Accreditation Toolkit

July 2017

A Guide for Community Sexual

Assault Programs

In Washington State

ACKNOWLEDGEMENTS

This Accreditation Toolkit is the product of many creators. Recognizing the need for an accessible, user-friendly manual that could help Community Sexual Assault Programs navigate the complexities of the Washington State accreditation process, the Washington Coalition of Sexual Assault Programs (WCSAP) has developed this document over the years. WCSAP staff members (past and present) who have contributed to the Accreditation Toolkit include Christi Hurt, Kathleen Alredge, Jeanne Englert, Sandy Greene, Jennifer Y. Levy-Peck and Kelly O'Connell previously with the Sexual Violence Law Center. A special thank you to WCSAP staff for their assistance with the editing and reviewing over the years.

We appreciate the feedback of professionals involved in the accreditation process, including those from the Office of Crime Victims Advocacy (OCVA) and Levy-Peck Consulting.

Most importantly, we at WCSAP wish to acknowledge those individuals working in Community Sexual Assault Programs whose questions and concerns have guided the development of this Toolkit. It is a daunting task to provide high-quality services while maintaining the meticulous documentation of benchmarks required for accreditation. Sexual assault program managers and their colleagues deserve every possible tool at their disposal to accomplish these tasks. WCSAP is committed to supporting the people in the field who are doing this vital work.

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JULY 2017 UPDATE

This July 2017 update of the Accreditation Toolkit reflects changes and clarifications in the documentation needs that have occurred over the past few years. It is recommended that you replace any old versions of the toolkit with this one.

Key:

Questions

Key Points and Hints

Please Note

Discussion and Suggestions

Evidence of Compliance

WHY DO WE HAVE ACCREDITATION?

Washington State is a national leader in the field of sexual violence services. The service system was developed in Washington with a profound commitment to victims' needs and continues to be supported by an ever-evolving statewide infrastructure that includes state/local government and nonprofit organizations. Washington is fortunate to have funding from state government and a dedication to services specifically for sexual assault victims.

In 1994, sexual assault service providers across Washington State came together to examine ways to improve Washington's service delivery system and infrastructure (for more about this process, please see the 1995 Final Report from the Washington State Sexual Assault Services Advisory Committee). These service providers examined the needs of the whole state and determined that it would best serve all survivors of sexual violence to create a range of services that would be consistently available in every corner of the state, rather than rely on the variability inherent in the original competitive funding process. To that end, the group proposed and later developed an ongoing accreditation process.

Accreditation is a system that helps to ensure that every program has the mechanisms in place to run the state sexual assault funding grants effectively. The statewide accreditation process supports a noncompetitive funding distribution structure that drives money into every area in Washington State, with the objective of providing access to needed services for survivors throughout the state.

The Accreditation Standards were modified over the years. In 2011, OCVA and WCSAP hosted a statewide process to examine the current state of the accreditation system. They convened the accredited Community Sexual Assault Programs (CSAPs) in a series of meetings and through surveys and interviews to hear their input and feedback.

In these meetings, the CSAPs affirmed that they preferred to retain the current accreditation process to allow programs to maintain eligibility for noncompetitive sexual assault funding. They agreed that this process helps them to ensure the consistency of their programs from year to year while maintaining a level of accountability to the state for their public funds. They also identified a number of core issues that they wanted to resolve--issues that made the process overly complex, repetitive, or otherwise burdensome.

Because of the statewide feedback and subsequent work of a smaller CSAP workgroup, changes were made in the Accreditation Standards to eliminate redundancies, provide additional clarity, and reflect changes in the field. In March 2016, OCVA released an updated set of standards and distributed them to accredited programs throughout Washington.

The Accreditation Standards strive to guarantee that everyone providing services to survivors is trained and qualified, that survivors receive services consistent with the service definitions, and that every program receiving sexual assault funding has the management structure and policies needed to provide accountability for those funds.

The Standards themselves cover a broad array of subject matter, ranging from agency governance to quality assurance. The Standards include nonprofit regulations as well as issues surrounding client safety and confidentiality. While the Standards are comprehensive, they are not overly prescriptive. There is flexibility in many of the standards to meet the requirements in a way that reflects the needs and individuality of each program.

UNDERSTANDING 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. For more information, see "Seek Technical Assistance."

ACCREDITATION MECHANICS

The Accreditation Standards are divided into different sections based on the topic areas they cover:

- Agency Governance and Administration (AGA)
- Agency in the Community (AC)
- Client Information and Confidentiality (CIC)
- Facilities and Equipment (FE)
- Financial Management (FM)
- Personnel (P)
- Quality Assurance (QA)
- Core Services (CS)

The accreditation score is based on three different types of standards, indicated on each standard:

- A Standards

  o AGA 1, 2, 3, 5

  o AC 1, 2, 3, 4

  o CIC 1, 2, 3

  o FE 3

  o FM 1, 5

  o P 2, 3, 4, 7, 11, 12, 13, 17

- B Standards

  o FE 1, 2

  o FM 4

  o P 5,10,14,15,16

  o QA 1, 2

- Core Standards

  o CS 1, 2, 3, 4, 5, 6

To achieve a **full accreditation status**, a program needs to score at least 90% on the A standards, at least 90% on the B standards, and be in full compliance with all Core Standards.

To achieve a **provisional accreditation status**, a program needs to score at least 70% on the A standards, at least 70% on the B standards, and be in full compliance with all Core Standards.

If a program does not achieve the scores above or fails to pass every "evidence of compliance" for each core service standard, the program will fail its accreditation review.

All programs have 30 days after their accreditation review to improve their score. It is possible that there will be minimal changes needed to make this improvement; it is also possible that the necessary changes will be so significant that only a provisional score is achievable within the 30-day period.

Sometimes programs that receive full status want to improve their score, and they can.

If a program remains in provisional status, then it will only be able to achieve a full accreditation status after completing a second full review. This second review must be initiated and completed within a year's time.

The review only looks at evidence of compliance for the past year (since the last review). It is not another 4-year review.

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.

The Core Standards, while also reviewed during the accreditation process using the relevant Accreditation Standards, are based on the criteria presented in the separate Sexual Abuse/Assault Service Standards document. The Service Standards outline the definitions of each core sexual assault service. These standards outline:

- definition of the service provided

- goal of the service

- duration of the service

- the intended service recipients, and

- the qualifications of the person providing the service.

The Sexual Abuse/Assault Service Standards are the detailed explanations of what service providers are paid to do. Accreditation intersects with the Service Standards, but does not replace them. CSAPs should use the Service Standards to guide their service development and implementation and should use the Accreditation Standards to collect and prepare material for the accreditation review.

Please be aware of the differences between these two documents and use them both in your program development and accreditation preparation.

RELATIONSHIP OF ACCREDITATION & SERVICE STANDARDS

ACCREDITATION

STANDARDS

- **AGA standards**

- **AC standards**

- **CIC standards**

- **FE standards**

- **FM standards**

- **P standards**

- **QA standards**

- **CORE Service Standards**

  o **Specific Accreditation requirements to show evidence that each of the Core Service Standards in the Sexual Abuse/Assault Service Standards has been met**

Sexual Abuse/ Assault Service Standards

Detailed information on how CSAPs must provide services for each of the 6 Core Services

1. **Info & referral**

2. **Crisis intervention**

3. **Medical advocacy**

4. **Legal advocacy**

5. **General advocacy**

6. **System coordination**

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? (Can you find your old score sheet? – if not, see #5.)
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.

ACCREDITATION AND FOCUSING ON THE NEEDS OF SURVIVORS

Building a sexual assault program that meets these standards will help ensure

the program provides meaningful, appropriate, and client-centered services.

A philosophical commitment to survivor-centered services is a critical foundation of accreditation. Starting with a commitment to having consistent services available throughout all of Washington State, the Sexual Assault Services Advisory Committee built a focus on comprehensive survivor services that meet a diverse population's needs, which is evident throughout the standards.

Creating organizations with sound policies, procedures, plans, and organizational goals helps to ensure that CSAPs manage their finances wisely, train and support personnel well, and provide meaningful services to survivors. These organizations will be prepared to grow and shift as communities' needs change over time. From strengthening agency governance to ensuring quality of services, accreditation can help organizations be survivor-centered and thriving.

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. **To help you understand the relationship of these two sets of standards, see the section above on [Accreditation Standards and Service Standards](#). To minimize confusion, any reference to Standards in this document means Accreditation Standards, unless the Sexual Assault Service Standards are specifically mentioned.**

 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. In addition, you run the risk of creating inconsistency with already existing policies, procedures, plans, and other published information for your program. We have included some samples and templates in this Toolkit as a guide for your program to develop your own materials. While we have made every effort to provide samples that reflect up-

to-date practice in our field, your agency or program may wish to obtain legal advice about any sensitive policies and procedures, such as personnel issues or the handling of client information. Your Board of Directors or Advisory Committee should be a good resource for these issues. WCSAP will be glad to discuss resources and considerations for any Accreditation Standard.

This Toolkit is not intended to provide extensive discussion of best practices in sexual assault program management. It is narrowly intended as a guide for meeting Accreditation Standards. You will find more detailed information about best practices in the field on the WCSAP website (www.wcsap.org) under Working with Survivors, Sexual Assault Program Management, in trainings and email tips offered by WCSAP and other nonprofit management resources, online, and in other written materials. Do not forget your sister programs and the communication opportunities afforded via the WCSAP Management Listserv. It is also important to remember that your program policies may be more rigorous than what is required solely for accreditation purposes (for example, background checks may be required every year instead of every two years as the Accreditation Standards mandate).

The accreditor evaluates evidence in the context of each program's operations. Any program-specific procedures should be clearly explained. The samples and tools in this Toolkit are intended to guide each CSAP's preparation for accreditation, and will not replace each CSAP's individual preparation process.

It is important to note that the term "survivor," as it is used in this Toolkit, does not just refer to the primary victim of sexual abuse or assault. CSAPs provide services to family members and others who are close to those who have experienced sexual victimization. Sometimes referred to as "secondary victims" or "secondary survivors," parents/caregivers and partners of those who have been abused or assaulted are also survivors, and are often clients of CSAPs. Therefore, the terms "survivor" and "client" may be used interchangeably throughout this Toolkit to refer to anyone who seeks the services of a CSAP to deal with their own sexual victimization or that of a family member, partner, or other individual within a close relationship.

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.

Appendix 3 contains checklist forms for each of the plans, policies, and procedures required by the accreditation process. These may be printed out and used to track each necessary item.

Policies

Policies are "principles, rules, and guidelines formulated or adopted by an organization to reach its long-term goals" (www.BusinessDictionary.com). For example, the Accreditation Standards require a written policy to "ensure appropriate provision of services to clients such as those who do not speak the primary language used by the agency" (Standard AC3).

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

POLICIES NEEDED FOR ACCREDITATION, BY STANDARD

Standard	Policies Needed
AGA5	Conflict of interest
AGA6	Referrals, transfer of cases, private practices
AC2	Nondiscrimination in services
AC3	Access for clients who do not speak English
CIC1	Confidentiality, written consent, subpoenas etc.
FE3	Use of vehicles to transport clients
FM5	New hires, terminations, rates of pay, deductions
FM5	Review and approval of payroll and time/overtime records
P2	Annual review of job descriptions
P3	Personnel policies for staff, volunteers, agency, directors
P4	Agency reflection of community diversity
P5	Nondiscriminatory employment practices
P15	Performance evaluation for personnel
P16	Access to personnel files by staff

Carefully review CIC1 and CIC2 to ensure all 7 areas are covered

Procedures

Procedures are "the specific methods employed to express policies in action in day-to-day operations of the organization" ([Buisiness 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.")

It is recommended that several people (with different levels of knowledge) review and critique new procedures to ensure clarity. Written procedures should provide enough information so that additional verbal instructions are not necessary.

PROCEDURES NEEDED FOR ACCREDITATION, BY STANDARD

Standard	Procedures Needed
AGA2(1)	Board – selection of members, terms, officer elections
AGA2(2)	Board – organizational structure and responsibilities
AGA2(4)	Written description of various responsibilities
AC3	Access for clients who do not speak English
CIC1	Confidentiality, informed consent, subpoenas etc.
CIC2	Documentation that client information is given
CIC3	Security, maintenance, and access of client records
FE1	Health, fire, safety info properly accessible & maintained
P3	Personnel procedures; participation in review of policies
P5	Process for compliance with employment regulations/contracts
P14	Description of supervision practices
P15	Performance evaluation for personnel
P16	Personnel records; staff review, addition and correction
QA1	Collection and utilization of data
QA2	Agency planning and evaluation processes
CS1	Updating community resource list
CS3,CS4,CS5	System of specific advocacy documentation

Carefully review CIC1 and CIC2 to ensure all 7 areas are covered

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.

The Accreditation Standards ask for several plans to be developed. For example, with Standard AC3 as discussed above, which deals with access for clients, there is a requirement for a plan that "identifies barriers that prevent access to services and steps for addressing and resolving those barriers." Included in the Standard is the requirement that the agency demonstrate ongoing progress on the steps outlined in the plan.

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

Document your progress!

PLANS NEEDED FOR ACCREDITATION, BY STANDARD

Standard	Plans Needed
AGA3	Annual board training plan
AC1	Cultural competency
AC3	Identification of access barriers and steps to address barriers
FE3	Personnel and client safety & security
FM1	Current budget for agency
FM4	Contingency plan for continuation of Core Services
FM5	Plan to address any concerns raised by audit or financial review
P4	Plan with timeline for achieving diversity objectives
QA1	Use of data to plan for needed services & effectiveness evaluation
QA2	Short- and long-term agency plans

START WORKING SLOWLY

BUILD YOUR SYSTEM

Create a filing system that works for you. Use notebooks, file folders, or hanging files. Label one section for each and every standard. If you use notebooks, keep them to a manageable size.

CREATE COVER SHEETS

Create a cover sheet for each standard that briefly describes your work on that standard and identifies what documentation is contained in the file or where it can be found, if it is elsewhere. (See Appendix 4 for sample cover sheet.)

COLLECT ALL OF YOUR AGENCY'S POLICIES

Think: Personnel, Board of Directors, fiscal, safety, client intake, release of information, etc. See the policy list, above.

COLLECT ALL OF YOUR AGENCY'S PROCEDURES, PLANS, AND AGREEMENTS

Think: hiring paperwork, client paperwork, strategic plans, collaboration protocols, Memoranda of Understanding (MOU), etc. See the procedures list and plans list, above.

COLLECT AGENCY WORK PRODUCTS THAT SUPPORT THE STANDARDS

Think: brochures in languages other than English, posters and flyers from outreach programs, agenda from community meetings, emails supporting cooperation and contact with other agencies, staff meeting minutes reflecting discussions of how to minimize barriers to services, etc.

MATCH 'EM UP

Take a slow look at the Accreditation Standards and line up what you have and determine what you need (or what you need to change). Some programs delegate preparation of various sections of Accreditation Standard documentation to specific staff members.

START MAKING LISTS

Track what standards need more documentation and what you intend to accomplish first. Go slowly, and start with policies and move to procedures and plans as you solidify (and approve) policies. Make lists of short and long-term needs.

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

EMPHASIZE SERVICE PROVISION

Core service provision improvements cannot wait. If core services (or documentation of core services) are not adequate, rectify any problems immediately!

CALL IN THE TROOPS

Educate the entire staff about the Accreditation process, and enlist their help in gathering needed documentation on an ongoing basis. Consider delegating preliminary documentation steps to an appropriate staff member; for example, your financial manager might gather material for the Fiscal Management standards. Ask staff members to harvest flyers, meeting agendas and minutes, and other documentation whenever appropriate, and to place these items in an "Inbox" for later filing.

START MAKING CHANGES

Make changes, section by section, making sure to implement the changes in your practices as you go forward. Have the board approve and document policy changes. Cross items accomplished off your list!

PREPARATION DETAILS

Accreditation reviews are scheduled well in advance, with an official calendar generally developed at the end of July. These dates are set by the accreditors in consultation with the program under review. Prior to a CSAP's accreditation review, the accreditors will send out a letter, outlining their expectations for the process. The accreditation review itself takes place at the CSAP. At the conclusion of the visit, the accreditor will present the agency's score, score sheet, and comments to the CSAP's director or program manager.

To make the accreditors' site visit efficient, it is important that each CSAP be prepared in advance of the accreditors' arrival. Some suggestions:

- **File evidence of compliance for each standard separately.**
  For example, create a file for Standard AGA1 and include every piece of evidence you're using to meet that standard in that section.
  > For Standards that have a list of required evidence, identify evidence for each item in the list. For example, AGA2 #1, AGA2 #2, AGA2 #3, AGA2 #4, AGA2 #5, and AGA2 #6. This will also help you ensure you have every bit of required evidence for each Standard.

- **Explain your thinking**.
  The accreditors review what you give them, and they do very little interpretation to figure why you have included a certain piece of evidence. Instead, develop a cover page for each accreditation standard in which you explain why you have included each piece of evidence and how in total those show that you meet the standard and the evidence required.

- **Redundancy is okay.**
  The Accreditation Standards require that you use some pieces of evidence multiple times. For example, many standards require that you show different pieces of your personnel policies – for different reasons and requirements. Be sure to either copy the specific pages of your policies each time you need to show them, or to clearly indicate on the particular standard's cover page where the evidence can be found. Don't neglect a piece of evidence or make the accreditors have to search for it.

- **Don't throw in "everything but the kitchen sink."**
  Be sure each piece of evidence you include is necessary to the standard; throwing in extra pieces of paper that are off-topic can create confusion. Have a specific reason why each piece of evidence is included. Be sure to remove outdated materials from the last review.

- **Highlight what you're trying to show.**
  If you need to produce one paragraph from an entire policy binder as a specific piece of evidence, highlight that paragraph and flag the page in order to ensure that the accreditors see exactly what you intend to use as evidence.

Watch for an email from your accreditor detailing things to have ready and when.

Fill out your CSAP Program Information Update Form and return it as soon as the accreditor sends it to you. Prepare your Personnel files; prep list can be found in Appendix 6.

Remember that accreditation covers functions that are related to Core Sexual Assault services only. Staff that do not provide or supervise sexual assault services (and are therefore not covered on agency sexual assault grants) are not included in accreditation. Similarly, program policies and practices that are not related to sexual assault services (for example, shelter policies) should not be included as evidence for accreditation, as long as they do not affect or influence sexual assault programming at all.

ENLIST APPROPRIATE HELP

Preparing for accreditation is a big job, and no one individual should have to do it alone. Different preparation tasks require different skills, and one person may be good at a particular task while a colleague has more of an interest for another aspect of the work. While the sexual assault program manager generally has the ultimate responsibility for ensuring that all Accreditation Standards are appropriately documented, they may not be the detail-oriented person who does most of the day-to-day work on the project. Because CSAP staff members are hard-working, busy people, delegating "chunks" of the preparation tasks to a number of people may lessen the burden for any one colleague. It remains important to have one overall coordinator for accreditation preparation, however, so that things do not get overlooked.

Program managers can obtain assistance that is much more useful from other staff members if they remember to give everyone "the big picture." The accreditation process may seem very clear to an experienced manager, but new staff may find it confusing and obscure. Taking the time during new employee orientation and staff meetings to explain what is involved in accreditation and how each staff member can help in compiling documentation is well worthwhile. You want it to become second nature for CSAP staff members to think of accreditation documentation when they are involved in a project or providing services. In addition to making the preparation process much easier as the review time approaches, capturing documentation on an ongoing basis is good practice for agency continuity and communication.

TIME FRAME FOR EVIDENCE OF COMPLIANCE MATERIALS

Accreditation reviews occur in a four-year cycle. Your accreditation will cover materials four years prior to your currently scheduled review (unless a program is on provisional status). This needs to be presented with the most current year in the front.

There was a 2-year moratorium on accreditation reviews (fiscal years 2013-2014); however, that does not affect the length of time your review will cover. The review will continue to look at the 4 years prior to your scheduled review.

QUICK REFERENCE GUIDE TO ACCREDITATION STANDARDS

ACCREDITATION STANDARDS
Be sure to use the most current set of <u>Accreditation Standards (March 2016 edition)</u>! The first number listed is the page number in the Accreditation Standards document from OCVA.

AGA STANDARDS – Agency Governance and Administration

1	AGA1	Legal authority, not-for-profit
2	AGA2	Board or advisory committee
3	AGA3	Board orientation and training
4	AGA4	Eliminated
5	AGA5	Conflict of interest
6	AGA6	Referral, transfer, private practice

AC STANDARDS – Agency in the Community

7	AC1	Cultural competence
8	AC2	Nondiscrimination - clients
9	AC3	Access
10	AC4	Dissemination of information
11	AC5	Eliminated 8/11

CIC STANDARDS – Client Information and Confidentiality

12	CIC1	Policies and procedures – consent, confidentiality, etc.
13	CIC 2	Informing clients about policies and procedures
14	CIC3	Record-keeping and retention & protection of files

FE STANDARDS – Facilities and Equipment

15	FE1	Premises safe and compliant with codes
16	FE2	Agency appropriately housed
17	FE3	Ensuring safety of clients, personnel, visitors

FM STANDARDS – Fiscal Management

18	FM1	Plan for current fiscal cycle (revised 8/11)
19	FM2	Eliminated 8/11
20	FM3	Eliminated 8/11
21	FM4	Diverse funding base
22	FM5	Accounting controls for payroll, audit (revised 8/11)

P STANDARDS – Personnel

23	P1	Eliminated
24	P2	Written job descriptions
25	P3	Policies/procedures specifying responsibilities
	P4	Recruiting, employing, and promoting - representative of community
26	P5	Fair employment practices
27	P6	Eliminated
28	P7	Salary & benefits written and evaluated
29	P8	Eliminated
30	P9	Eliminated
31	P10	Qualifications and training of staff
32	P11	Qualifications for supervision and service provision
33	P12	Criminal background checks
34	P13	Orientation for new personnel
35	P14	Supervision of personnel
36	P15	Performance evaluations
37	P16	Personnel records
38	P17	CORE SA training must meet WCSAP certification

QA STANDARDS – Quality Assurance

39	QA1	Collection & utilization of data to plan, manage & evaluate
40	QA2	Integration of principles, mission, values in planning

CS STANDARDS – Core Services

41	CS1	Information, referral and awareness
42	CS2	Crisis intervention

43	CS3	**Medical advocacy**
44	CS4	**Legal advocacy**
45	CS5	**General advocacy**
46	CS6	**System coordination**
47	CS7	**Eliminated 2/12**
48	CS8	**Eliminated 6/10**
49	CS9	**Eliminated**

DIFFERENTIATING STANDARDS RELATED TO DIVERSITY ISSUES

CULTURAL COMPETENCY (AC1)

NONDISCRIMINATION (AC2, P5)

BARRIERS TO SERVICE (AC3)

DIVERSITY (P4)

These standards can be confusing and difficult to sort out. At first glance, they sound like they are all about the same thing: diversity. However, they each refer to separate goals CSAPs should have (paraphrased from the Accreditation Standards):

- To be culturally competent in service delivery to clients (AC1)

- Not to discriminate against clients based on identity (AC2)

- To eliminate barriers that prevent people from seeking or reaching your services (AC3)

- To have a staff, volunteer base, and Board of Directors that reflects the diversity of your community (P4)

- To ensure that your personnel policies meet all of the federal, state, and local laws (which include nondiscrimination in employment policies) (P5)

For questions and technical assistance, contact WCSAP.

Standard	Evidence of Compliance (abbreviated)
AC1	Cultural competency plan, objectives and progress Cultural competency is defined as the **ability of the organization** to recognize and respect diverse cultural factors, and the effects of these factors on various communities' need for and access to its services.
AC2	Nondiscrimination in **provision of services** policy
AC3	Policies, procedures, and materials to ensure **appropriate provision of services to clients** such as those who don't speak primary language of the agency. Annual (at least) review of barriers to service, plan that outlines steps towards overcoming barriers, and progress towards overcoming barriers. Barriers could include: language, transportation, facility access, stigma, lack of awareness of services, etc.
P4	Diversity policy and plan for employees and volunteers affirming that **agency should reflect the diversity of community** at large.
P5	Description of how agency assures compliance with employer/employee regulations and contracts (Nondiscrimination in employment) **Nondiscrimination in employment/recruitment/retention policy.**

These standards differ in two key ways:
- Whether you need a policy or a plan, as described on pages 17 and 21 of the Toolkit
- Whom the policy or plan is intended to protect or serve.

This chart breaks them down into those categories:

What's needed	Community/Client Focus	Agency/Internal Focus
Plan	AC1 (cultural competence) AC3 (access to services)	P4 (personnel to be representative of community) P5 (written description of fair employment practices)
Policy	AC2 (nondiscrimination in serving clients) AC3 (access to services)	P4 (personnel to be representative of community) P5 (written description of fair employment practices)

The goals and intentions behind these policies and plans will overlap for each CSAP. However, the key to meeting these five Accreditation Standards is to separate the specifics of each standard. This Toolkit includes instructions to guide your evidence gathering for accreditation for each of these standards. It may be easiest to develop completely separate policies and plans for each subject area.

ACCREDITATION CHECKLISTS AND EVIDENCE GATHERING

Keeping files up-to-date is the key to being prepared for an upcoming accreditation review. One of the biggest challenges programs face is keeping four years of data and information organized in anticipation of accreditation.

We've included an annual accreditation checklist and an ongoing accreditation checklist below. (Following agency policies and procedures and seeking approval for proposed changes are considered general management tasks and are not included on these lists.) Expanded versions of these checklists, with room to identify responsible staff, are included in Appendix 2 of the Toolkit and on the WCSAP website to make it easier for you to print and use them.

See Appendix 1 for electronic documentation options.

Hint 1: Create a consistent method of collecting evidence of compliance. This could be done by using an inbox, color-coding, or using timeline checklists.

Hint 2: New staff orientation should include a description of their role in collecting and providing information related to accreditation and why it is crucial to the program.

Hint 3: Delegate portions of the process to the appropriate staff people while maintaining contact with the overall process.

Hint 4: For all programs, especially dual or multi-service programs, ask yourself, who performs the functions associated with a particular standard?

ANNUAL CHECKLIST

Standard	Requirement	Completed
AGA 3	Completion of annual Board training & training plan	
AC1	Progress on/update cultural competency plan	
AC3	Annual review of barriers to service	
FE1	Safety inspections are up-to-date.	
FM1	Budget approval	
FM4	Update fundraising plan	
FM5	Annual report	
FM5	Audit	
P2	Annual review of job descriptions	
P4	Progress documented/update diversity plan	
P5	Assure compliance with any changes in employer/employee regulations and contracts	
P7	Annual evaluation of salary/benefit schedule	
P12	Update background checks (every two years)	
P15	Performance evaluations for personnel	
QA2	Long-term planning (not necessarily annual)	
CS1	Update community resource list (every six months)	
CS ALL	All service standards are met	

ONGOING ACCREDIATION CHECKLIST

Standard	Requirement	Who is responsible?
AGA3	Board orientation, manual distribution, and training	
AC1	Progress toward cultural competency plan documented	
AC4	Dissemination of agency materials	
AC4	Collection of interagency efforts (minutes and agreements)	
CIC2	Documenting clients receive policy info.	
FE3	Staff & volunteers oriented to safety & security plans; plans posted	
P3	Personnel policies are up-to-date and distributed to applicable personnel.	
P11	Ongoing training for staff/volunteers	
P13	Personnel orientations	
QA1	Collection of data for planning and evaluation purposes	
CS ALL	Ongoing training for direct service and supervisory staff.	
CS3 & CS4	Collection of evidence of working relationships with medical and legal communities.	
CS6	Evidence of leadership in 4 activities with 5 potential participants (systems coordination).	

AGA STANDARDS

AGA1

The agency has legal authority to operate in the State of Washington, but not as a for-profit business.

Evidence of Compliance (Required level of compliance: A)

To meet this standard, an agency must have:

1) Evidence of legal authority to operate (such as Articles of Incorporation)

2) Evidence of legal authority to operate as an entity other than a for-profit business

3) By-laws (charter & constitution)

Discussion and Suggestions

The evidence necessary to meet this standard is fundamental to any organization. These foundation documents should be on file in every agency. The agency by-laws and Articles of Incorporation are likely on file with the Washington Secretary of State's Office, while the evidence to operate as an entity other than a for-profit business would be on file with the IRS (501(c)3 determination letter) if the agency is a nonprofit organization.

The agency has a governing board or an advisory committee organized for effective leadership and guidance of the sexual assault program.

Evidence of Compliance (Required level of compliance: A)

1) **Written** description for selection of members, duration of membership, and election of officers.

2) A **written** description of organizational structure and responsibilities of the Board of Directors. (When there is an advisory committee for the sexual assault program, there is a formal link to the organization's governing Board.)

3) The Board appoints a specific staff position(s) (such as director) to whom it delegates authority and responsibility for agency management and implementation of policy. Such a staff position reports regularly to the Board or Advisory Committee.

4) There is a **written** description that shows what person or group is responsible for: selection and evaluation of the director, financial oversight, strategic planning, fundraising, personnel policy, and agency/community relationships. (This may be Board Members, community members, or others.)

5) Minutes of Board and Committee meetings are kept as a permanent up-to-date record in a secure place.

6) Minutes include dates of meetings, names of participants, issues addressed, actions taken, and financial reports.

Discussion and Suggestions

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 (items 5 and 6 above) requires that board and committee meeting minutes be up-to-date and include the topics listed above.

The policies CSAPs have that address these topics vary, depending on their community, needs, and history. It is important for CSAPs to address each specific topic clearly. Samples of how these topics have been addressed are in the following text areas (please keep in mind that these are samples and may not be appropriate for a particular agency):

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 (evidence #4): 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).

About the Minutes: 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. It is a good idea to have a back-up copy of the minutes, stored either at another facility or on an external drive, should something happen to destroy the original. A back-up copy is not specifically required by accreditation, but may be useful for your agency and to ensure that they are **secure** (required by accreditation). See the Board Meeting Minutes template, in this section.

Discussion and Suggestions: 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.

This Standard has six separate elements. Make sure that you identify each element in your documentation – for example, AGA2 - #3. For item #4, which has several components, be sure you provide clearly marked evidence of each component. This evidence may be found in several different documents, such as by-laws or job descriptions, so it is important to highlight and clearly indicate every part of the required evidence.

Community Sexual Assault Program

Board Meeting Minutes
January 15, 200X
[Time]
[Location]
[Agenda]

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

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.

Evidence of Compliance (required level of compliance: A)

1) **Written** documentation of each board member's completion of board orientation.

2) There is an agenda for Board orientation, which includes a review of the agency mission, structure, goals and objectives, programs, method of operation, and finances. The agenda also includes 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.

3) A Board manual is provided to all members.

4) There is an annual **plan** for Board/Advisory Committee training and documentation of member attendance at these trainings.

Discussion and Suggestions

Written documentation of each board member's completion of board orientation:

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 Personnel Policies/Procedures (Standard P3). Each Board Member should sign and date this form, and it can then be filed in their personnel file.

Board orientation agenda: There are specific requirements (in Evidence of Compliance #2 above) detailing what, at a minimum, must be covered in a Board Member's orientation. CSAPs can include other topics as well, but the agenda (and proof of each Board Member completing orientation) must be clearly shown. Each topic must be named specifically. An example agenda is included in this section.

Board Manuals:

There is no accreditation requirement for what information should be included in a Board Manual. Recommendations of information to include: copies of the Board minutes from the past year, schedules of important agency dates, agency brochures, the last year's financial reports, an annual report, committee lists, and strategic plan.

As described above, 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. For simplicity at the time of the review, a copy of the signed form should be maintained in the Board Member's personnel file.

Annual Training Plan:

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.

Community Sexual Assault Program

Board Orientation
January 15, 200X
[Time]
[Location]
[Agenda]

1. Welcome & Introductions

2. Introduction to our Community Sexual Assault Program

3. Review of mission statement

4. Agency structure

5. Agency goals & objectives

6. Programs – Core Services

7. Method of Operation

8. Finances

9. About Sexual Violence

10. Dynamics of sexual abuse/assault

11. Relevant community resources (could provide Board with the community resource manual)

12. 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

Community Sexual Assault Program

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 on _____ (date).

_____

Board Member Signature

AGA4 - ELIMINATED

AGA5

Agency policy addresses conflict of interest or the appearance of conflict of interest on the part of the governing board, personnel, or consultants.

Evidence of Compliance (required level of compliance: A)

Conflict of interest policies must address, at a minimum:

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

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

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

4) Board Members receiving payment, except where permitted by law; and

5) Preferential treatment of Board Members, personnel or consultants in applying for or receipt of the agency's services.

Discussion and Suggestions

It is important to note that there is no accreditation requirement for how an agency should handle apparent conflicts (except #4). It is imperative that 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.

For example:

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 Board.
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.

Or

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 lend 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.

 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 (#5), and including "paid consultants" in the wording about direct or indirect financial interest (#2).

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

The agency plans for the transfer of cases in the event workers leave the agency for private practice.

The agency 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.

Evidence of Compliance (required level of compliance: A)

1) Written **policy** regarding client referrals to private practitioners.

2) Written **policy** governing the transfer of cases in the event workers leave the agency for a private practice.

3) Written **policy** regarding private practices conducted on agency premises.

Discussion and Suggestions

It is important to note that there is no accreditation requirement for how an agency should handle these topic areas. Agencies should be sure to address each policy area to meet this standard. Some examples of how CSAPs have addressed the above issues are below.

Written policy regarding client referrals to private practitioners:

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.

💡 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.

** <u>Note:</u> Even if the agency does not permit private practices on their premises, they must have a policy that covers this point.

AC STANDARDS

AC1

The agency ensures the cultural competency of its service delivery. Cultural competency is defined as the ability of the organization to recognize and respect diverse cultural factors and the effects of these factors on various communities' need for, and access to, its services. Cultural factors include race, education, ethnicity, language, nationality, religion, gender, sexual orientation, socioeconomic class, ability, age, geographic influence, political affiliation, and immigration status.

Evidence of Compliance (required level of compliance: A)

1) **Written plan** that identifies cultural competency objectives and a plan for achieving those objectives.

2) **Documentation** of progress toward cultural competency objectives.

Discussion and Suggestions

First, carefully study the section in this Toolkit on "Differentiating Standards Relating to Diversity Issues."

Cultural competency differs from nondiscrimination; it 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 to be culturally competent. It is up to the CSAP to determine what cultures exist in the service area and how the CSAP's services must be expanded, improved, or altered to better serve the needs of all people in the service area.

To pass this standard, the CSAP must have a cultural competency plan (see plans in this section for examples). In addition, the accreditation team may examine any policies you have regarding cultural competency, any documents developed through your planning process, and meeting agendas.

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

Cultural competency plans often include provisions for serving those who (abbreviated list):

- Speak languages other than English

- Are hearing or visually impaired

- May be hesitant to seek services in a formal setting

- Are male

- Live in rural portions of the service area

- Identify as gay/lesbian/bisexual/transgender

- Have physical or mental disabilities

- Lack financial resources

- Are elderly or adolescent

Developing Your Plan

Review the information on Plans in this Toolkit. While the sample plans below 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 cultural competency objectives, each objective should have clear benchmarks, with target dates and staff who are assigned. You may prefer a grid format to track each objective, related task, and indicator of progress. Many programs focus on staff training and partnerships with culturally-specific community groups to enhance their cultural competency.

Example of Cultural Competency Plan

Objective: To provide culturally competent services

Task	Target Date	Progress	Responsible Staff	Measurement
Provide cultural competency and anti-oppression training through our annual advocacy training for Board, staff, and volunteers				Number of underserved community training hours completed by board, staff, volunteers
Provide resources for staff and volunteers to attend outside trainings that will increase cultural competency				Number of underserved community training hours completed by board, staff, and volunteers
Provide an annual review of the cultural competency policies				Discussed at board meeting
Provide an annual review of the County demographics and census data to determine if service levels to underserved				Review additional language needs Review specific needs File census data in Dropbox folder

Task	Target Date	Progress	Responsible Staff	Measurement
populations are proportionate to their representation in the greater county population				
Provide materials to the community that are culturally diverse particularly for our largest minority population				Number of translated client documents Number of ESL/ELL informational pamphlets available in each office
Ensure ongoing monitoring with bilingual advocates and interpreters that cultural needs are met				Director/Advocate Manager meet with Bilingual/cultural Advocates to discuss cultural needs once every six months
Ensure ongoing recruitment and staffing for Bilingual/cultural advocates and interpreters				Employ at least one Bilingual/cultural Advocate

NOTE: The actual plan should have specific tasks with dates for accomplishing them, and should document progress on each task.

Accreditation Standard AC1 -- Sample Cultural Competency Plan (Adapted from Healthy Families of Clallam County)

NAME OF CSAP and FISCAL YEAR FOR Plan

The Cultural Competency Plan will focus on ensuring CSAP will maintain its ability to recognize and respect diverse cultural factors in its service provision to clientele and the community at large.

Objective 1: Maintain, increase, and sustain working collaboration with tribal communities

Action Step: 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 Dates: Two times per year (by January 30 and June 30)

Documentation of Consultation:

Documentation of Sharing Feedback with Staff:

Documentation of Sharing Feedback with Board:

Objective 2: Provide access to and facilitation of cultural competency education

Action Step: Executive Director or her designee will provide resources for Board, staff, and volunteers to attend outside training that will increase cultural competency.

Target Date: Provide information via email at least two times per year

Documentation of emails (attached):

Objective 3: The agency will identify a cultural population of interest at its annual retreat, and will provide cultural competency training about that population at least annually for Board and staff.

Action Step: Identify a cultural population of interest

Target Date: At annual retreat in July

Documentation of date completed (retreat minutes attached):

Action Step: Provide cultural competency training

Target Date: June 1

Documentation of date completed (agenda attached):

| **AC2** | |

The agency/program's services are available and delivered to clients 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.

Evidence of Compliance (required level of compliance: A)

1) **Written agency policy** ensures that sexual abuse/assault services are offered without discrimination except if the agency defines its service populations as those of a specific client group. (If the agency defines its service population within a specific client group, there must be a clear written rationale for selectivity.)

Note: Agency/program must have a policy that protects each group listed in the standard, but may use different language to identify protected classes, as best suits the agency/program.

Discussion and Suggestions

Read: "Differentiating Standards Related to Diversity Issues."

Meeting this standard requires that each CSAP have a "nondiscrimination in services" policy that specifically protects the groups listed in the standard. You may use different language to refer to each group, but each group must be protected (e.g., you may list "spiritual values" instead of "religion," but you may not omit the basic category "religion"). For example:

The CSAP does not discriminate 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.

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. Be sure to include every protected group in your policy.

2) Printing an incomplete or old policy that does not cover each group on an old brochure, client intake form, etc. Most, if not all, CSAPs have developed complete nondiscrimination policies. Be sure to avoid inconsistency and print the correct policy on all materials.

It is important to note that this standard refers specifically to nondiscrimination in *availability and delivery of services.* Programs may have nondiscrimination policies that relate to employment practices; those are relevant to the P Standards.

AC3

The agency examines its intake and service delivery at least annually to ensure that there are no barriers which prevent access to services by the defined community (such as transportation, facility barriers, language).

Evidence of Compliance (required level of compliance: A)

1) **Written policies, procedures**, and/or materials are available and procedures are in place to ensure appropriate provision of services to clients such as those who do not speak the primary language used by the agency. For example: bilingual professional staff, interpreters, basic program information in languages appropriate to clients or potential clients, access to facilities, and adequate transportation.

2) **Written plan** that identifies barriers that prevent access to services and steps for addressing and resolving those barriers. The agency must demonstrate ongoing progress on the steps outlined in the plan.

Discussion and Suggestions

Accreditation will examine any policies and procedures the CSAP has in place to ensure that basic barriers to service are being addressed. Most commonly, CSAPs have:

- Agency publications in multiple languages,

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

- Engaged the Language Line interpretation service for telephone interpretation of multiple languages (Language Line website: www.languageline.com),

- A TTY line for those who are Deaf or hard of hearing,

- Physically accessible facilities, and

- Language Bank Program through OCVA.

Many CSAPs strive to provide transportation (by purchasing bus vouchers or by paying cab fare) to those clients who are unable to get to the CSAP itself. Some CSAP's provide mobile advocacy by meeting clients where they are.

CSAPs must annually evaluate barriers to accessing services. Many CSAPs accomplish this by scheduling and holding a staff meeting specifically focused to address service barriers at least 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. Agendas and minutes from these meetings, as well as the (redacted) contact sheet, may be used to meet this Standard. Once these barriers are identified, the CSAP must demonstrate progress (and document the progress) in overcoming/addressing the barriers.

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

Accreditation does not require that all barriers will be eliminated within a year's time, but rather that once a barrier is identified, a CSAP will immediately address it and begin to eliminate it.

In order to meet this standard the CSAP must:

1) At least annually, examine what barriers exist,

2) Have a plan that identifies barriers and outlines steps that will be taken to address those barriers,

3) Document progress towards overcoming barriers, and

4) Consistently apply policies, procedures, and/or materials that eliminate potential barriers for clients on an ongoing basis.

EXAMPLE of Annual Review of Barriers to Services
(Note: This is not a Barrier Reduction Plan, which is also required.)

Annual Meeting Minutes: Barriers to Services
Include Date and attendees

1. Clients: What factors have made it difficult for them to seek and/or receive our services?
   a. Location
   b. Transportation
   c. Language
   d. Stigmas
   e. Awareness
   f. Male advocates
   g. Not enough Advocates
   h. Childcare
   i. Technology

2. Potential Clients: What might make it hard for them to reach us? Why wouldn't they use the crisis line? What wouldn't they make it to our door?
   a. Awareness
   b. Support Groups
   c. Advocate/Agency's services not known
   d. Location
   e. Fear/ lack of trust
   f. Services = Reporting

3. What can we do to overcome these barriers listed above?
Focused on three: childcare, not enough advocates, awareness
   a. Childcare:
      i. Outreach the YMCA
      ii. High school students needing volunteer hours
      iii. Library Story Time for WWL
      iv. CAC – crisis nursery
      v. Mentoring Connections group – mentors will be trained and have background check
   b. Not Enough Advocates:
      i. Promote at Skills Center
      ii. Outreach to High School Seniors

      iii. Tabling at Job Fairs

      iv. Community Group Presentations

      v. Continue Partnership with local College, look into possible internships for other programs

      vi. Radio Ads about need for volunteers

c. Awareness

      i. Increase use of Social Media sites i.e. Twitter and Instagram

      ii. Awareness Events, tabling at other community events

      iii. Presentations for partner agencies and other community groups

      iv. Location (Access for rural areas)

      v. Building partnerships with libraries (MOU's ideal)

      vi. Attending community partner meetings in rural areas to build partnerships and resources

Discussion and Suggestions

- You could also discuss barriers at your regularly scheduled staffing meeting.
- The Community Planning process is another good place for this discussion.
- If you have ongoing steps (such as providing transportation assistance), you should have benchmarks for evaluating whether your actions are effective.
- Your Barrier Plan should include:
  - The time period it covers (presumably a year, since you will be re-evaluating barriers annually)
  - Identification of specific barriers, such as lack of transportation or stigma of receiving sexual assault services
  - Objectives to address the barriers, such as increasing transportation resources or reducing stigma
  - Action steps to carry out the objectives, such as increasing funding for bus passes through a fundraiser or writing a series of articles in the local paper to reduce the stigma of sexual assault services
  - A place to document when each action step is completed (and also attach supplementary documentation, such as copies of the articles or Board meeting minutes indicating increased funding for transportation)

SAMPLE (Thanks to HFCC)

AC3 BARRIERS TO SERVICE PLAN-HFCC

What policies, procedures, and materials do we have currently to ensure appropriate provision of services to clients?

- Volunteer and staff interpreters in 3 different languages
- Fliers and other written information in 8 different languages
- Resource list updated twice a year
- Collaboration with other community members/resources to eliminate barriers to service
- Volunteers, staff, management, and board receive ongoing training and have opportunities to discuss and find alternatives to barriers to service
- Addition of the Language Bank Grant in 2014, 2015, 2016

Barriers that our clients might encounter that would make it difficult for them to **seek and receive** our services?

- Transportation
- Substance Abuse
- Language
- Mental Health
- Physical disability

What **barriers** might potential clients find in **accessing** our services?

- Language
- Stigma
- Mental Health/trauma
- Limited emergency housing availability
- Small staff
- Physical disability

Objective 1: Transportation: Healthy Families will, funding allowing, have bus passes and/or gas cards available for clients in need of transportation assistance. If Healthy Families is unable to secure bus passes/tickets we will work with clients on finding a community resource that will help them overcome this transportation barrier.

Action Step: On a quarterly basis, we will review the number of bus passes and gas cards used, and the number of cases in which alternative resources had to be found. We will assess whether our present resources are sufficient.

Documentation of completion FY2017:

Quarter 1: _____

Quarter 2: _____

Quarter 3: _____

Quarter 4: _____

Objective 2: Look at identified barriers to service to see if they have been addressed or resolved and identify any new barriers that prevent access to services.

Action Step: Annually, at staff retreat, look at identified barriers to service to see if they have been addressed or resolved and identify any new barriers that prevent access to services.

Documentation of completion FY2017:

Staff Retreat Date: _____

Objective 3: Facility Barriers: Facility is currently ADA accessible. Once a year have the facility assessed for any barriers for people with disabilities.

Action Step: Annually assess facility barriers to service for people with disabilities. When the assessment is done be provided with ideas on how to overcome the barriers that are indicated. Install doorbell at front door for assistance with opening front door.

Documentation of completion FY2017:

Annual assessment date: _____

Date doorbell installed: _____

Objective 4: Access to interpreters that are staff/volunteers/through Language Bank and/or Language Line.

Action Step: Assess interpreter services annually at our staff retreat and develop a plan to address any problems that are identified.

Documentation of completion FY2017:

Staff Retreat Date: _____

Objective 5: Stigma: Community outreach continuing to inform community that domestic violence and sexual assault affect people regardless of socio-economic class, gender, race, religion, ethnicity, and/or sexual orientation.

Action Step: Annually, at staff retreat, staff will identify and discuss stigma and work together to find new ways to overcome stigma within the community.

Documentation of completion FY2017:

Staff Retreat Date: _____

Objective 6: Substance Abuse: Healthy Families will work collaboratively with substance abuse service providers to ensure streamlined appropriate referrals and current service information.

Action Step: Healthy Families staff will annually contact local inpatient and outpatient substance abuse programs to ensure current service information and streamlined appropriate referrals.

Documentation of completion FY2017:

Program contacted and date: _____

Program contacted and date: _____

Revised 9-2016

The agency disseminates information that sufficiently covers all of its programs or services, and makes known its role, functions, and capacities to other agencies, community organizations, government bodies, and business community as a basis for joint planning efforts, interagency cooperation, purchase of service agreement, and contracts.

Evidence of Compliance (required level of compliance: A)

1) **Documentation** of materials and activities related to services provided.

2) Evidence of collaborative interagency efforts such as written minutes of interagency meetings.

3) **Written** interagency agreements.

Discussion and Suggestions

This standard requires that CSAPs publicize their programs and services in an effort to work together with other agencies in the community. CSAPs must also show evidence of interagency collaboration efforts as they work with community partners on behalf of sexual assault survivors.

To meet this standard, CSAPs often present copies of their agency/program brochures, outlining the spectrum of services they offer.

Additionally, to show that they are working collaboratively with other community agencies, task forces, or ad hoc groups, CSAPs produce agendas and minutes of interagency meetings.

Accreditation does not require a specific number of interagency agreements, but CSAPs should be prepared to produce at least two or three to demonstrate evidence of compliance. The agreements can take many different forms and can include Memoranda of Understanding and Interagency Contracts.

AC5 - ELIMINATED

CIC STANDARDS

CIC1

The agency has and follows written policies and procedures governing:

1) Documentation of informed consent of client, including minor clients **and adult clients who have a guardian appointed to make personal decisions**, to receive services

2) Subpoenaed records and staff

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

4) Release of information about clients

5) 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

6) How a client accesses their file

7) Confidentiality of client information, including access to, and use of, information about clients

The agency ensures that such policies meet any applicable legal requirements.

Evidence of Compliance (required level of compliance: A)

Agency/program has **written policies/procedures** regarding the above seven topics including:

- Documentation that clients consent to receive services in compliance with agency/program policy.

- Evidence of documentation of mandatory reports.

- Description of how agency assures compliance with applicable legal requirements.

Discussion and Suggestions

This accreditation standard is comprehensive; to meet this one standard, each CSAP is asked to show its policies and procedures for seven different client-related topics. In addition to showing how the CSAP covers these seven topic areas, CSAPs need to be prepared to show both that clients receive services and that all documentation is maintained in accordance with their policies. The accreditation standard does not set expectations for the specific content of these policies, but prescribes that the agency should ensure the policies meet applicable legal requirements. This flexibility allows CSAPs to adopt policies that meet their program needs, assuming they remain in compliance with any legal requirements. The following discussion outlines each policy area.

1. Informed Consent of Clients, Minor Clients, and Adult Clients Who Have a Guardian Appointed for Personal Decision-Making:

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. Many CSAPs choose to use the Revised Code of Washington (RCW) for therapy services to guide the age of consent for advocacy. CSAPs should not arbitrarily determine the age at which clients can consent; this is a larger policy issue that should be discussed in all facets of the agency and decided by the Board as a policy issue. For more information about developing consent policies that address the issues of each of the groups listed in the Standards (clients, minor clients, and adult client who have guardians), consult WCSAP for the most up-to-date resources. Please 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.

2. 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).

Legal Privilege – [RCW 5.60.060](RCW 5.60.060)

The law states that a sexual assault advocate cannot be forced to share information about her conversations with a victim. However, there are exceptions to this such as informed consent release and mandatory reporting requirements.

Confidentiality of Rape Crisis Center Records – [RCW 70.125.065](RCW 70.125.065)

Washington law recognizes the confidentiality of a survivor's records at a rape crisis center. The law states that unless certain steps are taken to request the rape crisis center records in court, they are confidential and are not subject to disclosure. The confidentiality of rape crisis center records is qualified meaning that if the defense lawyer asks for the client's records, (by making a motion in court), the judge may decide to review the evidence (client records) and determine whether there is any information that is relevant to the case.

It is critical that community sexual assault programs have a policy on how to deal with receiving subpoenas so that staff and volunteers know what to do if records or staff are subpoenaed. **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.** Well-thought-out policies will likely incorporate specific commitments such as how far the agency will go to fight a subpoena. 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. For additional information and a "Quick Tips" document on how to deal with subpoenas, enter the term "subpoena" in the search box on the WCSAP website (www.wcsap.org). The following is a sample policy on responding to subpoenas. This sample will not be appropriate for every agency, although the topics it addresses provide a good framework for drafting a policy that is agency specific.

EXAMPLE

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.

EXAMPLE

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.
    - o 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.
    - o 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.
    - o 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.
    - o 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.

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

3. Participation of Clients in Public Appearances or When the Agency is Using Identifiable Photographs or Videotapes of Clients:

In the event that the CSAP has identifiable photographs or videotapes of clients, and wishes to utilize them in any capacity, the client must be requested to sign the Publicity Authorization Release form. If the client does not wish to sign the release, photographs and videotapes may not be viewed or shared.

Before a client participates in any public appearance or when the agency is using identifiable photographs and/or videotapes of the client, the Director will secure a signed Publicity Authorization/Release from the client.

Clients will not appear in any agency-related public appearances unless client chooses to do so and CSAP obtains client's written permission. Photographs, audiotapes, videotapes, and/or other digital recordings will not be taken by CSAP where client is identifiable without written permission of the client.

4. Confidentiality of Client Information, Including Access To and Use of Information about Clients:

To meet this requirement, 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.

Part One: General Confidentiality Policy

Additional information to guide the development of policy may be obtained from WCSAP or by searching "confidentiality" on the WCSAP website. This sample does not cover access to client information so if an agency used a general confidentiality policy like the sample below, the agency must ALSO have a separate policy addressing access to and use of information about clients to comply with CIC1.

EXAMPLE

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.

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.

_____

Once an agency has a **written** confidentiality **policy**, it must ensure that everyone who comes into contact with a client is aware of it and agrees to follow it. This will mean that as a standard practice, all staff, volunteers and interns sign a written confidentiality agreement. Further, if a funder/auditor requests access to client records for accreditation, contract compliance or other oversight, the agency must have **policies** to ensure that client confidentiality is maintained.

Confidentiality agreements are supporting documents for the **procedures** necessary to conform to Standard CIC1. A sample agreement is below but it should state, at a minimum:

- The agency's confidentiality policy

- Exceptions to that policy

- The consequences to an individual if they violate the policy

A sample confidentiality agreement for funders/auditors is also included.

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: _____

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.

Part Two: Access to and Use of Information about Clients

EXAMPLE

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: _____

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.

RECORD-KEEPING

In addition to a broad confidentiality **policy** based on a survivor's privacy rights, the agency must have policies guiding how the confidential information about clients is accessed. This can be included in the general confidentiality policy or, preferably, may be a separate policy addressing record-keeping of client information. The record-keeping policy is needed for compliance with CIC3; to the extent that it addresses "access to and use of information about clients," it also serves to fulfill the requirements of this Standard, CIC1. Therefore, a copy of the record-keeping policy should be included in the documentation for both Standards. Any additional **procedures** pertaining to the use of information about clients should also be documented in this section. A "Sample Policy on Record-Keeping of Client Files" is included in the section on Accreditation Standard CIC3.

5. 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. A "blanket waiver" (a form that allows a release of information without details about to whom, when, or for how long) should never be used.

A sample Authorization for Release of Information (created for adaptation by Julie Kunce Field, J.D. and NNEDV and used by permission and with appreciation) follows:

EXAMPLE

[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:

Who I want to have my information:	Name: Specific Office at Agency: Phone Number:

The information may be shared: ☐ in person ☐ by phone   ☐ by fax
☐ By mail   ☐ by e-mail
☐ I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

What info about me will be shared:	(List as specifically as possible, for example: name, dates of service, and any documents).
Why I want my info shared: (purpose)	(List as specifically as possible, 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

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:** _____

Time: _____

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:** _____

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

6. **Mandatory Reporting**

There are not any options for a CSAP here. According to RCW 26.44.030 and RCW 74.34.035, if abuse or neglect of a child or vulnerable adult is suspected, the CSAP must file a report to Child Protective Services or Adult Protective Services. In addition, per accreditation, the CSAP must document the mandated report.

CSAPs must make it their policy to stay in compliance with the law and must create a system to document mandatory reports. In addition, they include their policy on mandatory reporting in their confidentiality statements, explaining that in the case of suspected abuse or neglect of a child or vulnerable adult, they cannot maintain confidentiality because they must file a report. For the Accreditation, both the policy for mandatory reporting and the **procedure** for documenting these reports **may** be reviewed.

7. **How a Client Accesses their File**

This topic should be covered in the Policy on Record-Keeping, a copy of which should be kept in the CIC1 folder to provide documentation that all aspects of client information **policy and procedures** required by this Standard are covered.

Final Points for CIC1

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.

CSAPs must describe how the agency ensures compliance with legal requirements. CSAPs can have their documentation reviewed by an attorney or rely on updates from WCSAP and OCVA. A description of this process should be included in the documentation for this Standard.

The information contained in this section is intended to explain the accreditation requirements only. Best practices information and a more comprehensive overview regarding client confidentiality and release of information are available from WCSAP. This is not legal advice and should an agency need legal advice, it should consult with an attorney. Confidentiality practices may change over time; it is your responsibility to keep up to date through training, research, and consultation.

The agency informs clients about applicable policies and procedures:

- Documentation of informed consent of client, including minor clients **and adult clients who have a guardian appointed to make personal decisions**, to receive services
- Subpoenaed records and staff (when applicable);
- 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.

Evidence of Compliance (required level of compliance: A)

1) The agency **documents** that client information was given.

Discussion and Suggestions

While Standard CIC1 outlines the requirement that CSAPs must have **policies and procedures** that cover a wide variety of client-oriented topics, CIC2 requires that CSAPs inform clients about those policies and procedures.

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 this section. Each CSAP's policies and practices may differ slightly; do make sure your form matches your program's needs. 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. These are the **policies and procedures** that must be conveyed to clients:

- Documentation of informed consent of client, including minor clients **and adult clients who have a guardian appointed to make personal decisions**, to receive services
- Subpoenaed records and staff (when applicable)
- Participation of clients in public appearances or when agency is using identifiable photographs or videotapes of clients (when applicable)
- 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 may access their file
- Confidentiality of client information, including access to and use of information about clients

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.

The agency has and follows **written** operational **procedures**, consistent with legal requirements governing the retention, maintenance and destruction of records of clients. These **procedures** should address: protection of the privacy of clients and former clients; disposition of client records in the event of the dissolution of the agency; and reasonable protection against destruction by fire, earthquake, flood, or other damage.

Evidence of Compliance (required level of compliance A)

1) Written operational procedures on record security, maintenance, and access by individuals other than the client.

2) Description of safeguards against unauthorized access, fire, loss, or other hazard.

3) Description of how long records are maintained.

Discussion and Suggestions

How does the CSAP retain, maintain, and destroy records of clients? In completing these activities, the CSAP must: protect the privacy of clients and former clients; determine how to dispose of records if the agency dissolves; and reasonably protect the records from natural disasters or other damage.

Written Operational Procedures on Record Security, Maintenance, and Access by Individuals Other Than the Client

CSAPs have **policies and procedures** in place to protect records. 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). Staff must be cautioned not to use email to exchange confidential client information. There should be a written process on how to respond to emails from possible survivors who may be endangered by a response from the agency that is viewed by a perpetrator. Generally, programs should provide short responses to email inquiries, reminding the sender that email is not confidential and asking the person to call the program. VAWnet has an excellent [Safety & Privacy in a Digital World](#) resource collection to guide the development of procedures in this area.

Description of Safeguards against Unauthorized Access, Fire, Loss, or Other Hazard

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. The on-site accreditation reviewer will observe how data and backups are handled, and the Standard notes that "fireproof safe or other safeguarding precautions will be observed."

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.

Description of How Long Client Records Are Maintained

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 SECURELY and CONFIDENTIALLY destroyed.

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.

There is a sample file maintenance policy in this section.

Client Records likely contain:

- ☐ Intake sheets (OCVA and agency specific)
- ☐ Release of information forms
- ☐ Call/visit logs
- ☐ Tracking sheet of services received (by specific advocacy activity described in the Core Service Standards)
- ☐ Documentation of informed consent of client (or the client's parent or guardian where appropriate) to receive services
- ☐ Documentation that any mandatory reporting requirements were fulfilled
- ☐ Whatever else the agency's policies dictate, but no more than absolutely necessary (such as a specific form that clients sign if they release their photo or consent to a public appearance)

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.

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 agency has ceased operation will be processed through _____.

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 PROCEDURE

Client Record Security, Maintenance, and Access to Files

1) 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.

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

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

4) 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.

5) 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.

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

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

8) 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.

9) 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.

10) 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.

11) 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.

FE STANDARDS

FE1

The agency's premises and equipment are safe and functional for use by clients, personnel, and visitors, and are in compliance with local codes and standards of all relevant regulatory agencies.

Evidence of Compliance (required level of compliance: B)

1) The agency maintains or has access to permanent records of administrative reports, incident reports, and reports of health, fire, and other safety inspections relevant to its operations and any local fire, zoning, or building codes.

Discussion and Suggestions

All offices that CSAPs use must be safe for public use. To that end, CSAPs are required to make sure that they have current fire inspections and any other safety inspections that may be required by your jurisdiction or building codes. The CSAP is required to maintain copies of any inspection paperwork.

Because ordinances may vary slightly from one county to the next, CSAPs don't have a specific requirement for the types of inspections that they must have. Instead, it's important for your agency to comply with local regulations and maintain documentation of actions taken to ensure that compliance.

If the CSAP is renting space from an office complex, it may not have copies of those forms of compliance. In preparing for accreditation, the CSAP is required to obtain copies of these inspections or at least gain access to them.

Note: You must ensure that any procedures match the policies adopted by your CSAP.

FE2

The agency is housed, equipped, and maintained in a manner which is suited to its program of services, and which reflects the agency's positive regard for its clients.

Evidence of Compliance (required level of compliance: B)

1) The physical environment reflects the agency's commitment to provide for the comfort and dignity of its clients.

2) The agency maintains a work environment for its personnel that is conducive to effective performance and has offices or rooms available for interviewing or counseling in a private, confidential manner.

Discussion and Suggestions

The assessments for both evidence items are on site. In selecting and preparing CSAP space, staff should keep the following in mind:

- maintain several confidential spaces for client work (as many as would be necessary at a peak period for your individual CSAP),
- maintain enough office space so that staff have enough room to do their jobs,
- any place a client would be (in a waiting area or an interviewing/counseling room) should protect their confidentiality,
- offices should be clean, tidy, and safe,
- there should be enough furniture for staff and clients to feel comfortable
- be culturally aware in decorating your space, and
- consider accessibility.

It is a good idea to seek feedback from clients and staff about their reaction to the office environment, and to incorporate suggestions to enhance the space, to the extent possible. An office assessment may be done in conjunction with ensuring disability access and asking for feedback about whether the office is welcoming to populations such as teens, LGBT clients, and males.

The agency acts to ensure the safety of its clients, personnel, and visitors on all facility premises as well as during transport for agency business.

Evidence of Compliance (required level of compliance: A)

1) The agency has a written plan for personnel and client safety needs, including fire, medical, or other emergencies, to which personnel are formally oriented and which are posted for client and visitor inspection.

2) The agency has a written plan for personnel and client security needs, to which all staff and volunteers are oriented.

3) The agency has a readily accessible telephone in each major service area.

4) If applicable, the agency has a written policy regarding the use of private or agency-owned vehicles to transport clients that includes the provision of adequate insurance coverage, appropriate passenger restraint systems (such as car seats for infants and young children) and licensure of drivers, as required by law. The agency shall maintain records documenting compliance with policies.

Discussion and Suggestions

To meet this standard, CSAPs must show their efforts to keep clients, personnel, and visitors to the CSAP safe while on the premises and during transport for agency business. The accreditors check for the following items in their review of this standard:

Written plans for personnel and safety needs:

- CSAPs must develop and maintain safety plans that include information about what to do in a fire, medical, or other emergency.

- CSAPs must make sure that personnel receive safety plan information with other agency orientation materials. It is a good idea to include the safety plan on the agency's checklist for initial orientation.

- CSAPs should also ensure that escape route information is posted, and that a basic safety plan (describing what to do in case of emergency) is posted in an area accessible to clients.

A sample safety plan is not provided in this section because the needs of each program are unique. The United States Department of Labor has some information on developing emergency plans that highlights some of the essential elements of such a plan. This can be found online at The United States Department of Labor's website. http://www.osha.com/

Written security plans:

- CSAPs must develop and maintain security plans (in case of intruders, violent clients, bomb threats, etc.).

- CSAPs must make sure that personnel receive security plan information with other agency orientation materials. It is a good idea to include the security plan on the checklist for initial orientation.

- CSAPs may wish to post some basic security information for clients (such as, "Contact a staff member if you feel unsafe on these premises"), but this is not required. Be wary of posting information that should not be revealed to an intruder.

- The security plan should provide clear instructions on how staff should handle each situation, and how staff is trained on these issues.

Accessible telephones:

- Telephones need to be in every major service area. This will be evaluated on site.

Transportation:

Just as CSAPs must work to ensure the safety of everyone inside their facility, so too must they ensure the safety of individuals while transporting or being transported on agency business. Some CSAPs prohibit employees and volunteers from transporting clients altogether. Those agencies that permit it should recognize that this is a complex issue and the **policy** should be developed with great care. Legal advice is probably a good idea, and consultation with the agency's insurance carrier is essential. For purposes of meeting Accreditation Standards, the **policy** on the use of private or agency-owned vehicles to transport clients must cover:

- the provision of adequate insurance coverage
- appropriate passenger restraint systems (such as car seats for infants and young children)
- licensure of drivers, as required by law

Note: The agency is required to maintain documentation demonstrating compliance with these policies. In order to eliminate the need for agency staff to keep up with continuously expiring licenses and insurance policies for multiple personnel, it is possible for all personnel to sign a statement acknowledging that as long as they are working with the CSAP, they promise to maintain their licenses and insurance policies. If personnel do not sign such a statement, it is necessary for the CSAP to keep current copies of licenses and insurance verification. Whatever documentation is necessary to demonstrate compliance with established procedures should be readily available for the accreditation review.

PERSONNEL/CLIENT SECURITY POLICY

The CSAP holds the safety of its personnel and clients to be of utmost importance. All personnel and volunteers will be advised not to go into clients' homes where a batterer or perpetrator may reside. Staff and volunteers will sign themselves in and out at the office, noting where they are and when they will be back during working hours. After hours, the volunteer advocate will check in with the crisis line worker, informing the worker where the advocate is going and when the advocate will be back. The advocate will check back in upon return home. Meetings with clients will be arranged in public places whenever possible.

Clients will be asked to wait in the front waiting room and will be escorted by staff to a meeting room. If the client is in an unsafe situation, the front and back door may be locked. The CSAP is equipped with a doorbell that other clients entering the building can ring if necessary.

Staff will remain aware of client behavior and contact the police if a client becomes aggressive. There is at least one telephone in each office. Staff will also be instructed to use a code word if needed (code words should be developed ahead of time and communicated to all staff). Staff will use de-escalation techniques, such as talking to the client in calming voice, asking the client to leave, or leaving the office themselves and getting assistance from another staff member.

Tip – talk about what aggressive means to each staff member, practice de-escalation techniques.

FM STANDARDS

FM1

The agency plans for the current fiscal cycle and is accountable to its board, community, and where applicable, to its funding organizations for prudent fiscal management.

Evidence of Compliance (required level of compliance: A)

1) There is a **written** budget for the sexual assault program's current fiscal cycle.

2) The board or its designee approves budgets, budget revisions, and budget amendments.

3) Minutes or reports of the finance committee or report from designated member of the governing board (such as Board Treasurer).

Note: 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.

Discussion/Suggestions

CSAPs must have a budget for their sexual assault programs. That is, if the CSAP is a part of a dual or multi-service agency, the budget for the sexual assault program must be broken out separately from the other programs.

Because the Board of Directors is the entity ultimately responsible for the fiscal management of a nonprofit agency, accreditation checks to make sure the Board approves any budget action. The accreditation review team will check Board meeting minutes to find evidence of Board approval.

It is important to check that, as the Standard requires, the budget for the current fiscal cycle is approved at the time of the accreditation.

For more resources on budgets and budgeting, please see the WCSAP Financial Management Manual.

Since the accreditor will be reviewing board meeting minutes, it is important to have them handy and to refer to their location (such as the Board Meeting Minutes Notebook) in your cover sheet for this standard. Budgets should also be available for review.

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 (AGA 5). 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.

This standard was revised August 2011 to include a provision from the old FM2, which has been eliminated.

FM2 – ELIMINATED

FM3 - ELIMINATED

The agency/program shows evidence of a diverse funding base, resources, and/or on-going fundraising that supports its sexual abuse/assault programs and prevents the interruption of Core Services.

Evidence of compliance (required level of compliance: B)

1) **Written** contingency **plan** for the continuation of Core Services in the event of a reduction or discontinuation of funding.

2) Record of fundraising efforts over past three-year period.

3) Evidence of a diverse funding base (a mixture of both public and private funds, such as, grant and contract funds, donations, in-kind donations, fees for service, and non-service-related funds-producing activities, such as auctions, benefits, walks).

Discussion and Suggestions

The purpose of this Standard is to ensure that programs would be able to continue to provide Core Services even during a funding disruption.

Contingency Plans

CSAPs must develop a **plan** to ensure the continuation of Core Services despite funding levels. To show that services would not cease if funding levels drop, CSAPs can take into account the efforts of volunteers and other donated services that would help keep services going, in addition to diverse funding streams. This standard asks that CSAPs strive to prevent the interruption of Core Services in the event of a significant funding loss. Programs should think about potential resources in their communities that would need to be utilized if financial resources were decreased.

Fundraising efforts

CSAPs must document fundraising activities over the past three years. This can be a short document with basic activities/events listed.

Diverse Funding Base

CSAPs should show the diversity of their resources. To do so, CSAPs can show the revenue in their budgets or they could write up a brief description of all of the agency's resources. CSAPs can include their volunteers and other donated services as resources.

SAMPLE

Contingency Plan

Goal: To prevent the interruption of core sexual assault services in the event of a funding decrease or loss.

Objective: To leverage volunteer and in-kind resources to serve clients in our service areas.

Objective: To keep agency minimum services available until program can gain new funding.

Tasks:

- Use volunteers to respond to direct service requests.

- Ask county mental health service to provide in-kind support by answering our 24-hour hotline.

- Leverage community resources to obtain in-kind meeting space donations.

- Utilize free email and internet options to communicate with CSAP supporters and friends.

- Ask Board Member volunteers to explore alternative funding opportunities to help program re-grow.

Fundraising Efforts/History

Years 2014-2016

2014

Annual Auction	$15,000	
Membership Drive	$5,000	
OCVA SA Contract	$92,000	
OCVA STOP Grant	$2,500	
United Way	$5,000	
In-kind donations	$10,000	(time and goods)

2015

Annual Auction	$17,000	
Membership Drive	$5,000	
OCVA SA Contract	$92,000	
OCVA STOP Grant	$2,500	
United Way	$5,000	
In-kind donations	$10,000	(time and goods)
Community Foundation	$3000	

2016

Annual Auction	$13,000	
Membership Drive	$5,000	
OCVA SA Contract	$92,000	
OCVA STOP Grant	$2,500	
United Way	$5,000	
In-kind donations	$10,000	(time and goods)
Major gift	$1,000	

Controls exist to assure sound accounting practices, generally accepted accounting principles are followed, and there is proper accounting for payroll costs.

Evidence of Compliance (required level of compliance: A)

1) A copy of the agency's most recent independent financial audit report or financial review from within the previous two years, and a formal or informal plan to address any areas of concern raised by an audit or financial review.

2) **Written policy** regarding written authorization for new hires, terminations, rates of pay and deductions.

3) **Written policy** which states that director or designee reviews and approves payroll expenditures and time/overtime records.

4) Records are complete as to **written** authorizations for hires, terminations, rate changes and deductions; all legal and regulatory requirements governing its payroll practices are followed; personnel follow procedures for payroll expenditure approval and timesheet/overtime review; director or designee reviews and approves payroll and time records.

Discussion and Suggestions

Accreditation checks to make sure there are controls on a CSAPs payroll system. A CSAP must have a **policy** explaining how new hires, terminations, rates of pay, and deductions are approved *in writing.* Most CSAPs have these significant payroll changes approved by the agency's Executive Director (or designee). Proof of authorization is usually in the signature of the ED on an authorization form.

For example: The CSAP Executive Director will authorize in writing all new agency hires (except for the Executive Director hire, which will be authorized by the Executive Committee), terminations, pay rates, and pay deductions.

Payroll records are usually approved by the ED, but could be approved by someone the ED designates. Approval may take place on the timesheets or on the pay records these reports must include financial data (even simply revenues and expenditure charts) from the last year.

Audits should be completed every year, for the general financial health and security of the CSAP. When the auditor presents any concerns, the CSAP must develop a formal or informal plan to correct the findings.

Accreditor will:

- Review personnel records specific to written authorization for new hires, terminations, rates of pay and deductions
- Interview the director or designee
- Review written policies as stated under "Evidence of Compliance"
- Review policies for payroll expenditure approval and timesheet/overtime review
- Review the annual report, audit and audit response
- Check that legal and regulatory requirements governing payroll practices are followed
- Ensure that procedures are followed for payroll expenditure approval and timesheet/overtime review
- Check that the director or designee has reviewed and approved all payroll and time records

Note: This standard was revised August 2011 to incorporate items from FM3. The new standard also includes the information "The team will accept minor record-keeping omissions and/or minimal procedural infractions." For more information on accounting and payroll practices, see the WCSAP Financial Management Manual.

P STANDARDS

P1 - ELIMINATED

P2

The agency has **written** job descriptions which clearly state qualifications and responsibilities for each position or group of positions and has a plan for annual review. Each employee and volunteer receives a copy of their job description at the time of hiring and at any time changes are made.

Evidence of compliance (required level of compliance: A)

1) **Written** job descriptions. Evidence that each employee and volunteer has received a copy of their job description.

2) A copy is in each employee's and volunteer's personnel file.

3) **Written policy** for annual review of job descriptions.

Discussion and Suggestions

Job descriptions can vary widely from one agency to another, and may include: the name of position, the position's Fair Labor Standards Act status, whether the position is full- or part-time, the position's supervisor, minimum qualifications, and the tasks or duties required on the job.

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).

CSAPs must have a policy for the annual review of job descriptions. Many CSAPs include this policy in the personnel handbook. To help remember to complete a timely review of job descriptions, some programs automatically review the job description of each staff member and volunteer at the time of the annual evaluation.

Examples of policy:

1) 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.

2) Job descriptions will be reviewed annually at the agency staff retreat. All staff will have input in the review process.

Note: 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).

P3

Personnel policies/procedures specify the responsibilities of employees, volunteers, the agency and the board of directors. Copies of the applicable personnel policies/procedures are provided to all new employees, volunteers, and board members; updated copies are provided when changes are made. Each policy/procedure must allow for periodic review and input by those affected by that policy.

 Evidence of compliance (required level of compliance: A)

1) Copy of agency personnel policy/procedures.

2) Written evidence that new employees, volunteers, and board members have received copies of applicable personnel policy/procedures.

3) Copy of agency's **procedure** for participation in review of **policies**.

 Discussion and Suggestions

Every CSAP must have a set of personnel policies and procedures. This Accreditation Standard does not outline specific requirements for personnel policies; however, several other Standards specify required personnel policies. For example:

- Annual salary review (P7)
- Annual review of job descriptions (P2)
- Annual personnel evaluations (P15)
- Non-discrimination in employment (P5)
- Personnel diversity policy (P4)
- All forms of conflict of interest (AGA 5 &6)

Some CSAPs have all of these policies included in a general agency policy handbook, which include client-oriented policies. Other agencies have separate manuals for personnel policies and program policies.

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.

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).

The agency actively recruits, employs, and promotes personnel, and actively recruits and promotes volunteers and board/advisory committee members, all of whom are broadly representative of the community at large.

Evidence of compliance (required level of compliance: A)

1) A **written policy**, which affirms that staff, board/advisory committee and volunteers, should reflect the diversity of the community at large.

2) A **written plan** that identifies the diversity of the community at large, the agency's diversity objectives and a plan, with timeline, for achieving those objectives.

Discussion and Suggestions

This standard requires that each CSAP have a policy that affirms the agency's commitment to diversity at all levels of the organization. A sample policy could read:

> **CSAP strives to reflect the diversity of its community at large in its staff, board/advisory committee membership and volunteers.**

In addition, 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. Some tips:

- 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.

- It is important to note that accreditation does not specify how long or short your timeline for your diversity plan must be.
- CSAPs must develop some diversity objectives and develop a plan for how the agency will strive to reach those objectives. The plan must include target dates for implementation/completion of those activities.
- The Diversity Plan refers to the internal diversity of the agency (staff, volunteers, and Board). It should be separate from the Cultural Competency Plan and the Barrier Reduction Plan.

Note: Increasing the representation of different communities on your Board, committees, staff, and volunteer pool can help your agency better serve your current clients and reach clients who may have never heard of your services before. By increasing the pool of people involved in your agency, you may also increase your donor pool, your community development initiatives, and the resources available to victims in your community.

SAMPLE

Guide to Developing CSAP Diversity Plan

[Note: These are preliminary steps before the actual plan.]

Developing the Diversity Policy and Plan for Employees, Volunteers, and Board

Step 1: Create a policy that affirms that your staff, volunteers, and board members should represent the diversity of your community at large.

Step 2: Develop a written plan that identifies the diversity of the community at large, the agency's diversity objectives and a plan, with timeline, for achieving those objectives.

a) What is the diversity of your community?

b) Have you looked at current census data? ([United States Census website: Washington Statehttp://quickfacts.census.gov/qfd/states/53000.html)](http://quickfacts.census.gov/qfd/states/53000.html)

c) What other types of diversity are in your community? Have you thought about?

    -people who are homeless?
    -people who have disabilities?
    -people who are gay/lesbian/bisexual/transgender?

What are your agency's diversity objectives?

1.
2.
3.
4.

What will you do to achieve those objectives?

Note: Remember that a plan needs to have specific objectives, identified tasks with to-do-by dates, and documentation of progress.

Sample

Diversity Plan Grid

Objectives	Actions/Progress	Deadline	By Whom

DOCUMENT YOUR PROGRESS

Diversity Plan

Identify our community

    a. Geographic isolation, physical and economic barriers to resources/services, high unemployment rates and low incomes are hallmarks of this community.

    b. The communities in our county include XX, YY, and ZZ. The county has a population density of XXX persons per square mile. There is tribal land within our county.

    c. Our county's average annual income for XXXX is $XXXX compared to the state average of $XXXX. A total of XXX% of our County families live with poverty/inadequate income, compared to the state average of XX%.

II. **STAFF GOAL:** CSAP staff will represent the diversity of the larger community (for example – race, ethnicity, age, social-economic)

    a. Open positions will be advertised as Equal Employment Opportunities- evaluated annually.

    b. Open positions will be advertised in all of the five communities in the county- evaluated annually.

    c. Open positions will be advertised with the local Tribal employment program- evaluated annually.

    d. All staff will have equal opportunities for available promotions- evaluated annually.

III. **VOLUNTEER GOAL:** At least three of the five communities in our County will have a representative trained volunteer at CSAP by the year 20XX.

    a. Volunteer opportunities at CSAP will be advertised in all communities in the county- FALL 20XX

    b. A volunteer information meeting and/or training event will be held in each outlying community by the year 20XX

    c. A volunteer from at least three of the outlying communities and including the Native American Reservation will have completed volunteer training by the year 20XX

IV. **ADVISORY COMMITTEE GOAL:** This committee will consist of 6-10 individuals including at least one former primary or secondary victim of sexual or domestic violence and at least one representative from the Tribal community or of Native American descent by the year 20XX

    a. The current advisory committee will meet and begin strategizing for recruitment, May through July 20XX.

    b. The advisory committee will develop a plan to address and overcome barriers that may keep the program, personnel, board and volunteers from being representative of the larger community (transportation barriers, outreach problems, etc.).

SAMPLE 2

P4

Kitsap Sexual Assault Center (KSAC) Diversity Plan

The geographical location served by the Kitsap Sexual Assault Center in Kitsap County encompasses a total area of 566 square miles of which 394 square miles is land and 171 square miles is water. Due to the rural nature of the county and its metropolitan areas being spread throughout the 566 square miles, Kitsap County is divided into six main areas commonly referred to as South Kitsap, Bremerton, Central Kitsap, North Kitsap and Bainbridge Island and Blake Island. The four main cities in Kitsap County are Port Orchard, Bremerton, Poulsbo, and Bainbridge Island. In addition, there are 18 smaller communities designated as census-places and 29 unincorporated communities within the county. Kitsap County also includes two Native American Tribal communities, Suquamish and S'Klallam, and the third largest naval base in the United States.

Identified Community Diversity:

As of the 2010 United States Census, there were 251,133 people in Kitsap County. The estimated population in 2014 was 254,183 people. The racial makeup of the county has been identified as 82.6% white, 4.9% Asian, 2.6% black or African American, 1.6% American Indian, 0.9% Pacific Islander, 5.8% from two or more races and 1.6% were from all other races. The Hispanic or Latino population has been identified as 6.2% of the population. In addition, there are 12,825 Active Duty Military personnel, and 35,908 retirees. While Kitsap County's LGBTQ community is not represented by documented numbers,

there are organizations and meetings which are held by this population group throughout the county. People with disabilities also live within Kitsap County and will be included as a part of KSAC's Diversity Plan.

Goal: To hire staff and recruit volunteers and board members that are representative of the entire community that we serve.

Action Plan: Will be ongoing as positions become available

1) Research groups or associations whose members represent the above community diversity.

Date completed: _____   Responsible: Staff/Board/ED

2) Research groups or associations and create a list of where KSAC might be able to give presentations regarding KSAC's available services and employment opportunities.

Date completed: _____   Responsible: Staff/Board/ED

3) On all agency literature, posters, advertisements, and during presentations always include and emphasize "we are an equal opportunity employer" and encourage all people to apply for any openings we have available.

Date Completed: <u>On-going</u>   Responsible: Staff/Board/ED

(Attach Outreach & Activities Form to Show Dates and Type of Activity)

   4) Discuss position openings at all staff and board meetings.

Date Completed: <u>On-going</u>   Responsible: Executive Director

(Attach Minutes of Meetings)

   5) Review annually at a Staff Planning Meeting

Date Completed: _____   Responsible: Executive Director

(Attach Minutes of Meeting)

   6) Review at Annual Board Meeting.

Date Completed: _____Responsible: Executive Director

(Attach Minutes of Meeting)

P5

The agency complies with applicable laws and regulations in regards to fair employment practices and contractual relationships, such as the Equal Employment Opportunity Act, Civil Rights Act (as amended), the Fair Labor Standards (as amended), the Equal Pay Act and Age Discrimination in Employment Act, the Occupational Safety and Health Act, the National Labor Relations Act, the Americans with Disabilities Act, and state or local laws, regulations or contractual relations where these are more stringent or supersede federal regulation.

The agency has **written policies** that clearly state its practices in recruitment, employment, transfer, termination and promotion of its employees. These policies specify the nondiscriminatory nature of the agency's employment practices on the basis of age, gender, ethnicity, gender identity, nationality, disability, religion, or sexual orientation. The policies are systematically monitored and reviewed.

Evidence of compliance (required level of compliance: B)

Written description of how (such as board and administrative review, review by counsel, personnel committee review, etc.) agency assures compliance with employer/employee regulations and contracts.

Discussion and Suggestions

The highest rating possible for this Standard shows what the accreditors are looking for: "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. No evidence exists that the agency has violated any law or regulation."

To meet this standard, you must have a policy that emphasizes the agency's policy to not discriminate in employment on the basis of age, gender, ethnicity, nationality, disability, religion, or sexual orientation.

In addition, agencies must show how they ensure compliance with applicable employment laws. Many agencies have an attorney review the policies on an annual basis and have a lawyer sign a statement to that effect. Other options include Board and administrative review or personnel committee review. In any circumstance, whoever reviews the policies should be familiar with or have expertise in employment law.

Development of Evidence for P5

Step 1: 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.

Step 2: What is your agency's nondiscrimination in employment/ recruitment/retention policy? These policies specify the nondiscriminatory nature of the agency's employment practices on the basis of age, gender, ethnicity, nationality, disability, sexual orientation or religion.

P6 - ELIMINATED

P7

The agency has a written schedule of salaries and benefits for all positions. The schedule is evaluated by management and the board of directors on a yearly basis. The evaluation takes into consideration local or regional standards for similar positions.

Evidence of compliance (required level of compliance: A)

1. **Written** salary and benefit schedule provided for all agency positions. Exempt and non-exempt employees are identified.

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

Discussion and Suggestions

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.

The schedule must identify exempt and non-exempt employees (referring to the Fair Labor Standards Act [FLSA]). Exempt employees are subject to the FLSA's equal pay provisions and record-keeping requirements; they are not, however, subject to its minimum wage and overtime provisions. For more information on the FLSA, please visit: The United States Department of Labor website (http://www.dol.gov/elaws/esa/flsA/overtime/menu.htm).

https://www.dol.gov/whd/overtime/nprm2015/factsheet.htm

After the salary/benefit schedule is completed, the CSAP must show that the schedule is reviewed and evaluated annually by management and the Board of Directors. This review can be documented in meeting minutes. Although not required, it can be helpful to put in policy that the CSAP will review salaries and benefits annually.

P8 - ELIMINATED

P9 - ELIMINATED

P10

The organization's director is qualified by having a minimum of six years of management experience. College education may substitute, year for year, for no more than a total of four of the years. The director must also have a minimum of 20 hours of management training specific to not-for-profits, including public and private human service agencies. The sexual abuse/assault program director/coordinator (when not the agency director) must have a minimum of 10 hours of general management training.

Evidence of compliance (required level of compliance: B)

1) Personnel records or other relevant documentation indicates compliance.

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

When this happens programs 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.

This information should be compiled and easy to find prior to the site visit. See the Management Training Log on the next page.

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 in Accreditation Standard P10 for the organization's director.

Personnel assigned administrative and/or supervisory responsibilities are qualified by experience and training in supervision or administration and/or receive on-the-job orientation and training for a specified trial work service period. Core service providers and their supervisor must meet the qualifications defined for each service. See Core Services Standards.

Evidence of compliance (required level of compliance: A)

1) Copies of applicable written job descriptions.

2) Copies of applicable resumes.

Discussion and Suggestions

This standard requires that administrative, supervisory, and core services personnel meet the qualifications to do their jobs. Administrative and supervisory positions must meet any requirements outlined on their job descriptions. In addition, if they are Executive Directors or Program Directors, they must meet the management training requirements set forth in Accreditation Standard P10.

All core service providers must have the 30-hour core training before beginning to provide core services.

Anyone supervising core services must have at least two years of experience providing the core services, as well as the requisite direct service training. OCVA has supported CSAPs in contracting out supervision of core services to other CSAPs during a supervisor's transition phase. This option could be explored between the CSAP and OCVA.

Everyone providing core services (including supervisors) must have 12 hours of ongoing training annually. This training must be approved by WCSAP. All personnel employed by the CSAP for sexual assault work and all direct service volunteers must meet the qualifications listed on their individual job descriptions. See training log on the next page.

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. Programs often do not have clear documentation of when volunteers are active or inactive, making it difficult to determine if they have met their training requirements.

For the site visit, documentation of each supervisor's and direct service provider's training should be easily accessible. Many programs use InfoNet reports to list ongoing sexual assault training hours, which should be clearly identified by fiscal year. The Core training meets the requirement for the initial fiscal year of service; after that, there should be documentation of at least 12 hours of ongoing WCSAP-approved training for each fiscal year.

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: _____

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
_____
_____

The agency conducts appropriate, legally mandated, and permissible criminal background inquiries, at the time of hire and every two years thereafter, regarding prospective employees and volunteers who will have responsibilities where clients are children, elderly, or other persons vulnerable or at risk.

Evidence of compliance (required level of compliance: A)

1) **Written** evidence in each personnel file of a background check conducted by Washington State Patrol (WSP) or another agency accessing WSP information.

Discussion and Suggestions

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

- To expedite the process, background inquiries may be completed online at the Washington State Patrol website (http://www.wsp.wa.gov/crime/chrequests.htm).

- Background checks need to be kept current in order to protect clients and must be completed at the time of hire and every two years thereafter.

  There should be a procedure in place to address new concerns that may arise from a background check.

- The Director should establish a tracking system to ensure that these checks are completed according to schedule.

All new personnel are oriented to the agency's goals, services, policies, and operational procedures, the agency's service population and the agency's collaboration with other community resources.

Evidence of compliance (required level of compliance: A)

1) Copy of current schedule or list of topics for orientation.

2) Evidence that personnel sign-off on agenda items, after they have received orientation.

Discussion and Suggestions

CSAPs should have a standard list of items to cover in any new staff or volunteer orientation, with a signature line for verification. See example in this section. It is important to note that direct service volunteers must be oriented to each of the topics identified by this standard.

Personnel Orientation Agenda

1. CSAP goals

2. CSAP services

3. CSAP policies

4. CSAP operational procedures

5. Service Population

6. Collaborations

7. Safety Plan (see Standard FE 3)

I have received my orientation on the above topics.

_____   _____

Signature   Date

I have received my personnel policies manual. (See standard P3)

_____   _____

Signature   Date

I have received a copy of my job description. (See standard P2)

_____   _____

Signature   Date

The agency provides supervision of personnel, clearly delegating supervisory responsibility and holding personnel accountable for the performance of assigned duties and responsibilities. Personnel receive supervision consistent with their varying levels of skills and experience, the complexity and size of their workload, and their length of time in current assignment.

Evidence of compliance (required level of compliance: B)

1) Copy of organizational chart.

2) Copy of supervision practices.

Discussion and Suggestions

The accreditors check to make sure all staff members are supervised at a level appropriate to their levels of skills and experience. To meet this standard, CSAPs must have an organizational chart and a description of supervision practices.

There is no expectation about what needs to be included in the description of supervision practices or what form that description needs to take. The standard outlines the priorities to be addressed:

- Supervisory authority is clearly delegated;

- Personnel are accountable for the performance of assigned duties; and

- Personnel receive supervision consistent with their varying levels of skills and experience, the complexity and size of their workload, and their length of time in their current assignment.

Agency personnel receive a performance evaluation at least one time per year. Personnel are given the opportunity to sign and comment in writing on the evaluation and are given a copy of the evaluation prior to its entry into personnel records.

 Evidence of compliance (required level of compliance: B)

1) Copy of agency policy/procedures regarding personnel review and evaluation.

2) Description of agency procedures for evaluation of personnel.

 Discussion and Suggestions

This standard requires that all personnel (including volunteers) receive an annual evaluation. The standard does not outline any requirements for what should be included in the evaluation but it does require that:

- all personnel are given the opportunity to sign and comment in writing on the evaluation, and that

- All personnel must be given a copy of the evaluation before it enters the personnel file.

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. For technical assistance about developing staff and volunteer evaluation processes and documents, contact WCSAP.

Personnel records are maintained for all employees and those volunteers with management or direct service responsibilities. The personnel records contain: the application or resume; the job description; and performance evaluations and all documentation pertaining to performance, including disciplinary actions and termination summaries, if applicable.

Agency **written policies** provide personnel with access to their records. Operational procedures address review, addition and correction by personnel of information contained in their records.

Evidence of compliance (required level of compliance: B)

1) Copies of personnel policies and sample personnel records.

Discussion and Suggestions

This standard outlines the requirement that CSAPs must maintain personnel records for all employees and those volunteers with management or direct service responsibilities. The personnel records contain:

- application or resume,
- job description,
- performance evaluation, and
- all documentation pertaining to performance.

Many CSAPs use a checklist of items that must be included in personnel file. See the example in this section.

Make sure your policies provide personnel with access to their records and that operational procedures address review, addition, and correction by personnel of information contained in their records.

According to Washington State law, 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 examples:

1) 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.

2) 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.

RCW 49.12.250(2)

Personnel File Contents for Accreditation

1. Application/resume (P16, P10)
2. Current job description & acknowledgment of its receipt (P2, P16)
3. Performance evaluations (P15, P16)
4. All performance documentation (P16)
5. WSP background check (P12) **
6. Proof of completion of core training (as necessary) *
7. Training log for ongoing training (as necessary) (P10, P11, Core Standards) *
8. Proof of completion of orientation (P13)
9. Acknowledgment of receipt of personnel policies (P3) **
10. Letter of hire (if agency policies require)
11. Any information required to be on file to provide transportation to clients (copy of license/current insurance info, etc.). (FE3)
12. Anything else individual CSAP policies require

* Items 6 & 7 could be kept in a separate training log.
** Does not necessarily have to be placed in personnel file, though it may simplify things to do so.

The agency/program providing and/or coordinating 30 hours of initial core sexual abuse/assault training must demonstrate that such training meets the training certification requirements of the Washington Coalition of Sexual Assault Programs.

Evidence of compliance (required level of compliance: A)

1) WCSAP certification documentation of the training(s).

Discussion and Suggestions

All core service providers must receive a 30-hour core training that has been certified by WCSAP. Not every CSAP provides core training; some CSAPs always have their staff and volunteers receive training at a neighboring CSAP. WCSAP also provides core training to which programs may send their staff. These trainings, when available, are posted on the WCSAP website (http://www.wcsap.org/events).

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.

QA STANDARDS

QA1

The agency/program demonstrates the ability to collect and utilize the data to plan, manage and evaluate its sexual abuse/assault program's effectiveness.

Evidence of compliance (required level of compliance: B)

Description of how and what information is systematically collected and of the planning and evaluation purposes for which it is used. Information utilized can be referral sources, types of clients served, gaps in service, and plans to address them.

Discussion and Suggestions

The goal for this Standard is outlined in rating indicator #1 on the Standard itself:

> The agency collects and maintains data in a systematic way and can produce written documentation that identifies its use in planning for services and evaluating effectiveness of programs (such as staff meeting minutes and board planning retreats).

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. InfoNet reports are a valuable source of data. 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,
- Describe (**in writing**) how you collect it,
- Describe **(in writing)** the process the CSAP goes through to use this information in its planning and evaluation processes (Board retreat, staff meetings, etc.),
- Provide proof of the planning and evaluation process (such as meeting minutes, or your strategic plan).

Many CSAPs go beyond the intake and demographic information and collect information from their clients about the quality of the services received. The CSAPs will then use this information to plan and evaluate the services.

Note: See WCSAP's publication, Measuring Our Success: Evaluation for Sexual Assault Programs (http://www.wcsap.org/measuring-our-success-evaluation-sexual-assault-programs) for additional information.

CSAP Collection and Use of Data/Information

Information or Data Collected	Use of the Information or Data
Intake Forms • client info collected when client contact begins, gathered monthly	Used for grant proposals and/or funding documentation, reports for agency, annual reports, etc. Statistics gathered from this information are used in community outreach presentations, media information, for funding purposes, etc.
Monthly Report Forms	Used to determine the regularity and type of contact with clients
Call Tracking Sheets • gathered monthly and reported quarterly	Used to tally the number of info, crisis, and referral calls.
Community Education and Training Evaluations • gathered after presentations or trainings and reported monthly	Used to enhance or revise presentation content.
Group Evaluation Forms • gathered as groups end and reported monthly	Used to determine the level of personal involvement of group participants and for revision or enhancement of group practices.
Volunteer Numbers and Hours • gathered monthly	Used for monthly agency report and the need for new advocate trainings. Also used to show volunteer commitment to this program for funding.
Advocacy Evaluation Form • gathered as cases end, collected twice annually	Used to determine quality of advocacy provided; allows feedback for revision or enhancement of advocacy practices.
Volunteer Training Attendance Forms • gathered at end of training sessions	Indicates regular attendance at advocate trainings; used to determine compliance with required training hours.
Case Assignment List • updated weekly	Used for quick reference to locate cases and assigned advocates. Also assists in determining advocate caseloads.
Informal Evaluation and Feedback from Volunteer Advocates • gathered ongoing and discussed as needed	Used to affirm or amend program activities and services. Provides advocates with info, support, and program event reminders. Allows for determination of advocate overload and reinforces value and accountability of volunteers.
Monthly Pager Schedule • completed monthly	Staff fills in as "on-call" if volunteers are not available; indicates volunteer time commitment to the program.
Mandatory Reporting Tracking • submitted immediately	Ensures program staff and volunteers are making mandatory reports.
Advocate Knowledge Assessment	Used to ensure appropriate advocate training; points out needs for increased education or training.
InfoNet Reports • reviewed quarterly	Used to review demographic data and services provided in order to guide the need for resources and allocation of staff.

QA2

The agency/program uses its principles, values, and mission in its evaluation, in planning, and in formulating strategies that address both immediate and long-term issues that face the agency/program. Findings are shared at all levels of the organization.

Evidence of compliance (required level of compliance: B)

1) A copy of **written** reports, meeting minutes, or notes that resulted from the most recent planning process.
2) A description of the agency's use of the results of its planning and evaluation processes, throughout the organization (such as minutes from retreats, board meetings, regularly scheduled staff meetings).

Discussion and Suggestions

The goal of this Standard is explained in rating indicator #1 of the Standard itself:

> The agency/program conducts a planning process that addresses in sufficient depth and breadth each point in the standard, effectively disseminates information and knowledge gained in this process with key parties within the organization and successfully implements the immediate and long-term plans.

To meet this standard with a top rating indicator, CSAPs must complete a periodic strategic planning process. The process can take many different forms, as appropriate for each CSAP, but must use the agency's principles, values, and mission in its process.

Accreditation does not state how frequently this process must occur, but many sources recommend that an agency engage in some long-range planning every three years. To show evidence of this standard, CSAPs must provide written reports, minutes, and notes developed in the process.

In addition, programs need to be able to describe (in writing) how they use the results of this planning and evaluation process throughout the organization – and that findings were shared throughout the organization.

CORE SERVICES

All of the core services are defined in [the Sexual Abuse/Assault Services Standards](). CSAPs are obligated to provide core services in compliance with these definitions as a part of their contracts with OCVA. OCVA monitors the provision of these services through their own contract management efforts.

The Accreditation Standards regarding core services are set up to check that each CSAP has the capacity and systems in place to provide sound core services. The Accreditation Standards outline the documents that the accreditors will review to make that determination.

The accreditors will check to make sure that all personnel providing core services meet the qualifications outlined in the service definitions, as required in each core service Accreditation Standard.

Personnel must be up-to-date on all necessary training and qualifications to pass the core service Accreditation Standards (including ongoing training). In addition to the initial core training for all direct service staff, twelve hours of ongoing WCSAP-approved sexual assault training are required for all personnel for each fiscal year, beginning after they've completed the first fiscal year of service. See the discussion under Standard P11 for details on how to document training. For information on how to obtain approval for ongoing training not already offered or approved by WCSAP, see [Training Approval & Certification on the WCSAP website.]()

Core services will be monitored on an ongoing basis via OCVA; these Accreditation Standards outline only what is required to pass the accreditation review.

Information, Referral and Awareness: The agency/program must respond to direct requests for information or assistance related to sexual abuse/assault and conduct community awareness activities related to sexual abuse/assault.

Evidence of compliance (required level of compliance: A)

1) Documentation of the number of calls/contacts per reporting period.

2) Staffing schedule that demonstrates information and referral service is available 24-hours a day.

3) Personnel records indicate compliance with training and supervision qualifications as described in the Information, Referral and Awareness Service Standard.

4) **Written** description of a systematic process for updating community resource list. Documentation that community resource list has been updated within the past six months.

5) Evidence that the agency is disseminating information about sexual abuse/assault (i.e. brochures, speaker's bureau, PSAs, press releases, media kits and community events).

6) Evidence that the agency is reaching out to diverse populations.

Discussion and Suggestions

CSAPs are required to provide information and referral services regarding sexual assault. To make sure the CSAP provides and documents this service as defined in the Core Service Standards, accreditation will check:

- the number of calls/contacts per reporting period;
- the staffing schedule demonstrating 24-hour per day availability of the service,
- that personnel providing this service meet the qualifications outlined in the service standard, and

- that the community resource list is up-to-date.

The Office of Crime Victims Advocacy has now stated (in an email dated 8/31/11) that "InfoNet reports can serve as documentation of Evidence of Compliance #1 for CS1 and CS2 (documentation of calls/contacts)."

Accreditation does not outline how to document staffing structure and schedules. Instead, each CSAP can write up a description of how they ensure 24-hour information and referral coverage.

Personnel providing this service must receive the 30-hour core training, must be supervised by a qualified supervisor, and maintain ongoing training hours. (See Appendix for Training Logs.)

Because providing information and referral services often requires the CSAP personnel to refer clients to local resources, accreditation requires that those contacts be-up-to date (within the past 6 months). Accreditation requires each CSAP to describe its process for updating the list. It is best practice to have a method for documenting the date of update.

A critical element in meeting this Standard is demonstrating that the information and awareness activities and materials prepared by the CSAP provide information and awareness about the roots of sexual violence, not just about the agency's programs and services. In addition, outreach to diverse populations must be documented. The Service Standards identify these eligible activities:

- Outreach to underserved communities
- Community education events
- Public speaking/presentations
- Distribution of materials
- In-service training to staff and volunteers (this may also serve to support CS 6 – System Coordination)

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.

This standard includes evidence that you are reaching out to diverse populations. According to the Accreditation Standards, evidence examined may include items such as staff meeting minutes, documentation of outreach attempts, documentation of informational presentations, outcome-based evaluations from presentations, samples of printed materials distributed, and interviews with staff, supervisors, or community members. Once again, save and print emails or notes on phone contacts that support your outreach to underserved communities, whether or not your attempts were successful.

Emails and letters giving you permission to set up a table at an event or to give a presentation at a school are valuable evidence. Posters and PowerPoint presentations are also appropriate documentation.

Gather this information on an ongoing basis so that staff turnover or poor record-keeping don't interfere with the CSAP receiving credit for work done.

If you have information available on your website or through social networking sites such as Facebook, be sure to identify those resources in your accreditation preparation materials. Since the accreditors most likely will not have time to check out those sources, you may wish to create a brief summary of what information and awareness materials you distribute electronically. You may also create screenshots of web materials.

It would be helpful to indicate on your "cover sheet" for this section of accreditation preparation materials to include a chart of community education efforts, including a listing of the people served, the materials developed or displayed, and the purpose of the activity.

For this standard, the accreditors will review:

- ☐ Documentation of calls/contacts (InfoNet reports)

- ☐ Personnel records

- ☐ Staffing schedules

- ☐ Resource list and update schedule

- ☐ Staff meeting minutes (as provided and highlighted)

- ☐ Documentation of outreach attempts

- ☐ Documentation of informational presentations

- ☐ Evaluations from presentations

- ☐ Samples of printed materials distributed

- ☐ Interviews with participants such as staff and supervisors

Note: This standard was revised August 2011 to include some of the provisions of CS8, which was eliminated. The CS1 Service Standard was also updated, and should be reviewed carefully.

CS2: CRISIS INTERVENTION

Crisis Intervention: The agency must provide an immediately available personal response to an individual presenting a crisis related to sexual abuse/assault.

Evidence of compliance (required level of compliance: A)

1) Documentation of number of contacts/calls per reporting period.

2) Record of staffing schedule and a call placed to the crisis number by an accreditor demonstrate Crisis Intervention service is available 24 hours each day, and is immediately available.*

3) Personnel records indicate compliance with the training and supervision qualifications as described in the Crisis Intervention Service Standard.

*Immediately available means that the interval between a client phone call and a response from a trained advocate is no longer than 20 minutes.

Note: The call to the crisis number should be placed within one month, before or after the onsite accreditation review.

Discussion and Suggestions

CSAPs are required to provide crisis intervention services. These services are defined in the Core Service Standards.

To pass the standard, the CSAP must:

- document how many crisis intervention contacts/calls are handled during each reporting period
- have crisis intervention services available 24 hours each day and have no longer than a 20-minute response time
- ensure all personnel providing crisis intervention services are appropriately trained

Note: Similar to the CS1, this Standard requires that the CSAP track crisis intervention contacts. The Office of Crime Victims Advocacy stated (in an email dated 8/31/11) that "InfoNet reports can serve as documentation of Evidence of Compliance #1 for CS1 and CS2 (documentation of calls/contacts." All personnel providing crisis intervention services must have received the 30-hour core training, be supervised by a qualified supervisor, and maintain ongoing training hours.

The CSAP is required to have crisis intervention services available 24 hours each day and can use staffing schedules as evidence. The CSAP must provide an immediately available personal response to an individual presenting a crisis related to sexual abuse/assault, and have no longer than a 20-minute interval between the client phone call and a response from a trained advocate.

Note: These two standards are similar and can be discussed together (and for clarity, prepare each set of evidence separately). These standards reflect core services: medical advocacy (CS3) and legal advocacy (CS4).

Accreditation Standards:
- Medical Advocacy: The agency must act on behalf of and in support of victims of sexual abuse/assault to ensure their interests are represented and their rights upheld.
- Legal Advocacy: The agency must demonstrate the capacity to act on behalf of and in support of victims of sexual abuse/assault to ensure their interests are being represented and their rights upheld.

Evidence of compliance (required level of compliance: A)

1) Documentation of working relationships with the medical and legal communities.

2) A system of recordkeeping/documentation defined by the agency that identifies clients who received medical or legal advocacy and what activities (outlined in the Medical and Legal Advocacy Service Standards) were provided.

3) Personnel records indicate compliance with the training and supervision qualifications as described by the Medical and Legal Advocacy Service Standards.

4) A staffing schedule which demonstrates medical and legal advocacy coverage.

Discussion and Suggestions

There are a couple of tricky areas in these two standards. First, each CSAP is asked to document working relationships with the medical and legal communities. Documentation can vary, but often includes: letters of agreement,

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Memoranda of Understanding, or collaborative grants. This evidence is similar to what is required in Standard AC4 (requiring agency collaboration). Some evidence can be used for both standards. Be sure to include documentation for these standards that specifically references the medical and legal communities.

Second, each CSAP must have a system for recordkeeping that ties individual clients to service activities provided. These activities specifically refer to the section of each core service standard (the service definitions) called "activities." These activities are the different things that CSAP personnel might do during the provision of medical or legal advocacy services. For example, while providing medical advocacy, an advocate might "provide support at medical exams or appointments." To meet the Accreditation Standard, CSAPs must document that the client received "support at medical exam or appointment." In other words, it's not sufficient to only document that the client received medical advocacy; it is critical that the specific activity be tracked. A sample tracking form is included in the section for Standard C5.

All personnel providing these services must be in compliance with the training and supervision requirements.

The CSAP must be able to demonstrate that personnel are available to provide these services on a 24-hour basis.

If a program is using InfoNet client logs to meet this standard, it is important to note that the "activity" drop down menu is optional. However, this information is *required* for accreditation purposes. Agency data reporting procedures should specify that staff must complete this field if this is the method of documentation chosen. Management should audit files regularly to ensure that activities are identified.

Grantees are expected to pull files, make a copy, and redact personally identifying information before presenting them to an accreditor. Files are pulled from the 4 year period of the review.

Two full business days prior to your site visit, the accreditor will email you a list of client file numbers provided by OCVA (approximately 12 files). Prior to your review date, please copy the entire contents of each file and redact all personally identifying information in the copy of the file (such as name and address information). You can simply mark this information out fully with a marker. These files should be made available to the Accreditor at the beginning

of the site visit. If you maintain files at a satellite location, please be sure to plan for someone to copy and redact any files that may be held there, and to bring them to your main location prior to the review time. This redaction process is done to protect survivors' privacy.

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.

Note: for CS3, CS4, and CS5: Primary client ID numbers will be provided by OCVA to the accreditation team.

CS5: GENERAL ADVOCACY

General Advocacy: The agency must provide personal support and assistance in accessing sexual abuse/assault related services.

Evidence of compliance (required level of compliance: A)

1) A system of recordkeeping/documentation defined by the agency that identifies clients who received general advocacy and what activities (outlined in the General Advocacy Service Standard) were provided.

2) Personnel records indicate compliance with the training and supervision qualifications as described by the General Advocacy Service Standard.

3) A staffing schedule which demonstrates general advocacy coverage.

Discussion and Suggestions

Meeting the general advocacy accreditation standard requires similar documentation to what the medical and legal advocacy standards require.

For a detailed discussion about tying individual clients to service activities, please see the explanation for CS3 and CS4. Also, the sample monthly client contact log which follows this section may be personalized for each client (generally by ID number) and used to track advocacy activities.

Client ID:
Case Number:

Client Contact Log

Time spent (in quarter hours)						
Staff Person Responsible - initials						
General Advocacy-GA	Date	Date	Date	Date	Date	Date
1. Ongoing personal support						
2. Outreach calls or visits						
3. Information and referral, case specific						
4. Ongoing crisis intervention						
5. Arranging services						
6. Consulting with others about case						
Legal Advocacy - LA						
1. CVC assistance						
2. Police reporting assistance						
3. Criminal justice system assistance						
4. Civil legal assistance						
5. Court assistance or follow-up						
6. Interview support						
7. Trial Support						
8. Sentencing support						
9. Assist in preparing for court						
10. Informing about victim rights						
11. Active case monitoring						
12. Protection order assistance						
13. Anti-harassment order assistance						
Medical Advocacy – MA						
1. Assist w/ informed medical decision						
2. Referral for forensic exam						
3. Information on medical care/ concerns						
4. Assist with medical follow-up						
5. Support at medical exam						
6. Support at medical appointment						
7. CVC Assistance						
Therapy – T						
Support Group - SG						

CS6: SYSTEM COORDINATION

System Coordination: The agency must demonstrate the capacity to coordinate the service system, which entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision, with the goal of improving service delivery.

Evidence of compliance (required level of compliance: A)

1) Evidence of leadership in at least four of the activities described in the System Coordination Service Standard (such as minutes of meetings, letters of endorsement, and previous grants).

2) Evidence of direct participation by at least five of the potential participants identified in the System Coordination Service Standard.

3) The agency participates (through membership or other evidence of involvement) 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.

Discussion and Suggestions

CSAPs must work to coordinate the service system on behalf of survivors of sexual violence. To that end, they must develop working relationships and agreements (formal and informal) among programs and services within the broader system of care.

To show a CSAP's role in system coordination, the accreditation standard asks for evidence of leadership in at least four of the activities described in the service standard. These activities are:

- Develop partnerships
- Increase collaborations
- Assess gaps in service
- Foster cooperation
- Develop accountability process

- Develop new ways of delivering services

CSAPs can show evidence of **leadership** in four of these activities by presenting meeting minutes, meeting agenda, letters of support, or other documents that show the CSAP in a leadership role.

Similarly, CSAPs must show that they are working with community partners to develop improved systems for survivors. CSAPs must have evidence of direct participation by at least five potential participants identified in the System Coordinator Service Standard over the four-year period (note: not all five participants need to be present at the same meeting). These potential participants are:

- Law Enforcement

- Prosecutors

- Judiciary

- CPS

- Schools

- Social services (private and public)

- Mental health services

- Medical facilities/practitioners

- Emergency services

- Other relevant groups, task forces, networks and individuals

Note: CSAPs can show evidence of **participation** of these groups in meeting minutes, task force/committee rosters, letters of collaboration, or other relevant documentation.

CSAPs must also show that they participate 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 likely engage with local organizations regularly to improve services for survivors. CSAPs can document their membership and/or participation in these groups in minutes and other documents. CSAPs participate in advocacy at the statewide level through their membership in WCSAP and can use their membership certificate as evidence for this standard. Documentation may include such items as proof of educating state and local representatives, training agendas, listserv information, and other indicators of engagement.

Appendix 5 contains a tracking form to make it easier to document your System Coordination activities.

The program should be able to articulate how their System Coordination activities further the goal of improving service delivery for survivors; in other words, what is the specific purpose of these activities?

CS7 - ELIMINATED

CS8 - ELIMINATED

CS9 - ELIMINATED

IN CLOSING

Preparing for accreditation review is a major undertaking, but it can be done! WCSAP sincerely hopes that this toolkit will help to make the preparation process easier to understand and accomplish.

- o **Start early.** No matter how distant the accreditation review for your program may be, there is something constructive you can do right now to prepare.

- o **Take the time** to familiarize yourself with each Accreditation Standard.

- o **Get help.** WCSAP offers technical assistance on all accreditation issues. Do take advantage of this resource by contacting the Program Management Specialist.

- o **Enlist other staff members**. This is not a one-person job. Find staff members whose skills and abilities compliment yours and delegate, delegate, delegate!

- o **Keep a positive outlook.** Instead of looking at the accreditation process as a burden, try to see it as a helpful framework for excellent program management.

APPENDIX 1 – ELECTRONIC DOCUMENTATION OPTIONS

How to Use Electronic Documentation for Your Accreditation Review

1. **Prime Principle: Don't make the Accreditor have to hunt for the information.** Place all relevant documents in a single Accreditation folder, and then create subfolders for each accreditation standard.

2. **Create a cover page** (either hard copy or within each standard's sub -folder) to give an overview of your evidence, indicate what documentation you are providing, and offer any navigation tips to make finding the materials easier.

3. As you would do with paper documents, **highlight or otherwise flag the portions of supporting documents that are relevant to the particular standard.** Use electronic bookmarks with links so that it is possible to jump directly to the relevant portion of a larger document (such as personnel policies).

4. **Save all accreditation documentation on a jump drive** (flash drive) for use by the accreditor. Ask if they prefer to use of one of your agency's computers, along with the jump drive.

5. In addition, **be sure that you have more than one backup in secure locations**, and that the backups are updated each time you (or anyone else in your program) make a change. For example, you might have a copy on your hard drive, a copy uploaded to a server or to something similar to Drop Box, and the jump drive. Of course, any sensitive material should be protected, but accreditation documentation generally will not contain confidential information.

6. **Personnel files or client files** that need to be examined by the Accreditor should still be maintained under lock and key, with references to their location in the cover pages for the appropriate standards. Appendix 6 contains a sample form of required personnel file tabs.

7. **Be sure that all supporting documents are clearly labeled and are dated.** Be sure to indicate clearly what is the current version of any document that has changed during the accreditation period.

8. **You may certainly have a mixture of hard copy documentation and electronic documentation.** This can help prevent the need to copy certain documents multiple times as evidence for several standards. It is critical that your cover page for each standard indicates where each piece of evidence of compliance may be found. Use of InfoNet reports is acceptable; use the parameters to clearly indicate the specific information you are trying to show.

APPENDIX 2 – ANNUAL AND ONGOING CHECKLISTS

These lists can be used to identify tasks necessary for accreditation documentation, to delegate tasks to staff members, and to ensure that tasks are not overlooked during leadership or other staff transitions.

Annual Accreditation Tasks Fiscal Year_____

Standard	Task	Staff Member Responsible	Date Assigned	Date Due
AGA 3	Completion of annual Board training & training plan			
AC1	Progress on/update cultural competency plan			
AC3	Annual review of barriers to service			
FE1	Safety inspections are up-to-date			
FM1	Budget approval			
FM4	Update fundraising plan			
FM5	Annual report			
FM5	Audit			
P2	Annual review of job descriptions			
P4	Progress documented/update diversity plan			
P5	Assure compliance with any changes in employer/employee regulations and contracts			
P7	Annual evaluation of salary/benefit schedule			
P12	Update background checks (every two years)			
P15	Performance evaluations for personnel			
QA2	Long-term planning (not necessarily annual)			
CS1	Update community resource list (every six months)			
CS ALL	All service standards are met			

Ongoing Accreditation Tasks – Fiscal Year_____

Standard	Task	Staff Member Responsible	Date Assigned	Date Final Documentation or Check Due
AGA3	Board orientation, manual distribution, and training			
AC1	Progress toward cultural competency plan documented			
AC4	Dissemination of agency materials			
AC4	Collection of interagency efforts (minutes and agreements)			
CIC2	Documenting clients receive policy info.			
FE3	Staff & volunteers oriented to safety & security plans; plans posted			
P3	Personnel policies are up-to-date and distributed to applicable personnel.			
P11	Ongoing training for staff/volunteers			
P13	Personnel orientations			
QA1	Collection of data for planning and evaluation purposes			
CS ALL	Ongoing training for direct service and supervisory staff.			
CS3 & CS4	Collection of evidence of working relationships with medical and legal communities.			
CS6	Evidence of leadership in 4 activities with 5 potential participants (systems coordination).			

APPENDIX 3 – CHECKLISTS FOR REQUIRED PLANS, POLICIES, AND PROCEDURES

Plans Needed for Accreditation Fiscal Year _____

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

Standard	Plan	Specific objectives	Staff Member Responsible	Date Assigned	Date Final Check Due
AGA3	Annual board training plan				
AC1	Cultural competency				
AC3	Identification of access barriers and steps to address barriers				
FE3	Personnel and client safety & security				
FM1	Current budget for agency				
FM4	Contingency plan for continuation of Core Services				
FM5	Plan to address any concerns raised by audit or financial review				
P4	Plan with timeline for achieving diversity objectives				
QA1	Use of data to plan for needed services & effectiveness eval.				
QA2	Short- and long-term agency plans				

Policies Needed for Accreditation Fiscal Year_____

All policy changes must be approved by the Board and date of change should be noted clearly.

Standard	Policy	Policy is changed? Yes or No	Staff Member Responsible	Date Assigned	Date Final Check Due
AGA5	Conflict of interest				
AGA6	Referrals, transfer of cases, private practices				
AC2	Nondiscrimination in services				
AC3	Access for clients who do not speak English				
CIC1	Confidentiality, written consent, and other client issues				
FE3	Use of vehicles to transport clients				
FM5	New hires, terminations, rates of pay, deductions				
FM5	Review and approval of payroll and time/overtime records				
P2	Annual review of job descriptions				
P3	Personnel policies for staff, volunteers, agency, directors				
P4	Agency reflection of community diversity				
P5	Nondiscriminatory employment practices				
P15	Performance evaluation for personnel				
P16	Access to personnel files by staff				

Procedures Needed for Accreditation Fiscal Year _____

Standard	Procedure	Procedure changed? Yes or No	Staff Member Responsible	Date Assigned	Date Final Check Due
AG1	Board – selection of members, terms, officer elections				
AG1	Board – organizational structure and responsibilities				
AG1	Written description of various responsibilities				
AC3	Access for clients who do not speak English				
CIC1	Confidentiality, informed consent, and other client issues				
CIC2	Documentation that client information is given				
CIC3	Security, maintenance, and access of client records				
FE1	Health, fire, safety info properly accessible & maintained				
P3	Personnel procedures; participation in review of policies				
P5	Process for compliance with employment regulations/contracts				
P14	Description of supervision practices				

P15	**Performance evaluation for personnel**				
P16	**Personnel records; staff review, addition and correction**				
QA1	**Collection and utilization of data**				
QA2	**Agency planning and evaluation processes**				
CS1	**Updating community resource list**				
CS3,4,5	**System of specific advocacy documentation**				

APPENDIX 4 – SAMPLE COVER SHEET

It is recommended that you add a cover sheet to the folder or binder section for each Standard. The cover sheet should include the Accreditation Standard itself, and should specify where the evidence of compliance is located, if it is not in the folder itself. You can also use the cover sheet to explain the significance of the evidence you are presenting.

SAMPLE COVER SHEET FOR ACCREDITATION STANDARD FOLDER

STANDARD P2

The agency has written job descriptions which clearly state qualifications and responsibilities for each position or group of positions and has a plan for annual review. Each employee and volunteer receives a copy of her/his job description at the time of hiring and any time changes are made. Required Level of Compliance: A

Evidence of Compliance

1. **Written job descriptions. Evidence that each employee and volunteer has received a copy of her/his job description.**
   Job descriptions for each position are in this folder and in each employee's and volunteer's personnel file. Job descriptions in personnel files are signed and dated to indicate receipt.

2. **A copy is in each employee's and volunteer's personnel file.**
   See individual personnel files.

3. **Written policy for annual review of job descriptions.**
   See policy on annual review of job descriptions in this folder. [Or, alternatively, see Policy Manual p. 42, tab P2. (Policy manual should then be provided to the accreditor.)]

Note: The underlined statements are samples of what a CSAP might add to the cover sheet to make it absolutely clear what the evidence of compliance consists of, and where it may be found. The other text is from the standard itself.

APPENDIX 5 – SYSTEM COORDINATION TRACKING FORM

Core Standard CS6: System Coordination, states:

The agency must demonstrate the capacity to coordinate the service system, which entails the development of working relationships and agreements (formal and informal) among programs and services with a role in the array of sexual abuse/assault service provision, with the goal of improving service delivery.

To simplify the collection of documentation for activities performed under this standard; this form will help you to organize the appropriate evidence. Use a separate form for each project or task conducted to improve service delivery.

Name of Project or Task and Brief Description:

_____

_____

Date Started_____Ongoing? _____ If not, Date Finished_____

Evidence of leadership by the CSAP. Leadership could include initiating the task or activity, being in a formal leadership role, participating in a collaborative leadership role, contributing significantly to an ongoing project, serving as a partner in a grant or grant application, convening a conversation, developing a multidisciplinary training, or sharing resources with project partners, among other activities. Attach all available documentation to this form:

- ☐ Meeting Minutes
- ☐ Meeting Agenda
- ☐ Letters of Support
- ☐ Emails Initiating the Activity
- ☐ Agency Strategic Plan
- ☐ Other Documentation
  - o Specify:_____
  - o _____

What eligible activities were conducted (provide a brief description)? At least four activities should be named.

- ☐ Develop partnerships

  _____

- ☐ Increase collaboration

  _____

- ☐ Assess gaps in service

  _____

- ☐ Foster cooperation

  _____

- ☐ Develop accountability process

  _____

- ☐ Develop new ways of delivering services

  _____

Who were the participants in this process? Check their role and specify who was involved. At least five participants should be named.

- ☐ Law enforcement

  _____

- ☐ Prosecutors

  _____

- ☐ Judiciary

  _____

- ☐ Child Protective Services

  _____

- ☐ Schools

  _____

- ☐ Social services (private and public)

  _____

- ☐ Mental health services

  _____

- ☐ Medical facilities/practitioners

  _____

- ☐ Emergency services

  _____

- ☐ Other relevant groups, task forces, network and individuals

  _____

Attach documentation of participation by the people and entities above. This documentation may include:

- ☐ Meeting Minutes
- ☐ Task Force or Committee Rosters
- ☐ Letters of Collaboration
- ☐ Memoranda of Understanding
- ☐ Grant Applications
- ☐ Protocols

- ☐ Interagency Agreements
- ☐ Other Relevant Documentation
    - o Specify:_____

The last part of the System Coordination standard states:

The agency participates (through membership or other evidence of involvement) 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.

Identify the local, statewide and/or national groups in which you participate:

_____

_____

_____

_____

Attach any of the following forms of evidence of participation:
- ☐ Membership certificates
- ☐ Meeting minutes
- ☐ Proof of Lobby Day participation
- ☐ Training agendas
- ☐ Listserv information
- ☐ Other indicators of engagement

Remember, the overall goal of this standard is to create lasting changes in service delivery for the benefit of survivors, changes that will be maintained even if particular individuals are no longer involved in providing services.

APPENDIX 6

Items in Personnel Files to be Tabbed for Accreditation Review

You can use tabs or post-it notes that have the title of the item on them, and tab each item in the personnel file of all staff and any volunteers who have provided direct SA services or supervision of direct services in the past 4 years. Tab the background check from the time of hire, and then those from the last 4 years.

Done?	Standard	Item to be Tabbed
	FE3	**LIC INS** - License & insurance for those who transport clients, as required by policy.
	FM5	**WRIT DOC -** Written documentation of new hire, termination, rates of pay & deductions.
	P2 & P11 & P16	**JOB DESC** - Written job description & evidence of receipt (usually a signature). Tab the signature page.
	P3	**POLICY RCT -** Written evidence of receipt of applicable personnel policies/procedures. Tab the signature page.
	P10	**MGMT** - Management staff qualification documentation, according to standard, including annual management training.
	P11 & P16	**APP/RESUME** - Application or resume indicating qualifications for position.
	P12	**BCK CHECK** - Written evidence of background check at time of hire and at least every 2 years thereafter for all direct service staff and volunteers.
	P13	**ORIENT** - Sign-off sheet for specific agenda items for orientation.

	P15 & P16	**PERF EVAL** - Annual performance evaluation, signed and with space for employee comments. Tab signature page on evals for the past two years.
	P16	**PERF DOC -** All documentation relating to performance (see standard).
	Core	**CORE -** Documentation of completion of Core Training
	Core	**ANN TRAINING -** Documentation of at least 12 hours of ongoing sexual assault training approved by WCSAP annually; these hours should be clearly identified as SA training (so they can be distinguished from other types of training) and annual totals should be easy to find.

Please tab the following items for members of the Board of Directors for the past four years.

Done?	Standard	Item to be Tabbed
	AGA3	**ORIENT** - Completion of Board Orientation
	AGA3	**MANUAL -** Acknowledgement of receipt of Board Manual
	AGA3	**TRAINING** - Documentation of attendance at annual Board Training(s)
	P3	**POLICY RCT -** Written evidence of receipt of applicable personnel policies/procedures

APPENDIX 7

<u>**Community Sexual Assault Accreditation Preparation**</u>
<u>**And Site Visit Schedule**</u>

Revised June 2016

Letter from the Accreditor
PREPARING FOR THE REVIEW

As has been the practice in the past few years, you are not required to send any documentation materials in advance of your review. I do ask for two administrative items to be sent to me **no later than two weeks prior to your review date**:

- A list of all SA program staff members and volunteers providing direct SA services (including crisis line coverage) or SA supervision in the four years preceding your review date. Please include the employment start date and termination date (if they have left) for each person.
- A list of all members of your Board of Directors (if you have one) or Advisory Board for the four years preceding your review date.

If you are able to send these lists in the format of an Excel spreadsheet, that would be very helpful, but this is not required.

At the time of the site visit, you must have all the required evidence for **each item** in **each standard** readily available and **clearly identified**. If there are subsections for a standard, please mark the evidence of compliance with the subsection number, for example: **AGA2 #1, AGA2 #2, AGA2 #3,** etc. This is also a helpful way for you to be sure no items have been overlooked.

In order to expedite the review, there are a few things we ask you to prepare for the site visit:

- **Client files:** Two full business days prior to your site visit, I will email you a list of client file numbers provided by OCVA (approximately 12 files). Prior to your review date, please copy the entire contents of each file and redact all personally identifying information in the copy of the file (such as name and address information). You can simply mark this information out fully with a marker. If there are client signatures on any forms, please retain a fragment of the signature so I can see that it was signed. These files should be made available at the beginning of the site visit. If you maintain files at a satellite location, please plan for someone to copy and redact any files that

may be held there, and to bring them to your main location prior to the review time. This redaction process is done to protect survivors' privacy.

- **Personnel records:** I will need to review personnel records for all staff and volunteers who have provided Core services (or supervision of those services) in the four years prior to the accreditation review. There is a separate document detailing how to prepare the personnel records for the review. This is an extremely time-consuming part of the site visit, so I do ask that, just before the site visit, you tab the items I need to look at. I strongly recommend that you do your own detailed preliminary review of the personnel records to ensure that all required items are included. Please check that it is easy to find documentation of each person's Core Training and 12 annual hours of WCSAP-approved sexual assault training to expedite this process.
- **Board information:** For the Board of Directors or Advisory Board, I will be reviewing documentation of individual information such as receipt of the Board manual, completion of orientation, and completion of Annual Board Training as indicated in the Board Training Plan.
- **Board interview:** Please schedule your Board member(s) to be available on the first day of the site visit, preferably in the afternoon. Please communicate with me if this scheduling poses a problem.
- **Staff interview:** Please have staff (as described below) scheduled to be available on the afternoon of the first site review day or the morning of the second day, if possible. I will be flexible and work around agency needs, but this is optimal.

FOR THE ON-SITE REVIEW

The CSAP Accreditation Review is divided into four parts:

1. **An on-site review** of materials prepared by the organization and immediately available for examination by the reviewer.
2. **Interviews** with the Executive Director and Program Manager; in addition, at least one representative of staff responsible for general Core services and a representative of the Board of Directors or Advisory Board should be available for interview. Depending on the agency's structure, the Executive Director and/or the Program Manager should be available throughout the site visit.
3. **A test of the applicant's crisis response time** in accordance with the CS2 standard (this occurs within the month prior to the site visit).
4. **Opportunity for the applicant agency to submit additional materials** no later than 30 days following the site visit, in order to correct any deficiencies that have been identified in 1) and/or 2), above.

Schedule for On-Site Review

DAY ONE - Begins at the agreed-upon time (generally 9 am)

- **Meeting with key personnel to provide an overview of the site visit.**

- **Documentation review for each Accreditation Standard.** Evidence of Compliance for each standard should be presented in an organized fashion. Materials should be clearly identified. Documentation should be available for the four years prior to the accreditation review date.

- **Interviews with the Executive Director and/or the Sexual Assault Program Manager.** In addition, the Executive Director or Program Manager is expected to be available for ongoing questions, clarification of information provided, and requests for additional documentation throughout the review process.

- **Interviews on an as-needed basis:**
  - Core service providers (prefer afternoon of first day or morning of second day)
  - Key Board member available for phone consult or in-person interview (prefer afternoon of first day)

- **Review of personnel records and Board of Director files:** The Accreditor will be reviewing records for all staff and volunteers who provide Core services and anyone who supervises a staff or volunteer providing Core services. Records for members of the Board of Directors or Advisory Board will also be reviewed. (See Personnel File Preparation procedure, attached.)

- **Review of client records:** Two business days prior to the review date, the Accreditor will provide a list of randomly selected client records to be pulled. Before the review, program staff should copy the records in their entirety and redact identifying client information. The redacted copies are to be provided to the Accreditor.

DAY TWO (plan to be available throughout the day)

- **Accreditor completes any of the Day One items that remain unfinished**
- **Accreditor completes paperwork**
- **Exit interview**

NOTE: Sometime within the 30 days prior to your site visit, the Accreditor will make a call to your crisis line, in accordance with standard CS2. This call will:

- test your agency's response time to crisis calls, and
- verify that the response is by a trained advocate.

Personnel records will be reviewed for compliance with all training requirements.