

SANE SUSTAINABILITY PROJECT EVALUATION

FINAL EVALUATION REPORT



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EXECUTIVE SUMMARY

The purpose of the SANE Sustainability Project was to provide programmatic technical assistance to SANE programs struggling to maintain operation. The Sustainability Project provided on-site technical assistance to SANE program staff as well as their community partners. The site visits were conducted by a team of two forensic nurses, who had completed an intensive train-the-trainer program that provided instruction on program operations, management and staffing, budgeting, and other key issues that threaten the sustainability of SANE programs.

Technical assistance site visits were conducted with six SANE programs in the first year of the Sustainability Project, and four programs in the second year. To identify these programs, the Project was advertised to all SANE programs operating in the United States, and programs with self-identified sustainability struggles were invited to apply for assistance. The application process required programs to summarize their key challenges and concerns, as well as resources they have available to them to address these problems.

The Sustainability Project was independently evaluated by two Ph.D.-level researchers/evaluators. The evaluation examined:

- 1) The extent to which the train-the-trainer program adequately prepared the forensic nurse consultants to provide on-site technical assistance
- 2) The extent to which the technical assistance site visits provided practical assistance to programs
- 3) Whether that assistance was ultimately useful in promoting programmatic changes.

Evaluation surveys and interviews with the forensic nurse consultants indicated that the train-the-trainer program was effective in preparing them for their site visits. In particular, the small and large group discussions during the training helped the consultants understand there were many ways to solve a problem and that solutions often need to be custom-tailored to the needs of a specific community.

The SANE programs coordinators who were the recipients of the technical assistance site visits were interviewed by the evaluation team. The coordinators indicated that the technical assistance provided by the consultants was helpful and responsive to their programs' needs. Program staff reported that they felt hopeful as a result of the technical assistance, and some noted that they likely would have had to terminate SANE services in their community if they had not received the technical assistance.

The technical assistance site visits were instrumental in promoting long-term programmatic changes. All program coordinators indicated that they began implementing the consultants' suggestions immediately and were seeing a positive impact on their programs. All sites receiving technical assistance achieved numerous successes in stabilizing and strengthening their programs, and these positive effects can be directly attributed to the efforts and activities in the site visits.

Specifically, the programs exhibited positive changes in four areas after receiving technical assistance:

1) Program coordinators expressed feeling

more confident about their programs and their abilities to manage their programs. In addition, the program coordinators felt motivated to change their operations and felt encouraged to continue the SANE services in their community.

2) All programs implemented changes in their personnel policies and practice (e.g., staffing expectations, training) as a direct result of the technical assistance they received.

3) Program coordinators noted that their relationships with their community partners improved after the site visits (e.g., increased communication, coordination, and collaboration).

4) All programs made changes in the services they provide (and how they are provided) to reflect current best practices in the care of sexual assault patients.

Program coordinators also noted that they were actively engaged in longer-term activities to enhance the sustainability of their programs, including: changes in personnel training and retention; development of multidisciplinary response teams; on-going improvements in services and patient care; and strengthening the financial operations of the program.

The results of this evaluation indicated that the SANE Sustainability Project provided useful, responsive on-site technical assistance that produced significant programmatic changes in the selected programs.



OVERVIEW

SANE SUSTAINABILITY PROJECT

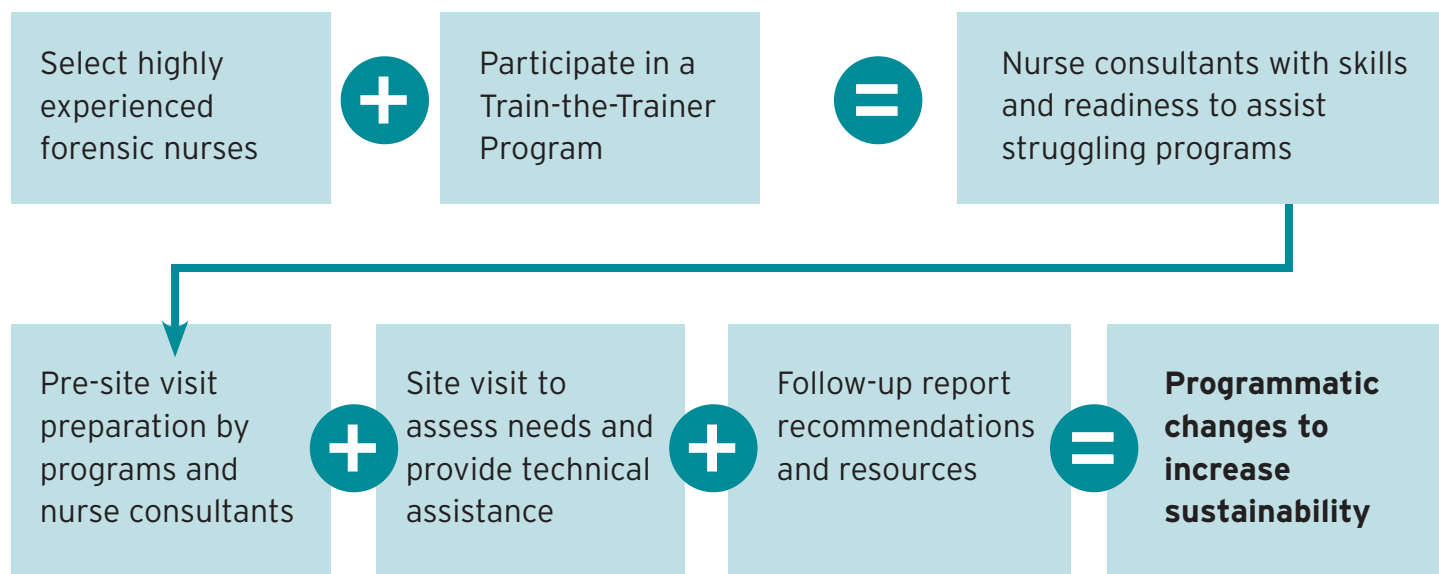
The purpose of the SANE Sustainability Project was to provide programmatic technical assistance to SANE programs struggling to maintain operation. Some common problems that threaten the sustainability of SANE programs include (but are not limited to):

- Providing 24/7 coverage
- Recruiting and retaining nurses
- Creating policies and procedures for program operation
- Addressing personality/interpersonal conflicts among staff
- Handling payment/finances/billing/fundraising
- Balancing nursing practice/focus with forensic work
- Combating professional isolation and connecting to national, state, and regional resources
- Conducting outreach and publicity
- Collaborating with advocacy organizations and other stakeholders

To respond to these needs, the SANE Sustainability Project provided on-site technical assistance to SANE program staff as well as

their community partners. The site visits were conducted by a team of two forensic nurses, who had completed a train-the trainer program conducted by the Project Coordinators, Dr. Jenifer Markowitz and Ms. Sally Laskey. The nurses who participated in the train-the trainer program were highly experienced practitioners, nationally recognized for their expertise in

SANE program operation. The purpose of this training was to pool the talents of these nurses, and prepare them for assessing programmatic sustainability problems and providing hands-on assistance to program staff. The intended theory of change for this Project is represented in the figure below.



Technical assistance site visits were conducted with six SANE programs in the first year of the Sustainability Project, and four programs in the second year. To identify these programs, the Project was advertised to all SANE programs operating in the United States, and programs with self-identified sustainability struggles were invited to apply for assistance. The application process required programs to summarize their key challenges and concerns, as well as resources they have available to them to address these problems. The applications were reviewed by the Project Coordinators (Dr. Markowitz and Ms. Laskey) as well as by the Project Evaluators (Drs. Campbell and

Patterson). Programs were rated based on their perceived need for assistance and degree to which those needs were within the scope of the Project. The focus of the Project was to develop the internal programmatic capacity of SANE programs, so programs in need of extensive help with external capacity issues, such as SART development and/or state coordination issues, were not prioritized for technical assistance site visits. Site selection was reached by consensus voting among the Project Coordinators and Evaluators. Final site selection was reviewed and approved by OVW prior to the initiation of any technical assistance activities.

THE EVALUATION PROJECT

Drs. Campbell and Patterson were contracted to perform an evaluation of the Sustainability Project. This evaluation was guided by Michael Quinn Patton's Utilization Focused Evaluation (UFE) approach, which emphasizes how program evaluation findings can be useful to stakeholders for program improvement. In contrast to some evaluation approaches, which emphasize making evaluative judgments of programs' successes and failures, UFE evaluations focus on providing developmentally-focused feedback to project stakeholders for program improvement. The UFE framework was appropriate for this project because this was an emergent intervention, which by its very nature, must adapt and evolve according to on-site conditions and needs. Developmental evaluative feedback identifies areas of strength as well as issues that need modification as the intervention continues.

The evaluation of the Sustainability Project consisted of two primary components: 1) assessment of the train-the-trainer program (see interim report entitled "Evaluation of the NSVRC SANE Sustainability Project: The Train the Trainer Program Report," submitted 9/25/07); and 2) evaluation of the program site visits for Years 1 and 2 (which is the focus of this final report).

The purpose of the site visit evaluations was to document the nature of technical assistance provided by the consultants, and assess the degree to which their assistance has been useful to the selected programs. Six programs were selected for site visits in Year 1 and four programs were selected for Year 2. The

evaluators conducted in-depth qualitative phone interviews with the nurse consultants who provided on-site technical assistance. We also conducted companion interviews with the program coordinators at nine of the ten sites who were the recipients of the technical assistance (one program coordinator declined to participate in the evaluation interview). The methods and procedures used in this evaluation were approved by the Institutional Review Board of Michigan State University.





The evaluation findings are summarized below in four sections:

- 1** How the programs perceived the site visits

- 2** How the consultants perceived their preparation training

- 3** Where are they now? What did the programs achieve post-visit?

- 4** Conclusions and recommendations

1. HOW THE PROGRAMS PERCEIVED THE SITE VISITS

During the site visits, the consultant teams engaged in four types of activities:

1. The consultants gathered more in-depth information about the programs. For example, the consultants reviewed the questionnaire with the program coordinators to seek clarification and to obtain more in-depth understanding of the issues.
2. The consultants addressed the program coordinators' emotions about managing a struggling SANE program and anxiety about the

technical assistance process. For example, the consultants validated the program coordinators' feelings of frustration and offered hope that the program could improve.

3. The consultants provided recommendations and resources aimed to help sustain and improve the programs. For example, many consultants provided sample policies and procedures for the programs to adopt or tailor to their own programs' needs.

4. The consultants engaged in hands-on technical assistance including building or repairing the program coordinators' relationships with community partners, providing education on the importance of the nursing component of SANE programs, asking key questions to help the program and community partners engage in brainstorming solutions, and role modeling.

Program coordinators were asked to describe their experience with the technical assistance provided by the consultants. Overall, there was strong consensus that the site visits were helpful and responsive to their program needs. For example, many program coordinators reported that they felt hopeful as a result of the technical assistance. In fact, some program coordinators predicted that they would have eventually terminated SANE services in their community if they had not received the technical assistance:

“ I think we would be where we have been, which is just kind of struggling along, and going in circles trying to get nurses and not being able to, or getting them and not being able to keep them. And I truthfully believe that at some point, either because of funding, and we couldn't see the need, that we would close. ”

“ ... I would just be kind of batting my head against the wall, not knowing what needed to be done. I really think we would, instead of looking at rebuilding and benefitting, I think we would really be looking seriously at just closing the doors for good. ”

In addition, the program coordinators perceived the consultants as skilled experts and a valued resource for their programs as shown in the following quote:

“ I think for me, their experience, they've been at it a long time, so there's some expertise that they had that also made it a lot easier for me to [accept the recommendations]— it was very clear that they're the experts, I guess, is what I'm trying to say. And so, it was a lot easier for me to hear, take in, and take the recommendations than, say, from somebody who isn't. ”

This program coordinator, as well as many others interviewed for this project, perceived the consultants as experts with a national perspective, which made it easier to accept their guidance and recommendations for program improvement.

Although the technical assistance was helpful to the programs, some coordinators in Year 1 expressed feeling overwhelmed with the pre-visit background paperwork. Specifically, these participants felt unprepared for the amount of time needed to complete the pre-visit paperwork:

“*I think the first step was – was gathering all of the documentation they needed in the questionnaire. And that was more extensive than I had anticipated ... I would say the questionnaire was a little deceiving. I think when they said it was 15 or 20 questions – when I, when I looked at it and drilled it down, it was more like 70 questions that were, there may have been 20 questions, but they were multi-part.*”

This participant further noted that the paperwork was time consuming, requiring 20 to 30 hours to complete. It is important to note that these participants understood and appreciated that the purpose of the paperwork was to prepare the consultants for the site visit. In Year 2, the coordinators reported that they were provided with ample time to prepare, although one coordinator still felt overwhelmed by the preparation process.

The program coordinators found the consultants' feedback helpful in understanding the strengths and areas of improvement of their programs. In addition, the coordinators appreciated the consultants' guidance on the steps required to improve their programs. However, some of the program coordinators in Year 1 struggled with receiving negative feedback:

“*But it was – it was definitely hard. It's hard to hear that – you really need to be doing some of this different. And you could be doing it better, and that kind of thing. I mean, there were things that were hard and challenging like I said, but, but it was very helpful.*”

In Year 2, the program coordinators indicated that the consultants provided feedback with respect and care and as a result, they did not feel defensive or judged:

“*So, and so when the consultants brought that up [leadership issue] with me it was really helpful for me, it was painful, but they were exactly right on... they were able to communicate that in a way with respect. It wasn't disrespectful in any way, but that they that I could see by being right there with them that they really felt the feelings too that their emotion and passion, this was the right thing to do. And they were able to articulate with their words also, not just with their passion that this is something that we really think is going to be helpful for you and the program.*”

As noted by this program coordinator, the feedback was communicated with respect and concern for her and her program, which made it easier to hear and accept the feedback.

2. HOW THE CONSULTANTS PERCEIVED THE PREPARATION TRAINING

Prior to providing technical assistance, the consultants participated in the NSVRC's train-the-trainer program to help prepare them for providing consultation to the struggling SANE programs. In the site visit interviews, we asked the consultants how their preparation training served them now that they were out in the field providing technical assistance.



The consultants consistently indicated that the training prepared them well for their site visits particularly because of the opportunities the project created for networking and dialogue with other experienced nurses. In particular, the small and large group discussions during the training helped the consultants understand there were many ways to solve a problem:

“*I think that it, it stretched our thought process. It gave us ideas and creative ways of how we can challenge the programs when we went on site. You know, there were some things that clearly Jen and Sally gave us when we first were there. And then there were other things that we had to come up with the answers, and we helped*

create the solutions. And I think we mirrored a lot of that in our, in our consultation—whether it was intentional or unintentional. ”

As a result of these brainstorming sessions, some consultants noted that the training helped them understand the process of the site visits and their roles as consultants. In particular, this dialogue helped some consultants understand that their role did not include fixing the programs' problems but to provide the coordinators with knowledge, skills, and resources so they can solve their own problems. In addition, these discussions helped the consultants feel more confident about their abilities to help the programs during the site visits.

The project coordinators, Dr. Jen Markowitz and Ms. Sally Laskey, were available to the consultants during the site visits. The consultants reported that on-going support from the Project Coordinators was instrumental in the success of their site visits. For example, the consultants noted that these discussions provided validation that they were on the “right track” in assessing and addressing the problems of the SANE programs:

“*And I felt like the basic support level was extremely high. I really liked having to do debriefing calls with Jen Markowitz at the end of each day. That was just a wonderful confirming check-in to say, we're on the right track, we've handled these appropriately, we've—we've mapped out our next day's priorities. I mean, to me that's a really important piece to do. It was very helpful.* ”



“ I mean, it was great to be able to talk to Jen, and again be able to consult her, too, because I mean, she’s an equal part of that expertise. You know, to make sure that we were on track, and that we were where we needed to be. So it’s not just the consultants, it’s also the leaders within the consulting group, too [that contribute to the success of the technical assistance]. ”

In addition to debriefing phone calls during the site visits, the Project Coordinators arranged for the consultants to debrief with all of the other consultants affiliated with the SANE Sustainability Project. During these group

debriefings, the consultants talked about how they coordinated their site visits (e.g., how they arranged the meetings with various community partners), their process of assessing programs’ strengths and areas for improvement, the issues of the struggling SANE programs, and their process for approaching the programs’ problems. The consultants found these group debriefings to be extremely valuable. For example, the debriefings helped the consultants understand the expectations for the final reports to be sent to the SANE programs. The debriefings also helped the consultants anticipate potential challenges and resolutions in future site visits. Some consultants noted that the debriefings helped increase their own awareness of available resources, which they could then utilize in their own site visits.

3. WHERE ARE THEY NOW? WHAT DID THE PROGRAMS ACHIEVE POST-VISIT?

The coordinators were asked to describe what programmatic changes they had made after the site visits in effort to increase the sustainability of their services. All program coordinators indicated that they began implementing many of the consultants' suggestions immediately and were seeing a positive impact on their programs. The programs achieved numerous successes in stabilizing and strengthening their programs, and these positive effects can be directly attributed to the efforts and activities in the site visits.

Specifically, the programs exhibited positive changes in four overarching areas after receiving technical assistance.

First, many of the coordinators expressed feeling more confident about their programs and their abilities to manage their programs. In addition, the program coordinators felt motivated to change their operations and felt encouraged to continue the SANE services in their community.

Second, the programs implemented changes in their personnel (e.g., hours, expectations, training) as a direct result of the technical assistance they received:

- Increased the paid hours of the coordinator
- Posted position for a new coordinator
- Resignation of forensic nurses who were not the right fit for the position
- Addressed long-standing personnel problem with specific staff members
- Instituted expectations for minimal shift coverage

- Began viewing the forensic nurses as staff instead of volunteers
- Requirement of nursing experience was changed from three years to two years by the program's state (goal is to increase recruitment by changing requirement)
- Obtained International Association of Forensic Nurses (IAFN) membership for nurses so they could have access to information and training
- Provided more ongoing training for nurses
- Implemented a peer debriefing system to allow nurses to discuss to debrief their emotional reactions to cases
- Developed an evaluation schedule to monitor clinical competency
- Coordinator attended managerial trainings
- Implemented case reviews at monthly meetings

Third, the program coordinators identified some changes with their perceptions of their community partners or actual changes in the relationships with their community partners:

- Recognition that the forensic nurses should be a part of a multi-disciplinary team and invited them to a sexual assault response team (SART) meeting
- Increased efforts to coordinate training and service provision with advocacy organizations, such as rape crisis centers
- Met with law enforcement to discuss how to access the SANE program and reviewed a current case to examine how they can work together better
- Started SART meetings in their community to discuss expectations, role clarification, and the value of each discipline's role

- Met with community partners to facilitate dialogue around concerns and build mutual respect among the partners
- Changed the program's culture from negativity to a positive solution-focused environment
- Met with the prosecutor to provide information about the SANE program
- Fourth, the program coordinators made changes to the service aspects of their program:
- Began focusing on the healthcare of patients instead of focusing solely on forensic evidence collection
- Set up an on-call schedule
- Limited their on-call coverage to high volume shifts while they are increasing their nursing staff
- Gained an understanding of the requirements to function as an effective SANE program
- Created a discharge information packet for patients
- Developed new clinical policies and procedures

By and large, the program coordinators worked on the simpler, easier-to-implement recommendations first, as would be expected. For example, none of the programs had altered their funding, which typically takes longer to address. Nevertheless, all coordinators indicated that they were actively engaged in longer-term activities to enhance the sustainability of their programs, such:

- Personnel Recommendations:
- Developing job descriptions
- Recruiting nurses into the program
- Creating an evaluation tool to monitor competency

- Seeking a new medical director for the program
- Implementing a policy for coverage expectations of the nurses
- Additional team training using the virtual practicum video

Development of Multi-Disciplinary Team Recommendations

- Conducting SART meetings
- Building relationship with community partner
- Creating strategies for improving communication with police and prosecutors
- Coordinating a training for the multi-disciplinary team
- Meeting with the SART team to review the recommendations from the site visit and develop an action plan
- Holding a SART team meeting to increase the team's understanding of every one's roles

Program Recommendations

- Revising consent form to reflect nursing process
- Formalizing policies and procedures
- Switching from film to digital photography to preserve the privacy of patients
- Accessing a permanent designated space for patient exams
- Obtaining a telecommunication system for case consultation

Finance/Funding Recommendation

- Obtaining on-call pay for nurses
- Seeking information on the reimbursement process



- Increasing prices in their contracts
- Writing a foundation grant
- Seeking additional funding
- Creating a new billing system for reimbursement

4. CONCLUSIONS AND RECOMMENDATIONS

The results of this evaluation indicate that the SANE Sustainability Project provided useful, responsive on-site technical assistance that produced significant programmatic changes in the selected programs.

In the site visit interviews, consultants and program coordinators noted that the individual site visit model, though extremely helpful, was very resource intensive and as such, it would be difficult to continue in perpetuity. The consultants noted that although there was variability across programs in specific local challenges, there even more similarities between programs with respect to the core issues that threatened their sustainability. The consultants indicated that the latter site visits were among the most productive in the project (which was confirmed in the evaluation interviews) precisely because they had accumulated so many resources and could give programs specific, concrete examples and guidance.



As such, the findings from this evaluation suggest that the long-term sustainability of SANE programs would be strengthened by making lessons learned, tools, and other resources developed from this project available to a wider audience of SANE practitioners. For example, a resource manual, regional/national trainings, and/or webinars would be useful vehicles for disseminating the resources developed in this project.

ABOUT THE NSVRC

The Pennsylvania Coalition Against Rape created the National Sexual Violence Resource Center (NSVRC) in 2000 to identify, create and disseminate resources to assist advocates working throughout the country to address and prevent all forms of sexual violence. NSVRC identifies sexual violence as a public health, social justice, and human rights issue, and

collaborates with experts using a variety of strategies, to create a culture free from sexual violence, and one that responds appropriately and compassionately to survivors.

ABOUT THIS PUBLICATION

This publication is part of the Sexual Assault Nurse Examiner (SANE) Sustainability Technical Assistance Project, which aims to address sustainability issues holistically by working with program coordinators to creatively examine the challenges that individuals and communities face in maintaining healthy, successful, and appropriate medical-legal services for victims of sexual violence.

For more about this project, visit <http://www.nsvrc.org/projects/sane-sustainability>

