# 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 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" ([Buisiness Dictionary website](), 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 ACCREDIATION 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** | | | | |

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