Improving services to sexual assault victims in Olmsted County

2000-01 evaluation report of a Minnesota Model Protocol Project test site

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Summary

Several agencies in Olmsted County formed a Sexual Assault Inter-Agency Council to improve their response to victims of sexual assault. This collaboration has demonstrated that working as a team improves agencies' understanding of their own roles in the system and helps to increase the victim-centered approach to providing sexual assault services. The agencies have also demonstrated that perseverance can result in community recognition and support.

The Model Protocol: Test Site Project was commissioned to improve the investigation and prosecution of sexual assault cases through development of guidelines for how staff in various agencies should deal with victims. It is funded by the Minnesota Center for Crime Victim Services, a division of the Minnesota Department of Public Safety, with federal STOP Violence Against Women Act grant funds. Victim Services Departments of Dodge, Fillmore, and Olmsted Counties have administered the grant since its inception.

Olmsted County is one of six Minnesota "test sites" implementing an eight-step process for the development of guidelines as a part of the Model Protocol Project. Wilder Research Center contracted with the Rochester Police Department, the principal sponsoring agency of the Council, to conduct an evaluation of the Council's use of the eight-step process. This process, developed at the national level, is intended to help community agencies, particularly law enforcement, medical providers, advocacy agencies, and prosecution, work together to develop a more victim-centered system for serving victims of sexual assault. This is the last year that sites had "test" status. The project will continue as an established voluntary program under the administration of staff from the Minnesota Coalition Against Sexual Assault (MCASA).

Methods

In fiscal year 2000-01 Wilder Research Center conducted the following consultation and evaluation activities for the Olmsted County Sexual Assault Inter-Agency Council:

Evaluation activities

- An analysis of data specific to Olmsted County's Sexual Assault Inter-Agency Council, collected using a Collaboration Inventory.
- A review of Olmsted County's Sexual Assault Inter-Agency Council meeting minutes and materials related to a workshop that Olmsted co-hosted on their collaborative work.

Consultation activities

- Developed a database for tracking of distributing protocol training evaluation materials.

Findings

Based on the results of the Collaboration Inventory, it was determined that there do not appear to be any issues that are especially troublesome or problematic. In general, medical agencies tended to report lower scores (i.e., less satisfaction with the collaboration) than the other types of agencies in this study. Most promising was the fact that the three lowest ranked factors on the inventory were items that current participants had very little influence over, such as the history of collaborations in the community, and funding or staffing issues. Such factors as having a unique purpose, being self-interested, and having attainable, reasonable goals were among those ranked highest by respondents. Furthermore, these factors were ranked highly across agency type.

Olmsted County's Sexual Assault Inter-Agency Council (SAIC) should be commended for its hard work on the site consultation and the detailed care that its members have taken to craft their guidelines. The SAIC is effective at getting its work done and publicizing its efforts to the broader community. The collaboration study data shows that the Council's team members are committed to working together as a team to improve Olmsted County's response to sexual assault. In general, respondents view this collaboration as having a unique purpose with commonly understood, attainable goals. Respondents think this project will benefit their own organizations as well. Overall, this is a very positive inventory of the Sexual Assault Inter-Agency Council in Olmsted County.

Recommendations

While this collaboration is rated very highly by participants, one issue that may need some discussion is the inability of some participants to speak for their entire organization when making decisions within the collaboration. If the individuals who participate in the collaboration either had full decision-making authority or could use powers delegated to them by the agency authority then this problem might be reduced or eliminated. In addition, the team might consider ways to secure increased funding for the collaborative efforts, especially for the participating medical and "other" type agencies, since they report the biggest difficulties on this factor. An effort should also be made to illustrate the positive effects of similar collaborative efforts in *other* communities that included an active medical-type agency, to provide an example for the participants in this collaboration who report lacking a history of collaboration in their community.

Background

Wilder Research Center contracted with the Rochester Police Department to conduct an evaluation of the Olmsted County Sexual Assault Inter-Agency Council's implementation of an eight-step process for developing guidelines for handling incidents of sexual assault. The Rochester Police Department is the principal sponsoring agency of Olmsted County's Sexual Assault Inter-Agency Council (SAIC). The SAIC began its work without formal ties to the Model Protocol: Test Site Project, which has five other test sites in Minnesota currently implementing the eight-step process. Informal connections with the Model Protocol Project were strong, however, as the Model Protocol Project Administrators are housed in Olmsted County Victim Services. These administrators have provided support to Olmsted's Council in the past two fiscal years to help it succeed in implementing the eight-step process. It was the initial work done in Olmsted County on a multidisciplinary protocol in the early 1990s that led Olmsted County Victim Services to apply for funding to develop and administer the Model Protocol Project.

Brief program description

Olmsted County and the other Model Protocol Project test sites are using an eight-step Protocol Development Cycle, developed by Boles and Patterson (Sage, 1997). The intent of the eight-step process is to help community agencies, particularly law enforcement, medical providers, advocacy agencies, and prosecution, work together to develop a more victim-centered response for serving victims of sexual assault.

The steps included in the Protocol Development Cycle follow:

1. Inventory existing services to sexual assault victims
2. Conduct a victim experience survey
3. Produce a community needs assessment
4. Write the protocol
5. Renew interagency agreements
6. Train agency staff in the protocol
7. Monitor protocol implementation
8. Evaluate protocol effectiveness

Some members of the Olmsted County SAIC were not comfortable using the term "protocol," as they felt it might imply a legal obligation on the part of staff, and become a weapon for defense attorneys. Therefore, they have opted to use the term "guidelines" rather than "protocol." This report will also use the term "guidelines" to refer to their work.

Study description

The Model Protocol Project administrators expect test sites to work with an external evaluator to measure the effectiveness of the eight-step process, from a Project-wide perspective, as a method of improving the response to sexual assault victims. They also expect sites to engage in some evaluation activities that help the Model Protocol Project Administrators better understand the 8-step process at the site level, particularly what factors contribute to effective collaboration and improvements to the sexual assault response system. Wilder Research Center worked with the Olmsted Sexual Assault Inter-Agency Council to develop a consultation and evaluation plan.

Consultation activities

Wilder developed a database of all staff from the member agencies who could potentially be trained in the implementation of Olmsted County's sexual assault response guidelines. Olmsted's site coordinator collected staff rosters from each of the following agencies:

1. DFO Community Corrections
2. Intercultural Mutual Assistance Association
3. Mayo Clinic
4. Olmsted County Sheriff's Department
5. Olmsted County Attorney's Office
6. Olmsted County Child Protection
7. Rochester Police Department
8. Rochester Methodist Hospital
9. St. Mary's Hospital
10. Victim Services of Olmsted County
11. Women's Shelter

To ensure confidentiality for all of the agencies and their staff, this database is housed at Wilder Research Center. Wilder staff will use it to track: the total number of possible trainees (including names and positions), the date the person is trained, whether or not the person completed a pre-test (survey) at the training, and when the person is eligible to complete a post-test. This will be a rolling database that will require updating on a regular basis via feedback from the coordinator. Wilder Research Center does not expect to begin entering training, survey and updated data until fiscal year 2002.

Research activities

Process evaluation

Review of meeting minutes

To help give Wilder Research Center a perspective of the activities that took place during the course of the 2000-01 fiscal year, research staff reviewed the Olmsted County Sexual Assault Inter-Agency Council's meeting minutes. Research staff also reviewed materials from a national conference on the 8-Step Protocol Development Cycle that was co-hosted by Olmsted and Winona Counties' Sexual Assault Inter-Agency Councils.

Outcome evaluation

Collaboration study

Wilder Research Center distributed 17 surveys on collaboration; one to each current member of the six development teams. Wilder followed up with those who did not respond to the survey by sending them postcards, second and third mailings of the survey and making telephone calls. Fourteen people returned surveys for a response rate of 82 percent. One of the returned surveys was not complete, so only some of the items from this survey were available for the analysis.

Findings

Progress in eight-step process

The majority of the Olmsted County SAIC's work during the 2000-01 fiscal year focused on drafting the written guidelines. At each of the council's meetings team members discussed potential changes to each of the four core sections of the guidelines.

Early in the fiscal year, the SAIC suggested changes to the prosecution unit's section of the guidelines including softening the language in a disclaimer to emphasize their commitment to consider victim's needs and wishes. Council participants also discussed language regarding how to effectively inform victims of delays in the prosecution of their cases, since support staff in the county attorney's office were not allowed to provide case information over the phone. The team also discussed whether or not to include language that guarantees a victim's right to call the attorney's office with questions about their case. Finally, one member pointed out that Victim Services does not usually receive a copy of the complaint. Therefore, because they have very little information about the case, they must ask the victims to retell their stories, which is difficult and unnecessarily invasive.

The Council discussed the medical guidelines at length. Members discussed how to triage victims according to trauma, medical stability, age and sex. They also discussed whether or not to use an evidence kit if the victim did not wish to involve law enforcement, and how to seal bags of clothes for future evidentiary purposes in case the victim decides later to report the incident to law enforcement. The team members also discussed medical records and whether or not medical professionals should discuss past incidents of sexual assault with patients. The team decided that, unless the current injury is a result of the sexual assault, medical professionals should not discuss the past assault with the patient.

Confidentiality was an issue in cases where either the suspect or the victim worked at the facility at which the victim was getting treatment. Council members pointed out that a nearby town has a Sexual Assault Nurse Examiner program. The Council decided that each agency's guidelines needed to have an alternative plan for covering victims' needs when service from an Olmsted County agency may create a conflict of interest.

The Council was also concerned that the medical guidelines did not address younger sexual assault victims who were treated at the Patient Receiving Unit. The team felt that the previous requirement of age 16 was too limiting. Therefore, the Council changed the requirement to "adult and adolescent female victims." The Council also decided that the

medical guidelines needed to include a provision for nurses to inform victims about their right to meet with an advocate. The Council emphasized that victims should have the option to have a culturally competent support person with them during their medical exams and during the administration of a rape kit, if appropriate.

A discussion of when it is appropriate to use a rape kit also took place. A member pointed out that other states utilize the evidence kit more than 72 hours after an attack and asked if this should appear in the guidelines. The team resolved this issue when it came to their attention that the Bureau of Criminal Apprehension would not process kits when evidence was collected beyond the window of 72 hours.

One member raised the issue of whether hospital staff should contact an advocate before the victim requests one, in order to lessen any guilt the victim may have about "bothering" the advocate, for example waking the advocate up. After consultation with medical staff, the team decided that contacting an advocate without victim consent – even without identifying information about the patient – would not be appropriate. Furthermore, the team wrote very specific guidelines for contacting an advocate that would stress the importance of having nurses fully explain the advocate's role to the patient before any contact is made.

The team felt that their goal for the future should be to offer the same exam at all medical facilities in their community. This would likely be possible once the new Sexual Assault Nurse Examiner (SANE) program is implemented whereby a SANE nurse is dispatched to the hospital where a sexual assault victim presents her or himself. However, the team maintained language in the guidelines stating that victim's have the right to deny any services offered to them, including parts of the evidentiary exam. There was discussion about how to triage victims, whether by telephone or in the emergency room, and whether or not the treatment of sexual assault cases should have higher priority for treatment if another patient's wounds are equally severe.

During the final revision of the advocacy guidelines, the team reviewed the section on a "minor's right to receive care." The team decided to include more specific information from a booklet entitled "Consent and Confidentiality: Providing Medical and Mental Health Care Service to Minors in Minnesota." Another revision was to add more language on vulnerable adults, specifically that someone should accompany these victims to either the Patient Receiving Unit or the Emergency Trauma Unit. Additional revisions to the advocacy guidelines included a greater emphasis on cultural competency, as well as a reiteration of the importance of including guidelines on mandated reporting since so many adolescent females come to the Patient Receiving Unit.

In addition to these revisions, the team agreed that language in the guidelines should be gender neutral instead of gender specific and that it should include information about hate crimes. Finally, the team decided they needed to collaborate more closely with Intercultural Mutual Assistance Association to address issues of cultural competency.

The team requested that law enforcement's guidelines include explanations of each division's role, as well as a more thorough explanation of the role of the investigator. They felt the guidelines needed to be explicit as to whether or not a trained advocate or another support person could be in the room when the law enforcement officer interviews the victim. The team suggested that the investigator guidelines include a statement on the importance of using "covert calls," as this empowers the victim by confronting the assailant in a safe environment. They also felt that the guidelines should emphasize the importance of staying in contact with the victim or advocate regarding the likelihood that law enforcement would be making an arrest, and the general status of the case. The team discussed the possibility of having a case manager in law enforcement who would go to the investigator to find out the status of the case every two weeks.

The team's representative from law enforcement spoke with a captain from another law enforcement agency about calling an investigator to interview a victim after a patrol officer responded to the call. The two law enforcement professionals agreed that the preference is for an investigator to interview the victim rather than a patrol officer. However, the team wanted to ensure that patrol officers knew the basics of appropriate interviewing. The team decided that more advanced interviewing techniques would be addressed in the training of new police officers.

Finally, the team felt that the law enforcement guidelines needed to be more explicit in the description of the role of the school liaison officers. These officers are often perceived to be school employees. The Council decided that they will need to train school district employees on the guidelines so they understand the liaisons' roles as law enforcement officers if a victim does report to them, since there is often confusion about the responsibilities for mandated reporting.

The Council formed two subcommittees to address the last three steps in the eight-step Cycle. One worked on training and the other worked on monitoring and evaluation. The training committee's goal was to decide how the team should inform people about the guidelines. The goal of the monitoring and evaluation subcommittee was to work with an evaluation consultant (Professional Data Services) to create a plan to monitor how well the guidelines are being implemented and how effective they are at making the system more victim-centered.

Although the training subcommittee made little progress before the end of the fiscal year, the monitoring and evaluation subcommittee made some headway with their consultant. They discussed the difference between process and outcome evaluation, the purpose of the evaluation, who will use it, what the team wanted to learn, feedback on the collaborative process, and agencies' ability to adapt to the new guidelines. The team decided to monitor and evaluate agencies' response times. For example, the group planned to develop a tool to identify how soon an advocate is called out after the victim accesses the system, how long a victim is at the Patient Receiving Unit, how long it takes to investigate and charge a suspect in cases of sexual assault, and how the guidelines affect this.

In addition to the eight-step Protocol Development Cycle, the Olmsted County team made significant progress in the areas of the Bureau of Criminal Apprehension Training and a Site Consultation Conference. The Bureau of Criminal Apprehension and the team agreed to hold a half-day forensic training that covered information on the Bureau of Criminal Apprehension's evidentiary kit, medical evidence collection, and date rape drugs. The late April training emphasized the "why" behind evidence collection as opposed to the "how to," and the medical staff who attended were pleased. In addition, the team invited county board members and other community professionals to Wilder's presentation of the evaluation results from the prior year's evaluation.

Site conference

Olmsted's Council co-sponsored the STOP TA National Site Consultation (an effort to promote best practices to STOP grantees under the Violence Against Women Act) in Rochester, Minnesota. They were selected, in part, to highlight their member agencies' successes in working through the 8-Step Protocol Development Cycle. The conference was held in late October and occupied a large amount of the coordinator's and the Council's time during the first part of the fiscal year.

The first day of the conference was devoted to introducing the participants, describing the Model Protocol Project, and discussing how to coordinate a multidisciplinary response to sexual assault. There were opportunities to ask questions, and to discuss the successes and challenges of previous efforts in this area.

The second day of the conference started with a discussion of teaming for effective investigation and prosecution. In the afternoon, participants chose two workshops to attend. They were given the opportunity to chose from the following topics:

- Teaming the Medical Response

- Outreach to Underserved Populations
- Protocol Training for Law Enforcement
- Community Notification

They wrapped up the conference with a final workshop on the morning of the third day. Participants had three choices:

- Teaming Between Advocacy and Corrections
- University Based Advocacy
- Prevention Through Interactive Drama

Participants in the workshop provided positive feedback on their experience. The team compiled information from the conference, and attendees and presenters were featured in local newscasts. At least three newspaper articles about sexual assault were written in conjunction with the conference.

Collaboration study results

The results that follow are all based on the Collaboration Inventory conducted by Wilder Research Center staff with members of the Olmsted County Sexual Assault Inter-Agency Council. The survey instrument is intended to gauge how well member agencies are collaborating by identifying specific areas of strength and opportunities for improvement. The instrument has been used previously by Wilder Research Center with non-profit, governmental and other collaborative endeavors.

There were good response rates across agency type. Because of the small number of respondents and issues of confidentiality, all responses are categorized by agency type rather than by the specific agency (since most agencies had only one or two potential respondents each). There were six individuals from advocacy agencies who were targeted to be surveyed, and five responded for a response rate of 83 percent. Three individuals from law enforcement agencies and four individuals from medical agencies were targeted to be surveyed. All of these individuals responded for a response rate of 100 percent in both categories. Finally, two other individuals responded to the survey out of a possible of three targeted individuals (response rate = 67%), but cannot be classified into an agency type because of confidentiality issues. Therefore, these two surveys have been put into an "other" category. Figure 1 illustrates response rate by agency type.

1. Response rate by agency type

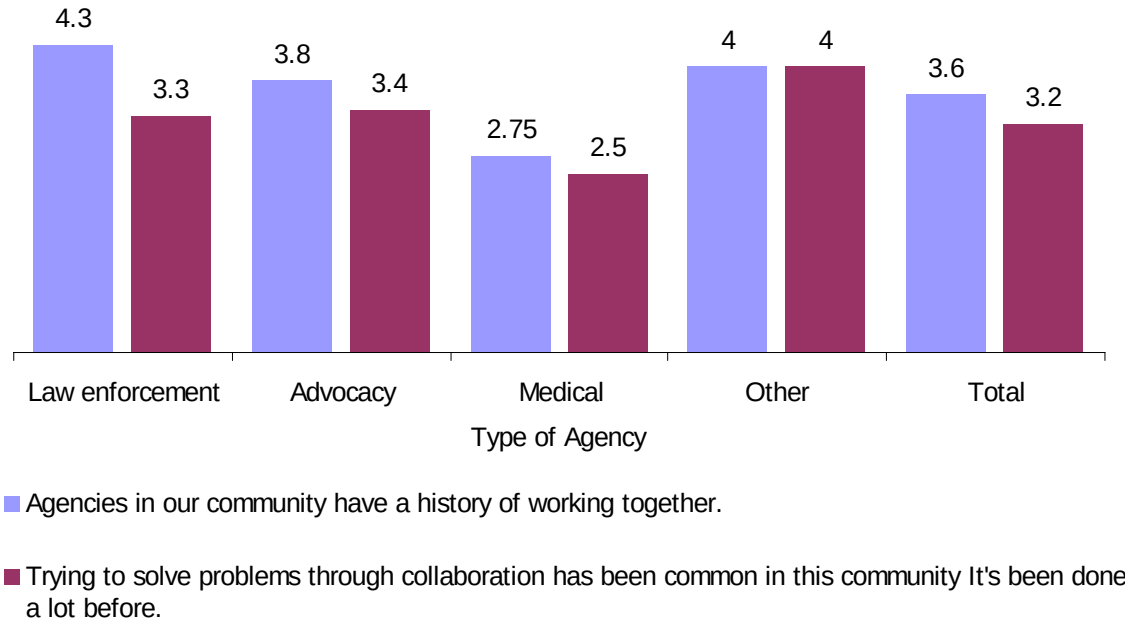
	Total	Completes	Response rate
Advocacy	**7**	**5**	**83%**
Sexual assault and battered women's advocates	5	4	80%
Culturally specific advocacy	2	1	50%
Law enforcement	**3**	**3**	**100%**
Police Departments	2	2	100%
Sheriff's Offices or Departments	1	1	100%
Medical	**4**	**4**	**100%**
Other	**3**	**2**	**67%**
Total	**17**	**14**	**82%**

The survey instrument includes 40 multiple-choice questions about collaboration that fit into 20 general factors of collaborative strength. Possible responses for the individual questions were 1=strongly disagree, 2=disagree, 3=neutral, 4=agree, and 5=strongly agree. Wilder analyzed the data by calculating mean (average) scores for each item and presenting these scores in bar charts. Scores of 4.0 or higher tend to indicate an area of strength and probably do not need special attention from the group. Scores from 3.0 to 3.9 are "borderline" and should be discussed by the group to see if they deserve attention. Scores of 2.9 or lower reveal a "concern" and should be addressed by the collaborative group. The results for each item are presented and interpretations of the scores on each factor are also discussed.

History of collaboration

The first factor addresses the team's history of collaboration or cooperation in the community. Question one stated: "Agencies in our community have a history of working together." The average rating across all agencies was 3.6 on this item, but the average rating from the medical agency respondents was 2.8. Question two stated: "Trying to solve problems through collaboration has been common in this community. It's been done a lot before." The average rating across all agencies was 3.2 and the respondents from the medical agencies rated this item quite low (2.5). The overall score for factor one was 3.5. See Figure 2 for the distribution of scores by agency type for factor 1.

2. History of collaboration or cooperation in the community (average scores by agency type)

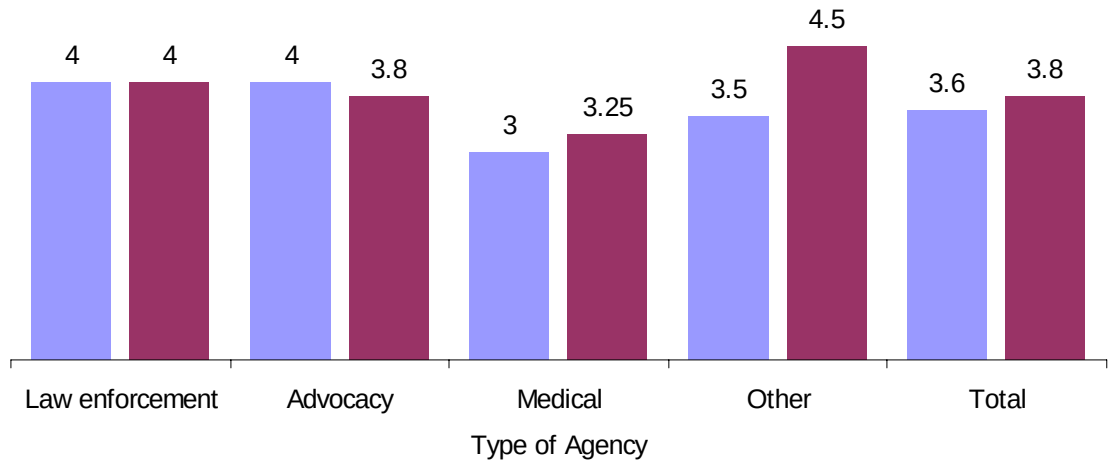


This suggests that the team members may want to discuss this item to determine if it deserves additional attention. However, a lack of prior collaborations is not *per se* an obstacle to continued collaboration among the agencies of the SAIC. Having a history of cooperation helps, but new groups can successfully form and continue operating.

Reputation of the group

The second factor in the collaboration inventory is related to whether or not the collaborative group is seen as a legitimate leader in the community. Question three asked respondents if they agreed or disagreed with the statement: "Leaders in this community, who are not part of our collaborative group, seem hopeful about what we can accomplish." The average rating of this item across all agency types was 3.6. The lowest rating was from respondents in the medical agencies; their average rating was 3.0. Question four stated: "Others (in this community) who are not part of this collaboration would generally agree that the organizations involved in this collaborative project are the 'right' organizations to make this work." The average rating across all agency types was 3.8. The medical agencies' average rating was lowest at 3.5 and the "other" agencies' average rating was highest at 4.5. The average factor score was 3.7. Figure 3 presents scores by agency type for these questions.

3. Collaborative group's reputation as leader in community (average scores by agency type)

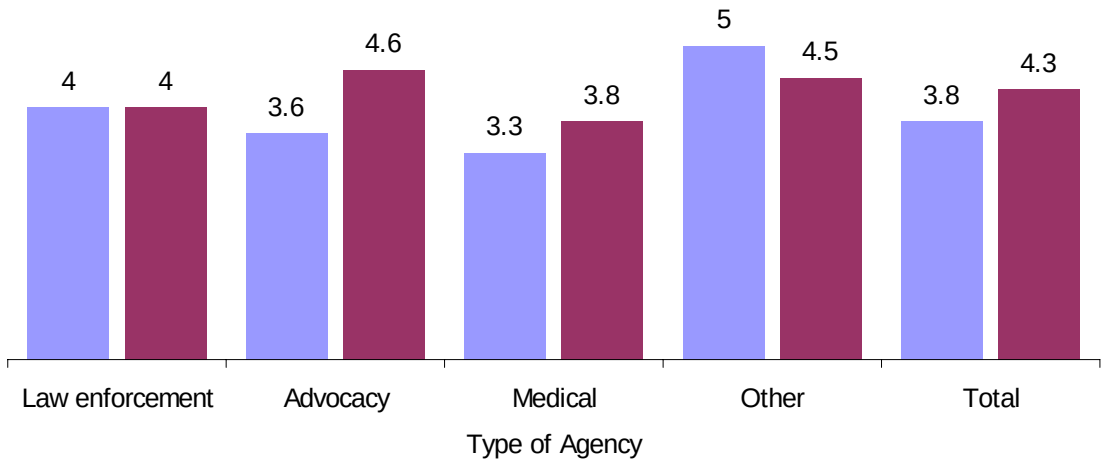


Again, these items did not reach the "desired" threshold of 4.0, but this may be due to the newness of this effort. Other community agencies may not have been fully aware of the work of SAIC or its potential when fully operational. Over time it may be important to revisit the items in this factor.

Political and social climate

Figure 4 presents respondents scores related to how favorable the political and social climate is in their community towards the work they are doing. The respondents were asked how much they agree or disagree with the statement: "The political and social climate seems to be 'right' for starting a collaborative project like this one." The average score for this question was 3.8. The medical agencies' average score was lowest, at 3.3, and the "other" agencies' average was highest, at 5.0. Question 6 asked respondents if they agree or disagree with the statement: "The time is right for this collaborative project." The average score for this question across agency type was 4.3, and the medical agencies (3.8) were the only type of agencies to have an average score less than 4.0. The overall average score for this factor was 4.1, which falls in the range associated with a collaborative strength.

4. Favorable political and social climate (average scores by agency type)

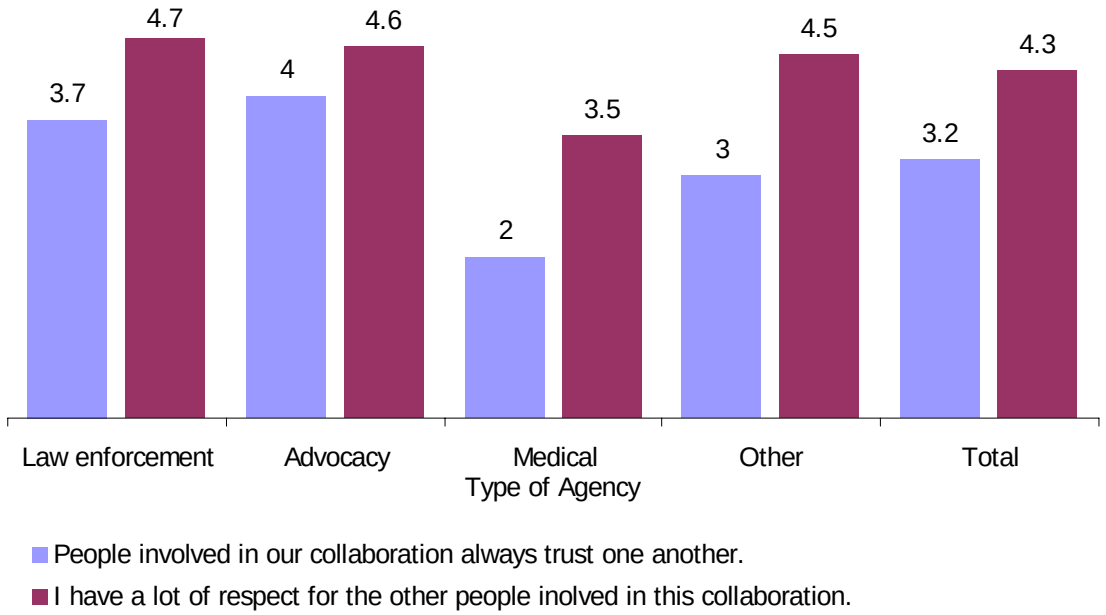


Relative to the other items in this survey, this factor was strongly endorsed by the numbers of the SAIC. Many of the average scores of the constituent agencies meet or exceed the "4.0" threshold.

Mutual respect, understanding, and trust

Question 7 asked respondents to agree or disagree with the statement: "People involved in our collaboration always trust one another." Advocacy agencies had the highest average score (4.0), and medical agencies had the lowest average score (2.0). The average score across agency type was 3.2. Question 8 asked respondents to agree or disagree with the statement: "I have a lot of respect for the other people involved in this collaboration." The average score across agency type for this item was 4.3, which is much higher than the other question for this factor. Again, the medical agencies had the lowest average score, at 3.5. The law enforcement agencies had the highest average score, at 4.7. Overall, the average score for Factor 4 is 3.8. See Figure 5 for a graphical representation of the responses to these questions.

5. Mutual respect, understanding, and trust (average scores by agency type)

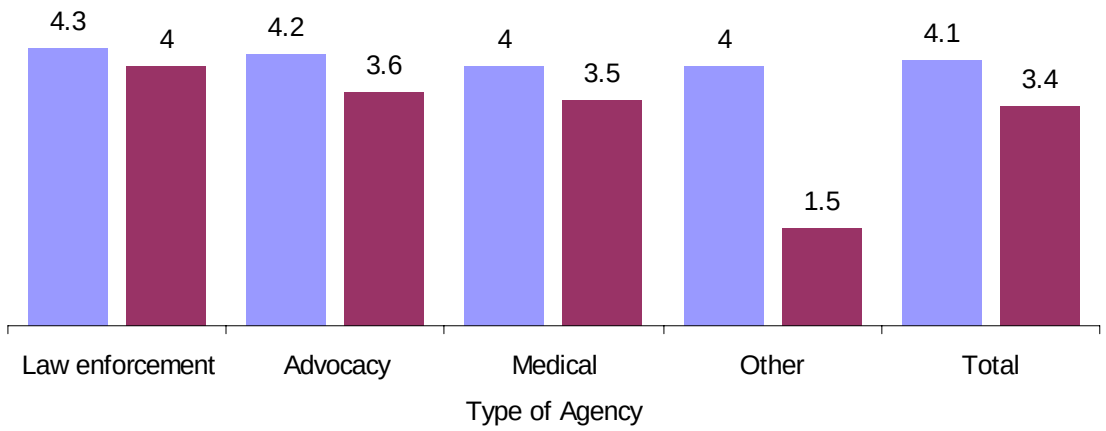


The results for this factor suggest an area of potential concern for the SAIC. Although some of the average scores for individual collaborating agency types are well above the desired threshold, the disparity in scores might make this issue worthy of some discussion by the team.

Appropriate mix of members

The average score for factor 5, which includes two questions about whether or not the collaborative has an appropriate cross-section of members, was 3.8. Question 9 states: "The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to accomplish." The average score was 4.1, with the lowest score being a 4.0, from both medical and "other" agencies. Law enforcement agencies' average score was highest, at 4.3. Question 10 asked respondents to agree or disagree with the statement: "All the organizations that we need to be members of this collaborative group have become members of the group." The average score for "other" agencies was lowest, at 1.5. The highest score was 4.0, from law enforcement agencies. The average score for this question across agency type was 3.4.

6. Appropriate cross-section of members (average scores by agency type)

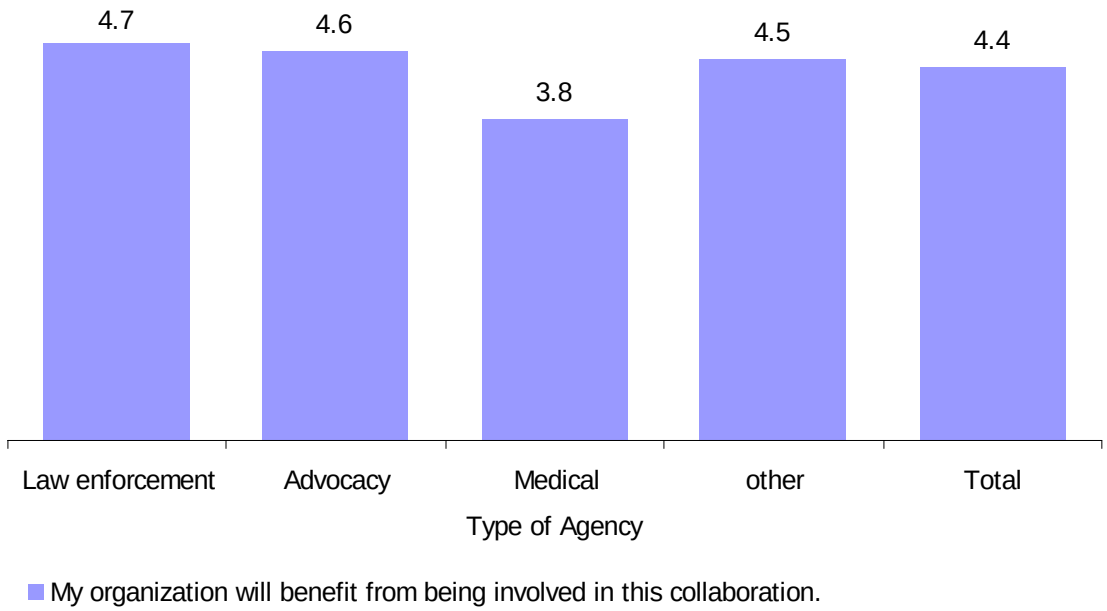


Since the score for question 10 was so much lower than the score for question 9, any attempt to deal with this issue should focus on involving the appropriate organizations within the *already defined* types rather than trying to find *different* types of organizations to join the collaboration. Figure 6 presents these results.

Corresponding self-interests of the agency

Factor 6, which assesses whether or not members see the collaboration as in their self-interest includes only one question. Question 11 stated: "My organization will benefit from being involved in this collaboration." The average score across agencies was 4.4. The medical agencies reported the lowest average score, at 3.8. Law enforcement had the highest average score, at 4.7. Figure 7 presents these results.

7. Collaboration is in self-interest (average scores by agency type)

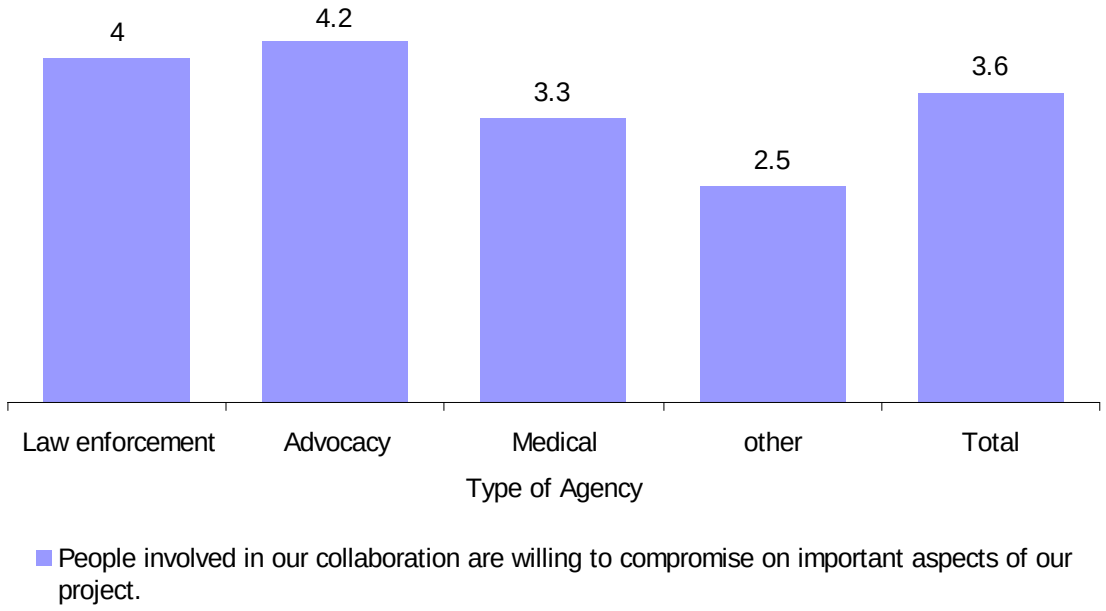


There appears to be a strong endorsement of this item by the participating agencies and further discussion of how to incorporate the interests of the agencies is probably not needed at this time.

Willingness to compromise

Respondents were asked how much they agreed or disagreed with the statement: "People involved with our collaboration are willing to compromise on important aspects of our project" (factor 7). The average score across agencies for this item was 3.6. The "other" agencies had the lowest average score, at 2.5, and the advocacy agencies reported the highest average score, at 4.2. Figure 8 is a graphical representation of this factor.

8. Ability to compromise (average scores by agency type)

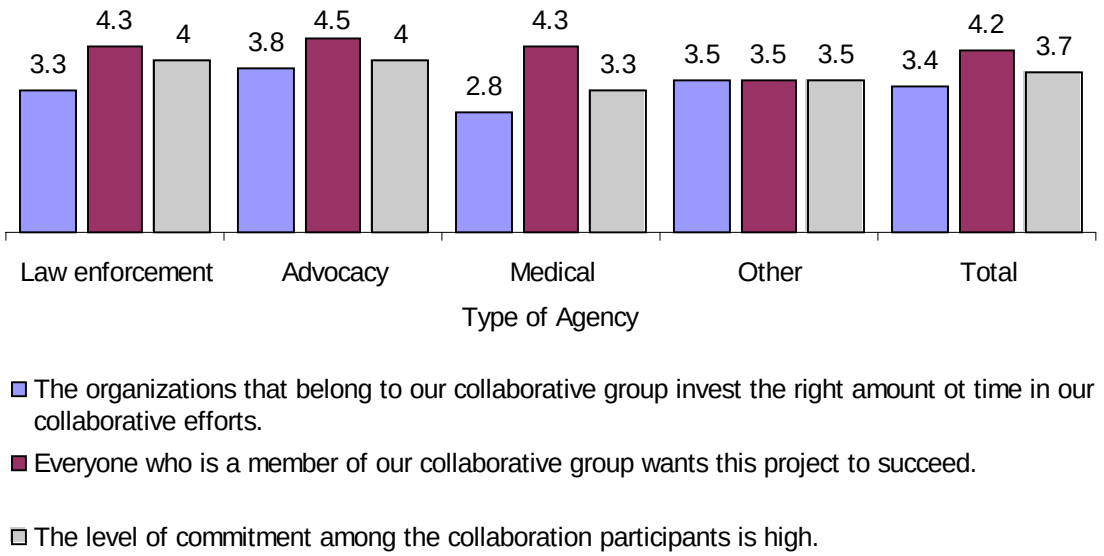


There appears to be some reticence to fully embrace this factor. The importance of compromising for the sake of enhancing the mutual objectives of the SAIC might be worth examining by the team.

Shared stake in the process and outcomes

Respondents were asked three questions about members sharing a stake in the process and outcomes of the project (factor 8). The average score for this factor was 3.7. The first question they were asked (question 13) was whether they agreed or disagreed with the statement: "The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts." Medical agencies' average score was lowest, at 2.8, and advocacy agencies' average was highest, at 3.8. The average score across agency type was 3.4. Question 14 stated: "Everyone who is a member of our collaborative group wants this project to succeed." The average score across agency type for this item was 4.2. Again, the range between the highest score (4.5, advocacy) and the lowest score (3.5, "other") is one point. Question 15 asked respondents to agree or disagree with the statement: "The level of commitment among the collaboration participants is high." Both law enforcement and advocacy agencies had average scores of 4.0. Medical agencies' average score was 3.3 and "other" agencies' average score was 3.5. Figure 9 presents these results.

9. Members share a stake in process and outcomes (average scores by agency type)

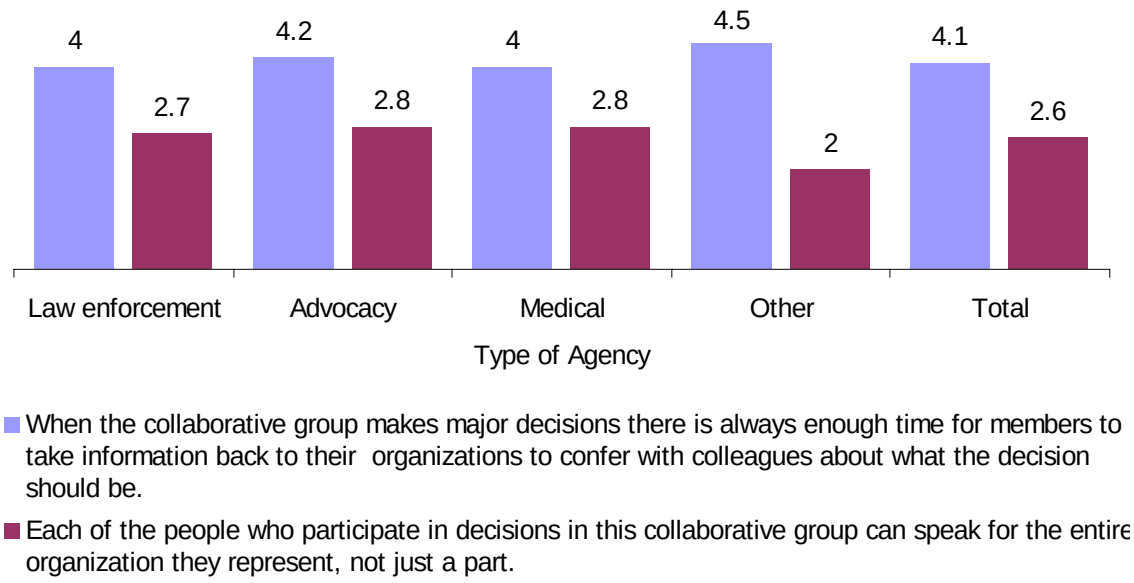


In general, though the desire for success among the agencies may be perceived to be strong, there is enough variation in the responses to the other items in this factor that a discussion of both the time and commitment level that is expected of the agency partners should be discussed. It may be useful to reach a group of group consensus and reaffirm these expectations.

Decision-making

The next part of the survey covered the multiple layers of decision-making (factor 9). Question 16 asked respondents to agree or disagree with the statement: "When the collaborative group makes major decisions there is always enough time for members to take information back to their organizations to confer with colleagues about what the decision should be." The average score across agency type for this item was 4.1, and no agency type had an average score below 4.0. Question 17 stated: "Each of the people who participate in decisions in this collaborative group can speak for the entire organization they represent, not just a part." Average score on this item were considerably lower than for question 16. The average score across agency type was 2.6. The lowest score, from "other" agencies, was 2.0. The highest score, from respondents who were part of medical agencies, was 2.8. Figure 10 presents these results.

10. Multiple layers of decision-making (average scores by agency type)

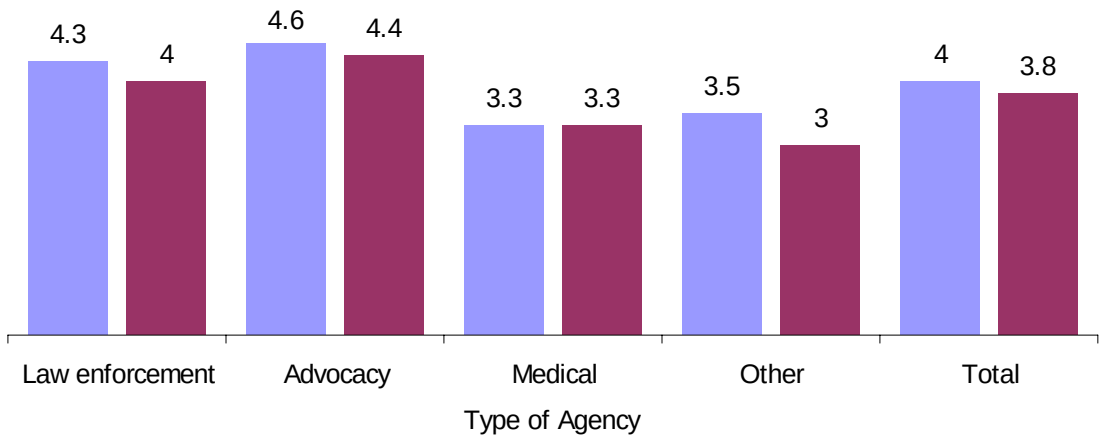


The main issue presented by these findings is the need to have fully "empowered" members. The inability of some participants to speak for their entire organization when making decisions within the collaboration may require further discussion and consideration by the group. Successful collaborations are strengthened by having members who either have full decision-making power or who are empowered to use specific decision-making authority and discretion.

Flexibility

Question 18 stated: "There is a lot of flexibility when decisions are made; people are open to discussing different options." The average score across agency type for this item was 4.0. The advocacy agencies had the highest average score, at 4.6. The medical agencies had the lowest average score, at 3.3. Question 19 asked respondents to agree or disagree with the statement: "People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working." "Other" agencies had the lowest average score, at 3.0, and advocacy agencies had the highest average score, at 4.4. The average score for this item across agency type was 3.8. The average score for this factor was 3.9. Figure 11 presents these results.

11. Flexibility (average scores by agency type)

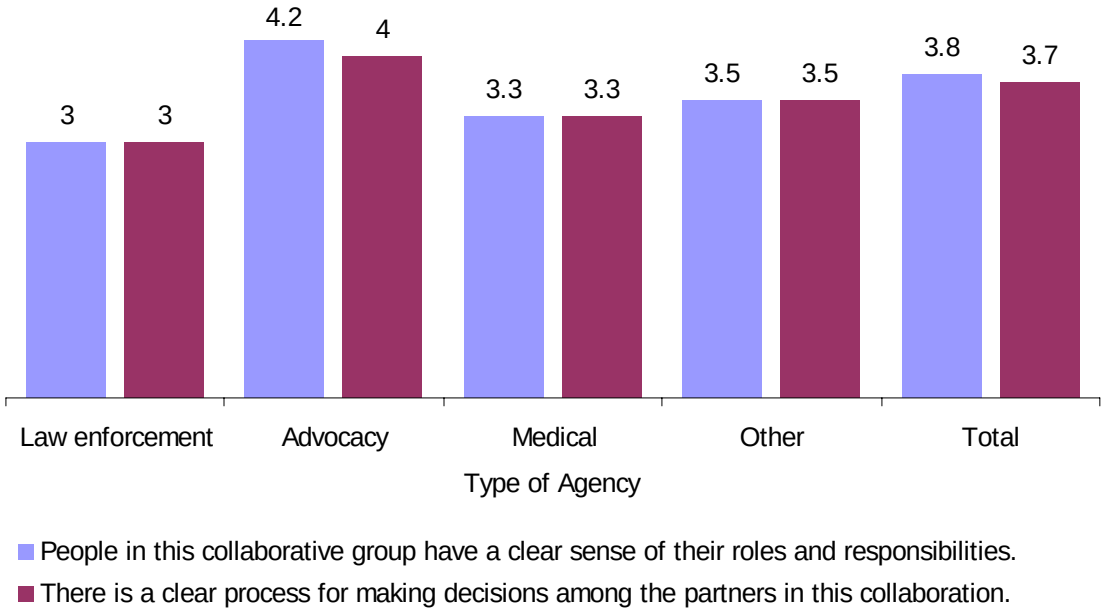


Again, although there appears to be some concerns expressed by the medical agencies, the average scores across all agencies on the items pertaining to flexibility and openness to alternatives suggest that this area does not require a discussion or further exploration by the SAIC.

Clarity of roles and policy guidelines

Factor 11 is related to development of clear roles and policy guidelines. Question 20 asked respondents to agree or disagree with the statement: "People in this collaborative group have a clear sense of their roles and responsibilities." The average score for this item was 3.8. The highest average score was from advocacy (4.2) and the lowest was from medical (3.3). Question 21 stated: "There is a clear process for making decisions among partners in this collaboration." The average score for this item across agency type was 3.7. Both law enforcement and advocacy agencies had average scores of 4.0. "Other" agencies' average score was 3.5, and medical agencies' average score was 3.3. Therefore, the average score for this factor was 3.8. Figure 12 presents these results.

12. Development of clear roles and policy guidelines (average scores by agency type)

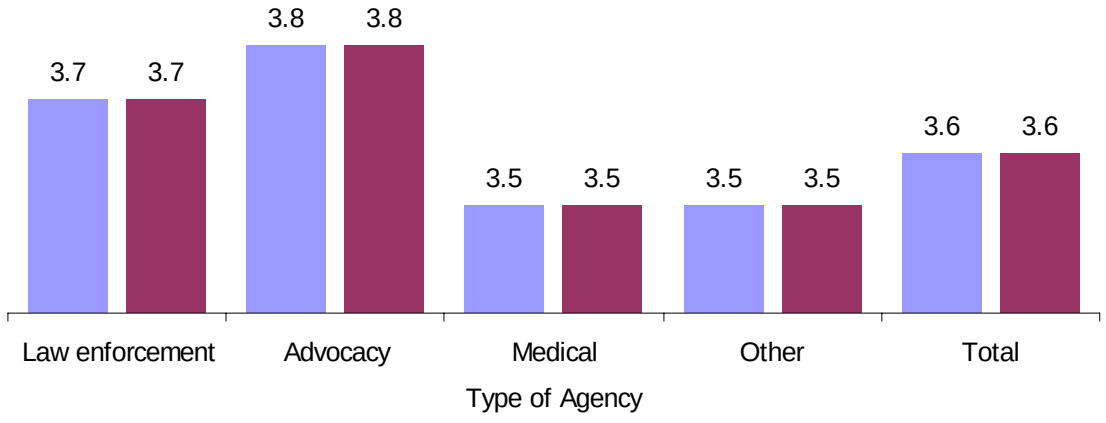


Both items making up the "clarity factor" received average, across agency scores of 3.8 which would be considered "high and borderline" average scores. There is considerable inter-item agreement among the scores for these items. Periodic review of roles and responsibilities may be an important discussion point for the group.

Adaptability

Factor 12 deals with adaptability. Question 22 asked respondents to agree or disagree with the statement: "This collaboration is able to adapt to changing conditions, such as fewer funds than expected, changing political climate, or change in leadership." The scores for this item did not range much by agency type; the highest average score was 3.8 (from advocacy agencies) and the lowest average score was 3.5 (from both medical agencies and "other" agencies). The average score for this item across agency type was 3.6. Question 23 asked respondents to agree or disagree with the statement: "This group has the ability to survive even if it had to make major changes in its plans or add some new members in order to reach its goals." Again, the average score for this item across agency type was 3.6, and again, there was a very small range between the highest (3.8 for advocacy) and lowest (3.5 for both medical and "other") scores. Figure 13 presents a graphical representation of these results.

13. Adaptability (average scores by agency type)

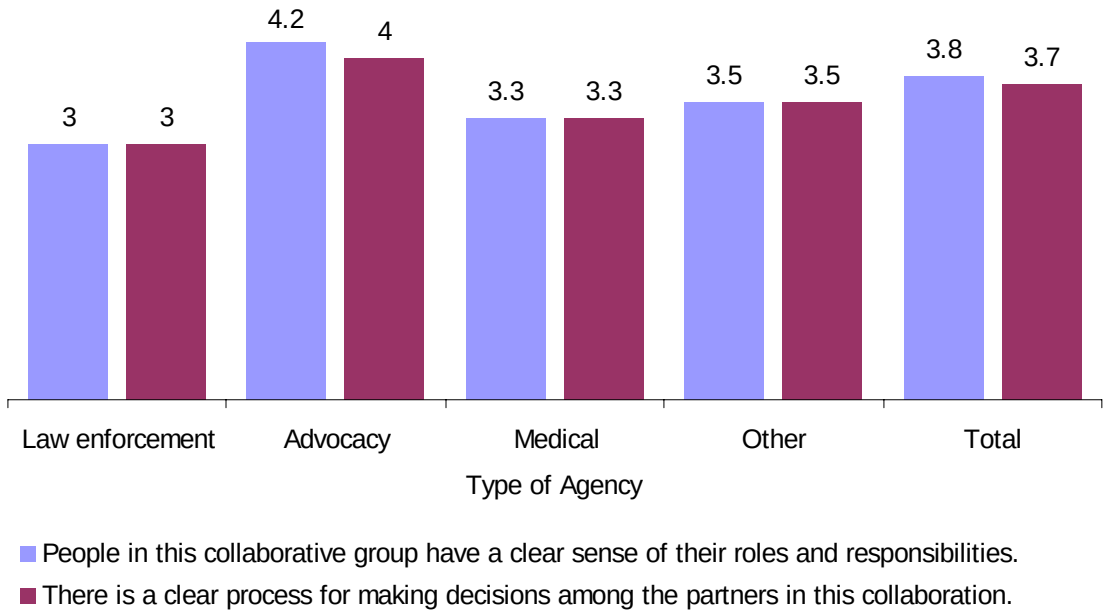


The relative agreement among groups on these items is an encouraging indication of consensus about the SAIC's capacity to adapt. If the current operating environment of the group should change significantly over time, it would become important to revisit this factor.

Pace of development

Question 24 asked respondents to agree or disagree with the statement: "This collaborative group has not tried to take on too much at too fast a pace." The average score across agency type for this item was 3.9. All of the agencies' average scores were 4.0, except the medical agencies' average score, which was 3.5. Question 25 stated: "We are currently able to keep up with the work necessary to coordinate all the people, organizations, and activities related to this collaborative project." Again, all of the agencies' average scores were 4.0, except the medical agencies, whose average score was 3.3. The overall average score across agency type for this item was 3.8. Therefore, the overall average score for factor 13, which deals with appropriate pace of development, was 3.8. See Figure 14 for a representation of these data.

14. Appropriate pace of development (average scores by agency type)

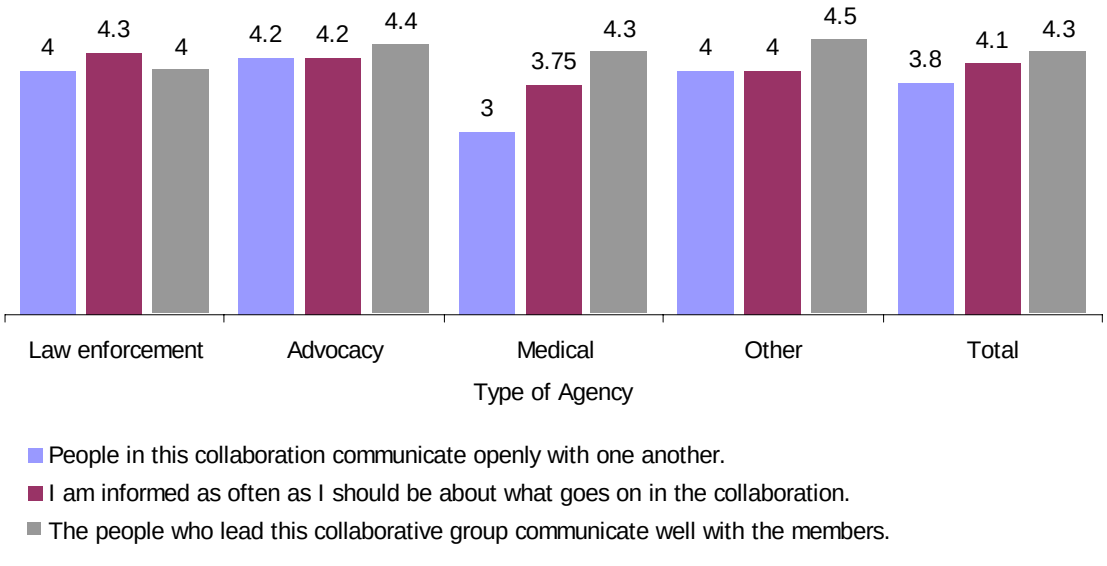


There is a fair degree of consensus among the agencies that the pace of implementation is appropriate. Further discussion of this factor is probably not warranted at this time.

Communication among group members

Factor 14, which assessed the quality of communication, had an average score of 4.0. Three questions are involved in this factor. Question 26 stated: "People in this collaboration communicate openly with one another." The average score across agency type for this item was 3.8. The highest average score (4.2) came from advocacy agencies, and the lowest (3.0) came from medical agencies. Question 27 asked respondents to agree or disagree with the statement: "I am informed as often as I should be about what goes on in the collaboration." The average score for this item was 4.1. The only score below 4.0 was for medical agencies, whose average score was 3.8. Finally, question 28 stated: "The people who lead this collaborative group communicate well with the members." The average score for this item, across all agency types, was 4.3. The scores ranged from an average of 4.0 for the law enforcement agencies to an average of 4.5 for the "other" agencies. Figure 15 represents these results.

15. Open and frequent communication (average scores by agency type)

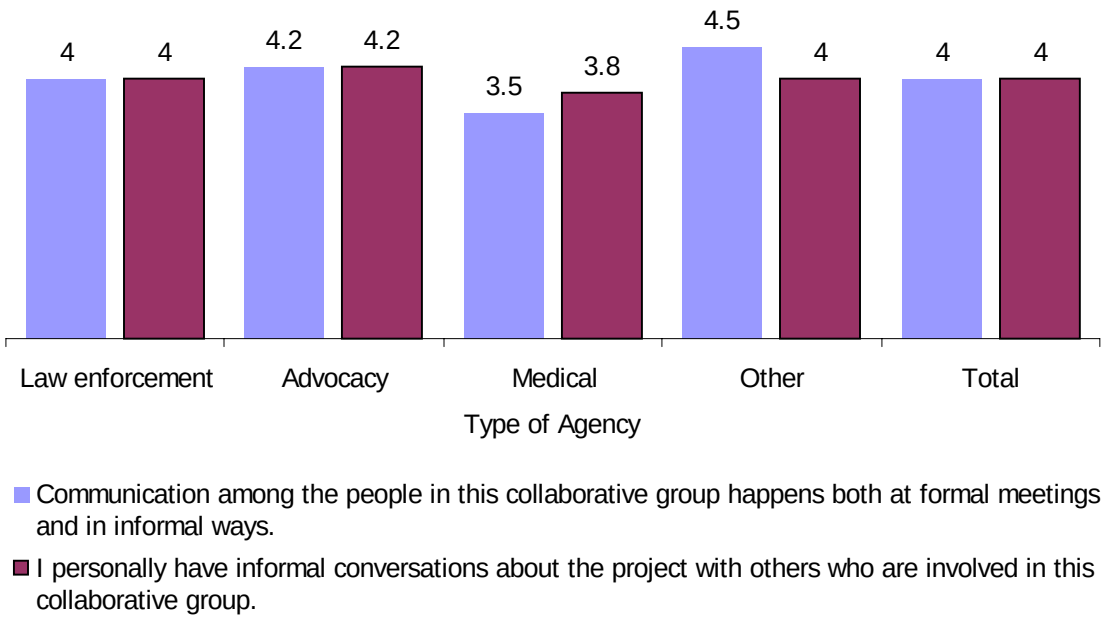


No problems with communication are perceived at this time. The average scores of the agencies for these items indicate that most are quite comfortable with the level and degree of openness of the communication among collaborative members.

Other communication links

Factor 15, which had an average score of 4.0, is related to established informal relationships and communications links. Question 29 asked respondents to agree or disagree with the statement: "Communication among the people in this collaborative group happens both at formal meeting and in informal ways." The average score for this item was 4.0. The lowest score, from medical agencies, was 3.5. The highest score, from "other" agencies, was 4.5. Question 30 stated: "I personally have informal conversations about the project with others who are involved in this collaborative group." The average score for this item across agency type was also 4.0. Advocacy agencies had the highest average score, at 4.2, and medical agencies had the lowest average score, at 3.8. See Figure 16 for a representation of these results.

16. Established informal relationships and communications links (average scores by agency type)

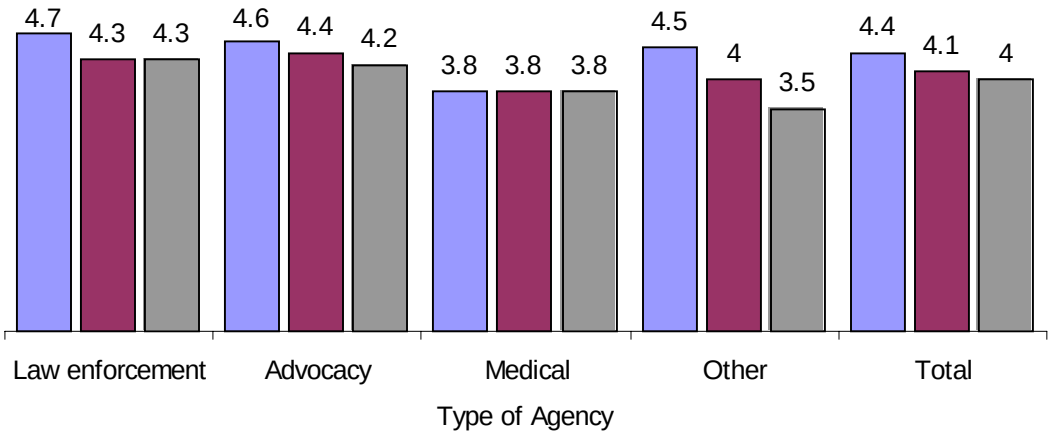


As with the previous factor on communication, the group's level of support for and agreement with these additional items (pertaining to informal communications) are not in need of further consideration at this time.

Attainable goals

Factor 16, which deals with concrete, attainable goals and objectives, had an average score of 4.2. Question 31, which stated: "I have a clear understanding of what our collaboration is trying to accomplish," had an average score across agency type of 4.4. Medical agencies reported the lowest average score (3.8), which was the only score below 4.0. The highest average score, 4.7, came from law enforcement agencies. Question 32 asked respondents to agree or disagree with the statement: "People in our collaborative group know and understand our goals." The average score for this item across agency type was 4.1. Again, medical agencies were the only type of agency reporting average scores below 4.0. The highest average score for this item came from advocacy agencies (4.4). Question 33 asked respondents to agree or disagree with the statement: "People in our collaborative group have established reasonable goals." The average score for this item across agency type was 4.0. The highest average score, 4.3, came from law enforcement agencies, and the lowest average score, 3.5, came from "other" agencies. Figure 17 presents these results.

17. Concrete, attainable goals and objectives (average scores by agency type)

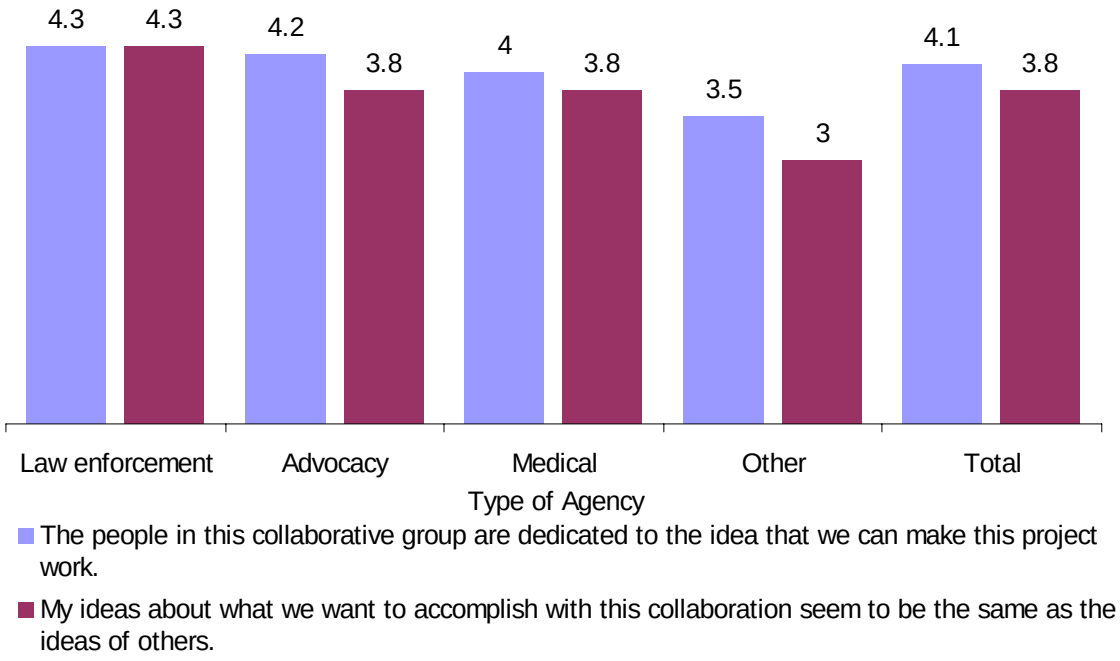


The goals of the project are clearly known and appear to be strongly supported by the member agencies of the SAIC.

Shared vision

Question 34 asked respondents to agree or disagree with the statement: "The people in this collaborative group are dedicated to the idea that we can make this project work." The average score across agency type for this item was 4.1. The lowest average score (3.5) came from "other" agencies and the highest average score (4.3) came from law enforcement agencies. Question 35 stated: " My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others." The average score for this item across agency type was 3.8. The highest average score, from law enforcement agencies, was 4.3. The lowest average score, from "other" agencies, was 3.0. The combined average score for this factor was 4.0. Figure 18 presents these results.

18. Shared vision (average scores by agency type)

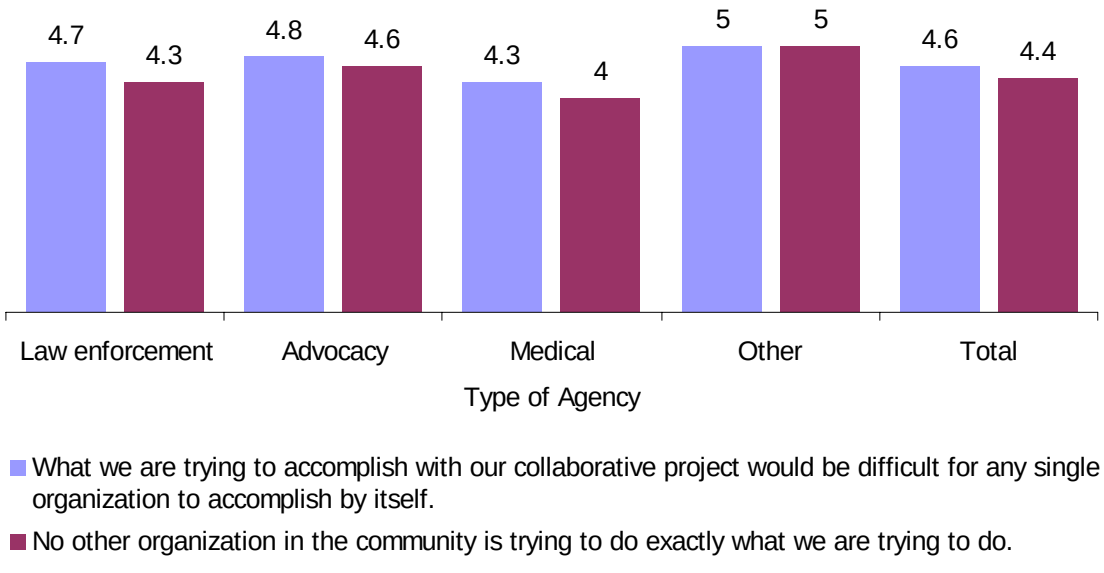


The members of the SAIC have sufficient agreement with the two items making up this factor, such that further discussion of the mission/vision of the Council is not deemed necessary at this time.

Unique purpose

Factor 18, which deals with the uniqueness of the collaboration's purpose, had an average score of 4.6. Question 36 asked respondents to agree or disagree with the statement: "What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish by itself." The average score across agency type for this item was 4.6. The highest average score (5.0) came from "other" agencies, and the lowest average score (4.3) came from respondents who are part of medical agencies. Question 37 stated: "No other organization in the community is trying to do exactly what we are trying to do." The lowest average score (4.0) came from medical agencies, and the highest average score (5.0) came from "other" agencies. The overall average across agency type for this item was 4.4. Therefore, the average score for this factor was 4.6. See Figure 19 for a representation of these results.

19. Unique purpose (average scores by agency type)

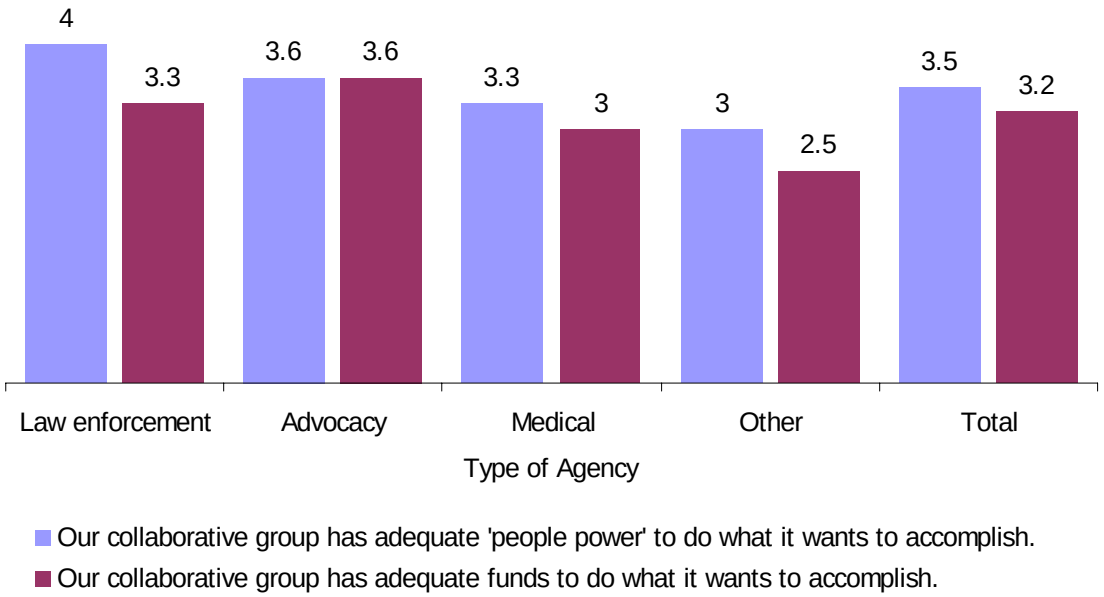


The uniqueness of the SAIC's mission is clearly evident and well understood by the member agencies. The importance of having a collaborative arrangement to carry forward the mission is also firmly established and does not require further discussion by the group at this time.

Sufficient resources

Factor 19 had an average score of 3.4. This factor deals with sufficient funds, staff, material, and time. Question 38 stated: "Our collaborative group has adequate funds to do what it wants to accomplish." The average score across agency type was 3.2. The lowest average score, which was from "other" agencies, was 2.5. The highest average score for this item was 3.6; it came from respondents who were part of advocacy agencies. Question 39 asked respondents to agree or disagree with the statement: "Our collaborative group has adequate 'people power' to do what it wants to accomplish." The lowest average score for this item (3.0) came from respondents who were part of "other" agencies. The highest average score (4.0) came from respondents who were part of law enforcement agencies. Figure 20 presents these results.

20. Sufficient funds, staff, material, and time (average scores by agency type)

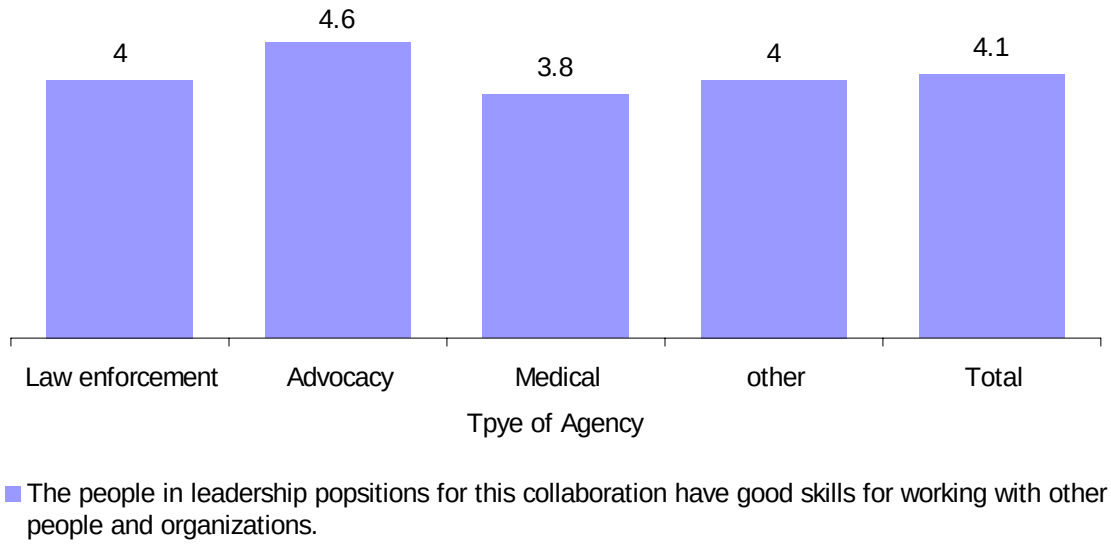


Based on these findings, the SAIC may wish to reconsider and discuss further the adequacy of the current resources devoted to this endeavor.

Skilled leadership

The last factor (number 20) deals with skilled leadership. This factor only has one question, which stated: "The people in leadership positions for this collaboration have good skills for working with other people and organizations." The average score on this factor was 4.1. The respondents from advocacy agencies had the highest average score (4.6) and the respondents from medical agencies had the lowest average score (3.8). See Figure 21 for a representation of these results.

21. Skilled leadership (average scores by agency type)



The scores for this item indicate that the agencies are in agreement with the statement and appear to differ very little in terms of their perspective on this issue. The scores are very tightly distributed; the average scores of three of the four types of agencies were above the desired threshold (4.0).

Conclusions

Based on the results of this inventory, it appears that Olmsted County's SAIC is mostly positive and effective in strengthening the victim-centered response to sexual assault. In fact, there were not any total factor scores that would indicate a definite need for discussion (scores ranging from 2.0 to 2.9). Overall, there were seven factors that had scores of 4.0 to 4.9, which indicated the strengths of the collaboration. The biggest strength of this collaboration is **unique purpose**, which indicates that there are not any other organizations in Olmsted County trying to do exactly what this collaboration is trying to accomplish. The next most visible strength of this collaboration, according to the inventory, is that members see the **collaboration as in their self-interest**. In other words, respondents felt as if their organization would benefit from being involved in this collaboration. It should be noted however, that the medical agencies rated this factor at 3.8, which is considerably lower than the other types of agencies. Finally, respondents see the **collaboration has having concrete, obtainable goals**. This means that participants felt like they understood the goals of the collaboration, they felt like the other members of the team understood the goals, and they felt the goals were reasonable and attainable. This was the third highest scoring factor on the inventory. Again, respondents from medical agencies gave lower scores on this factor than did respondents from other types of agencies, except for the last item (which asked respondents to assess whether or not the goals are reasonable), which was also scored low by respondents from agencies in the "other" category.

There were no factors that received scores in the problematic range (2.0 to 2.9), but there were three factors that received scores in the lower half (3.0 to 3.5) of the "borderline" or questionable range. These scores indicate a possible need to discuss these issues, or at the very least to continue monitoring them for future problems. First, of these factors dealt with **multiple layers of decision-making** and **sufficient funds, staff, material, and time**. Both received scores of 3.4. Dealing with multiple layers of decision-making is related to who makes the decisions within each organization and who makes the decisions within the collaboration. The low score on this factor is entirely attributable to the second item in the factor, related to if the decision-makers in the collaboration can speak for the entire organization they represent, or just a part of it. It is understandable that members of this collaboration could not speak for their entire organizations when making decisions, considering that there were members of a large police department and members from very large medical facilities responding to this survey. However, it is important to have representatives with an appropriate amount of authority if the changes that the collaborative envisions are to take effect.

Factor 19, dealing with **staffing and funding**, was likely to receive low ratings, especially as there are many non-profits are involved in the collaboration. This is a factor that cannot be influenced much by the team members, although if it becomes a serious drawback they might consider looking for grants or other sources of additional funding. Medical and "other" types of agencies scored lower on this factor than did the advocacy and law enforcement agencies. Currently, the medical industry is facing an overall staffing crunch, so the lack of staff probably carried over to this project from an industry-wide problem.

The third lowest ranked factor was **history of collaboration or cooperation in the community**. Again, this factor cannot be influenced by current team members, but it is useful to know if the team is working in a community that has a strong background or history with collaborations. It was mainly the low scores received from the respondents in medical agencies that lowered this factor into the "revisit and discuss" range. The average scores from all of the other types of agencies were within acceptable ranges on both items.

Finally, the Olmsted Sexual Assault Inter-Agency Council should be commended for its hard work on the site consultation and the detailed care its members have taken to craft their guidelines. The Council is effective at getting its work done and publicizing its efforts to the broader community. The collaboration study data show that the Council's team members are committed to working together as a team to improve Olmsted County's response to sexual assault.

Recommendations

Overall, this is a very positive inventory of the Sexual Assault Inter-Agency Council in Olmsted County. While this collaboration is rated very highly by respondents, one issue that may need some discussion is the inability of some participants to speak for their organizations when making decisions within the collaboration. If the individuals who participate in the collaboration either had full decision-making authority or could use powers delegated to them by the agency authority then, this problem may be reduced or eliminated.

The Council may want to focus on securing additional funds for the collaboration's efforts. Also, it may be useful to illustrate the positive effects of similar collaborative efforts in *other* communities to provide an example for the participants in this collaboration who report lacking a history of collaboration in their own community. In general, respondents view this collaboration as having a unique purpose with commonly understood, attainable goals. Further, respondents think this project will benefit their own organizations as well. The fact that the medical agencies almost always gave lower scores than did the other types of agencies could be attributed to the fact that many of the medical agencies were slow to get involved in this collaboration, and therefore, may not have felt they had much influence over the decisions being made. Further discussion of issues including resources (staff, funding, and time) and dealing with multiple layers of decision-making have been recommended.