The Outcome Measurement Tool





December 2020

Technical Overview - Zoom

- If you are experiencing any technical issues with the audio or video for this session, please let us know in the chat box or email Jason Adams at jadams@ovcttac.org.
- We have additional staff supporting behind the scenes for technological issues!
- If you have questions along the way, please feel free to share them in the chat box.



Today's Presenters



Laney Gibbes, LCSW

Victim Services Consultant OVC Training and Technical Assistance Center



Samantha S. Lowry Senior Director of Research and Evaluation OVC Training and Technical Assistance Center



Tiers of Training





UPPING YOUR LOGIC MODEL GAME THE OUTCOME MEASUREMENT TOOL



OVC Training and Technical Assistance Center

VISION



Training





Customized Technical Assistance

MISSION

VALUES

National Victim Assistance Academy

SPECIAL FOCUS AREAS



Human Trafficking



Legal Assistance





Tribal Victim Assistance Mass Violence and

Terrorism



°iii°

JUSTICE FOR VICTIMS

Sexual Assault Nurse Examiners-Sexual Assault Response Teams



Office for Victims of Crime



Training Objectives

01

Describe the key elements and definitions included in the OMT.

02

Identify the programmatic data needed to complete each section.

03

Conduct a demonstration of the OMT functionality.





How many of you are tracking outcomes already for your programs?

Outcome Measurement



On a scale of 1-10, what is your comfort level with gathering outcome data?



What types of outcome measurement tools have you used?



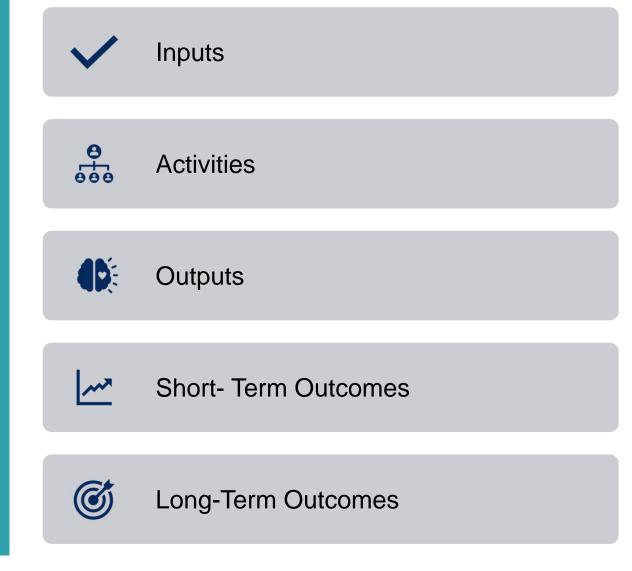
Refresher on Logic Models What is it?

- A depiction of a program showing what the program will do and what it is to be accomplished
- A series of "if-then" relationships that, if implemented as intended, lead to the desired outcomes
- The core of program planning and evaluation

Developing a logic model: Teaching and training guide 2008 by the Board of Regents of the University of Wisconsin System. All rights reserved.



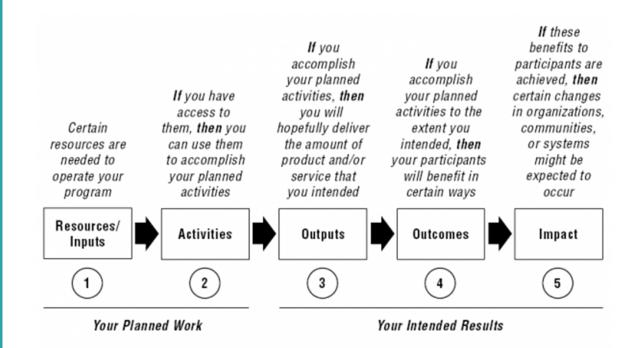
Refresher on Logic Models Key Components





Refresher on Logic Models

Reading a Logic Model





Example: Emergency Shelter for Domestic Violence Victims

| Resources/Inputs | Activities | Outputs | Outcome (Short) | Outcome (Long) |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Shelter: Facility, Food, Donations Personnel: Employees and Volunteers Funding: VOCA, VAWA, FVPSA | Provide emergency shelter to victims of domestic violence | Provide 2,000 days (instances) of emergency shelter per year Provide 6,000 meals to shelter residents Provide 150 victims safe shelter per year | 75% increase in sense of safety by victims of domestic violence and their families 75% increase in sense of well-being by victims of domestic violence and their families | 75% of victims of domestic violence report decrease in violence in their lives 75% of victims of domestic violence report increase in self- sufficiency |



Outcome Measurement Tool

Purpose and LIVE Demonstration

Purpose of the Outcome Measurement Tool



Tool designed to measure success and provide options for outcomes



Easy to use platform and customization



Reflection of the prior PMT and core measures



Summary reporting and milestone tracking functionality



LIVE Demonstration

Excel-Based Platform

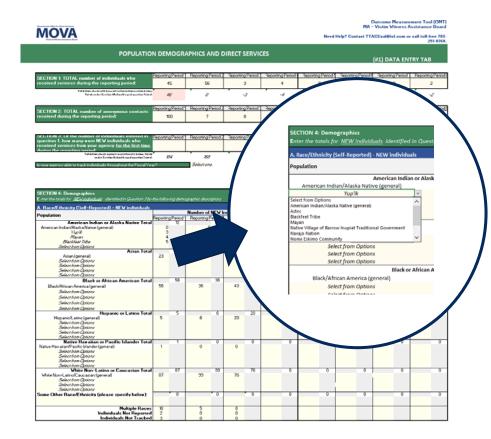
| | come Measurement Tool (| () |
|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------|
| | | |
| MOVA's TIPS: Using the New OMT | | |
| Your MOVA Grants Manager is your first point of cor | tact for any questions or concerns about the OM | MT and performance data tracking. |
| REPORTING SCHEDULE | | |
| VOCA funded agencies are required to submit data | on the OMT according to the following schedule | e: |
| | | |
| Reporting Period Period 1 (October – December 2020) | Deadline to submit data on PMT | |
| Period 1 (October – December 2020) | 31-Jan | |
| Period 2 (January – March 2021) | 30-Apr | |
| Period 3 (April – June 2021) Period 4 (July – September 2021) | 31-Jul 30-Oct | |
| Period 4 (July – September 2021) Period 5 (October – December 2021) | 30-Oct 31-Jan | |
| Period 5 (October – December 2021) Period 6 (January – March 2022) | 30-Apr | |
| Period 7 (April – June 2022) | 31-Jul | |
| Period 8 (July - September 2022) | 30-Oct | |
| | | |
| 1 | | |
| GENERAL | | |
| | | |
| Data must be submitted by the above deadlines – fa | illure to do so may result in funding being with | held. |
| | | |
| VOCA funded agencies are required to track raw inc | | Tracking Spreadsheet or a separate |
| database that allows for data entry, collection and p | roduction as outlined in the spreadsheet. | |
| Not every client will fit neatly into the demographic | entions (and another vistimization type) and | est all of your appends VOCA |
| funded services will fit neatly into the demographic | | |
| you may have about definitions and selecting appro | | and the manual decisions |
| ,, | | |
| TECHNICAL | | |
| | | |
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| This database is set to AutoSave, however, continue | | |
| arise where you have lost any data entered and it a | opears to not saved properly, check your auto re | ecovery or reach out for support. |
| | | |
| You must fill in every required field in the OMT – fa progress and you are required to complete all field: | | om propeny updating this quarter's |
| progress and you are required to complete all fields | before you save and submit your data report. | |
| | st type 0 (zero) – this applies to all numeric field | A |



| MOVA | Outcome Measurement Tool (OMT) MA - Victim Witness Assistance Board Need Help? Contact TTACEval@kic.com or call toll-free 709-251-0366. | | ons | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|----------------------------------------|--------------------|----------|
| MOVA Ou | MOVA | | | | | |
| | APPENDIX | | 🛑 Defir | nitions & App | pendices | |
| MOVA's TIPS: Using the New OMT | POPULATION DEMOGRAPHICS AND DIRECT SERVICES | | • | | | |
| Your MOVA Grants Manager is your first point of o | A. Race and Ethnicity | | | | | |
| REPORTING SCHEDULE VOCA funded agencies are required to submit dat | Invitable load and Advantation Externs to a superior and any only an any of the original people of from and Systh America Sincluding Central America, and we manness total additions or comm This coordinate apple who indicated their needs) as American Indian or Alasia Nerlie or regional their annibility principal total, such as Nereig, Beckler Super American Indian group. | | | | Support S | tructure |
| Reporting Period Period 1 (October – December 2020) Period 2 (January – March 2021) Period 3 (April – June 2021) Period 4 (July – September 2021) Period 5 (October – December 2021) | Metrics to a person having origins in any of the ungering peoples of the far East, Southeast Asia, or the Indean subscriptores, including, Cambolia, Ories, India, Tapate, Thinking, Anger and Holding, Cambolia, Cares, Indian, Anger and Anger and Thinking, Anger and Anger anger and Anger an | | | | ₽ | |
| Period 6 (January – March 2022) | Squade; or Lation | | | | | |
| Period 7 (April – June 2022) Period 8 (July – September 2022) | Refers to an individual who self-reports in one of the specific Spenish, Hispanic, or Latino categories: Maxican, Puerto Rican, Cuben, or enother Hispan This also includes people who indicate that they are enother Hispanic, Latino, or Spenish origin are those whose origins are from Spein, the Spanish-ap | | | _ | | |
| GENERAL Data must be submitted by the above deadlines - | Deminican Republic: The terms hispanic, Latine, and Epaniah are used interchangeably. alter lessaint of Other Anii Ni Johoder: Extenzis to assess herio profips and of the angread peoples of Hexaeli, Quam, Samoa, or other Profic blands. In Includus people who indicated their receips and Profic blander or reported enroles such as Native Hexaelian, Quamarian or Diamotes, Samoan, and C Profic blander response. Who Role Johon or occurate | Need Help | | of contact for any questions or conc | erns about the OMT | |
| VOCA funded agencies are required to track raw in database that allows for data entry, collection and | Refers to a person having origina in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicesed their noticity as White or reported entries such as Initin, German, Italian, Lebanese, Arab, Moroccen, or Caucasian. | | nce data tracking. | | | |
| Not every client will fit neatly into the demograph funded services will fit neatly into OVC's Direct Sr you may have about definitions and selecting app | ume Obers Anne are Ethnicing Includes all other responses not included in the race caregories described above. Adalysis as person who may self-devectly in more than one race or ethnicity category. | For technical | assistance, contact the Help Desi | k at TTACEval@icf.com or call toll-fre | ee 703-251-0368. | |
| TECHNICAL | B. Types of Vectorization B. Types of Vectorization Composed Association | | | | | |
| This database is set to AutoSave, however, contin arise where you have lost any data entered and it | Assaults and attempted assaults where no weapon was used, or no serious or aggrevated injury resulted to the victim. Intimidation, coercion, and had are wated Assaults | | | | | |
| You must fill in every required field in the OMT – progress and you are required to complete all fiel | Assaults and attempted assaults where no weapon was used, or no serious or aggravated injury resulted to the victim. Intimidation, coercion, and hading are included | G69. | | | | |
| Where there is no data to report, you n | eggreent And General Assession and energies of individual sciences in the include attracts are attracted attracts generally involving unwarred second context between victim and offende Second assession way or may related includes threas and include and sharps as generally, fouring, and what interests. May include the second includes threas and includes and and as a general to develop a second attracts the second assession and a single of the second assession and and assession and assession and assession and a second assession and a single of the second assession and a second assession and a second assession and a second assession and a second assession and and assession and assession and a second assession assession and a second assession and a second assession assession assession assession assession assession assession and a second assession asse | | | | | |
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| | nan an mar a search a the annual and a same in the annual search and and and and and and an and a | | | | | |



Expanded Categories





Measurement

Terminology

| Hasachusets Office For Victim Austrance MOOVAA Victim & Witness Assistance Board | | | | | | Need He | p? Contac | t TTACEval | м | Outcome Measu A - Victim Witnes or call toll-free | ss Assistance Boar |
|--------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|--------------|------------------|-----------------|---------------|-----------------|----------|---------------------------------------------------------|-----------------------------------------|
| | ESTABLISHING GOALS AND PERFORMANCE MEASURES/OU | TPUTS | | | | | | | | (#2) DATA | ENTRY TA |
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| | | - | | | | | | | | | |
| ubgrantee Organization | SAFE | | | Period 3 (A) | vril – June 2021 | | | | | | |
| | Organization Name | | | | Re | eporting Period | | | | | |
| lser Contact Information | Tsmith | | | | | | | | | | |
| | User Name (First Name and Last Name) | Phone | | | 1 | Email Address | | | | | New User? |
| rganization Category: | Nonprofit Organizations | | | | | | | | | | |
| gency Type: | Domestic and Family Violence Organization | | | Wore the | field requires . | e response to d | e Organizatio | n Category fir: | st | | |
| | mplete the chart below to outline at least 2-3 strategic areas of focus within your award and the asso in model when constructing your goals for the award. Once these are entered, each reporting period w | | | | | | | | | | |
| Step 2: Provide 1-2 Goals under eac Step 4: Select how you will measure Step 5: Enter your predicted Mileste | using the dropdown menu of categories. h Strategic Area. each gold over the course of your award by providing 2-3 Measures to assess your outcomes. neas for each measure to show what you plan to achieve by the end of your award. d, enter the values (numeric) for each established measure in the correct column. | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | MILESTONE | Progress Toward Go (auto-calculat |
| ample Strategic Area: | Mental Health Services | | | | | | | | | | |
| Sample: What is your Goal? | To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | | | | | | 1 |
| | Number of unique victims served through mental health services: number of new victims served, number | | | | | | | | | | |
| Input Measure #1 here: | | | 22 | 12 | 6 | 5 | 20 | 15 | 8 | 100 | 98% |
| | Number of victims that received therapeutic or counseling services in the reporting quarter but had not | | _ | | - | | 6 | | | | |
| Input Measure #2 here: Input Measure #3 here: | | 0 | 5 | 3 | 0 | ő | ő | 1 | 20 | 40 10 | 58% |
| | To improve the general functioning of a crime victim | | ч Ч | | V | 9 | 4 | 4 | v1 | 10 | 1 0/4 |
| | Number of unique victims served through mental health services: number of new victims served, number | Input t | the numbe | er 🔰 | 1 | | - I | | | | 1 |
| Input Measure #1 here: | | for this | s quarter | 12 | 6 | 5 | 20 | 15 | 8 | 100 | 98% |
| | Number of victims that received therapeutic or counseling services in the reporting guarter but had not | | ponding to | | | | | | | | |
| Input Measure #2 here: | | | irement #3 | 3 | 0 | 4 | 6 | 1 | 2 | 40 | 58% |
| | Number of unique victims served that demonstrated an increase in functioning at T2 during this reporting | | | - | | | | | | | |
| Input Measure #3 here: | period | 1 | 2 | 3 | 2 | 2 | 4 | 2 | 2 | 30 | 60% |
| rategic Area #1: | Housing and Shelter | 1 | | | | | | | | | |
| What is your Goal? | To provide access to safe nights | - | | | | | | | | | |
| Input Measure #1 here: | Number of unique CONTINUING victims (primary and secondary) provided with housing services during the | 1 | 1 | 1 | 1 | 1 | | | | 100 | 5% |
| Input Measure #2 here: | Number of emergency shelter or safe house instances | | 18 | 10 | | | | | | | #DIV/0! |
| Input Measure #3 here: | Number of individuals served through transitional housing instances | 12 | 8 | 2 | | | | | | | #DIV/0! |
| What is another Goal? | | | | | | | | | | | - |
| Input Measure #1 here: | | | | | | | | | | | #DIV/0! |
| Input Measure #2 here: | | | | | | | | | | | #DIV/0! |
| Input Measure #3 here: | | | | | | | | | | | #DIV/0! |
| rategic Area #2: | Mental Health Services | 1 | | | | | | | | | |
| What is your Goal? | To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | | | | | | 7 |
| Input Measure #1 here: | | , I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I.I. | | | | | | | | | #DIV/0! |
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| Input Measure #3 here: | | L | | | | | | | | | #DIV/0! |
| What is another Goal? Input Measure #1 here: | | | | | | | | | | | HDIV/01 |
| Input Measure #2 here: | | | | | | | | | | | #DIV/0: |
| Input Measure #2 here: | | | | | | | | | | | #DIV/0: |
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Measurement

Outputs vs. Outcomes

| MOVA | | | | | Outcome Measu MA - Victim Witnes | s Assistance Boar |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|----------------------------------|-------------------------------------|-----------------------------------------|
| Victim & Witness Assistance Board | | | Nec | d Help? Contact TTACEva | al@icf.com or call toll-free | 703-251-0368 |
| | ESTABLISHING GOALS AND PERFORMANCE MEASURES/OUT | rputs | | | (#2) DATA | ENTRY TA |
| | SAFE | 1 | [0 : 10/4 // | | | |
| Subgrantee Organization | |] | Period 3 (April – June 2021) | | | |
| 1 | Organization Name | | Reporting F | riod | | r |
| User Contact Information | Tsmith | | | | | |
| | User Name (First Name and Last Name) | Phone | Email Add | lress | | New User? |
| Organization Category: | Nonprofit Organizations | | | | | |
| Agency Type: | Domestic and Family Violence Organization | | Note this field requires a respons | e to the Organization Category i | fist | |
| | mplete the chart below to outline at least 2-3 strategic areas of focus within your award and the assoc in model when constructing your goals for the award. Once these are entered, each reporting period w | | | | | |
| Step 2: Provide 1-2 Goals / read Step 4: Select how you / measure Step 5: Enter your pr/ted Milest | using the dropdown menu of categories. In Strategor Ama sea Equal on measure course of your award by provid. 1-3 Measures to assess your outcomes. a sea Equal on measures to how what you plan to ach. Up the end of your award. d, enter the values (numeric) for each established meas. Vin the correct column. | Period 1 Period 2 | Period 3 Period 4 Period | 5 Period 6 Period 7 | MILESTONE Period 8 | Progress Toward Go (auto-calculat |
| Sample Strategic a: Sample: at is your Goal? | Mental Health Services To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | |
| Sumple. Plat is your dour? | Number of unique victims served through mental health services: number of new victims served, number | 1 | 1 1 | 1 1 1 | 1 | 1 |
| ut Measure #1 here; | | 10 22 | 12 6 | 5 20 15 | 8 100 | 98% |
| | Number of victims that received therapeutic or counselingervices in the reporting guarter but had not | | | | | |
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| ut Measure #3 here: | | 0 0 | 0 0 | 0 0 0 | 0 10 | 0% |
| Sample hat is another Goa | To improve the general functioning of a crime victim | I south the sound h | | | | |
| | Number of unique victims served through mental health spices: number of new victims served, number | for this quarter | | | | |
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| input eusure #2 nere. | Vertreceived 11 Number of unique victims served that demonstrated increase in functioning at T2 during this reporting | | <u> </u> | - ° 1 | 2 40 | 5070 |
| Input May re #3 here: | | 1 2 | 3 2 | 2 4 2 | 2 30 | 60% |
| | | | | | | |
| Strategic Area #1: | Housing and Shelter | | | | | |
| What is your Goal? | o provide access to safe nights | | | | | |
| Input Measure #1 here | | 1 1 56 18 | 1 1 | 1 | 100 | 5% #DIV/0! |
| Input Measure #2 here: Input Measure #3 here: | | 12 8 | 10 | | | #DIV/0: #DIV/0! |
| What is another Goal? | Number of Individuals served through transitional housing instances | 12 0 | 2 | | | #010/0: |
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| Input Measure #3 here: | | | | | | #DIV/01 |
| Strategic Area #2: | Mental Health Services | | | | | |
| What is your Goal? | To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | |
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Progress Tracking

| Massachusetts Office for Victim Assistance | | | | | | | | | | ne Measuremen im Witness Assis | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------|--------------|------------------|-----------------|--------------|-------------------|-------------------|-----------------------------------|-----------------------|
| Victin & Witness Assistance Board | | | | | | Need Hel | p? Contact | TTACEval@i | icf.com or call (| oll-free 703- | -251-0368. |
| | ESTABLISHING GOALS AND PERFORMANCE MEASURES/OUT | IPUTS | | | | | | | (#2) | DATA ENT | TRY TAB |
| | | 1 | | | | | | | | | |
| Subgrantee Organization | SAFE Organization Name | | | Period 3 (Ap | ril – June 2021) | porting Period | | | | | |
| | | | | | ке | porting Period | | | | | |
| User Contact Information | Tsmith | | | | | | | | | | |
| | User Name (First Name and Last Name) | Phone | | | E | mail Address | | | | N | New User? |
| Organization Category: | Nonprofit Organizations | | | | | | | | | | |
| Agency Type: | Domestic and Family Violence Organization | | | Note this | field requires a | response to the | Organization | n Category first. | | | |
| | mpiete the chart below to outline at least 2-3 strategic areas of focus within your oword and the asso ic model when constructing your goals far the award. Once these are entered, each reporting period w | | | | | | | | | | |
| Step 1: Choose 2-3 Strategic Areas Step 2: Provide 1-2 Goals under eac Step 4: Select how you will measurs Step 5: Enter your predicted Milest | using the dropdown menu of categories. | | | | | | | | | Τον | Progress ward Goal |
| Sample Strategic Area: | Mental Health Services | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | Period 7 | Period 8 | (auto | o-calculated) |
| | To reduce trauma symptoms of crime victims who are engaged in mental health services | 1 | | | | | | | | | |
| | Number of unique victims served through mental health services: number of new victims served, number | | | | | | | | | | |
| Input Measure #1 here: | of continuing victims served | 10 | 22 | 12 | 6 | 5 | 20 | 15 | 8 : | 100 | 98% |
| | Number of victims that received therapeutic or counseling services in the reporting quarter but had not | | | | | | | | | | |
| Input Measure #2 here: Input Measure #3 here: | yet received T1 | 2 | 5 | 3 | 0 | 4 | 6 | 1 | | 40 | 58% 0% |
| | To improve the general functioning of a crime victim | | ų | V | V | V | VI. | U U | Ч | 10 1 | 076 |
| | Number of unique victims served through mental health services: number of new victims served, number | | t the numbe | er | | | | | | | |
| Input Measure #1 here: | of continuing victims served | | his quarter | 12 | 6 | 5 | 20 | 15 | 8 : | 100 | 98% |
| | Number of victims that received therapeutic or counseling services in the reporting quarter but had not | | esponding t surement #3 | | | | | | | | |
| Input Measure #2 here: | yet received T1 | | surement #: | 5 3 | 0 | 4 | 6 | 1 | 2 | 40 | 58% |
| Input Measure #3 here: | Number of unique victims served that demonstrated an increase in functioning at T2 during this reporting period | 1 | 2 | з | 2 | 2 | 4 | 2 | 2 | 30 | 60% |
| | | | | | | | | | | | |
| Strategic Area #1: | Housing and Shelter | | | | | | | | | | |
| What is your Goal? | To provide access to safe nights Number of unique CONTINUING victims (primary and secondary) provided with housing services during the | 1 | 1 | 1 | 1 | 1 | | | | 100 | 5% |
| Input Measure #2 here: | | 56 | 18 | 10 | 1 | 1 | | | | | #DIV/0! |
| Input Measure #3 here: | Number of individuals served through transitional housing instances | 12 | 8 | 2 | | | | | | | #DIV/0! |
| What is another Goal? | | | | | | | | | | | |
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| Input Measure #3 here: | | | | | | | | | | | HDIV/01 |
| Strategic Area #2: | Mental Health Services | | | | | | | | | | |
| What is your Goal? | To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | | | | | | |
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| Input Measure #2 here: Input Measure #3 here: | | | | | | | | | | | #DIV/0! #DIV/0! |
| What is another Goal? | | <u> </u> | | | | | | | | | |
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Progress Tracking

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| Victim & Witness Assistance Board | | | | | | Need H | elp? Contac | t TTACEval | @icf.com c | or call toll-free | 703-251-0368. |
| | ESTABLISHING GOALS AND PERFORMANCE MEASURES/OU | TPUTS | | | | | | | | | |
| | ÷ | | | | | | | | | (#2) DATA | ENTRY TAB |
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| grantee Organization | SAFE | 1 | | Period 3 (Ap | oril – June 2021 | 0 | | | | | |
| | Organization Name | _ | | | R | eporting Perio | d | | | | |
| r Contact Information | Tsmith | | | | | | | | | | |
| | User Name (First Name and Last Name) | Phone | | | | Email Address | | | | | New User? |
| anization Category: | Nonprofit Organizations | | | | | | | | | | |
| ency Type: | Domestic and Family Violence Organization | | | Note this | theid requires. | a response to | the Organizatio | n Lalegory h | sat. | | |
| | | | | | | | | | | | |
| TION 15: Goals | | | | | | | | | | | |
| | nplete the chart below to outline at least 2-3 strategic areas of focus within your award and the assoc | | | | | | | | | | |
| | c model when constructing your goals for the award. Once these are entered, each reporting period w | ill be for update | s only and | entering the | e values for ea | ich period to | track your pro | gress. This r | eport is an o | utline of what v | ou hope to |
| ieve through your grant funding. | | | | | | | | | | | |
| tep 1: Choose 2-3 Strategic Areas u | sing the dropdown menu of categories. | | | | | | | | | | |
| tep 2: Provide 1-2 Goals under eacl | | | | | | | | | | | |
| | each goal over the course of your award by providing 2-3 Measures to assess your outcomes. | | | | | | | | | MILESTONE | Progress |
| | nes for each measure to show what you plan to achieve by the end of your award. , enter the values (numeric) for each established measure in the correct column. | | | | | | | | | | Toward Goal |
| ep 6. During each reporting period | , enter the values (numeric) for each established measure in the correct column. | Period 1 P | Period 2 | Period 3 | Period 4 | Period 5 | Period 6 | ariod 7 | Period 8 | | (auto-calculated) |
| | Mental Health Services | | | | | | | | | | |
| Sample: What is your Goal? | To reduce trauma symptoms of crime victims who are engaged in mental health services | | | | | | | | | | 1 |
| | Number of unique victims served through mental health services: number of new victims served, number | | | | | | | | | | |
| | | | | | | - | | | | | |
| Input Measure #1 here: | of continuing victims served | 10 | 22 | 12 | 6 | 5 | 20 | 15 | 8 | 100 | 98% |
| | of continuing victims served Number of victims that received therapeutic or counseling services in the reporting quarter but had not | 10 t | 22 | | 6 | | 20 | 15 | 8 | | |
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MOVA

Outcome Measurement Tool (OMT) MA - Victim Witness Assistance Board

Need Help? Contact TTACEval/Bicf.com or call to8-free 703-251-0364.

SHORT- AND LONG-TERM OUTCOMES

(#3) DATA ENTRY TAB

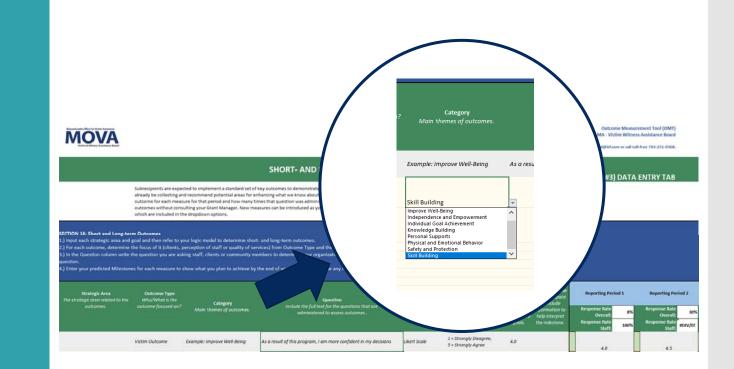
Subrecipients are expected to implement a standard set of kay outcomes to demonstrate the short- and long-term outcomes of their program. This section is meant to capture what you may already be collecting and recommend potential areas for enhancing what we know about the impact of VOCA across the state. During each reporting partical, you will provide the average outcome for each measure for that pend and how many mitters that question was administered in capture of the Temparganhist's tab to auto-calculate the response outcome for each calculate the response rate. Do not change the outcomes without consulting your Gant Manager. New measures can be introduced as your program develops and instrumentation changes. Refer to the appendix for sample measures, which are included in the dropdown options.

CTION 16: Short and Long-term Outcomes Input each strategic area and goal and then refer to your logic model to determine short- and long term outcomes. For each outcome, determine the courso it (clients, perception of staff or equality of services) from Outcome Type and the main theme of the outcome from Category. In the Question column write the question you are asking staff, clients or community members to determine your organization's performance for the selected outcome. Then select the Scale Measure and the Scale Range for your

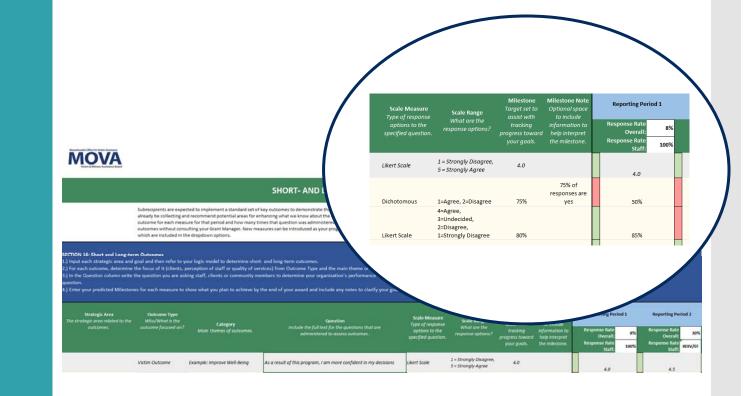
| Strategic Area The strategic area related to the | Outcome Type Wha/What is the | Category | Question | Scale Measure Type of response | Scale Bange | | Milestone Note Optional space to include | Reporting Per | od 1 | Reporting Period | 2 |
|-----------------------------------------------------|---------------------------------|-----------------------------|---------------------------------------------------------------------------------------|------------------------------------|----------------------------------------------|-----------------------------|------------------------------------------------|------------------------------------------------------|------------|------------------------------------------------------|--------------|
| | | Main themes of outcomes. | include the full test for the questions that are administered to assess autcomes . | options to the specified question. | What are the response options? | tracking progress toward | information to | Response Rate Overall: Response Rate Staff: | 8% 100% | Response Rate Overall: Response Rate Staff: | 30% NV/01 |
| | Victim Outcome | Example: Improve Well-Being | As a result of this program, I am more confident in my decisions | Likert Scale | 1 = Strongly Disagree, 5 = Strongly Agree | 4.0 | | 4.0 | | 4.5 | |



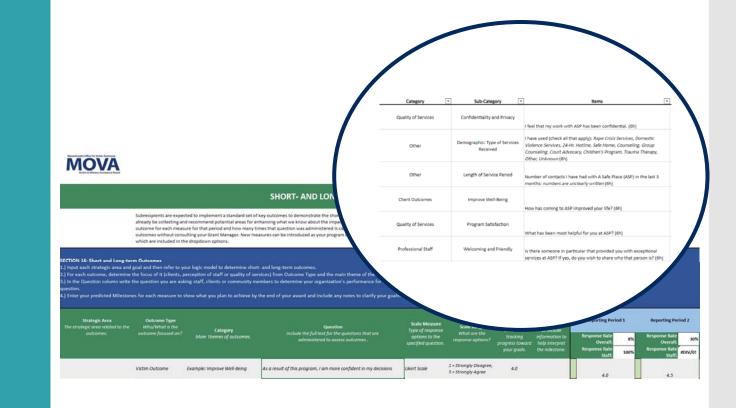














Summary & Reporting

| MOVA | | | | | | | Need Help? Contact? | M ² octim Witr | toll-free 703-251-0368 | |
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| INCUM & WEINIG AUSSIANCE BOARD | | Outcome M | easuremen ummary Repo | | Г) | | | | | TED BEDODT |
| | | 50 | апппагу кер | 011 | | | 00 | NOT UPDATE - | AUTO GENERA | TED REPORT |
| | | | | | | | | | | |
| | | | | | | | | | Ove | rview |
| | | | | | | | | | | Statewide |
| L TOTAL number of individuals who received | Reporting Period 1 | Reporting Period 2 | Reporting Period 3 | Reporting Period 4 | Reporting Period 5 | Reporting Period 6 | Re rting Period 7 | Reporting Period 8 | Cumulative Total | Cumulative Total |
| ervices during the reporting period: | 45 | 56 | 3 | 4 | 8 | 9 | 0 | 2 | 127 | |
| | | | | | | | | | | Statewide |
| 2. TOTAL number of anonymous contacts received | Reporting Period 1 | Reporting Period 2 | Reporting Period 3 | Reporting Period 4 | Reporting Period 5 | Reporting Period 6 | Reporting Period 7 | Reporting Period 8 | Cumulative Total | Cumulative Total |
| furing the reporting period: | 100 | 7 | 8 | 6 | 9 | 5 | 8 | 78 | 221 | |
| | | | - | - | - | - | | | | Care and da |
| | Reporting Period 1 | Reporting Period 2 | Reporting Period 3 | Reporting Period 4 | Reporting Period 5 | Reporting Period 6 | Rep ting Period 7 | Reporting Period 8 | Cumulative Total | Statewide Cumulative Total |
| 3. Of the number of individuals entered in question 1, how many were NEW individuals who | insporting relided | insporting Period 2 | inclusing relidua | insporting renout | inclosing relided | insporting rendu o | nep ung rendu / | insporting renous | comparise rotal | completive rotal |
| received services from your agency for the first time during the reporting period: | 0 | 0 | o | 0 | 0 | 0 | 0 | 0 | 0 | |
| Select one. Track NEW individuals identified in | | | | | | | | | | |
| Demographics (for NEW individuals identified in | | | | | | | | | Ove | nview |
| t. Demographics (for NEW individuals identified in A. Race/Ethnicity (Self-Reported) | | Number of New I | ndividuals - Year 1 | | | Number of New I | ndividuals - Year 2 | | Ove | rview Statewide |
| t. Demographics (for NEW individuals identified in | n Question 3) | | | Reporting Period 4 | Reporting Period 5 | Number of New I | | Reporting Perm | Ove Cumulative Total | |
| . Demographics (for NEW individuals identified in Race/Ethnicity (Self-Reported) Population wretican Indian or Alaska Native | Reporting Period 1 | Reporting Period 2 6 | Reporting Period 3 | 3 | 4 | Reporting Period 6 5 | Reporting Period 7 6 | 7 | Cumulative Total | Statewide |
| L Demographics (for NEW Individuals identified in L Rece/(thnicity (Self-Reported) Population American Indian or Alaska Native Stan | Reporting Period 1 | Reporting Period 2 6 21 | Reporting Period 3 2 12 | 3 | 4 | Reporting Period 6 5 0 | Reporting Period 7 6 0 | 7 | Cumulative Total | Statewide |
| L Demographics (for NEW Individuals identified in L Race/Ethnicity (self-Reported) Population American Indian or Alaska Native Stian Back or African American | Reporting Period 1 12 23 56 | Reporting Period 2 6 21 36 | Reporting Period 3 2 12 43 | 3 0 0 | 4 0 0 | Reporting Period 6 5 0 0 | Reporting Period 7 6 0 0 | 7 0 0 | Cumulative Total | Statewide |
| L Demographics (for NEW individuals identified in L Rece/(thnicity (Self-Reported) Population American Indian or Alaska Native Stain Jlack or African American Hispanic or Latino | Reporting Period 1 12 23 56 5 | Reporting Period 2 6 21 36 6 | Reporting Period 3 2 12 43 20 | 3 0 0 | 4 0 0 | Reporting Period 6 5 0 0 0 | Reporting Period 7 6 0 0 0 | 7 0 0 0 | Cumulative Total | Statewide |
| . Demographics (for NEW Individuals identified in L Race/Ethnicity (self-Reported) Population merican Indian or Alaska Native sian lack or African American lispanic or Latino ative Hawaiian or Other Pacific Islander | Reporting Period 1 22 56 5 1 | Reporting Period 2 6 21 36 6 0 | Reporting Period 3 2 12 43 20 0 | 3 0 0 0 | 4 0 0 0 | Reporting Period 6 5 0 0 0 0 0 | Reporting Period 7 6 0 0 0 0 | 7 0 0 0 0 | Cumulative Total 56 135 31 1 | Statewide |
| L Demographics (for NEW Individuals identified in a. Race/Ethnicity (Self. Reported) Population American Indian or Alaska Native stain Markin American Hispanic or Laina Hispanic or Laina Hispanic or Cher Pacific Islander White Non-Laino or Caucasian | Reporting Period 1 12 23 56 5 | Reporting Period 2 6 21 36 6 | Reporting Period 3 2 12 43 20 | 3 0 0 | 4 0 0 0 0 | Reporting Period 6 5 0 0 0 | Reporting Period 7 6 0 0 0 | 7 0 0 0 | Cumulative Total | Statewide |
| I. Demographics (for NEW Individuals identified in A. Race/Ethnicity (self-Reported) Population American Indian or Alaska Native Skian Black or African American Hispanic or Latino Valve Hawaiain or Other Pacific Islander White Non-Latino or Caucasian Some Other Race | Reporting Period 1 12 23 56 5 1 87 | Reporting Period 2 6 21 36 6 0 99 | Reporting Period 3 2 12 43 20 0 76 | 3 0 0 0 0 | 4 0 0 0 | Reporting Period 6 5 0 0 0 0 0 | Reporting Period 7 6 0 0 0 0 0 0 | 7 0 0 0 0 | Cumulative Total 56 135 31 1 262 | Statewide |
| t. Demographics (for NEW individuals identified in A. Race/Ethnicity (Self-Reported) | Reporting Period 1 12 23 56 5 1 87 0 | Reporting Period 2 6 21 36 6 0 99 0 | Reporting Period 3 2 12 43 20 0 76 0 | 3 0 0 0 0 0 | 4 0 0 0 0 0 | Reporting Period 6 5 0 0 0 0 0 0 0 | Reporting Period 7 6 0 0 0 0 0 0 0 0 | 7 0 0 0 0 0 | 56 135 31 1 262 0 | Statewide |
| L Demographics (for NEW Individuals identified in A. Bace/Ethnicity (self-Reported) Population Merican Indian or Alaska Native skian Islack or African American Highanic or Catino Native Hawailian or Other Pacific Islander White Non-Latino or Caussian one Other Rece Multiple Races Sut Reported | Reporting Period 1 12 23 56 5 1 1 87 0 10 | Reporting Period 2 6 21 36 6 0 99 0 5 | Reporting Period 3 2 12 43 20 0 76 0 8 | 3 0 0 0 0 0 0 | | Reporting Period 6 5 0 0 0 0 0 0 0 0 0 | Reporting Period 7 6 0 0 0 0 0 0 0 0 0 0 | 7 0 0 0 0 0 0 | Cumulative Total 56 135 31 1 262 0 23 | Statewide |
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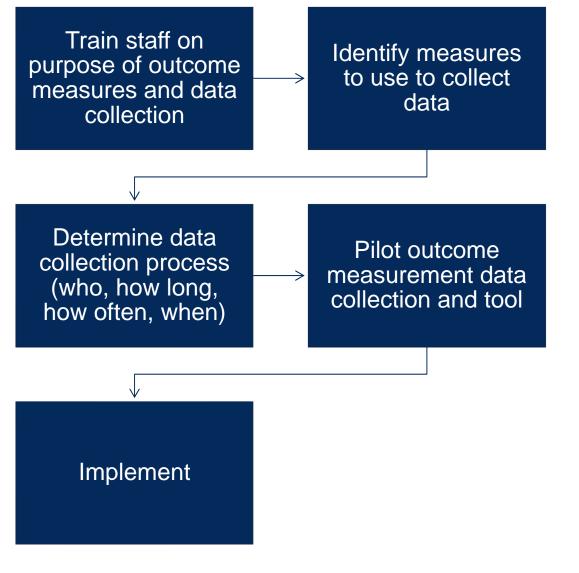


Break!

How to measure outcomes

Tips and Items for Consideration

Data Collection Strategy





Data Collection Types to Data

Quantitative

• Data that can be explained in terms of numbers (i.e., quantified).

Qualitative

 Data that come from open-ended questions that usually involve a descriptive element.



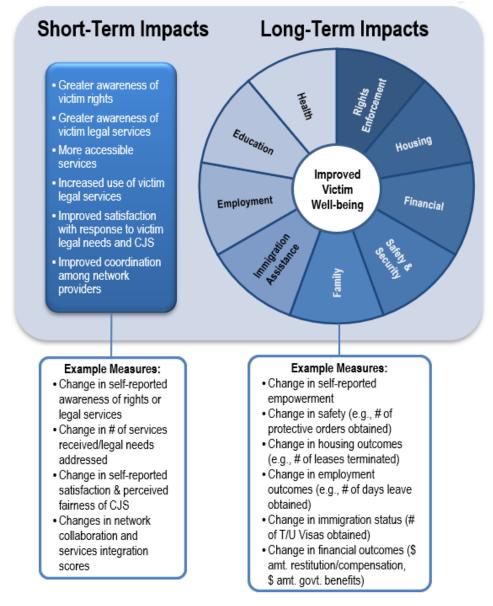
Data Collection

Example Measures

- Physical and Emotional Needs Met: "My family has a better understanding of child abuse/violent death and its effects on victims and their families/surviving family members."
- Symptoms Reduced: "My child's abuse/loss-related symptoms, such as sleeplessness, nervousness, fear, anxiety or acting out are less severe since our involvement with this agency."
- Resolution of a crisis: "I am better able to cope with my situation."
- Understanding/Participating in the Criminal Justice System: "My family has a better understanding of the legal rights of a victim of child abuse/survivor of crime; I now have a better understanding of how the police, lawyers and courts work."
- Sense of safety & immediate security: "I know how to create and adapt a safety plan; I feel safer."
- Reduced isolation: "My family has learned how to contact the sources of help available to us in the community."
- Life choices: "My family is using the skills we learned to cope with our situation."
- Improved understanding: "My child understands that changes in our family following the abuse/death are not his/her fault."



Example Measures







Data Collection Considerations

- Timing related to victimization and service provision
- Confidentiality and anonymity
- Storing data and who has access
- How to survey children and their caregivers
- Staff person(s) responsible for surveys



Upcoming Trainings





UPPING YOUR LOGIC MODEL GAME

January 7, 2021 9:00-11:30 am ET

THE OUTCOME **MEASUREMENT TOOL**

December 17 - TODAY! 1:00-3:30 pm ET





Questions?





Evaluation QR Code

The Outcome Measurement Tool Demonstration – Session #2

Scan the QR code with your phone to open the survey.





Contact Information

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