom ChecklistTM Software Portfolio -- if they want to use the computer to score (this is what we do and what I would recommend since it is a) easy and b) a one time expense.)

⁹ Information on purchasing, scoring and interpretation can be found using the following links:
<http://www3.parinc.com/products/product.aspx?Productid=TSCC#> Link for the related software:
<http://www3.parinc.com/products/product.aspx?Productid=TSC-SP>

For TSCYC:

1. TSCYC Item Booklets -- these can be re-used, so you only need one pack.
2. TSCYC Hand-Scorable Answer Sheets -- these they will need one per child per administration
3. TSCYC Profile Forms -- they will need one per child per administration if scoring by hand, HOWEVER...
4. If they have purchased the software listed above, it will score these too!

Appendix D – CAC Online Survey Protocol

The Duke Endowment CAC Questionnaire

E-mail Text: As a child advocacy center funded by The Duke Endowment you've had the opportunity to participate first-hand in the Endowment's effort to evaluate the work of Child Advocacy Centers. Now is your opportunity to give us feedback on the overall mechanics of this evaluation and how it has worked for your organization. This survey is designed to gather your thoughts on how the evaluation has been implemented, from the design phase all the way through to the data collection.

Please take a few minutes to complete this survey. The information that you provide will be aggregated with the responses from other respondents and your confidentiality will be maintained. The Duke Endowment will not see any of the individual responses so we encourage open and honest feedback. If you have any questions feel free to contact Shital Shah at sshah@InnovationNetwork.org or call her directly at 202-728-0727 ext. 114. Please click on the link below to take the survey:

Introduction Message to online survey: Welcome! Thank you for taking the time to fill out this survey. Your responses to this survey will provide The Duke Endowment with an opportunity to hear your thoughts about the evaluation process and help the Foundation continue to effectively fund and meet the needs of all its grantees. This survey should take approximately 15 minutes to complete. Thank You!

Basic Information

[Note: Survey will include a skip logic so that questions that only pertain to Group 1 (G1) CACs will not be asked of Group 2 (G2) CACs]

First, we would like to ask you a few background questions about your CAC and about your relationship with The Duke Endowment.

1. Are you currently receiving funds from The Duke Endowment? [G1and G2]

- Yes
- No
- In process of applying

[if yes to above question, then ask]

2. Please check the answer that best describes your CAC funding status. [G1and G2]

This is the

- first year of funding from the Duke Endowment
- second year of funding from the Duke Endowment
- third year of funding from the Duke Endowment

3. My CAC is located in [G1and G2]

- North Carolina
- South Carolina

4. Please check the box that best represents your CAC's NCA accreditation status: [G1and G2]

- My CAC is not yet accredited;
- My CAC is currently in the process of receiving accreditation
- My CAC was accredited in the past year
- My CAC was accredited over a year ago

5. Please indicate where *most* of the evaluation workshops you attended were located: [G1and G2]

- Charlotte, North Carolina at the Bank of America Corporate Center
- Charlotte, North Carolina at the Renaissance Hotel
- I have not attended any workshops
- I do not recall

6. Prior to working with The Duke Endowment... [G1and G2]

- I had little to no experience conducting evaluations
- I had moderate experience conducting evaluations
- I had had lots of experience conducting evaluations

Evaluation Process

The next few questions address your thoughts regarding The Duke Endowment's Evaluation Process. [G1and G2]

7. How would you rate the Duke Endowment's level of involvement in the overall evaluation process?

- Too little
- Just right
- Too much
- Other, please explain _____

8. How would you rate Innovation Network's level of involvement in the overall evaluation process?

- Too little

- Just right
- Too much
- Other, please explain

9. How would you rate your own level of involvement with the design of the evaluation process?

- Too little
- Just right
- Too much
- Other, please explain _____

Developing the Logic Model and Evaluation Plan

As you may recall, part of the evaluation process involved developing a logic model and an evaluation plan. The next couple of questions will ask you to think back to the specific trainings in which these plans were developed.

10. How would you rate your overall experience in developing a logic model for the purposes of this evaluation? [Group 1 CACs only]

- I had a very positive experience
- While my experience was positive, I think the process could use some work
- I had a negative experience
- I don't really remember the process, it was too long ago
- Not applicable/ not present during that part of the process

11. How would you rate the process used by the group to develop a list of common outcomes? [Group 1 CACs only]

- I thought it was highly effective
- I thought the process was somewhat effective
- I thought the process could use some work
- I don't really remember the process, it was too long ago
- Not applicable/ not present during that part of the process

12. How would you rate the process used to prioritize common outcomes used for this evaluation? [Group 1 CACs only]

- I thought it was highly effective
- I thought the process was somewhat effective
- I thought the process could use some work
- I don't really remember the process, it was too long ago
- Not applicable/ not present during that part of the process

13. Using the following 5 point scale, please rate your level of agreement with the following statements: (1 = strongly agree; 2 = agree; 3 = no opinion/ not applicable; 4 = disagree; 5 = strongly disagree) [Group 1 CACs only]

- I clearly understand how components from the logic model were used to create the evaluation plan.
- The facilitators clearly explained the connection between the logic model and the evaluation plan.
- I have a firm understanding of what's expected of me in terms of this evaluation.
- I feel that the overall process of creating the evaluation model was effective.
- I felt that my input was taken into account during the creation of the evaluation process.

Workshop Satisfaction

Over the past 2 years you may remember attending a few evaluation workshops hosted by The Duke Endowment. The next set of questions relate to your general impressions of the workshops as a whole.

14. Which workshops did you attend?

[Please check all that apply]

Group 1

- July 26th, 2005, Renaissance Hotel
- September 16th, 2005, Lake Junaluska, North Carolina
- June 20th, 2006, Renaissance Hotel
- February 28th, 2007, Renaissance Hotel

Group 2

- March 8th, 2006, Bank of America Corporate Center
- January 24th, 2007, Bank of America Corporate Center

15. In general, the workshops I attended

[Scale: strongly agree = 1; agree = 2; don't know = 3; disagree = 4; strongly disagree = 5; not applicable = 6.] [G1 and G2]

- were conveniently located
- were conveniently timed
- were well worth my time
- provided me with the tools and resources necessary to understand evaluation
- provided me with the tools and resources necessary to apply towards evaluation

16. The opportunities to interact with the other CACs during the trainings were: [G1 and G2]

- Not enough
- Just right
- Too many
- Other _____

Data Collection Process

As you may recall, this evaluation requires CACs to collect data to using the following surveys: Multi-disciplinary Team Questionnaire; Caregiver Self-Assessment; Caregiver Satisfaction Survey; and the Trauma Symptom Checklist. Most of you have already started collecting data for this evaluation. We are interested in hearing your thoughts about the process used to select the data collection instruments and the value of each tool. Please take a few minutes to answer the following questions.

17. Please indicate whether or not you've started collecting data using the surveys listed above by checking the box that most applies to you. [G1 and G2]

- I have started collecting data using all of the required surveys
- I have started collecting data, but have not yet implemented all of the surveys.
- I have not yet started using any of the surveys for collecting data

18. Using the following scale, please rate the extent you agree or disagree with the following statements: [Scale: strongly agree = 1; agree = 2; don't know = 3; disagree = 4; strongly disagree = 5; not applicable = 6.]

- I feel that the process used to select and develop the data collection instruments for this evaluation was effective [G1 only]
- I feel that I had an adequate voice in this process [G1 and G2]
- I feel that the selected data collection instruments accurately capture the designated indicators [G1 and G2]
- I feel that the data collected through this process will provide useful information for my CAC [G1 and G2]
- My CAC will be able to use the evaluation data to improve our services and better serve our clients [G1 and G2]

19. For each of the tools listed below, please rate each criteria using the following scale: (1=low to 5=high) [G1 and G2]

Multi-Disciplinary Team Questionnaire

1
2
3
4
5
N/A

Ease of Administration

Quality of Instrument

Usefulness of data collected

Caregiver Self Assessment

1
2
3
4
5
N/A

Ease of Administration
Quality of Instrument
Usefulness of data collected

Caregiver Satisfaction Survey

1
2
3
4
5
N/A

Ease of Administration
Quality of Instrument
Usefulness of data collected

Trauma Symptom Checklist

1
2
3
4
5
N/A

Ease of Administration
Quality of Instrument
Usefulness of data collected

20. In the space provided below please describe key challenges you may be experiencing in the data collection process? (open-ended) [G1 and G2]

21. Is there anything that Innovation Network or The Duke Endowment can provide to help further facilitate this process? (open-ended) [G1 and G2]

Technical Assistance

As part of this evaluation, staff from Innovation Network has been working with CACs to answer questions and provide guidance throughout the process. The next few questions refer to the quality of this technical assistance. [G1 and G2]

22. Please use the following scale to rate each of the statements listed below.

[1=almost always, 2=most of the time; 3= some of the time; 4= not at all; 5= not applicable]

- Innovation Network staff were accessible when needed
- Innovation Network staff had timely responses to my questions
- Innovation Network staff were able to provide clarity around data collection challenges
- Innovation Network staff were able to provide clear instructions on when and how to implement the various surveys
- Innovation Network staff helped to promote a sense of collaboration and process ownership among the CACs

23. On a scale of 1 to 5 (1=very useful and 5=not at all useful; 6= N/A) how do you rate the overall utility of the Google Groups listserv?

24. How active were you on the listserv?

- a. I did not really use the listserv
- b. I actively read the messages that were posted
- c. I actively read posted messages and I posted at least 1 message of my own
- d. I actively read posted messages and I posted more than one message of my own

[Asked of those CACs who indicated that they did not use the listserv in the question above]

25. Please indicate what some of the barriers may have been that prevented you from using the Google Groups Listserv.

- a. I did not know about the listserv
- b. I had trouble accessing the listserv
- c. I do not feel comfortable using listservs as a communication tool
- d. Other _____

26. Please use the space below to include any other comments about the evaluation process that you would like to share. [open-ended]

Appendix E – Group 1 CAC Interview Protocol

Child Advocacy Center (Group 1) Interview Protocol

Thank you for participating in this interview. As you know, we have been closely involved with the Duke CAC Evaluation. We'd like to take this opportunity to get some candid feedback from you about your overall thoughts on how this evaluation is progressing and what aspects can be improved. The Duke Endowment is very vested in this evaluation and is interested in hearing your perspective. This discussion will take approximately 20 to 30 minutes. Your responses will be aggregated with other CACs and your comments will remain anonymous.

Background Information

Position:

Length of time at CAC:

Prior evaluation experience:

Number of years involved in Duke CAC evaluation:

Number of trainings attended (best recollection):

Evaluation Process

We'd like to hear more about your perspective on the Duke CAC evaluation process.

1. Please describe your thoughts on the Duke CAC evaluation process.
 - What have been some of the strengths of the process?
 - What pieces didn't work so well?
 - What have been some of your key learnings (if any) through out this process?

2. We are interested in learning more about your thoughts on specific pieces of the evaluation planning process. Please take a few minutes to share your thoughts about the following:
 - Development of the logic model
 - Development of common outcomes
 - Prioritization of outcomes
 - Development of the evaluation plan

3. Which components did you find most useful? Least useful?

4. How would you rate your level of involvement in the evaluation planning process?

Data Collection

Next, we'd like to talk a little about the development/selection and collection of data.

5. What was your experience with the process used to select the data collection instruments?
 - Do you feel like you had an adequate voice?
 - Are you satisfied with the tools that were selected?
 - Which tools are the most problematic and why?
 - Caregiver Self Assessment
 - Caregiver Satisfaction Survey
 - Multi-disciplinary Team Questionnaire
 - Trauma Symptom Checklist
 - Which tools did you have the most success with?
6. How successful has your CAC been in collecting data?
 - What factors have gotten in the way of your success?
 - Staff time
 - Complexity of data collection instruments
 - Response rate issues
 - Other
 - What factors have contributed to the success of your overall data collection? (i.e. lessons learned)
7. Through the data you have collected so far, have you learned anything new?
 - Regarding your CAC?
 - Regarding your clientele?
 - Regarding how you deliver services?
8. To what extent do you think the data you are collecting will help generate additional funds from funding sources outside of the Duke Endowment?

Workshops

9. We are interested in hearing your perspective about the quality and utility of the evaluation workshops.

- Approximately how many workshops have you attended?
- Did you find the workshops useful? Please explain.
- If you could change one thing about the overall structure or content of the workshops, what would it be?

10. How would you rate the quality of group interactions at the workshops you've attended?

- Did you find the opportunity to interact with your peers to be beneficial?
- Looking forward, do you have any suggestions on how to improve the quality of group interactions at the workshops?

11. In February 2008 we will be convening the CACs for a final workshop. Is there anything specific you'd like to see covered in this session?

- Are there any topics you'd like to include?
- Is there anything you'd like to see more of?
 - i.e. more time for group interactions, problem solving, discussion of data collection issues, etc?
- What would a successful session look like to you?

Conclusion

12. Do you have any other comments you'd like to share about the overall Duke CAC Evaluation?

Appendix F – Group 2 CAC Interview Protocol

Child Advocacy Center (Group 2) Interview Protocol

Thank you for participating in this interview. As you know, we have been closely involved with the Duke CAC Evaluation. We'd like to take this opportunity to get some candid feedback from you about your overall thoughts on how this evaluation is progressing and what aspects can be improved. The Duke Endowment is very vested in this evaluation and is interested in hearing your perspective. This discussion will take approximately 20 to 30 minutes. Your responses will be aggregated with other CACs and your comments will remain anonymous.

Background Information

Position:

Length of time at CAC:

Number of years involved in Duke CAC evaluation:

Number of trainings attended (best recollection):

1. Please describe your thoughts on the Duke CAC evaluation process.
 - a. What have been some of the strengths of the process?
 - b. What pieces didn't work so well?
 - c. What have been some of your key learnings (if any) through out this process?

2. Had you ever conducted an evaluation prior to your engagement with The Duke Endowment?
 - a. If so, can you please describe your prior evaluation experience?
 - b. Also, how was this experience in comparison to the others? Better? Worse? Why?

3. Please share your thoughts on the following components of the evaluation process:
 - a. Your involvement in the process
 - i. Would you have liked to have been more or less involved in the process? Why?
 - b. Technical assistance (via phone and emails);
 - c. Group workshops

4. Please take a few minutes to share your thoughts about the utility of the following planning tools:
 - The logic model
 - The evaluation plan
5. Were you satisfied with The Duke Endowment's level of involvement?
 - a. What else would you have liked to have seen from The Duke Endowment?

Data Collection

Next, we'd like to talk a little about the collection of data.

6. Have you started collecting data?

[Only ask the questions below if they have started collecting data]

7. What was your experience with the data collection instruments?
 - Are you satisfied with the tools that were selected?
 - Which tools are the most problematic and why?
 - Caregiver Self Assessment
 - Caregiver Satisfaction Survey
 - Multi-disciplinary Team Questionnaire
 - Trauma Symptom Checklist
 - Which tools did you have the most success with?
8. How successful has your CAC been in collecting data?
 - What factors have gotten in the way of your success?
 - Staff time
 - Complexity of data collection instruments
 - Response rate issues
 - Other
 - What factors have contributed to the success of your overall data collection? (i.e. lessons learned)
9. Through the data you have collected so far, have you learned anything new?
 - Regarding your CAC?
 - Regarding your clientele?

- Regarding how you deliver services?

10. To what extent do you think the data you are collecting will help generate additional funds from funding sources outside of the Duke Endowment?

Workshops

11. We are interested in hearing your perspective about the quality and utility of the evaluation workshops.

- Approximately how many workshops have you attended?
- Did you find the workshops useful? Please explain.
- If you could change one thing about the overall structure or content of the workshops, what would it be?

12. How would you rate the quality of group interactions at the workshops you've attended?

- Did you find the opportunity to interact with your peers to be beneficial?
- Looking forward, do you have any suggestions on how to improve the quality of group interactions at the workshops?

13. In February 2008 we will be convening the CACs for a final workshop. Is there anything specific you'd like to see covered in this session?

- Are there any topics you'd like to include?
- Is there anything you'd like to see more of?
 - i.e. more time for group interactions, problem solving, discussion of data collection issues, etc?
- What would a successful session look like to you?

Conclusion

14. Do you have any other comments you'd like to share about the overall Duke CAC Evaluation?

Appendix G– The Duke Endowment Key Informant Interview Protocol

The questions below are designed to help us gain a better understanding of your perspective on how well the Duke CAC Evaluation has evolved. The information you provide will be used to enhance our findings from the CAC Year 3 Process Evaluation. Your candid feedback is appreciated. Please don't hesitate to contact Veena Pankaj at vpankaj@innonet.org or at (202)728-0727 ext. 107 if you have any questions.

1. Looking back over the past three years, what were the most successful elements of the Duke CAC evaluation process?
2. As you are aware, the evaluation design process was fairly challenging and experienced a lot of bumps along the way. If there was anything you could change about the design of the evaluation, what would it be?

The next set of questions are broken down by the specific design elements of the evaluation process. Please take a few minutes to answer these questions.

3. The Innovation Network team spent a fair amount of time at the start of the engagement educating the CACs about logic models and trying to develop a common starting point to create common outcomes. Please share your comments about this process. What worked? What didn't? Were you happy with the final results of the planning process?
4. The next step in the process was to prioritize key outcomes and develop an evaluation model. What are your thoughts on the final evaluation model that was developed? Do you feel this model accurately captures the type of information that will be useful to The Duke Endowment? Useful to the CACs? Are there any elements of the process used to develop the model that worked particularly well?
5. As you know, consensus building with a large group of individuals often takes time. From your perspective, what additional strategies could have been incorporated to help the group come to agreement around certain issues?
6. Once the evaluation model was finalized the next step was to develop and select data collection instruments for specific indicators in the model.

- What are your thoughts on the data collection instruments that were finally selected? Do you feel they accurately capture the information needed by the indicator?
7. During this process, we ended up switching survey instruments from the Brief Impairment Scale and the Child Behavior Checklist to the Trauma Symptom Checklist. Do you have any comments on how that decision was made? What could have been done to ensure a smoother transition in the selection and implementation of data collection instruments?
 8. Based on the reports that you have been receiving from the CACs, do you feel that you are getting useful data? How do you envision The Duke Endowment using this information? What story is the data telling you?
 9. Is there anything else you'd like share about the evaluation process as a whole? Any comments on how the process can be improved for future years? Any lessons you've learned?

(Please e-mail completed document to vpankaj@innonet.org)

Thank You!

Appendix H– CAC Online Survey Results

The Duke Endowment Online Survey Results Data Tables

Findings from Group 1 and Group 2 CACs

Table 1

Are you currently receiving funds from The Duke Endowment?		
Yes	23	74%
No	8	26%
Total	31	100%

Table 2

Please check the answer that best describes your CAC funding status. This is the...		
first year of funding from The Duke Endowment.	6	26%
second year of funding from The Duke Endowment.	14	61%
third year of funding from The Duke Endowment.	3	13%
Total	23	100%

Table 3

My CAC is located in...		
North Carolina	20	65%
South Carolina	11	35%
Total	31	100%

Table 4

Please check the box that best represents your CAC's NCA accreditation status:		
My CAC is not yet accredited.	1	3%
My CAC is currently in the process of receiving accreditation.	2	6%
My CAC was accredited in the past year.	5	16%
My CAC was accredited over a year ago.	23	74%
Total	31	100%

Appendix H– CAC Online Survey Results

Table 5

Please indicate where most of the evaluation workshops you attended were located:		
Charlotte, North Carolina at the Bank of America Corporate Center	11	35%
Charlotte, North Carolina at the Renaissance Hotel	18	58%
I have not attended any workshops	2	6%
I do not recall	0	0%
Total	31	100%

Findings from Group 1 CACs

Table 6

Prior to working with The Duke Endowment...		
I had little to no experience conducting evaluations.	7	35%
I had moderate experience conducting evaluations.	11	55%
I had had lots of experience conducting evaluations.	2	10%
Total	20	100%

Table 7

How would you rate the Duke Endowment's level of involvement in the overall evaluation process?		
Too little	1	5%
Just right	17	85%
Too much	1	5%
Other, please explain	1	5%
Total	20	100%

Appendix H– CAC Online Survey Results

Table 8

How would you rate Innovation Network’s level of involvement in the overall evaluation process?		
Too little	1	5%
Just right	16	80%
Too much	0	0%
Other, please specify	3	15%
Total	20	100%

Table 9

How would you rate your own level of involvement with the design of the evaluation process?		
Too little	6	30%
Just right	11	55%
Too much	0	0%
Other, please specify	3	15%
Total	20	100%

Table 10

How would you rate your overall experience in developing a logic model for the purposes of this evaluation?		
I had a very positive experience.	5	25%
While my experience was positive, I think the process could use some work.	8	40%
I had a negative experience.	3	15%
I don’t really remember the process, it was too long ago.	0	0%
Not applicable/ not present during that part of the process.	4	20%
Total	20	100%

Appendix H– CAC Online Survey Results

Table 11

How would you rate the process used by the group to develop a list of common outcomes?		
I thought it was highly effective.	3	15%
I thought the process was somewhat effective.	5	25%
I thought the process could use some work.	8	40%
I don't really remember the process, it was too long ago.	0	0%
Not applicable/ not present during that part of the process.	4	20%
Total	20	100%

Table 12

How would you rate the process used to prioritize common outcomes used for this evaluation?		
I thought it was highly effective.	4	20%
I thought the process was somewhat effective.	6	30%
I thought the process could use some work.	5	25%
I don't really remember the process, it was too long ago.	1	5%
Not applicable/ not present during that part of the process.	4	20%
Total	20	100%

Appendix H– CAC Online Survey Results

Table 13

Using the following 5 point scale, please rate your level of agreement with the following statements:					
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Strongly agree	Agree	No opinion/Not applicable	Disagree	Strongly disagree
I clearly understand how components from the logic model were used to create the evaluation plan.	5	10	4	1	0
	25%	50%	20%	5%	0%
The facilitators clearly explained the connection between the logic model and the evaluation plan.	5	9	5	1	0
	25%	45%	25%	5%	0%
I have a firm understanding of what's expected of me in terms of this evaluation.	4	9	4	3	0
	20%	45%	20%	15%	0%
I feel that the overall process of creating the evaluation model was effective.	2	10	6	2	0
	10%	50%	30%	10%	0%
I felt that my input was taken into account during the creation of the evaluation process.	7	3	7	2	1
	35%	15%	35%	10%	5%

Findings from Group 2 CACs

Table 14

Prior to working with The Duke Endowment...		
I had little to no experience conducting evaluations.	3	27%
I had moderate experience conducting evaluations.	6	55%
I had had lots of experience conducting evaluations.	2	18%
Total	11	100%

Appendix H– CAC Online Survey Results

Table 15

How would you rate the Duke Endowment’s level of involvement in the overall evaluation process?		
Too little	0	0%
Just right	9	82%
Too much	0	0%
Other, please explain	2	18%
Total	11	100%

Table 16

How would you rate Innovation Network’s level of involvement in the overall evaluation process?		
Too little	0	0%
Just right	8	73%
Too much	1	9%
Other, please specify	2	18%
Total	11	100%

Table 17

How would you rate your own level of involvement with the design of the evaluation process?		
Too little	1	9%
Just right	7	64%
Too much	0	0%
Other, please specify	3	27%
Total	11	100%

Appendix H– CAC Online Survey Results

Findings from Group 1 CACs

Table 18

In general, the workshops I attended...						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Strongly Agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
were conveniently located.	6	12	1	0	0	1
	30%	60%	5%	0%	0%	5%
were conveniently timed.	7	12	0	1	0	0
	35%	60%	0%	5%	0%	0%
were well worth my time.	7	10	2	1	0	0
	35%	50%	10%	5%	0%	0%
provided me with the tools and resources necessary to understand evaluation.	5	12	2	0	0	1
	25%	60%	10%	0%	0%	5%
provided me with the tools and resources necessary to apply towards evaluation.	3	12	2	1	1	1
	15%	60%	10%	5%	5%	5%

Table 19

The opportunities to interact with the other CACs during the trainings were:		
Not enough	2	10%
Just right	16	80%
Too many	0	0%
Other, please specify	2	10%
Total	20	100%

Appendix H– CAC Online Survey Results

Table 20

Please indicate whether or not you've started collecting data using the surveys listed above by checking the box that most applies to you.		
I have started collecting data using all of the required surveys.	15	75%
I have started collecting data, but have not yet implemented all of the surveys.	3	15%
I have not yet started using any of the surveys for collecting data.	2	10%
Total	20	100%

Table 21

Using the following scale, please rate the extent you agree or disagree with the following statements:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
I feel that the process used to select and develop the data collection instruments for this evaluation was effective.	1	5	6	6	1	1
	5%	25%	30%	30%	5%	5%
I feel that I had an adequate voice in this process.	2	10	3	3	1	1
	10%	50%	15%	15%	5%	5%
I feel that the selected data collection instruments accurately capture the designated indicators.	0	8	8	3	1	0
	0%	40%	40%	15%	5%	0%
I feel that the data collected through this process will provide useful information for my CAC.	1	13	6	0	0	0
	5%	65%	30%	0%	0%	0%
My CAC will be able to use the evaluation data to improve our services and better serve our clients.	0	16	4	0	0	0
	0%	80%	20%	0%	0%	0%

Appendix H– CAC Online Survey Results

Findings from Group 2 CACs

Table 22

In general, the workshops I attended...						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Strongly Agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
were conveniently located.	2	7	0	0	0	0
	22%	78%	0%	0%	0%	0%
were conveniently timed.	4	5	0	0	0	0
	44%	56%	0%	0%	0%	0%
were well worth my time.	6	3	0	0	0	0
	67%	33%	0%	0%	0%	0%
provided me with the tools and resources necessary to understand evaluation.	5	4	0	0	0	0
	56%	44%	0%	0%	0%	0%
provided me with the tools and resources necessary to apply towards evaluation.	5	2	2	0	0	0
	56%	22%	22%	0%	0%	0%

Table 23

The opportunities to interact with the other CACs during the trainings were:		
Not enough	2	22%
Just right	7	78%
Too many	0	0%
Other, please specify	0	0%
Total	9	100%

Appendix H– CAC Online Survey Results

Table 24

Please indicate whether or not you've started collecting data using the surveys listed above by checking the box that most applies to you.		
I have started collecting data using all of the required surveys.	2	22%
I have started collecting data, but have not yet implemented all of the surveys.	3	33%
I have not yet started using any of the surveys for collecting data.	4	44%
Total	9	100%

Table 25

Using the following scale, please rate the extent you agree or disagree with the following statements:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Strongly agree	Agree	Don't know	Disagree	Strongly disagree	Not applicable
I feel that I had an adequate voice in this process.	1 11%	5 56%	1 11%	0 0%	0 0%	2 22%
I feel that the selected data collection instruments accurately capture the designated indicators.	2 22%	3 33%	2 22%	1 11%	0 0%	1 11%
I feel that the data collected through this process will provide useful information for my CAC.	2 22%	4 44%	2 22%	0 0%	0 0%	1 11%
My CAC will be able to use the evaluation data to improve our services and better serve our clients.	3 33%	5 56%	1 11%	0 0%	0 0%	0 0%

Appendix H– CAC Online Survey Results

Findings from Group 1 & 2 CACs

Table 26

For the Multi-Disciplinary Team Questionnaire, please rate each criteria using the following scale:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Low	2	Medium	4	High	N/A
Ease of Administration	0	0	1	6	14	10
	0%	0%	3%	19%	45%	32%
Quality of Instrument	0	0	3	10	9	9
	0%	0%	10%	32%	29%	29%
Usefulness of data collected	0	1	1	10	9	10
	0%	3%	3%	32%	29%	32%

Table 27

For the Caregiver Self Assessment, please rate each criteria using the following scale:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Low	2	Medium	4	High	N/A
Ease of Administration	2	2	9	3	4	11
	6%	6%	29%	10%	13%	35%
Quality of Instrument	5	2	7	4	3	10
	16%	6%	23%	13%	10%	32%
Usefulness of data collected	5	2	6	4	4	10
	16%	6%	19%	13%	13%	32%

Appendix H– CAC Online Survey Results

Table 28

For the Caregiver Satisfaction Survey, please rate each criteria using the following scale:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Low	2	Medium	4	High	N/A
Ease of Administration	1	2	6	4	7	11
	3%	6%	19%	13%	23%	35%
Quality of Instrument	0	0	7	9	5	10
	0%	0%	23%	29%	16%	32%
Usefulness of data collected	0	2	5	8	6	10
	0%	6%	16%	26%	19%	32%

Table 29

For the Trauma Symptom Checklist, please rate each criteria using the following scale:						
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Low	2	Medium	4	High	N/A
Ease of Administration	5	4	4	4	4	10
	16%	13%	13%	13%	13%	32%
Quality of Instrument	0	0	5	4	11	11
	0%	0%	16%	13%	35%	35%
Usefulness of data collected	0	0	6	4	11	10
	0%	0%	19%	13%	35%	32%

Appendix H– CAC Online Survey Results

Table 30

Please use the following scale to rate each of the statements listed below.					
<i>Top row represents the number of respondents selecting the option. Bottom row represents the percent of the total number of respondents who answered the question.</i>	Almost always	Most of the time	Some of the time	Not at all	N/A
Innovation Network staff were accessible when needed.	14 45%	5 16%	5 16%	0 0%	7 23%
Innovation Network staff had timely responses to my questions.	15 48%	4 13%	5 16%	0 0%	7 23%
Innovation Network staff were able to provide clarity around data collection challenges.	9 29%	7 23%	5 16%	3 10%	7 23%
Innovation Network staff were able to provide clear instructions on when and how to implement the various surveys.	10 32%	8 26%	5 16%	1 3%	7 23%
Innovation Network staff helped to promote a sense of collaboration and process ownership among the CACs.	15 48%	4 13%	3 10%	4 13%	5 16%

Table 31

On a scale of 1 to 5, how do you rate the overall utility of the Google Groups listserv?		
Very useful	3	10%
	7	23%
	10	32%
	2	6%
Not at all useful	3	10%
N/A	6	19%
Total	31	100%

Appendix H– CAC Online Survey Results

Table 32

How active were you on the listserv?		
I did not really use the listserv.	10	32%
I actively read the messages that were posted.	14	45%
I actively read posted messages and I posted at least one message of my own.	6	19%
I actively read posted messages and I posted more than one message of my own.	1	3%
Total	31	100%

Table 33

Please indicate what some of the barriers may have been that prevented you from using the Google Groups Listserv. Please select all that apply.		
I did not know about the listserv.	1	10%
I had trouble accessing the listserv.	1	10%
I do not feel comfortable using listservs as a communication tool.	3	30%
Other, please explain	5	50%