

Accreditation Toolkit

April 2022



**A Guide for Community Sexual
Assault Programs
In Washington State**



WCSAP
Washington Coalition of
Sexual Assault Programs

PART 1

INTRODUCTION TO CSAP ACCREDITATION

ABOUT THIS TOOLKIT

This Toolkit is intended to provide the user with explanations of the Accreditation Standards and, where possible, a sample idea of what evidence meets the requirements of these Standards.

The Toolkit extracts language from the Accreditation Standards themselves, but reading this Toolkit should not replace reading and preparing with the actual Standards. This Toolkit complements the Accreditation Standards package and is used in conjunction with the Sexual Assault Service Standards.

While WCSAP realizes that it is often useful to see samples of policies, procedures, or other documents, we are mindful that these examples can easily be misused. It is never good practice to simply copy and use sample documents, because they may not fit the needs of your agency.

ACCREDITATION STANDARDS AND SERVICE STANDARDS

The Accreditation Standards outline the benchmarks that each program is expected to achieve and maintain. The accreditors assess each program against the Accreditation Standards and look for the evidence of compliance as outlined in each standard.

WHO'S WHO?

OFFICE OF CRIME VICTIMS ADVOCACY (OCVA) – OCVA is a division of the Washington State Department of Commerce. OCVA is self-described as “a voice within government for the needs of crime victims in Washington State.” The funding that is contingent on accreditation flows through OCVA to the accredited community sexual assault programs.

THE ACCREDITOR – The accreditor is an outside contractor to OCVA, hired to perform an unbiased review of the accreditation materials developed by each Community Sexual Assault Program (CSAP) or programs aspiring to become accredited. The accreditor conducts site visits on a scheduled basis (usually once

every four years) and examines all the evidence of compliance necessary to demonstrate adherence to the Accreditation Standards.

WASHINGTON COALITION OF SEXUAL ASSAULT PROGRAMS (WCSAP) – WCSAP provides technical assistance related to accreditation and program management.

THE PROCESS

The process of accreditation is based on a four-year cycle. Each Community Sexual Assault Program (CSAP) goes through the accreditation process once every four years. The accreditation cycle runs on the State Fiscal Year, July 1 to June 30.

Agencies are spread out over the four-year cycle, and assigned a month and year when their review occurs. The review will occur the same month each four years. For example, if an agency's last review was in October 2020, their next review will be October 2024.

Scheduling

At the beginning of the fiscal year in which your program will be reviewed, the accreditor will send an email to schedule the dates of the review and provide additional information and resources.

OCVA may approve an extension of the accreditation dates and/or the review period under certain circumstances, which may include:

- staff emergency (health issues)
- agency capacity, staff leadership turnover (new Executive Director, new Program Manager), organizational management, or financial issues
- crisis (organization crisis, local community crisis, or emergency)

Contact the OCVA Sexual Assault Services Section for additional information about requesting an extension.

Preparation

Most documentation will be submitted electronically to the accreditor prior to the visit. The accreditor will provide you with a link to upload documentation and an

upload due date a few weeks before the visit. Please make sure all required information is uploaded by this date.

The Review

The accreditation review is scheduled for two (2) full days. Reviews will be predominantly remote. Depending on the agency's structure, the Executive Director and/or the Program Manager should be available throughout the entire two-day review. The review is divided into five main parts:

1. A test of the agency's crisis line, conducted within 30 days prior to the scheduled review.
2. Review of documentation of compliance submitted by the agency.
 - ✓ In the time between the upload date and the review, the accreditor will review the documentation submitted. The accreditor may follow-up with questions during this time period.
 - ✓ During the review, the accreditor will ask any additional questions about the documentation and provide an opportunity for the agency to provide additional information.
3. Review of InfoNet reports provided by OCVA.
4. Interviews with:
 - ✓ the Executive Director and/or Program Manager
 - ✓ at least one representative (preferably more) of staff responsible for providing Core Sexual Assault Services
5. Review of files:
 - ✓ Board of Directors
 - ✓ Personnel and Volunteer
 - ✓ Client

Scope

The accreditation process reviews documentation that addresses the foundational requirements for an agency to provide Core Sexual Assault Services in Washington State. Areas reviewed include:

1. Board of Directors
 - Board Policies, Procedures, and Bylaws
 - Board Orientation
 - Board Annual Training Plan

- Board Minutes
 - Board of Directors File Review
2. Personnel and Volunteers
- Personnel Policies and Procedures
 - Personnel and Volunteer Orientation
 - Supervision Practices
 - Personnel and Volunteer File Review
 - Personnel and Volunteer Interview
3. Agency Administration and Operations
- Operational Policies and Procedures
 - Diversity, Equity, and Inclusion Plan and Implementation
 - Client File Review
 - Quality Assurance
 - Core Services
 - Materials and Publications
 - Facility Tour

POSSIBLE OUTCOMES

Full Accreditation Status

Program meets at least 90% of the accreditation standards. The agency is eligible to receive/continue receiving Core Sexual Assault Services Funding. The agency will complete another review in four years.

Provisional Accreditation Status

Program does not meet at least 90% of the accreditation standards. The program will have 30 days after their review to address the corrective action items in the preliminary report and improve their score by submitting updated

documentation of compliance to the accreditor. If the program is receiving Core Sexual Assault Services funding, they will continue to receive it during these 30 days.

Probationary Accreditation Status

Program does not meet at least 90% of the accreditation standards after the 30-day provisional period. The program may receive an extension of the 30-day review period, and/or a second review may be scheduled within a year's time. The accreditor may decide during the initial review to place a program in probationary status, considering the types and amount of corrective action items needed.

Programs in probationary accreditation status will still receive Core Sexual Assault Services funding. Not adhering to the timelines as outlined in the preliminary accreditation report may result in delayed payment of invoices.

If a program does not meet the requirements for full accreditation status after the second review following the probationary status, the agency will no longer be eligible to receive Core Sexual Assault Services funding. In the rare event this occurs, OCVA will work closely with the agency to discuss next steps.

WHERE DO YOU START?

Accreditation is an ongoing process, and programs that are able to consistently document their policies and practices ease their preparation (and time spent preparing) significantly.

CSAPs are busy places with high rates of staff turnover, which can make it difficult for programs to maintain a consistent paperwork filing system. If you were not involved in the last accreditation review, here are a few key questions to get you started:

Key Questions to Ask When You Start

1. When is our next accreditation review?
2. How did our program fare in its last accreditation process?
3. What evidence from your past review do you still have on hand? Do you have a set of files, folders, notebooks, or electronic files for accreditation?
4. Is any staff experienced with any part of the accreditation process?

5. If you cannot lay your hands on the report from the previous review, call your program manager at OCVA and they can get you the information. Reaching out to your program manager for this information will not affect your accreditation score or standing. This is a common challenge for CSAPs and your program manager wants to help you get prepared.

Seek Technical Assistance: The Washington Coalition of Sexual Assault Programs (WCSAP) is available to provide help to programs preparing for accreditation. WCSAP's technical assistance is available via email, phone, and in person. WCSAP has tools, checklists, and sample materials to help guide individual programs' accreditation preparation.

WCSAP can provide assistance at any time during a program's accreditation preparation process, and is most useful well in advance of a program's review.

Contact WCSAP at (360) 754-7583 for more information or to request assistance.

POLICIES, PLANS, AND PROCEDURES

The Accreditation Standards require a variety of items as "Evidence of Compliance." It is important to read each Standard carefully and to ensure that you understand what is required. Evidence may consist of anything from personnel files to brochures about services. Several standards specifically state that a policy, procedure, or plan is needed; this is clearly defined on the following pages.

Policies

Policies are "principles, rules, and guidelines formulated or adopted by an organization to reach its long-term goals" (www.BusinessDictionary.com).

All policies should:

- Be written in clear and simple language
- Include a clear statement of the reason for the policy
- Be approved by the Board of Directors, and include the date of approval on each policy
- Conform with all applicable laws (some policies may need legal review)
- Contain each of the elements specified in the applicable Accreditation Standard

→ Be thinking about board meeting schedules between now and accreditation so you can plan for any policy that might need board approval.

Procedures

Procedures are “the specific methods employed to express policies in action in day-to-day operations of the organization” ([Business Dictionary website](http://www.BusinessDictionary.com), www.BusinessDictionary.com).

The accreditors will review each set of procedures that is required by the Accreditation Standards. In some cases, both policies and procedures are required for compliance with a particular Standard. **It is extremely important that policies and procedures are consistent with each other.** For example, if the language access policy states that all clients are to be provided with services in their preferred language, either via bilingual staff or via an interpreter, the procedures should include step-by-step instructions on how to fulfill that requirement, such as the use of an interpreter service or a language line. If a procedure contradicts a policy, neither the policy nor the procedure is valid and the agency may fail that Standard.

All procedures should:

- Contain enough information so that a staff person knows what to do
- Be clearly written
- Conform to the requirements of any applicable policies and all relevant laws
- Be posted or distributed as specified in the Standards
- Be reviewed and revised as needed to meet the agency’s changing needs and conditions. Ensure that all staff are aware of the changes, and maintain consistency with policy and other requirements.
- Refer to positions rather than to specific staff members by name, so that they don’t have to be changed with each personnel change (for example, “The Legal Advocate will update the list of court-certified interpreters twice a year, and will provide this information to other staff.”)

Plans

A plan differs from a set of procedures in that it is generally more specific as to who will do each task, and when it is to be done. Unlike a set of procedures, a plan may “name names” by identifying the people responsible for each item, and it should ordinarily include target dates and documentation of progress made.

For example, one of the barriers identified with regard to providing access to clients with limited English proficiency is a lack of written materials in languages other than English. The plan might include a list of specific materials (such as brochures) to be developed in a variety of languages, the staff member or volunteer responsible for the development of the materials, and the date by which the brochures would be available to clients and the public.

Plans should:

- Include specific objectives and the tasks necessary to accomplish those objectives (think in terms of “action steps”)
- Name the individuals or groups responsible for each task
- Provide dates by which tasks will be completed
- Specify how success will be measured or gauged, if appropriate

APPENDIX: SAMPLE CHECKLISTS

ANNUAL CHECKLIST

| Standard | Requirement | Completed |
|-----------------|--|------------------|
| | Completion of annual Board training & training plan | |
| | Progress on Diversity, Equity and Inclusion Plan | |
| | Budget approval | |
| | Annual review of job descriptions | |
| | Assure compliance with any changes in employer/employee regulations and contracts | |
| | Annual evaluation of salary/benefit schedule | |
| | Update background checks (every two years) | |
| | Performance evaluations for staff & volunteers | |
| | Long-term planning (not necessarily annual) | |
| | All service standards are met | |

ONGOING ACCREDITATION CHECKLIST

| Standard | Requirement | Who is responsible? |
|-----------------|--|----------------------------|
| | Board orientation, manual distribution, and training | |
| | Progress on Diversity, Equity and Inclusion Plan | |
| | Dissemination of agency materials | |
| | Documenting clients receive policy info. | |
| | Personnel policies are up-to-date and distributed to applicable personnel | |
| | Ongoing training for staff & volunteers | |
| | Staff & volunteer orientations | |
| | Collection of data for planning and evaluation purposes | |
| | Ongoing training for direct service and supervisory staff | |

CHECKLISTS FOR REQUIRED PLANS, POLICIES, AND PROCEDURES

Plans Needed for Accreditation Fiscal Year _____

| Plan | Specific objectives | Staff Member Responsible | Date Assigned | Date Final Check Due |
|--|----------------------------|---------------------------------|----------------------|-----------------------------|
| Annual board training plan | | | | |
| Diversity, Equity and Inclusion Plan | | | | |
| Current budget for agency | | | | |
| Use of data to plan for needed services & effectiveness evaluation | | | | |
| Short- and long-term agency plans | | | | |

All plans should include specific tasks and documentation of progress on an ongoing basis.

POLICIES NEEDED FOR ACCREDITATION

Fiscal Year _____

| | Procedure changed? Yes or No | Staff Member Responsible | Date Assigned | Date Final Check |
|--|---|-------------------------------------|--------------------------|---------------------------------|
| Conflict of interest | | | | |
| Referrals, transfer of cases, private practices | | | | |
| Nondiscrimination in services | | | | |
| Access for clients who do not speak English | | | | |
| Confidentiality, written consent, and other client issues | | | | |
| Use of vehicles to transport clients | | | | |
| New hires, terminations, rates of pay, deductions | | | | |
| Review and approval of payroll and time/overtime records | | | | |
| Annual review of job descriptions | | | | |
| Personnel policies for staff, volunteers, agency, directors | | | | |
| Agency reflection of community diversity | | | | |
| Nondiscriminatory employment practices | | | | |
| Performance evaluation for personnel | | | | |
| Access to personnel files by staff | | | | |

PROCEDURES NEEDED FOR ACCREDITATION

Fiscal Year _____

| | Procedure changed? Yes or No | Staff Member Responsible | Date Assigned | Date Final Check Due |
|---|---|-------------------------------------|--------------------------|---|
| Board – selection of members, terms, officer elections | | | | |
| Board – organizational structure and responsibilities | | | | |
| Written description of various responsibilities | | | | |
| Access for clients who do not speak English | | | | |
| Confidentiality, informed consent, and other client issues | | | | |
| Documentation that client information is given | | | | |
| Security, maintenance, and access of client records | | | | |
| Personnel procedures; participation in review of policies | | | | |
| Process for compliance with employment regulations/contracts | | | | |
| Description of supervision practices | | | | |

| | | | | |
|---|--|--|--|--|
| Performance evaluation for personnel | | | | |
| Personnel records; staff review, addition and correction | | | | |
| Collection and utilization of data | | | | |
| Agency planning and evaluation processes | | | | |

PART 2: BOARD OF DIRECTORS

- Board Policies, Procedures, and Bylaws
- Board Orientation
- Board Annual Training Plan
- Board Minutes
- Board of Directors File Review

Appendix: Sample Policies, Procedures, Plans, and Forms

KEY:

Blue text: Accreditation Standards as provided by OCVA.

Black text: WCSAP guidance.

BOARD POLICIES, PROCEDURES, AND BYLAWS

If the sexual assault program is part of a larger organization and the sexual assault services program is overseen by an advisory committee, requirements can be in Board of Directors and/or Advisory Committee policies and procedures. There must be a formalized connection to the larger organization's governing board, which can be demonstrated by highlighting policies/procedures, with an organizational chart, or some other documentation that shows how the Board of Directors and Advisory Committee work together.

What to submit:

- ✓ Board Policies and Procedures with the following requirements flagged for review
- ✓ Bylaws with the following requirements flagged for review

What these are reviewed for:

Written description for:

- ✓ Selection of members
- ✓ Duration of membership
- ✓ Election of officers
- ✓ Organizational structure of board
- ✓ Responsibilities of the board of directors
- ✓ Staff position appointed by board to whom it delegates authority and responsibility for agency management and implementation of policy

Written description showing who is responsible for:

- ✓ Selection and evaluation of the director
- ✓ Financial oversight
- ✓ Review and approval of budget, budget revisions, and budget amendments
- ✓ Strategic planning
- ✓ Fundraising
- ✓ Personnel policies
- ✓ Agency/community relationships

Overall, the evidence of compliance in this standard outlines how the Board of Directors or the Advisory Committee operates. These individual pieces of evidence are most likely found in an organization's by-laws and board policies. Showing the other evidence of compliance requires that board and committee meeting minutes be up-to-date and include the topics listed above.

Addresses conflict of interest or the appearance of conflict of interest on the part of the governing board. Topics addressed must include:

- ✓ Current direct service providers (including volunteers), employees, or immediate family members of employees serving on the board
- ✓ Board members having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services
- ✓ Board members receiving payment, except where permitted by law
- ✓ Preferential treatment of board members in applying for or receipt of the agency's services

Boards determine how these conflicts should be addressed. All possible conflicts listed above must be addressed in policy to pass this standard. Please carefully double-check your policies to ensure no possible conflict listed here has been overlooked. Sample language available in the appendix.

Note: Frequently-overlooked aspects of this standard are the requirements to explicitly state that Board members, staff, volunteers, and consultants should not be given preferential treatment in applying for or receiving services from the CSAP, and including "paid consultants" in the wording about direct or indirect financial interest.

BOARD ORIENTATION

What to submit:

- ✓ **Board orientation checklist (blank form)**

What it will be reviewed for:

Includes agency's:

- ✓ Mission
- ✓ Structure
- ✓ Goals & objectives

- ✓ Programs
- ✓ Methods of operation
- ✓ Finances
- ✓ Dynamics of sexual assault

The board needs to have, as part of their orientation, information about the Dynamics of Sexual Assault. This can be a session of advocate core, a handout, a conversation with a sexual assault advocate, a recorded webinar, etc. It needs only to be consistent and documented in their orientation checklist.

- ✓ Relevant community resources
- ✓ How medical, legal, and social services respond to victims of sexual assault

Acknowledgement of receipt of:

- ✓ Board manual
- ✓ Personnel policies and procedures (as listed in Part 3)
- ✓ Operational policies and procedures (as listed in Part 4)

Each member of the governing board or advisory committee for a sexual assault program must have orientation and training specific to their role. This standard evaluates content, not length, of board orientation and training.

The most convenient format for documenting initial Board requirements is a sheet identifying the date and topics of the orientation (making sure to include all required topics), and acknowledging receipt of the Board Manual and required policies and procedures. Each Board Member should sign and date this form, and it can then be filed in their personnel file. A sample is located in the appendix of this section.

There are specific requirements detailing what, at a minimum, must be covered in a Board Member's orientation. CSAPs can include other topics as well. An example agenda is included in the appendix.

Board Manual

There is no accreditation requirement for what information should be included in a Board Manual.

Many agencies use a signature form, on which Board Members acknowledge in writing that they received a copy of the manual. While a separate form may be used, it is more efficient to use a form detailing orientation topics, manual

receipt, and receipt of personnel policies and procedures. A copy of the signed form should be maintained in the Board Member's personnel file.

BOARD ANNUAL TRAINING PLAN

What to submit:

- ✓ Annual training plans for the Board of Directors for the previous year and current year
- ✓ Description of how Board annual training plans are developed, including how topics are identified and selected

What these will be reviewed for:

- ✓ Training topics for the previous and current year, with an approximate timeline or timeframe
- ✓ Process to identify topics relevant to the board

There is no accreditation requirement regarding the content, topics, or frequency of a Board's ongoing training, but accreditation requires that there be an annual plan for training (topics determined by the CSAP and Board) and proof of Board Members' attendance at those trainings.

The kind of training or amount of hours is not relevant to the accreditor, it only has to be captured in minutes annually that the board goes through a process to determine their training needs and when the trainings happen.

BOARD MINUTES

What to submit:

Six (6) recent board meeting minutes

- ✓ At least one (1) should include approval of the current annual sexual assault budget

The budget for the current fiscal cycle must be approved at the time of the accreditation, but the date of the approval is not relevant.

- ✓ At least one (1) should include the last review of the salary and benefit structure (if policy designates another entity for annual review of salary

and benefit structure, documentation of most recent review by that entity should be submitted)

Two (2) sets of minutes from active committees, if applicable

If your Bylaws indicate you must have committees, then this section is applicable.

- ✓ At least one (1) set of minutes from a recent finance committee meeting, if applicable

If your Bylaws indicate you must have a finance committee, then this section is applicable.

- ✓ Description of how Board and committee minutes are permanently maintained in a secure and accessible location

What these are reviewed for:

Includes:

- ✓ Dates of meetings
- ✓ Names of participants
- ✓ Issues addressed
- ✓ Actions taken
- ✓ Financial reports
- ✓ Treasurer's report to the board (not applicable if finance committee minutes included)

If there is a finance committee, there should be regular reports to the Board of Directors at Board meetings. In addition, remember you are required to maintain minutes of committee meetings for your records. When there is no finance committee, there should be regular financial reports at Board meetings from a designated member of the Board, such as the Treasurer. Financial reports by a staff member to the Board may not substitute for a Treasurer's Report or report by the finance committee, because of the need to demonstrate financial oversight by the Board.

- ✓ Annual evaluation of salary and benefit structure
- ✓ Approval of current sexual assault budget

A copy of all Board and Committee meeting minutes should be kept up-to-date and in a secure place. Many agencies keep a binder for Board minutes and a separate notebook for committee meeting minutes on site.

Any active Board committees must maintain minutes of their meetings that include the elements required by this Standard. This is true even if meetings are held immediately before or after Board meetings.

BOARD OF DIRECTORS FILE REVIEW

What to submit:

Completed Board of Directors spreadsheet for all active members during the past two (2) years, including:

- ✓ Start date
- ✓ End date (if applicable)
- ✓ Completed and signed orientation checklist for each board member who joined in the past two (2) years
- ✓ Documentation of attendance at annual board training for past two (2) years

What this is reviewed for:

- ✓ Board of Directors files are maintained and up to date
- ✓ Members receive required orientation and training

APPENDIX: SAMPLE POLICIES, PROCEDURES, PLANS, FORMS

SAMPLE LANGUAGE BOARD POLICIES, PROCEDURES, AND BYLAWS

Selection of members: The nominating committee shall solicit and review applications for membership on the Board [or Advisory Committee] and shall present such nominations to the Board [or Advisory Committee]. Nominees shall be approved for membership by a majority vote.

Duration of membership: Terms of office shall be for ____years, and no Board Member shall serve more than ____consecutive terms. [Percentage] of the positions on the Board shall rotate each year.

Election of Officers: The officers of the Corporation shall be a Chair, Vice-Chair, a Secretary, and a Treasurer. Each officer of the corporation shall be a member of the Board of Directors and shall have served on the Board for at least ____ months or have been active with the agency for at least ____ consecutive years and officers shall be eligible for ____ consecutive terms. Officers shall be elected at the first meeting of the calendar year. The Chair and Secretary shall be elected in odd-numbered years and the Vice-Chair and Treasurer in even-numbered years. [Modify to fit your agency]

Structure: The Board of Directors [or Advisory Committee] shall consist of no fewer than ____ and no more than ____ members. At least ____ positions, but no more than ____, may be filled by persons representing the direct service volunteers.

Formalized link: In general, a formalized link between a sexual assault program's Advisory Committee and the organization's governing Board can be established by having a member of the Advisory Committee serve on the organization's Board. In addition, if the activities of the Advisory group are regularly reported to and discussed with the organization's Board, those reports could establish a link. In either case, be sure to formalize the link (i.e. have it in writing, have the organization's Board approve the link, and maintain it regularly). For local government CSAPs, the agency should demonstrate a link between the Advisory Committee and the governing body.

Responsibilities: Members of the Board of Directors [or Advisory Committee] shall perform the following duties:

1. Carry out the business of the Program in conformity with the by-laws and with the policies and program of the Program.
2. Administer the affairs of the Program and report Board [or Committee] actions to the Program at the Annual Meeting.
3. Approve the Program's annual budget and oversee the financial affairs of the Program. [this wording must be tailored to your agency/program structure]

Board or Advisory Committee responsibilities could also be outlined in a Board Member or Advisory Committee Member job description.

Delegation of authority and responsibility: Appointment - The Executive Director shall be appointed by the Board of Directors. The Executive Director shall be the chief salaried administrator of the Corporation. Duties - The Executive Director shall be responsible for daily

operations and related decision-making. The Executive Director shall make recommendations to the Board relating to the program, policies, and activities of the Corporation. The Executive Director shall be responsible for executing plans and policies officially adopted by the Board and for coordinating the various interests of the Corporation. The Executive Director shall attend all regular meetings of the Board in a non-voting ex officio capacity and shall be a non-voting ex officio member of all standing committees except the nominating committee. The Executive Director shall be the chief liaison between staff and direct services volunteers, on the one hand, and the Board of Directors on the other. Within the limitations established by the budget adopted by the Board, the Executive Director shall hire and supervise all paid staff. The Executive Director shall be responsible for coordinating, directing, and supervising the activities of the staff and direct service volunteers.

Reporting: Executive Directors frequently prepare and present a Director's Report at each Board of Directors' meeting, and can document such a process for the accreditors.

Delegation of additional responsibilities: Most agencies delegate these responsibilities to committees, usually in their by-laws. For example, the selection and evaluation of the director may be delegated to the Executive Committee, financial oversight to the finance committee, strategic planning to a planning committee, etc. Some agencies may choose to delegate some of these responsibilities to individuals. For example, financial oversight may be delegated to the agency's Treasurer. Other agencies may choose to make the entire Board responsible for these tasks, while still others may choose to delegate some responsibility to front-line staff (although it may be more beneficial for the organization to keep the Board responsible for or involved in these activities).

SAMPLE BOARD MEETING MINUTES

[DATE/TIME]

[Location]

Attendees:

Absent:

Old Business:

1.

2.

3.

Action Taken:

1.

2.

New Business:

1.

2.

3.

Action Taken:

1.

2.

3.

Committee Reports:

Finance:

Personnel:

Fundraising:

Executive:

Announcements:

Adjourn

SAMPLE CONFLICT OF INTEREST LANGUAGE

Policy Example: Referrals to private practitioners

When referring a client to another service provider, staff and volunteers are expected to give clients a minimum of three referrals when at least three are available. Staff and volunteers are prohibited from referring exclusively to a practice in which agency personnel, consultants, or their immediate family members are engaged. Staff and volunteers are prohibited from receiving payment or providing payment in return for referrals.

Policy Example: Governing the transfer of cases in the event workers leave the agency for a private practice

Staff and volunteers are required to transfer their client caseload to incoming or current staff upon leaving the agency. Former staff members and volunteers are prohibited from continuing to provide services for clients after leaving the agency. Exceptions may be made only for therapy staff in unique situations. In such cases, the Director must agree that this transfer is in the best interest of the client.

Policy Example: Regarding private practices conducted on agency premises

All services provided on agency premises are limited to those provided directly by the CSAP. Staff and volunteers are prohibited from conducting a private practice on agency premises.

Even if the agency does not permit private practices on their premises, they must have a policy that covers this point.

SAMPLE BOARD ORIENTATION

January 15, 200X

[Time]

[Location]

[Agenda]

1. Introduction to our Community Sexual Assault Program
2. Review of mission statement
3. Agency structure
4. Agency goals & objectives
5. Programs – Core Services
6. Method of Operation
7. Finances
8. Dynamics of sexual abuse/assault
9. Relevant community resources (could provide Board with the community resource manual)
10. Response of medical, legal, and social service communities

These are the required topics for orientation; most programs will choose to include a variety of other topics, including strategic planning processes, roles and responsibilities of Board Members, meeting schedules, etc.

SAMPLE CONFIRMATION OF RECEIPT OF BOARD ORIENTATION AND MANUAL

I acknowledge that I was oriented to Board Service at the Community Sexual Assault Program on _____ (date).

My orientation included a review of the agency's mission, structure, goals and objectives, programs, method of operation, and finances. Additionally, it included information on the dynamics of sexual abuse/assault and relevant community resources, as well as how medical, legal, and social services respond to victims of sexual assault.

I confirm that I received my copy of my Board Member manual on _____ (date).

I also received a copy of the agency's Personnel policies and procedures and Operational policies and procedures on _____ (date).

Board Member Signature

SAMPLE POLICY LANGUAGE CONFLICT OF INTEREST

It is the policy of the CSAP to avoid a conflict of interest in its operation and to avoid, as much as possible in a small community, an appearance of conflict of interest in its operations. The following specific policies apply:

1. No CSAP direct service providers (volunteers or agency employees) or immediate family members of employees may serve on the Board or advisory committee.
2. Staff, Board members, advisory committee members, or paid consultants should not have a direct or indirect financial interest in the agency's assets, business affairs, leases or professional services. If a conflict of interest does arise with a staff or Board member, then the staff or Board member must publicly state the conflict and then refrain from any discussion or involvement with the issue.
3. Board members shall not receive payment for their services except that they may be refunded for expenses associated with Board meetings and functions (i.e., travel cost, per diem, etc.).
4. No Board member, personnel, or consultant shall receive any preferential treatment in applying for or in receipt of the agency's services.

SAMPLE POLICY LANGUAGE CONFLICT OF INTEREST

The CSAP strives to prevent any conflict of interest or perceived conflict of interest. The Director shall declare any interest in agencies, corporations, or other organizations related to the purposes of the CSAP, and shall abstain from any matters that may lead to a conflict of interest or an appearance of a conflict of interest. Such interests may include, but are not limited to:

- Staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services.
- Directors shall not have any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services.
- Preferential treatment of Directors, personnel, or consultants regarding the provision of services is prohibited.
- Employees, current direct service providers, and family members of employees or paid consultants are prohibited from serving on the Board.
- Board members will not receive payment for their board service, except where permitted by law.

PART 3: PERSONNEL AND VOLUNTEERS

- Personnel Policies and Procedures
- Personnel and Volunteer Orientation
- Supervision Practices
- Personnel and Volunteer File Review
- Personnel and Volunteer Interview

Note that it is required for CSAPs to utilize volunteers in the sexual assault services program.

Appendix: Sample Policies, Procedures, Plans, and Forms

KEY:

Blue text: Accreditation Standards as provided by OCVA.

Black text: WCSAP guidance.

PERSONNEL POLICIES AND PROCEDURES

What you submit:

- ✓ **Personnel policies and procedures with the following requirements flagged for review**

What they are reviewed for:

Agency complies with applicable laws and regulations in regards to fair employment practices and contractual relationships, such as:

- ✓ Equal Employment Opportunity Act
- ✓ Civil Rights Act of 1964
- ✓ Fair Labor Standards Act
- ✓ Equal Pay Act and Age Discrimination in Employment Practices
- ✓ Occupational Safety and Health Act
- ✓ National Labor Relations Act
- ✓ Americans with Disabilities Act
- ✓ State or local laws, regulations or contractual relations where these are more stringent or supersede federal regulation

Write up a description of how your agency assures compliance with employer and employee regulations and contracts, and how this compliance is monitored and reviewed on an ongoing basis. For example:

Agency personnel policies and practices have been developed with reference to the legal and contractual requirements.

The agency has a formal mechanism for monitoring and review of its implementation of policy (like a contract with an HR professional).

- ✓ Agency does not discriminate in employment practices on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, citizenship or immigration status, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability (RCW 49.60.200)

List all protected classes in your policy.

Staff, board, and volunteers should reflect the diversity of the community at large

Written authorization for:

- ✓ New hires
- ✓ Terminations (voluntary and involuntary, including written documentation by the agency)
- ✓ Rates of pay
- ✓ Payroll deductions

Director or designee reviews and approves payroll expenditures and time/overtime records

Access to personnel records by the individual

- ✓ Addresses review, addition, and correction by personnel of information contained in their records

Washington State law states an employer "shall, at least annually, upon request of an employee, permit that employee to inspect any or all of his or her own personnel file(s)," RCW 49.12.240. Policy language examples:

- Staff and volunteers may review their own personnel files upon request. Personnel files may not be taken off site, but staff/volunteers can make copies of information in their own file at their expense.
- Staff and volunteers may review their own personnel files annually. With the exception of some basic payroll information, copies may not be made. Personnel files may not be taken from the premises.

An employee has the right to respond to information maintained in their file. For example:

- If an employee does not agree with the employer's determination [about irrelevant or erroneous information] the employee may at their request have placed in the employee's personnel file a statement containing the employee's rebuttal or correction.

Schedule of salaries and benefits

Each CSAP must have a salary and benefit schedule for each position. There is no requirement for what these schedules need to look like, only that they must identify exempt and non-exempt employees and must include benefits as well as salary.

Minutes of Board of Directors, Personnel Committee or its designee indicate annual evaluation of salary and benefit structure.

- ✓ Takes into consideration local or regional standards for similar positions

WSCADV and WCSAP collect occasional salary and benefit data from peer organizations that you can use in your review.

Periodic review of personnel policies with an opportunity for staff to provide input

Each CSAP must have a policy that outlines how staff, volunteers, and board members are able to give input into changes in policies that affect each group directly (in other words, a volunteer would not be required to give input on a policy that affects only paid staff). Many CSAPs include this policy in their personnel policies. The policy may state something like: "All policies will be reviewed annually. All personnel affected by these policies will have an opportunity to contribute to the review either verbally or in writing."

After developing a policy outlining the agency's commitment to engaging the participation of personnel in policy revisions, the CSAP must outline the procedure that describes how the CSAP plans to solicit input. Some CSAPs offer to give every person affected an opportunity to review draft policies and comment in writing. Others offer the opportunity to hold a meeting of all affected personnel to give input. For accreditation, CSAPs must explain the procedure in writing and show evidence of having completed an annual review with input (from meeting minutes, memos to all personnel, written feedback received, documented interviews, or other evidence).

Annual review of job descriptions

CSAPs must have a policy for the annual review of job descriptions.

Examples of policy language:

- Job descriptions will be reviewed annually by the staff member performing each job and their supervisor at the time of the employee's annual performance evaluation. When job descriptions are changed, the employee will receive a copy of the new job description immediately and a copy will be entered into their personnel file.
- Job descriptions will be reviewed annually at the agency staff retreat. All staff will have input in the review process.

When the CSAP reviews the job descriptions, it is important to document that the review has happened (e.g. on annual evaluation form, through staff meeting minutes, or in personnel files).

All staff and direct service [volunteers](#) receive a performance evaluation at least one (1) time per year

- ✓ Given the opportunity to sign and comment in writing on the evaluation
- ✓ Given a copy of the evaluation prior to its entry into personnel records

The accreditor is only going to be looking at those who are doing sexual assault work / has sexual assault program responsibilities.

Use of private or agency-owned vehicles to transport clients, if applicable

- ✓ Provision of adequate insurance coverage
- ✓ Appropriate passenger restraint systems (such as car seats)
- ✓ Licensure of drivers

Addresses conflict of interest or the appearance of conflict of interest on the part of personnel or consultants. Topics addressed must include:

- ✓ Staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services
- ✓ Preferential treatment of personnel or consultants in applying for or receipt of the agency's services
- ✓ Steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate families may be engaged, is prohibited
- ✓ Requires professional workers conducting a private practice on the agency's premises to provide clients with a clear written statement that the client is receiving that worker's services only, and not those of the agency

Boards determine how these conflicts should be addressed. All possible conflicts listed above must be addressed in policy to pass this standard. Please carefully double-check your policies to ensure no possible conflict listed here has been overlooked.

Policy must ensure that steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate families may be engaged is prohibited.

Frequently-overlooked aspects of this standard are the requirements to explicitly state that Board members, staff, volunteers, and consultants should not be given preferential treatment in applying for or receiving services from the CSAP, and including "paid consultants" in the wording about direct or indirect financial interest.

PERSONNEL AND VOLUNTEER ORIENTATION

What to submit:

Personnel and volunteer orientation checklist (blank form)

What is will be reviewed for:

Includes agency's:

- ✓ Goals
- ✓ Services
- ✓ Service population
- ✓ Collaboration with other community resources
- ✓ Emergency Plan
- ✓ Security procedures

Acknowledgement of receipt of:

- ✓ Personnel policies and procedures
- ✓ Operational policies and procedures

Each CSAP must show that new employees, volunteers, and board members receive copies of applicable personnel policies and procedures. Perhaps the easiest method is to include a signature line for receipt of the manual on the orientation checklist. If the policy/procedures manual is updated, there should be a method to document that all personnel and board members have received the updated version.

SUPERVISION PRACTICES

What to submit:

- ✓ Current organizational chart
- ✓ Description of supervisory practices for staff and volunteers

Write a memo about your supervisory practices for the accreditor to review. When she interviews advocates she will ask them what the supervision practices are as well and she'll be looking for consistency. Job descriptions are insufficient evidence for this standard.

What these are reviewed for:

- ✓ Personnel receive supervision consistent with their varying levels of skills and experience, complexity and size of their workload, and their length of time in current job assignment
- ✓ Holding personnel accountable for the performance of assigned duties and responsibilities

PERSONNEL AND VOLUNTEER FILE REVIEW

What you submit:

Completed Personnel and Volunteer spreadsheet for all employees and volunteers who have provided core sexual assault services, supervised those who do, or provided management of the sexual assault program (such as the Executive Director or Program Manager, if applicable) in the past two (2) years, including:

- ✓ Start date of employment/volunteer
- ✓ Last date of employment/volunteer (if applicable)
- ✓ Date of last background check
- ✓ Date of last two (2) performance evaluations
- ✓ Month and year of WCSAP approved 30-hour core advocate training
- ✓ Number of hours of ongoing sexual assault training as approved by WCSAP for each of the past two (2) state fiscal years (July 1 – June 30)

A common problem encountered during the accreditation review is that volunteers may take leaves of absence for long periods of time, during which they do not receive ongoing training. Ensure clear documentation of when volunteers are active or inactive, so the accreditor can determine if they have met their training requirements.

Copy of the signed orientation checklist for each employee/volunteer with start date in past two (2) years

Documentation of OCVA's approval of training and experience requirements for the following positions, if there have been transitions since the last review:

- ✓ Director
- ✓ Sexual Assault Services Program Director/Coordinator/Manager
- ✓ Supervisors of employees and volunteers who provide core sexual assault services

Reach out to your OCVA grant manager for this documentation.

What it will be reviewed for:

Personnel records are maintained for all employees and volunteers who provide Core Sexual Assault Services, supervise those who do, or provide management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

Personnel are receiving required:

- ✓ Orientation
- ✓ 30-hour WCSAP approved initial sexual assault core advocacy training

If a CSAP provides core training, that CSAP must have its WCSAP certification available at accreditation time. If another CSAP provides training to your CSAP, you must have proof of that training's certification available at the time of accreditation.

- ✓ 12 hours of WCSAP approved ongoing sexual assault training completed annually
- ✓ Background checks through the Washington State Patrol (WSP) or another agency accessing WSP information, completed at time of hire and every two (2) years thereafter

Background checks must be completed before personnel begin to provide core services.

- ✓ Performance evaluations completed annually

Evaluation forms can differ from employees to volunteers, but both must have annual evaluations. The accreditation team will review personnel files to see if evaluations have been conducted in a timely manner and that personnel have signed.

Directors, Program Managers/Directors/Coordinators, and Supervisors are approved by OCVA, demonstrating they meet the initial training and experience requirements, as outlined below:

Director requirements

- ✓ Minimum of six (6) years of management experience (college education may substitute, year for year, for no more than a total of four (4) of the years)
- ✓ Minimum of 20 hours of management training specific to not-for-profits, including public or private human services agencies
- ✓ 30-hour WCSAP approved initial sexual assault core advocacy training

Sexual Assault Services Program Manager/Director/Coordinator, when not the agency director, requirements

- ✓ Ten (10) hours of general management training
- ✓ 30-hour WCSAP approved initial sexual assault core advocacy training

Supervisors of staff providing core sexual assault services requirements

- ✓ Two (2) years of relevant experience
- ✓ 30-hour WCSAP approved initial sexual assault core advocacy training

There are times when folks are hired that do not meet this requirement.

When this happens, the CSAP should have received a waiver of the requirements from OCVA – this would be a letter approving the waiver and will also include a training plan and/or any conditions or expectations to address any gaps in experience and/or training. The waiver letter and subsequent approval of requirements should be maintained in the personnel file.

During the visit, the accreditor will check the following items in staff/volunteer files. Have all files readily accessible for review. The accreditor may check some or all staff/volunteer files for the following items:

- ✓ Application/resume indicating qualifications for position

Written documentation (such as a personnel action form or an official letter from the agency) of:

- ✓ New hire
- ✓ Rates of pay and changes in rates of pay
- ✓ Termination (voluntary or involuntary), if applicable
- ✓ Signed job description

To meet this standard, the CSAP must show evidence that each volunteer and staff member has received a copy of the job description. CSAPs may enclose a signed and dated copy of the job description in each person's personnel file. Or, a CSAP could include a sign-off sheet in each file, indicating each time a new copy is received. Be sure that each employee and volunteer always has a copy of the most up-to-date version of the job description (and that the CSAP has evidence that they have received a current copy).

- ✓ License and insurance for those who transport clients, as required by policy

Performance evaluations are:

- ✓ Completed annually
- ✓ Signed by employee
- ✓ Provide space for employee comments

What these are reviewed for:

Personnel records are maintained for all employees and volunteers who provide core sexual assault services, supervise those who do, or provide

management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

PERSONNEL AND VOLUNTEER INTERVIEW

Potential topics addressed could include, but are not limited to:

- ✓ Conflict of interest and preferential treatment of board or staff accessing services
- ✓ How does the agency develop and implement their Diversity, Equity, and Inclusion Plan?
- ✓ How does agency disseminate information about its programs and services?
- ✓ What are the policies and procedures regarding confidentiality?
- ✓ How are clients informed of confidentiality?
 - Personnel may be asked to provide a detailed description and example of how they provide clients information about confidentiality and mandatory reporting.
- ✓ Supervision practices
- ✓ Are performance evaluations annual? Are you given a chance to sign and comment? Are you given a copy?
- ✓ How and what data is collected, and how is it used?
- ✓ How are the results of the planning and evaluation process used?
- ✓ System coordination and community awareness activities

Responses may be used to inform other parts of the review.

The accreditor is looking for consistency in information across the agency. The accreditor is trying to determine if what the advocates say is consistent with the policies/practices on paper. If an advocate doesn't know what a policy says specifically, do they know where to find it to look it up? How do they explain confidentiality to clients? She these topics with advocates who will be interviewed so they can feel prepare.

SAMPLE CONFLICT OF INTEREST POLICY LANGUAGE

Policy Example: Referrals to private practitioners

When referring a client to another service provider, staff and volunteers are expected to give clients a minimum of three referrals when at least three are available. Staff and volunteers are prohibited from referring exclusively to a practice in which agency personnel, consultants, or their immediate family members are engaged. Staff and volunteers are prohibited from receiving payment or providing payment in return for referrals.

Policy Example: Governing the transfer of cases in the event workers leave the agency for a private practice

Staff and volunteers are required to transfer their client caseload to incoming or current staff upon leaving the agency. Former staff members and volunteers are prohibited from continuing to provide services for clients after leaving the agency. Exceptions may be made only for therapy staff in unique situations. In such cases, the Director must agree that this transfer is in the best interest of the client.

Policy Example: Regarding private practices conducted on agency premises

All services provided on agency premises are limited to those provided directly by the CSAP. Staff and volunteers are prohibited from conducting a private practice on agency premises.

Even if the agency does not permit private practices on their premises, they must have a policy that covers this point.

SAMPLE TRAINING LOG FOR MANAGEMENT

Fiscal Year : _____ (July 1 to June 30)

Name: _____

Date of Hire: _____

Date of completion of initial 30-hour Core Sexual Assault Training:

Documentation of a minimum of 20 hours of initial management training specific to not-for-profits, including public or private human service agencies for director of organization or a minimum of 10 hours of general management training for sexual abuse/assault program director/coordinator who is not the agency director:

| Date of Training | Name of Training | Sponsor of Training | Number of Hours |
|------------------|------------------|---------------------|-----------------|
| | | | |
| | | | |
| | | | |

Attach documentation of at least 12 hours of ongoing management training each year for management staff who do not provide direct services (management staff who also provide direct services may include management training in the required 12 hours of ongoing annual training). See log on next page.

Attach documentation of 6 years of management experience or equivalent as specified.

SAMPLE ONGOING TRAINING LOG FOR MANAGEMENT

Fiscal Year : _____ (July 1 to June 30)

Name: _____

Date of Hire: _____

Date of completion of initial 30-hour Core Sexual Assault Training:

Documentation of at least 12 hours of ongoing management training each year for management staff who do not provide direct services (management staff who also provide direct services may include management training in the required 12 hours of ongoing annual training):

| Date of Training | Name of Training | Sponsor of Training | Number of Hours |
|-------------------------|-------------------------|----------------------------|------------------------|
| | | | |
| | | | |
| | | | |

I certify I have attended the trainings listed above.

Staff Signature _____ **Date** _____

Approval of Supervisor: _____

Attach documentation of 6 years of management experience or equivalent as specified in Accreditation Standard P10 for the organization's director.

Name: _____ FY: _____

SAMPLE TRAINING LOG FOR DIRECT SERVICE PROVIDERS AND DIRECT SERVICE SUPERVISORS

Name: _____

Date of Hire: _____

Date of completion of initial 30-hour Core Sexual Assault Training:

Fiscal Year: _____ (July 1 to June 30)

Documentation of at least 12 hours of ongoing sexual abuse/assault training approved by the Washington Coalition of Sexual Assault Programs:

| Date of Training | Name of Training | Sponsor of Training | Number of Hours |
|-------------------------|-------------------------|----------------------------|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

I certify I have attended the trainings listed above.

Staff Signature _____ **Date** _____

Approval of Supervisor: _____

For Supervisors: Indicate where and when you have received two years of relevant experience as required by the Core Service Standards

SAMPLE PERSONNEL ORIENTATION AGENDA

1. Agency Goals
2. Services Provided at Agency
3. Service population
4. Collaboration with other community resources
5. Emergency Plan
6. Security procedures

I have received my orientation on the above topics.

Signature Date

I have received my personnel policies manual.

Signature Date

I have received a copy of my job description.

Signature Date

PART 4

AGENCY ADMINISTRATION & OPERATIONS

- Operational Policies and Procedures
- Diversity, Equity, and Inclusion Plan and Implementation
- Client File Review
- Quality Assurance
- Core Services
- Materials and Publications
- Facility Tour

Appendix: Sample Policies, Procedures, Plans, and Forms

KEY:

Blue text: Accreditation Standards as provided by OCVA.

Black text: WCSAP guidance.

OPERATIONAL POLICIES AND PROCEDURES

What you submit:

- ✓ Operational policies and procedures with the following requirements flagged for review

What these will be reviewed for:

Confidentiality

This accreditation standard is comprehensive; to meet this standard, each CSAP is asked to show its policies and procedures for nine different client-related topics. CSAPs can adopt policies that meet their program needs, assuming they remain in compliance with any legal requirements. The following discussion outlines each policy area.

The accreditation team will check to make sure that policies are consistent with procedures and program activities. Be sure that there is documentation that clients consent to receive services in accordance with agency policies and that there is documentation of mandatory reports when made.

- ✓ Documentation of informed consent of clients, including minor clients and adult clients who have a guardian appointed to make personal decisions, to receive services

Note the revision of language in this standard to replace the term “vulnerable adult,” which is appropriate for mandated reporting but not for consent issues.

- ✓ Age of consent for services

There are no state laws that govern the age a client must be to consent to their own advocacy services. There is an RCW (71.34.530) that states that clients must be at least 13 years old to consent to their own mental health services. This should be discussed in all facets of the agency and approved by the Board in policy.

- ✓ When consent can be given verbally and how that is documented

Most CSAPs use a “Client Rights Form” or an “Information for our Clients” sheet that clients can take with them when they leave the CSAP office. “Evidence of Compliance” requires documentation that information materials were given to clients.

Regardless of your method for giving out this information, CSAPs **must** document that they have given this information to clients. Options for this include:

- Have clients sign one copy of the form and keep another for their records. The signed copy should be placed in the client file. Some programs use a signature on this form to indicate the client’s consent to receive services. If a CSAP chooses to use this signature, make sure the client consent policy references this form.
- Indicate on the client contact sheet (with an advocate’s initials, checkbox, etc.) that client information materials were given.
- Client consent policy should include a plan for clients that cannot read and/or write or for those that speak another language.

There is a sample CSAP client rights form in the appendix.

At a minimum, be sure your client information handout includes the following policies and procedures, preferably in an easy-to-read format in the preferred language of the client. It is also best practice to post your confidentiality policy or a summary of it in a place where clients who come to the center for services will see it.

✓ Subpoenaed records and staff

The two laws related to the confidentiality of communications between a survivor of sexual violence and a sexual assault advocate are RCW 5.60.060 (the sexual assault victim and advocate privilege) and RCW 70.125.065 (records of rape crisis centers are confidential). At a minimum, an effective policy should address how the victim will be notified about the request and how the subpoena will be processed and responded to by the agency. Agencies do not have to commit to fighting every subpoena in court, but do need to honor whatever steps they outline in their policy, so it is important to consider the agency’s resources for legal fees.

✓ Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients

✓ Release of information about clients

Often, policies regarding releasing information about clients will fall under a CSAP's policy and procedures governing client confidentiality and exceptions to confidentiality. CSAPs have specific forms clients need to fill out and sign before information about that client's case can be released to another party.

A waiver or release of information form should be specific about the purpose of providing the information, the person or agency to receive the information, and the period of time during which the release is valid – ideally, the shortest time possible with an automatic expiration.

- ✓ Mandatory reporting of suspected abuse or neglect of children or vulnerable adults (RCW 74.34.035 and RCW 26.44.030) and agency documentation of reports
- ✓ How a client accesses their file
- ✓ Confidentiality of client information, including access to and use of information about clients

CSAPs are required to state their confidentiality policy and explain what information is collected about a client's case, who has access to it, and how it is used.

The agency must have policies guiding how the confidential information about clients is accessed. This can be included in the general confidentiality policy or may be a separate policy addressing record-keeping of client information. Any additional procedures pertaining to the use of information about clients should also be documented in this section.

Confidentiality agreements are supporting documents for the procedures. An agreement should state, at a minimum:

- The agency's confidentiality policy
- Exceptions to that policy
- The consequences to an individual if they violate the policy

Non-discrimination in Service Provision

- ✓ Services are offered without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law
- ✓ Agency provides or arranges qualified interpretive or translation services to Limited English Speaking/Limited English Proficiency, hard of hearing, or Deaf persons
- ✓ Personnel and client safety and security needs, including fire, medical, or other emergencies

CSAPs have had two challenges in meeting this standard, both of which can be easily avoided:

1. Creating a policy that omits one (or more) of the protected groups. This mistake is often a typographical error or simple oversight, but will cause the CSAP to fail this standard.
2. Printing an incomplete or old policy that does not cover each group on an old brochure, client intake form, etc.

The CSAP offers services without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law.

Periodic review of operational policies and procedures by the board and/or its designee

Record security, maintenance, and access by individuals other than the client

- ✓ Protection of the privacy of clients and former clients
- ✓ Disposition of client records in the event of the dissolution of the agency
- ✓ Reasonable protection against destruction by fire, earthquake, flood, or other damage, such as by secure electronic backup of information critical to providing services
- ✓ How long records are maintained

Plan for transfer of cases in the event workers leave the agency

In general, if a CSAP only keeps paper files (not on a database), the CSAP must determine how it needs to back up those files, so that the CSAP would be able to continue to provide core services without interruption in the event the files are destroyed. One way of maintaining this could be keeping a written master client list with client ID's in a secure location. For those CSAPs that use a database (or other computerized documentation system), backing up the data nightly or weekly is wise. Of course, the backup copy of the information needs to be kept in a secure location off-site. It is important to recognize that the backup information, like any client information, must be kept completely confidential and secure.

CSAPs should have up-to-date procedures to maintain the security of electronic records and other data. It is important to have strong, complex passwords that are changed frequently and maintained securely (including changing passwords when staff members leave the program).

Regardless of file format, the original information itself needs to be kept secure and confidential. If the CSAP keeps files, the files should be locked and only direct service staff should have access to the key. If the CSAP uses a database, it should be password-protected and procedures should reflect the need to maintain confidentiality of all passwords.

If the program maintains mental health records in its facility, these should be secured separately from advocacy records to ensure appropriate access to each category of client files.

How long does a CSAP need to keep its files?

According to the OCVA contract, CSAPs must maintain files for 6 years following the last billing cycle in which the client received services. After that time has passed, a CSAP may choose to retain the files or have them destroyed in a secure and confidential manner.

To meet the accreditation standard, the CSAP must describe its security, maintenance, and access procedures, and ensure that those procedures protect the confidentiality and security of the files.

TIP: Most programs maintain lean case files, without an abundance of case specifics or lengthy narratives about clients. Record the minimal information necessary to comply with funding requirements and provide meaningful services

to the client, always keeping in mind the possibility the records could be disclosed.

DIVERSITY, EQUITY, AND INCLUSION PLAN AND IMPLEMENTATION

What you submit:

- ✓ Diversity, Equity and Inclusion Plan

The Diversity, Equity, and Inclusion Plan can use different language and/or be multiple plans. However, the below topics should all be clearly addressed.

Documented progress on each of the three (3) areas of focus outlined below. Progress could be demonstrated within the plan itself, and/or by submitting examples of activities completed, such as:

- How job postings are developed and distributed to recruit diverse applicants
- Trainings staff attended
- Partnerships with culturally specific organizations
- Meeting minutes
- Pictures
- Agency materials
- Descriptions of how action steps were completed

Items submitted should be clearly linked with the objectives and activities in the plan(s).

What it will be reviewed for:

- ✓ Clearly identifies the timeframe covered by the plan(s)
- ✓ Timely and up to date
- ✓ Reviewed annually

Plan(s) must address the three (3) focus areas below:

- 1. Plan to ensure that staff, volunteers, and board are representative of the community at large. Must include:**
 - ✓ Clear description of the diversity of the community at large, including, at minimum, age, race/ethnicity, and sexual orientation
 - ✓ Diversity objectives

- ✓ Action steps to achieve objectives, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

The agency must have a plan that identifies the diversity of its community, and outlines the agency's diversity objectives and includes a specific plan, with a timeline, for achieving those objectives.

To identify the diversity of your community, you may seek information from the U.S. Census Bureau, although; keep in mind the census is only as accurate as what is actually reported and it misses many underserved populations.

2. Plan for how the agency can increase its capacity to serve its diverse community, including how the agency reduces their own biases and incorporates an anti-oppression lens in their work.

Must include:

- ✓ Objectives
- ✓ Action steps to achieve objectives, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

This refers to the CSAP's capacity to provide culturally appropriate services to each client served. What does your CSAP need to learn, do differently, or change in order to serve the different cultures represented in your community?

Accreditation does not specify what the cultures are in your community, or in what way you need to change your services. It is up to the CSAP to determine how the CSAP's services must be expanded, improved, or altered to better serve the needs of all people in the service area.

To meet this standard, the CSAP must both have a cultural competency plan and show progress towards meeting its objectives.

3. Plan for reducing barriers to accessing services. Must include:

- ✓ Documentation of most recently completed process to identify barriers, such as meeting minutes, notes, or reports
- ✓ Action steps to address barriers, with implementation timelines
- ✓ Demonstrated progress on the identified action steps

Consider some basic barriers to service and how to address them. For example,

- Agency publications in multiple languages,
- Interpreters (or multilingual/bicultural staff) available who speak the languages most commonly found in the service area,

- Language Line interpretation service for telephone interpretation of multiple languages
- A TTY line for those who are Deaf or hard of hearing,
- Physically accessible facilities
- Provide transportation (by purchasing bus vouchers or by paying cab fare)
- Provide mobile advocacy by meeting clients where they are

CSAPs must evaluate barriers to accessing services. Some CSAPs accomplish this by scheduling and holding a staff meeting specifically focused to address service barriers once a year. The agenda and minutes from this meeting can be used to meet this Standard. Other CSAPs review barriers more frequently and less formally; some have a space on the client contact form to list barriers the client may have encountered and then use that information at the next staff meeting to begin addressing the barrier.

These meetings can occur with any group in the organization: staff, Board of Directors, volunteers, and clients.

Accreditation does not require that barriers be eliminated, but rather that once a barrier is identified, a CSAP will work toward addressing it. If you have ongoing steps (such as providing transportation assistance), you should have benchmarks for evaluating whether your actions are effective.

The sample plan in the appendix are useful as a starting point. You will want to develop a plan that is much more detailed and reflects the community you serve. In order to meet the Accreditation requirement of documenting progress toward objectives, each objective should have clear benchmarks, with target dates and staff who are assigned. The actual plan should have specific tasks with dates for accomplishing them, and should document progress on each task.

CLIENT FILE REVIEW

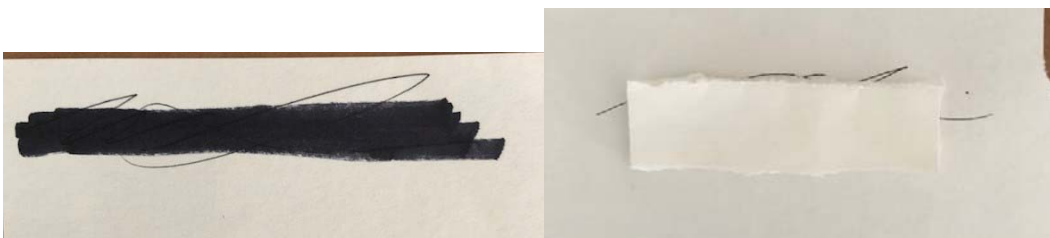
A few weeks prior to the accreditation review, the accreditor will send an email with up to 12 ID numbers of clients who are reported in InfoNet as having received Core Sexual Assault Services in the past two (2) years. Redact and upload client consent for services forms, any releases of information, and any other forms or paperwork that document the below information from these files. The agency is responsible for ensuring that no personally identifying information is uploaded.

What the files will be reviewed for:

- ✓ **Documentation of informed consent of clients to receive services**
- ✓ **Documentation that the client is informed of confidentiality and exceptions to confidentiality, as described in policies and procedures**
- ✓ **If applicable, written releases of information that are specific and time-limited.**

The accreditor does NOT need to see the full contents of the client files. You only need to show where the client number selected consented to receive services and was informed about confidentiality, as well as any Release of Information forms in the file.

The accreditor is looking for proof of signature; however, you must redact identifying information and signatures can definitely be identifying. You can make a copy and use a sharpie to blackout the majority of the signature or you can place a piece of paper or post-it note to partially obscure it.



QUALITY ASSURANCE

What to submit:

Description of how and what information is systematically collected and reviewed to evaluate program effectiveness, allocate program resources, and assess unmet needs for the agency or community

- ✓ Description of how the results of the evaluation are used to improve services

Relevant reports, minutes, or notes from the most recent strategic planning process, including the agency strategic plan or description of immediate and long-term goals and objectives identified

- ✓ Description of how the agency strategic plan or immediate and long-term goals and objectives are used to guide program decisions and improve services, including how information is disseminated at all levels of the organization

What these will be reviewed for:

- ✓ Agency conducts periodic planning processes to identify and address:
 - Program effectiveness
 - Allocation of resources
 - Unmet needs
 - Immediate and long-term goals and objectives
- ✓ Results of the evaluations and planning processes are disseminated at all levels of the organization
- ✓ Uses principles, values, and mission in its evaluation and planning

Many CSAPs write a description of how they use the information gathered during the client intake process for program planning. For example: race, age, type of assault and other pertinent statistical information can be used to help programs identify populations who do or don't seek their services.

In addition, programs may see trends in requested services that they can plan to fulfill in the next year, such as support groups. There are endless possibilities as far as the type of information gathered and how this information might be used. What is important to each CSAP may be different. Whatever you choose to use, for accreditation you must describe in writing:

- ✓ what information you collect,
- ✓ how you collect it,

- ✓ the process the CSAP goes through to use this information in its planning and evaluation processes (Board retreat, staff meetings, etc.),
- ✓ proof of the planning and evaluation process (such as meeting minutes, or your strategic plan).

Accreditation does not state how frequently this planning process must occur, but you should ensure your current strategic plan has not expired.

CORE SERVICES

What to submit:

Example staffing schedule

What it will be reviewed for:

- ✓ Demonstrates 24-hour coverage to provide sexual assault specific information and referral, crisis intervention, general, legal, and medical advocacy

The accreditor will conduct a test hotline call within 30 days prior to the scheduled review.

What the test call will be reviewed for:

- ✓ Crisis intervention, advocacy, and information and referral are immediately available (a caller can speak with a trained advocate within 20 minutes from the time of the initial call)

Some CSAPs have run into problems with this standard the following ways:

- The accreditor will ask to speak to an advocate. Sometimes a trained volunteer working on the crisis line might not self-identify as an advocate because they are “just a volunteer”. Make sure that all staff and volunteers know they are considered advocates for these purposes.
- In some cases, call forwarding fails. Make sure to double check that crisis lines are properly transferred with a test call each time.

The following reports will be pulled from InfoNet for the previous two (2) years. Agency should ensure InfoNet data is up to date. Reports will be pulled by OCVA. Agencies do not have to submit any documentation for this section.

Reports pulled from InfoNet:

- ✓ Sexual Assault Program Report
- ✓ Client Demographics Data

What these will be reviewed for:

- ✓ General, Legal, and Medical Advocacy are provided
- ✓ Services are provided across the lifespan
- ✓ Services are provided to diverse communities, including various genders, races, ethnicities, and disabilities
- ✓ Crisis intervention/information & referral calls/contacts

Report pulled from InfoNet:

- ✓ CSAP Activities - Community Awareness

What this will be reviewed for:

- ✓ Conducts community awareness activities related to sexual assault and available services to the community-at-large, including community presentations, awareness activities, participation in community events, and distributing information materials
- ✓ Reaching out to diverse populations

Report pulled from InfoNet:

- ✓ CSAP Activities - System Coordination

What this will be reviewed for:

- ✓ Participation in local, statewide, and/or national groups to improve service for individual clients, identify gaps in service, advocate for needed change, share training and other resources, and work toward the elimination of sexual violence

CSAPs participate in advocacy at the statewide level through their membership in WCSAP and can use their membership certificate as evidence for this standard.

- ✓ Coordination with medical and legal communities

Think broadly about the nature of your working relationships with the medical and legal communities. For example, the medical community might include Planned Parenthood, pediatricians and family practice providers, childbirth professionals, local clinics, chemical dependency programs, and mental health professionals. The legal community might include immigrant rights groups, individuals within the prosecutor's office, court personnel, and probation and parole officers.

“Working relationships,” in addition to formal interagency agreements, can include cross-training, regular collaborative meetings, joint projects, and co-participation on task forces, for example.

MATERIALS AND PUBLICATIONS

What to submit:

- ✓ A sampling of your current materials and publications, such as brochures, flyers, informational materials, links to social media, etc.

What these will be reviewed for:

- ✓ Describes programs and services
- ✓ Describes role, function, and capacities of the agency
- ✓ Available in multiple languages
- ✓ Representative of community, such as including diverse backgrounds and identities, and can be understood by people with varying literacy levels

Save and date any materials the CSAP develops in order to communicate with the community.

- Don't forget any activities you may present for Sexual Assault Awareness Month.
- Posters and PowerPoint presentations are also appropriate documentation.
- Include links for Facebook, Instagram, Twitter, etc. if you use these for community outreach.
- Do not include materials specific to domestic violence or general crimes services.

Accreditor will review the agency website. Agencies do not have to submit any documentation for this section.

What the website will be reviewed for:

- ✓ Clearly identifies that the agency provides sexual assault services
- ✓ Describes what sexual assault services are available
- ✓ Information about available services is easily identified and accessible
- ✓ Information is relevant, up to date, and accurate
- ✓ Website is accessible for people with visual or hearing impairments, motor skill, physical, cognitive, or other disabilities
 - For example, images have descriptive text, colors contrast well, text is resizable, content can be accessed by assistive technology, etc.

FACILITY TOUR

During the review, the accreditor will conduct a tour of the facility. This can be done remotely.

What it will be reviewed for:

- ✓ Environment is friendly and welcoming to people of all identities.
 - For example, clear signage about how to enter building/office space, images showing a diverse group of people, Safe Zone signs, gender inclusive restrooms, play spaces for children, etc.
- ✓ Respects comfort and dignity of clients
- ✓ Appropriate to agency's purpose
- ✓ Sufficient opportunity for client privacy
 - For example, offices and/or advocacy rooms have doors that can close, windows on doors are frosted or have blinds that can be closed, attention is paid to sound privacy, etc.
- ✓ Accessibility
 - For example, clear information about handicap parking and barrier-free entrance into the facility, accessible restrooms, seating to accommodate people of different sizes and abilities, accessible workspaces for staff, etc.
- ✓ Convenient, private, and sanitary toilet facilities
- ✓ Well-lit and equipped activity and/or meeting rooms for community awareness and system coordination activities
- ✓ No safety hazards are present
 - For example, bookcases are secured to walls, no obstacles exist in walkways, cleaning products are out of reach of children, etc.
- ✓ Basic emergency plans posted in an area accessible to clients and visitors

Post escape route map describing what to do in case of emergency.

APPENDIX: SAMPLE POLICIES, PROCEDURES, PLANS, FORMS

SAMPLE POLICY ON RESPONDING TO SUBPOENAS

All services provided by this Program are confidential, with the exceptions specified by policy. The Program recognizes the very personal and private nature of the information that may be shared by those dealing with the trauma of sexual assault. The Program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The Program will take all necessary steps under this policy and Washington and federal law to preserve the privacy rights of those who receive its services, unless expressly authorized by the client to do otherwise.

The Program will respond to subpoenas in a manner that protects the confidentiality of the survivor.

Anyone attempting to serve a subpoena should be directed to _____ [Option: the business office]. The Executive Director has been designated as the “custodian of records” for the purpose of responding to subpoenas. Subpoenas requiring a witness to bring documents under their control should be served on the custodian of records at the business office. The Executive Director must be notified immediately of all subpoenas, threats of subpoenas, or attempts to serve subpoenas.

The Program will attempt to notify a survivor as soon as it receives a subpoena concerning the survivor. When the program cannot contact the survivor, and without informed consent from the survivor, confidentiality will be maintained unless there is a court order to release the information (see below).

As a regular practice, no one at the Program will release any information regarding the survivor without informed consent from the survivor. No information about any survivor will be released in response to a subpoena until:

- The survivor releases the information by written waiver with informed consent, or
- The Court, after hearing reasons why the information should not be released, orders that the information be released.

A subpoena, even one signed by a judge, does not require the automatic release of files or other information. Without informed consent of the survivor, the Program will resist disclosure and make every effort to object to the subpoena, including filing all necessary court motions or objections.

In the event the Program receives a subpoena to disclose information regarding the Program, its services or its staff, the Program may need to seek protection. Even when the survivor gives informed consent to release their records or authorizes the Program to testify, the Program reserves the right to seek and follow legal advice about whether there should be limitations to the disclosure for the protection of the Program and/or its staff.

This example is not intended as legal advice nor does it provide legal advice. This sample policy may not address requirements of your specific jurisdiction or agency – consult with an attorney if you need specific legal advice.

SAMPLE SUBPOENA PROCEDURE

In the event that the program receives a subpoena for program records or the testimony of program staff or volunteers, the program will follow its policy. Programs must document and acknowledge the receipt of all subpoenas and use the following procedures when responding.

- All subpoenas must be forwarded to the program director as soon as possible.
- Any program staff who have contact with the entity or individual who sent the subpoena may not provide any information about the survivor, including whether the survivor is known to the program or has received services from the program.
- A program staff person, in coordination with the director, will attempt to notify the survivor that the program has received a subpoena for their information.
 - The program staff should discuss with the survivor what information or records are requested, what the potential risks and/or benefits to releasing the information may be, including consequences of releasing information to an entity or individual who is not required to keep it confidential.
 - This will allow the survivor to make an informed decision about whether to release the records or information.
- If the program is unable to reach the survivor, confidentiality will be maintained unless there is a court order, signed by a judicial officer, to release the information. (Note: a subpoena is not a court order). This includes objecting to the subpoena.
 - Many programs are successful in objecting to the subpoena by having a conversation (without revealing confidential information) or writing a letter detailing their confidentiality obligations that prevent them from revealing the requested information or records.
 - In the event further action is necessary, the program will consult with legal counsel and file all necessary court motions or objections. This may include having an attorney appear in court on behalf of the program to argue any motions filed.
- The program should keep the survivor informed at every stage of the process, and if the program was initially unable to reach the survivor, should continue to make attempts to reach them.

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SAMPLE CONFIDENTIALITY POLICY

All sexual assault services provided by this program are confidential to the fullest extent permitted by law. This program recognizes that providing advocacy and counseling services to those dealing with the trauma of a sexual assault may include the sharing of very personal and private information. All communications between program staff and volunteers and sexual assault survivors are confidential, including the fact that a survivor has sought and/or received services from the program, with the exceptions noted below. This program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The program will take all necessary steps to preserve the privacy rights of both primary and secondary survivors who seek and receive services from the program.

A sexual assault survivor has the right to decide if and when confidential communications can be disclosed. Client records and information are kept confidential by the Program (see the Record-Keeping Policy regarding use and access to confidential client information). The survivor should only waive their confidentiality upon informed consent. Informed consent requires a sexual assault advocate to provide thorough and accurate information about the advantages and disadvantages of disclosing confidential communications.

Exceptions to confidentiality occur when: we have reason to suspect a child or vulnerable adult is abused or neglected (RCW 26.44.030 and RCW 74.34.035, respectively); there is a clear, imminent threat of serious physical injury or death to self or others; there is a court-ordered release of the information.

The CSAP documents any mandated reports. All staff, volunteers, student interns and Board members shall receive training on and comply with this policy and shall sign a confidentiality agreement.

If a funder/auditor requests access to a client's file to verify services provided by the agency, all identifying information will be redacted and the funder shall sign a confidentiality agreement.

Further, the program will develop and ensure adherence to procedures that effectively implement this policy by all program staff, volunteers, student interns and Board members.

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SAMPLE CONFIDENTIALITY AGREEMENT

I, _____, agree as a

STAFF MEMBER VOLUNTEER STUDENT INTERN

to follow the Confidentiality Policy of _____ (program), a copy of which has been given to me today.

I will treat victim/survivors and their concerns with respect and confidentiality.

I will not disclose any information provided to me by a victim/survivor or disclosed to me in confidence by anyone associated with the program, without the prior written informed consent of the survivor, except:

- If the victim/survivor discloses to me any information that I would be required to disclose in my role as a mandated reporter of abuse or neglect of minor clients **and adult clients who have a guardian appointed to make personal decisions**, to receive services
- If I am required to do so by court order (only after consultation with the Executive Director)
- If there is a clear, imminent threat of serious physical injury or death to self or others

I also agree to maintain the privacy of other personnel associated with the program.

I agree that my duty to maintain confidentiality continues beyond any termination of my relationship with the program and I shall never disclose any confidential communication except pursuant to the program's procedure and Washington law. I agree to immediately contact the _____ (program) if I receive a request to disclose confidential communications of a program client.

I have received and understand the program's Confidentiality Policy. I understand that a failure to maintain confidentiality will result in sanctions which may include my termination from employment or association with the program.

Signed by: _____ Date: _____

Witnessed by: _____ Date: _____

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SAMPLE FUNDER/AUDITOR CONFIDENTIALITY AGREEMENT

I, _____ (Name) am a funder/auditor for _____ (name of program, organization or firm.)

I am reviewing (all) or (if some, state which : _____) files kept by the {insert name of Program} for survivors for the purpose of _____.

I understand that in reviewing the files of sexual assault survivors, maintaining the survivors' confidences is crucial to honoring their privacy rights and to their safety and well-being. I further understand that such information is confidential and protected by law.

I affirm that I will not disclose any of the information I have learned by my review of these files under any circumstances. I affirm that my duty to maintain confidentiality continues beyond any termination of my relationship with the Program and I shall never disclose any confidential communication except pursuant to the program's procedure and Washington law. I agree to immediately contact the _____ (program) if I receive a request to disclose confidential communications of a program client.

Signed by: _____ Date: _____

Print Name: _____

Witnessed by: _____ Date: _____

Print Name: _____

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SAMPLE RELEASE OF INFORMATION

[ON AGENCY LETTERHEAD] I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, _____, authorize [Program/Agency Name] to share the following specific information with:

Name: _____ Specific Office / Agency: _____

Contact Information: _____

The information may be shared: in person / by phone / by fax / by mail / by email

I understand that email is not confidential and can be intercepted and read by other people.

What info about me will be shared: _____

(Be specific, for example: name, dates of service, and any documents).

Why I want my info shared: _____

(Purpose, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

I understand:

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

This release expires on Date _____ Time _____

Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: _____ Signed: _____

Witness: _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

I confirm that this release is still valid, and I would like to extend the release until _____
New Date New Time

Signed: _____ Date: _____ Witness: _____

SAMPLE CLIENT RIGHTS AND CONSENT TO RECEIVE SERVICES

ANYWHERE SEXUAL ASSAULT PROGRAM provides a wide range of services to anyone who has been impacted by sexual assault or abuse, recent or past. Our services are also available for family members and friends who have been affected.

ANYWHERE SEXUAL ASSAULT PROGRAM supports the rights of those affected by sexual assault or abuse to:

- be believed
- receive nonjudgmental support
- expect privacy and confidentiality
- accept or reject any service
- be treated with dignity and respect

ANYWHERE SEXUAL ASSAULT PROGRAM provides services regardless of race, color, national origin, ethnicity, gender, sexual orientation, age, social/economic status, marital status, pregnancy, veteran status, disability, and does not discriminate on any other basis prohibited by federal, state, or local law.

Confidentiality and Release of Information: Per RCW 5.60.060, a sexual assault advocate may not disclose information you have told the advocate in confidence without your consent, unless an exception applies. All information about you and the services you receive from ANYWHERE SEXUAL ASSAULT PROGRAM will remain confidential, with the exceptions stated on this form. Before we can communicate information about you and the services you have received to others, you (or your parent or guardian if you are a minor client or **adult client who has a guardian appointed to make personal decisions**) must sign a Release of Information form.

Mandatory Reporting: An exception to confidentiality occurs when we have reason to suspect a child or vulnerable adult is being abused or neglected (RCW 26.44.030 and RCW 74.34.035), in which case we must make a report to the appropriate protective services (Child Protective Services/Adult Protective Services) and/or law enforcement. ANYWHERE SEXUAL ASSAULT PROGRAM documents all mandated reports. (Vulnerable adults are defined according to RCW 74.34.020.).

Other Exceptions to Confidentiality: An exception to confidentiality may occur if failure to disclose confidential information is likely to result in a clear, imminent risk of serious physical injury or death of the victim or another person. ANYWHERE SEXUAL ASSAULT PROGRAM will go over its policy with you about when threats of harm are reportable.

Responding to Subpoenas: RCW 70.125.065, RCW 5.60.060, ANYWHERE SEXUAL ASSAULT PROGRAM's policies and funding requirements protect your records if requested as part of discovery in a case. In addition, we have a policy on responding to subpoenas. If ANYWHERE SEXUAL ASSAULT PROGRAM or its staff receives a subpoena for your information or records, we will make every attempt to notify you and will take all steps available to us to protect that information.

Access to Information: Only staff and volunteers (and their supervisors) involved directly in your case have access to information about you. We maintain brief client records, containing only demographic information and a record of the services provided to you. We use this information to file statistical reports with our funders, plan our programs, and evaluate our services. In the event data needs to be verified, funding agencies may review these records. Before being allowed to access the files, any person reviewing files will sign a confidentiality agreement.

Reviewing Your Own File: You have the right to review your own file. To do so, you must make a request in writing. You may then review your file in the presence of a staff person. If you wish to take a copy with you, you must make the request in writing to the Executive Director. Every attempt will be made to allow you access to your file as quickly as possible. ANYWHERE SEXUAL ASSAULT PROGRAM may need additional time to prepare your files or to make copies, but in no event will it take longer than ten working days to arrange access or copies of files. If there are a large number of copies, a nominal fee may be charged.

Retention and Maintenance of Files: Client files, when not in use, are kept in a locked cabinet or in password-protected electronic format. They are reasonably protected from fire, flood, theft, earthquakes, or other damage. Adult files will be kept for a minimum of six years from last billing cycle or as required by government contracts. Client records may be retained longer if (a) written request is received from the client or (b) the client is a minor in which case the client record will be retained until twelve years after the age of majority of the client or the last entry in the record, whichever occurs later. Purged files, as defined above, will be shredded.

Images and Public Appearances: We will not photograph or videotape clients. In addition, we will not compel you to participate in any public appearances. If you choose to participate in an event, we will ask you to sign a consent form. Photographs, audiotapes and/or video recordings of the event in which you are identifiable will not be taken or utilized without your written permission.

Complaints: You have the right to file a complaint or grievance with the Executive Director if you have any concerns or complaints, or if you believe your rights have been violated. If the Executive Director is accused of the violation, you may file a grievance with the Board of Directors.

SAMPLE POLICY ON RECORD-KEEPING OF CLIENT FILES

All services provided by this Program are confidential. The Program recognizes the very personal and private nature of the information that may be shared by those dealing with the trauma of sexual assault. The Program is committed to honoring the choices of survivors and to provide services in a manner that facilitates client empowerment. The Program will take all necessary steps under this policy and Washington and federal law to preserve the privacy rights of those who receive its services, unless expressly authorized by the client to do otherwise.

All client-identifying records shall be generated based upon recognition that the client must be served by what is recorded. Records kept for the purpose of providing advocacy to sexual assault victims will contain minimal information specifically designed to provide continuity of services and supportive assistance. Factual information is only documented to the extent necessary to provide service.

Access to Records: The security of confidential files will be maintained. Access shall be limited to sexual assault advocates and counselors with a legitimate need to access such records who have signed the sexual assault program's confidentiality agreement. Original files will not be removed from the program's premises.

A client may request to review their record and may make or request a copy of anything in it. The program may charge the client a reasonable fee for the copying. The program has a right to ask for at least 24-hours' notice prior to making the file available to any client.

Auditors, funders or governmental oversight agencies should only request and have access to statistical information or data analysis from the program that does not identify survivors by name or circumstances that are personally identifiable. However, such officials, auditors, or agencies may require review of the underlying documents that support such data. If these documents do in fact contain confidential information or personally identifiable data, the program will limit the accessibility of these documents to as few individuals as possible and only allow access to them with a signed confidentiality agreement assuring that the confidentiality of such information will be maintained by the funder, auditor, or agency and will redact all personally identifiable information.

Editing/Alteration of Records: A client may request the correction or removal of any inaccurate, out-of-date, or incomplete information in their file and the client's request will be considered by the program. The file may be changed to reflect the client's request. If the program and the client do not agree on the accuracy of the proposed change, the difference of opinion will be noted in the file and the file will remain unchanged.

Retention & Destruction of Records: All client records will be stored in a secure, fire-resistant and locked location. Only sexual assault advocates and counselors who have signed a confidential agreement shall have access to them. Files will not be removed from the program's premises without written authorization of the executive director or program director.

The sexual assault program will keep and maintain confidential survivor files for a period of ____ years. (SUGGESTION: keep records between 7-10 years. ADDITIONAL SUGGESTED OPTION: "client records may be retained longer if (a) written request is received from the client or (b) the client is a minor in which case the client record will be retained until ten years after the age of majority of the client or the last entry in the record, whichever occurs later"). At that point, all records will be shredded and electronic records will be wiped.

In the event that the program ceases to operate, client files may be moved to a locked, fire resistant storage area maintained by _____ until the required time period has expired. Any requests for records after the WCSAP Accreditation Toolkit Updated 2022

agency has ceased operation will be processed through _____.

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SAMPLE PROCEDURE CLIENT RECORD SECURITY, MAINTENANCE, AND ACCESS TO FILES

No records or lists will be maintained where they may be seen or read by others that we serve, volunteers, or members of the community.

All CSAP personnel will have access to client records on a "need to know" basis.

All personnel will be continually reminded of the need to maintain confidentiality of records and will sign an agreement to maintain confidentiality.

Personnel must maintain awareness of the presence of others in the office. Discussions of clients must happen in a private office setting. Personnel will discuss clients in a professional manner.

Information about clients will not be given out over the telephone, in person, or via email, unless requested by a known individual that the client has authorized on a signed release of information. Personnel will respond with "CSAP policy does not permit us to give out that information." This includes requests about whether or not a person is being served by CSAP.

A signed Release of Information form must be on record to release any client information.

Statistics and data released by CSAP to state, federal, or other agencies will not include information that may identify the person.

If, for any reason, records are to be inspected by any authorized outside agency, the individual(s) must be specifically authorized by contractual agreement and must sign a confidentiality agreement. The taking of notes, copying, or removal of records is limited to contractual requirements.

Active files are kept in a locked, fireproof cabinet. After hours, the key to the client files will be kept locked in a separate cabinet. Records will be kept safe from loss, destruction, theft, and unauthorized use. Back-up documentation of basic information is securely maintained offsite or electronically.

Inactive files are kept locked in the CSAP filing cabinet for up to one year. Closed files are stored in a locked storage area. Files are destroyed on a schedule according to our Record-Keeping Policy.

In case of dissolution of the agency, records will be forwarded to successor agency. If there is not a successor, OCVA will be temporary depository for records until a successor is determined.

SAMPLE DIVERSITY, EQUITY, AND INCLUSION PLAN

OBJECTIVE 1: To increase awareness of anti-oppression and its applicability to services.

TASK: Provide at least 5 hours of anti-oppression training through our annual advocacy training for Board, staff, and volunteers.

TARGET DATE: Annually

PROGRESS: (7 completed in 2022 / _____ 2023 / _____ 2024 / _____ 2025)

STAFF RESPONSIBLE: Training Coordinator

MEASUREMENT: (hours provided and completed)

OBJECTIVE 2: To decrease barrier to services: stigma related to male sexual assault

TASK: Connect with male sexual assault technical assistance provider for outreach ideas

TARGET DATE: Jan. 2023

PROGRESS: (emailed 1 in 6, set up meeting with John from 1 in 6, phone call with John on 7/16/2022, report back to staff at meeting 8/5/2022)

STAFF RESPONSIBLE: Program Director

MEASUREMENT: (number of retreats)

OBJECTIVE 3: Maintain and increase working collaboration with tribal communities

TASK: The Executive Director or her designee will consult, a minimum of twice per year, with XX Tribe, YY Tribe, and ZZ Family Services and/or ZZ Tribal Court to foster collaboration and increase CSAP's ability to streamline access to advocacy services, resource, and/or housing needs for tribal members. Feedback and information gained via consultation will be shared at staff meetings and Board meetings.

TARGET DATE: Two times per year (by January 30 and June 30)

PROGRESS: (Documentation of Consultation / Documentation of Sharing Feedback with Staff / Documentation of Sharing Feedback with Board)

STAFF RESPONSIBLE: Executive Director

MEASUREMENT: (Number of contacts)

OBJECTIVE 4: Increase access to Limited English Proficient survivors.

TASK: Provide materials to the community that are culturally diverse particularly for our largest minority population

TARGET DATE: June 30, 2023

PROGRESS: (choose priority materials for translation, research translation, cost compare, send out for translation, distribute to community partners, etc.)

STAFF RESPONSIBLE: Program Director

MEASUREMENT: Number of translated client documents

OBJECTIVE 5: Ensure that staff, volunteers, and board are representative of the community at large.

TASK 1: Collect and analyze data of the diversity in our service area

TARGET DATE: Dec. 2023

PROGRESS: (pulled census data)

STAFF RESPONSIBLE: Associate Director

MEASUREMENT: (data)

TASK 2: Survey staff, board, and volunteers anonymously on diversity measures.

TARGET DATE: Dec. 2024

PROGRESS: (ED sent survey sent to each staff person, volunteer coordinator outreach to active volunteers, ED give paper form survey at Q3 board meeting)

STAFF RESPONSIBLE: Volunteer Coordinator and Executive Director

MEASUREMENT: (data)



Washington State
Department of
Commerce

We strengthen communities

Accreditation Standards

For Community Sexual Assault Programs

OFFICE OF CRIME
VICTIMS ADVOCACY

Table of Contents

| | |
|---|-----------|
| Overview | 3 |
| Purpose..... | 3 |
| Who's Who..... | 3 |
| The Process | 3 |
| Scope..... | 5 |
| Outcomes | 6 |
| Board of Directors..... | 7 |
| Board Policies, Procedures, and Bylaws | 7 |
| Board Orientation | 8 |
| Board Annual Training Plan..... | 9 |
| Board Minutes..... | 9 |
| Board of Directors File Review..... | 10 |
| Personnel and Volunteers | 11 |
| Personnel Policies and Procedures | 11 |
| Personnel and Volunteer Orientation | 13 |
| Supervision Practices..... | 13 |
| Personnel and Volunteer File Review | 14 |
| Personnel and Volunteer Interview | 16 |
| Agency Administration and Operations | 16 |
| Operational Policies and Procedures | 16 |
| Diversity, Equity, and Inclusion Plan and Implementation..... | 17 |
| Client File Review | 19 |
| Quality Assurance | 19 |
| Core Services | 20 |
| Materials and Publications | 21 |
| Facility Tour..... | 22 |

Overview

Accreditation originated out of the Washington State Sexual Assault Services Advisory Committee in the 1995 Final Report. The advisory committee provided recommendations that guided the development of the accreditation standards and process. The standards and process have been updated over the years to be more reflective of current needs.

This version was developed out of a series of process improvement meetings from 2018 to 2021, collecting feedback and input from Community Sexual Assault Programs, the Washington Coalition of Sexual Assault Programs, and Jennifer Levy-Peck, the accreditor during this time frame.

Purpose

Accreditation strives to guarantee that survivors receive services consistent with the service standards, that everyone providing Core Sexual Assault Services to survivors are trained and qualified, and that every program receiving Core Sexual Assault Services funding has the management structure and policies needed to provide accountability for those funds.

The accreditation process establishes Community Sexual Assault Programs (CSAPs) across Washington State. CSAPs are recognized in their communities as leaders who provide stable, victim-focused sexual assault services and possess the qualifications to meet the needs of victims and survivors.

The accreditation process upholds a noncompetitive funding structure for Core Sexual Assault Services grants. This structure provides assurances that Core Sexual Assault Services are available to victims and survivors in all areas of Washington State.

Who's Who

Office of Crime Victims Advocacy (OCVA)

An office within the Washington State Department of Commerce which oversees the accreditation system, funds Core Sexual Assault Services, and provides funding to the Washington Coalition of Sexual Assault Programs (WCSAP) and the accreditor.

Accreditor

An outside contractor to OCVA, hired to perform an unbiased review of the Accreditation materials. Conducts reviews on a scheduled basis and examines all of the documentation of compliance necessary to demonstrate adherence to the Accreditation Standards.

Washington Coalition of Sexual Assault Programs (WCSAP)

Provides ongoing training and technical assistance related to Accreditation and program management.

The Process

The process of accreditation is based on a four-year cycle. Each Community Sexual Assault Program (CSAP) goes through the accreditation process once every four years. The accreditation cycle runs on the State Fiscal Year, July 1 to June 30.

Agencies are spread out over the four-year cycle, and assigned a month and year when their review occurs. The review will occur the same month each four years. For example, if an agency's last review was in October 2020, their next review will be October 2024.

Scheduling

At the beginning of the fiscal year in which your program will be reviewed, the accreditor will send an email to schedule the dates of the review and provide additional information and resources.

OCVA may approve an extension of the accreditation dates and/or the review period under certain circumstances, which may include:

- staff emergency (health issues)
- agency capacity, staff leadership turnover (new Executive Director, new Program Manager), organizational management, or financial issues
- crisis (organization crisis, local community crisis, or emergency)

Contact the OCVA Sexual Assault Services Section for additional information about requesting an extension.

Preparation

Most documentation will be submitted electronically to the accreditor prior to the visit. The accreditor will provide you with a link to upload documentation and an upload due date a few weeks before the visit. Please make sure all required information is uploaded by this date.

The Review

The accreditation review is scheduled for two (2) full days. Reviews will be predominantly remote, and may occur in-person, as needed. Depending on the agency's structure, the Executive Director and/or the Program Manager should be available throughout the entire two-day review. The review is divided into five main parts:

- A test of the agency's crisis line, conducted within 30 days prior to the scheduled review.
- Review of documentation of compliance submitted by the agency.
 - In the time between the upload date and the review, the accreditor will review the documentation submitted. The accreditor may follow-up with questions during this time period.
 - During the review, the accreditor will ask any additional questions about the documentation and provide an opportunity for the agency to provide additional information.
- Review of InfoNet reports provided by OCVA.
- Interviews with:
 - the Executive Director and/or Program Manager
 - at least one representative (preferably more) of staff responsible for providing Core Sexual Assault Services
- Review of files:
 - Board of Directors
 - Personnel and Volunteer
 - Client

See the standards for additional information.

Scope

The accreditation process reviews documentation that addresses the foundational requirements for an agency to provide Core Sexual Assault Services in Washington State. Areas reviewed include:

- Board of Directors
 - Board Policies, Procedures, and Bylaws
 - Board Orientation
 - Board Annual Training Plan
 - Board Minutes
 - Board of Directors File Review
- Personnel and Volunteers
 - Personnel Policies and Procedures
 - Personnel and Volunteer Orientation
 - Supervision Practices
 - Personnel and Volunteer File Review
 - Personnel and Volunteer Interview
- Agency Administration and Operations
 - Operational Policies and Procedures
 - Diversity, Equity, and Inclusion Plan and Implementation
 - Client File Review
 - Quality Assurance
 - Core Services
 - Materials and Publications
 - Facility Tour

Below are the detailed Accreditation Standards. Each section has two parts.

Submit:

This lists what should be submitted as documentation for this section.

Reviewed For:

This lists what the accreditor will be looking for in the submitted documentation.

In addition, some sections have supplementary guidance. Please review each section carefully to ensure the appropriate documentation is submitted, and that it includes all information that will be reviewed.

Additional documentation may be submitted and/or requested if the item being reviewed is not found within the documentation.

Outcomes

Full Accreditation Status

Program meets at least 90% of the accreditation standards. The agency is eligible to receive/continue receiving Core Sexual Assault Services Funding. The agency will complete another review in four years.

Provisional Accreditation Status

Program does not meet at least 90% of the accreditation standards. The program will have 30 days after their review to address the corrective action items in the preliminary report and improve their score by submitting updated documentation of compliance to the accreditor. If the program is receiving Core Sexual Assault Services funding, they will continue to receive it during these 30 days.

Probationary Accreditation Status

Program does not meet at least 90% of the accreditation standards after the 30-day provisional period. The program may receive an extension of the 30-day review period, and/or a second review may be scheduled within a year's time. The accreditor may decide during the initial review to place a program in probationary status, considering the types and amount of corrective action items needed.

Programs in probationary accreditation status will still receive Core Sexual Assault Services funding. Not adhering to the timelines as outlined in the preliminary accreditation report may result in delayed payment of invoices.

If a program does not meet the requirements for full accreditation status after the second review following the probationary status, the agency will no longer be eligible to receive Core Sexual Assault Services funding. In the rare event this occurs, OCVA will work closely with the agency to discuss next steps.

OCVA wants to make sure that agencies have all of the support, information, and assistance they need to be successful in this accreditation process. We know that it is best for survivors when consistent services are available across the state.

Please reach out to the OCVA Sexual Assault Services Section with questions or concerns about the accreditation process. Contact the Washington Coalition of Sexual Assault Programs (WCSAP) for technical assistance in preparing for the review.

Standards

Board of Directors

If the sexual assault program is part of a larger organization and the sexual assault services program is overseen by an advisory committee, requirements can be in Board of Directors and/or Advisory Committee policies and procedures. There must be a formalized connection to the larger organization's governing board, which can be demonstrated by highlighting policies/procedures, with an organizational chart, or some other documentation that shows how the Board of Directors and Advisory Committee work together.

Board Policies, Procedures, and Bylaws

Submit:

- Board Policies and Procedures with the following requirements flagged for review
- Bylaws with the following requirements flagged for review

Reviewed for:

Written description for:

- Selection of members
- Duration of membership
- Election of officers
- Organizational structure of board
- Responsibilities of the board of directors
- Staff position appointed by board to whom it delegates authority and responsibility for agency management and implementation of policy

Written description showing who is responsible for:

- Selection and evaluation of the director
- Financial oversight
- Review and approval of budget, budget revisions, and budget amendments
- Strategic planning
- Fund raising

Personnel policies

Agency/community relationships

Addresses conflict of interest or the appearance of conflict of interest on the part of the governing board.
Topics addressed must include:

Current direct service providers (including volunteers), employees, or immediate family members of employees serving on the board

Board members having any direct or indirect financial interest in the agency's assets, business affairs, leases or professional services

Board members receiving payment, except where permitted by law

Preferential treatment of board members in applying for or receipt of the agency's services

Comments:

Board Orientation

Submit:

Board orientation checklist (blank form)

Reviewed for:

Includes agency's:

Mission

Structure

Goals & objectives

Programs

Methods of operation

Finances

Dynamics of sexual assault

Relevant community resources

How medical, legal, and social services respond to victims of sexual assault

Acknowledgement of receipt of:

- Board manual
- Personnel policies and procedures
- Operational policies and procedures

Comments:

Board Annual Training Plan

Submit:

- Annual training plans for the Board of Directors for the previous year and current year
- Description of how Board annual training plans are developed, including how topics are identified and selected

Reviewed for:

- Training topics for the previous and current year, with an approximate timeline or timeframe
- Process to identify topics relevant to the board

Comments:

Board Minutes

Submit:

- Six (6) recent board meeting minutes
 - At least one (1) should include approval of the current annual sexual assault budget
 - At least one (1) should include the last review of the salary and benefit structure (if policy designates another entity for annual review of salary and benefit structure, documentation of most recent review by that entity should be submitted)
- Two (2) sets of minutes from active committees, if applicable
 - At least one (1) set of minutes from a recent finance committee meeting, if applicable
- Description of how Board and committee minutes are permanently maintained in a secure and accessible location

Reviewed for:

Includes:

- Dates of meetings
- Names of participants
- Issues addressed
- Actions taken
- Financial reports
- Treasurer's report to the board (not applicable if finance committee minutes included)
- Annual evaluation of salary and benefit structure
- Approval of current sexual assault budget

Comments:

Board of Directors File Review

Submit:

- Completed Board of Directors spreadsheet for all active members during the past two (2) years, including:
 - Start date
 - End date (if applicable)
- Completed and signed orientation checklist for each board member who joined in the past two (2) years
- Documentation of attendance at annual board training for past two (2) years

Reviewed for:

- Board of Directors files are maintained and up to date
- Members receive required orientation and training

Comments:

Personnel and Volunteers

Note that it is required for CSAPs to utilize volunteers in the sexual assault services program.

Personnel Policies and Procedures

Submit:

Personnel policies and procedures with the following requirements flagged for review

Reviewed for:

Agency complies with applicable laws and regulations in regards to fair employment practices and contractual relationships, such as:

Equal Employment Opportunity Act

Civil Rights Act of 1964

Fair Labor Standards Act

Equal Pay Act and Age Discrimination in Employment Practices

Occupational Safety and Health Act

National Labor Relations Act

Americans with Disabilities Act

State or local laws, regulations or contractual relations where these are more stringent or supersede federal regulation

Agency does not discriminate in employment practices on the basis of age, sex, marital status, sexual orientation, race, creed, color, national origin, citizenship or immigration status, honorably discharged veteran or military status, or the presence of any sensory, mental, or physical disability or the use of a trained dog guide or service animal by a person with a disability (RCW 49.60.200)

Staff, board, and volunteers should reflect the diversity of the community at large

Written authorization for:

New hires

Terminations (voluntary and involuntary, including written documentation by the agency)

Rates of pay

Payroll deductions

Director or designee reviews and approves payroll expenditures and time/overtime records

Access to personnel records by the individual

Addresses review, addition, and correction by personnel of information contained in their records

Schedule of salaries and benefits

Takes into consideration local or regional standards for similar positions

Periodic review of personnel policies with an opportunity for staff to provide input

Annual review of job descriptions

All staff and direct service volunteers receive a performance evaluation at least one (1) time per year

Given the opportunity to sign and comment in writing on the evaluation

Given a copy of the evaluation prior to its entry into personnel records

Use of private or agency-owned vehicles to transport clients, if applicable

Provision of adequate insurance coverage

Appropriate passenger restraint systems (such as car seats)

Licensure of drivers

Addresses conflict of interest or the appearance of conflict of interest on the part of personnel or consultants. Topics addressed must include:

Staff and paid consultants having any direct or indirect financial interest in the agency's assets, business affairs, leases, or professional services

Preferential treatment of personnel or consultants in applying for or receipt of the agency's services

Steering or directing referrals exclusively to a private practice in which agency personnel, consultants, or their immediate families may be engaged, is prohibited

Requires professional workers conducting a private practice on the agency's premises to provide clients with a clear written statement that the client is receiving that worker's services only, and not those of the agency

Comments:

Personnel and Volunteer Orientation

Submit:

Personnel and volunteer orientation checklist (blank form)

Reviewed for:

Includes agency's:

- Goals
- Services
- Service population
- Collaboration with other community resources
- Emergency Plan
- Security procedures

Acknowledgement of receipt of:

- Personnel policies and procedures
- Operational policies and procedures

Comments:

Supervision Practices

Submit:

- Current organizational chart
- Description of supervisory practices for staff and volunteers

Reviewed for:

- Personnel receive supervision consistent with their varying levels of skills and experience, complexity and size of their workload, and their length of time in current job assignment
- Holding personnel accountable for the performance of assigned duties and responsibilities

Comments:

Personnel and Volunteer File Review

Submit:

Completed Personnel and Volunteer spreadsheet for all employees and volunteers who have provided core sexual assault services, supervised those who do, or provided management of the sexual assault program (such as the Executive Director or Program Manager, if applicable) in the past two (2) years, including:

- Start date of employment/volunteer
- Last date of employment/volunteer (if applicable)
- Date of last background check
- Date of last two (2) performance evaluations
- Month and year of WCSAP approved 30-hour core advocate training
- Number of hours of ongoing sexual assault training as approved by WCSAP for each of the past two (2) state fiscal years (July 1 – June 30)

Copy of the signed orientation checklist for each employee/volunteer with start date in past two (2) years

Documentation of OCVA's approval of training and experience requirements for the following positions, if there have been transitions since the last review:

Director

Sexual Assault Services Program Director/Coordinator/Manager

Supervisors of employees and volunteers who provide core sexual assault services

Reviewed for:

Personnel records are maintained for all employees and volunteers who provide Core Sexual Assault Services, supervise those who do, or provide management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

Personnel are receiving required:

Orientation

30-hour WCSAP approved initial sexual assault core advocacy training

12 hours of WCSAP approved ongoing sexual assault training completed annually

Background checks through the Washington State Patrol (WSP) or another agency accessing WSP information, completed at time of hire and every two (2) years thereafter

Performance evaluations completed annually

Directors, Program Managers/Directors/Coordinators, and Supervisors are approved by OCVA, demonstrating they meet the initial training and experience requirements, as outlined below:

Director requirements

- Minimum of six (6) years of management experience (college education may substitute, year for year, for no more than a total of four (4) of the years)
- Minimum of 20 hours of management training specific to not-for-profits, including public or private human services agencies
- 30-hour WCSAP approved initial sexual assault core advocacy training

Sexual Assault Services Program Manager/Director/Coordinator, when not the agency director, requirements

- Ten (10) hours of general management training
- 30-hour WCSAP approved initial sexual assault core advocacy training

Supervisors of staff providing core sexual assault services requirements

- Two (2) years of relevant experience
- 30-hour WCSAP approved initial sexual assault core advocacy training

During the visit, the accreditor will check the following items in staff/volunteer files. Have all files readily accessible for review. The accreditor may check some or all staff/volunteer files for the following items:

Application/resume indicating qualifications for position

Written documentation (such as a personnel action form or an official letter from the agency) of:

New hire

Rates of pay and changes in rates of pay

Termination (voluntary or involuntary), if applicable

Signed job description

License and insurance for those who transport clients, as required by policy

Performance evaluations are:

Completed annually

Signed by employee

Provide space for employee comments

Reviewed for:

Personnel records are maintained for all employees and volunteers who provide core sexual assault services, supervise those who do, or provide management of the sexual assault program (such as the Executive Director or Program Manager, if applicable)

Comments:

Personnel and Volunteer Interview

Potential topics addressed could include, but are not limited to:

- Conflict of interest and preferential treatment of board or staff accessing services
- How does the agency develop and implement their Diversity, Equity, and Inclusion Plan?
- How does agency disseminate information about its programs and services?
- What are the policies and procedures regarding confidentiality?
- How are clients informed of confidentiality?
 - Personnel may be asked to provide a detailed description and example of how they provide clients information about confidentiality and mandatory reporting.
- Supervision practices
- Are performance evaluations annual? Are you given a chance to sign and comment? Are you given a copy?
- How and what data is collected, and how is it used?
- How are the results of the planning and evaluation process used?
- System coordination and community awareness activities

Responses may be used to inform other parts of the review.

Comments:

Agency Administration and Operations

Operational Policies and Procedures

Submit:

Operational policies and procedures with the following requirements flagged for review

Reviewed for:

Confidentiality

- Documentation of informed consent of clients, including minor clients and adult clients who have a guardian appointed to make personal decisions, to receive services
- Age of consent for services
- When consent can be given verbally and how that is documented
- Subpoenaed records and staff

- Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients
- Release of information about clients
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults (RCW 74.34.035 and RCW 26.44.030) and agency documentation of reports
- How a client accesses their file
- Confidentiality of client information, including access to and use of information about clients

Non-discrimination in Service Provision

- Services are offered without discrimination by reason of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by federal, state, or local law
- Agency provides or arranges qualified interpretive or translation services to Limited English Speaking/Limited English Proficiency, hard of hearing, or Deaf persons
- Personnel and client safety and security needs, including fire, medical, or other emergencies
- Periodic review of operational policies and procedures by the board and/or its designee
- Record security, maintenance, and access by individuals other than the client
 - Protection of the privacy of clients and former clients
 - Disposition of client records in the event of the dissolution of the agency
 - Reasonable protection against destruction by fire, earthquake, flood, or other damage, such as by secure electronic backup of information critical to providing services
 - How long records are maintained
- Plan for transfer of cases in the event workers leave the agency

Comments:

Diversity, Equity, and Inclusion Plan and Implementation

Submit:

- Diversity, Equity and Inclusion Plan

The Diversity, Equity, and Inclusion Plan can use different language and/or be multiple plans. However, the below topics should all be clearly addressed.

Documented progress on each of the three (3) areas of focus outlined below. Progress could be demonstrated within the plan itself, and/or by submitting examples of activities completed, such as:

- How job postings are developed and distributed to recruit diverse applicants
- Trainings staff attended
- Partnerships with culturally specific organizations
- Meeting minutes
- Pictures
- Agency materials
- Descriptions of how action steps were completed

Items submitted should be clearly linked with the objectives and activities in the plan(s).

Reviewed for:

Clearly identifies the timeframe covered by the plan(s)

Timely and up to date

Reviewed annually

Plan(s) must address the three (3) focus areas below:

1. Plan to ensure that staff, volunteers, and board are representative of the community at large. Must include:

Clear description of the diversity of the community at large, including, at minimum, age, race/ethnicity, and sexual orientation

Diversity objectives

Action steps to achieve objectives, with implementation timelines

Demonstrated progress on the identified action steps

2. Plan for how the agency can increase its capacity to serve its diverse community, including how the agency reduces their own biases and incorporates an anti-oppression lens¹ in their work. Must include:

Objectives

Action steps to achieve objectives, with implementation timelines

Demonstrated progress on the identified action steps

¹ Anti-Oppression lens: Acknowledges that power imbalances exist and are perpetuated by societal inequalities. Advocates for the elimination of injustice and recognizes that all forms of oppression (e.g. racism, sexism, homophobia, xenophobia, ableism, transphobia) are interconnected. <https://www.wcsap.org/resources/publications/non-wcsap/washington-state-prevention-plan>

3. Plan for reducing barriers to accessing services. Must include:

- Documentation of most recently completed process to identify barriers, such as meeting minutes, notes, or reports
- Action steps to address barriers, with implementation timelines
- Demonstrated progress on the identified action steps

Comments:

Client File Review

A few weeks prior to the accreditation review, the accreditor will send an email with up to 12 ID numbers of clients who are reported in InfoNet as having received Core Sexual Assault Services in the past two (2) years. Redact and upload client consent for services forms, any releases of information, and any other forms or paperwork that document the below information from these files. **The agency is responsible for ensuring that no personally identifying information is uploaded.**

Reviewed for:

The record contains:

- Documentation of informed consent of clients to receive services
- Documentation that the client is informed of confidentiality and exceptions to confidentiality, as described in policies and procedures
- If applicable, written releases of information that are specific and time-limited

Comments:

Quality Assurance

Submit:

- Description of how and what information is systematically collected and reviewed to evaluate program effectiveness, allocate program resources, and assess unmet needs for the agency or community
 - Description of how the results of the evaluation are used to improve services
- Relevant reports, minutes, or notes from the most recent strategic planning process, including the agency strategic plan or description of immediate and long-term goals and objectives identified
 - Description of how the agency strategic plan or immediate and long-term goals and objectives are used to guide program decisions and improve services, including how information is disseminated at all levels of the organization

Reviewed for:

Agency conducts periodic planning processes to identify and address:

- Program effectiveness
- Allocation of resources
- Unmet needs
- Immediate and long-term goals and objectives
- Results of the evaluations and planning processes are disseminated at all levels of the organization
- Uses principles, values, and mission in its evaluation and planning

Comments:

Core Services

Submit:

- Example staffing schedule

Reviewed for:

- Demonstrates 24-hour coverage to provide sexual assault specific information and referral, crisis intervention, general, legal, and medical advocacy

The accreditor will conduct a test hotline call within 30 days prior to the scheduled review.

Reviewed for:

- Crisis intervention, advocacy, and information and referral are immediately available (a caller can speak with a trained advocate within 20 minutes from the time of the initial call)

The following reports will be pulled from InfoNet for the previous two (2) years. Agency should ensure InfoNet data is up to date. Reports will be pulled by OCVA. Agencies do not have to submit any documentation for this section.

Reports pulled from InfoNet:

- Sexual Assault Program Report
- Client Demographics Data

Reviewed for:

- General, Legal, and Medical Advocacy are provided
- Services are provided across the lifespan
- Services are provided to diverse communities, including various genders, races, ethnicities, and disabilities
- Crisis intervention/information & referral calls/contacts

Report pulled from InfoNet:

- CSAP Activities - Community Awareness

Reviewed for:

- Conducts community awareness activities related to sexual assault and available services to the community-at-large, including community presentations, awareness activities, participation in community events, and distributing information materials
- Reaching out to diverse populations

Report pulled from InfoNet:

- CSAP Activities - System Coordination

Reviewed for:

- Participation in local, statewide, and/or national groups to improve service for individual clients, identify gaps in service, advocate for needed change, share training and other resources, and work toward the elimination of sexual violence
- Coordination with medical and legal communities

Comments:

Materials and Publications

Submit:

- A sampling of your current materials and publications, such as brochures, flyers, informational materials, links to social media, etc.

Reviewed for:

- Describes programs and services
- Describes role, function, and capacities of the agency

Available in multiple languages

Representative of community, such as including diverse backgrounds and identities, and can be understood by people with varying literacy levels

Accreditor will review the agency website. Agencies do not have to submit any documentation for this section.

Reviewed for:

Clearly identifies that the agency provides sexual assault services

Describes what sexual assault services are available

Information about available services is easily identified and accessible

Information is relevant, up to date, and accurate

Website is accessible for people with visual or hearing impairments, motor skill, physical, cognitive, or other disabilities

For example, images have descriptive text, colors contrast well, text is resizable, content can be accessed by assistive technology, etc.

Comments:

Facility Tour

During the review, the accreditor will conduct a tour of the facility. This can be done remotely.

Reviewed for:

Environment is friendly and welcoming to people of all identities.

For example, clear signage about how to enter building/office space, images showing a diverse group of people, Safe Zone signs, gender inclusive restrooms, play spaces for children, etc.

Respects comfort and dignity of clients

Appropriate to agency's purpose

Sufficient opportunity for client privacy

For example, offices and/or advocacy rooms have doors that can close, windows on doors are frosted or have blinds that can be closed, attention is paid to sound privacy, etc.

Accessibility

For example, clear information about handicap parking and barrier-free entrance into the facility, accessible restrooms, seating to accommodate people of different sizes and abilities, accessible workspaces for staff, etc.

Convenient, private, and sanitary toilet facilities

Well-lit and equipped activity and/or meeting rooms for community awareness and system coordination activities

No safety hazards are present

For example, bookcases are secured to walls, no obstacles exist in walkways, cleaning products are out of reach of children, etc.

Basic emergency plans posted in an area accessible to clients and visitors

Comments: