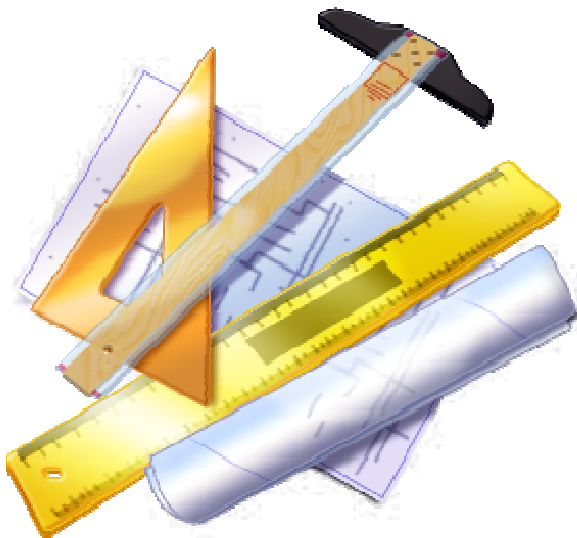


Accreditation Toolkit

A Guide for Community Sexual
Assault Programs
in Washington State



Washington Coalition of Sexual Assault Programs



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 Arledge, Jeanne McCurley, and Jennifer Y. Levy-Peck. Kelly O'Connell of the Sexual Violence Law Center also provided assistance. We appreciate the feedback of professionals involved in the accreditation process, including those from the Office of Crime Victims Advocacy (OCVA) and Northwest Resource Associates.

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.

Why Do We Have Accreditation?

Washington State is a national leader in the field of sexual violence. 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 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 ensure that every program providing these services would be qualified to do so and to ensure that every program would have the management capacity to operate with government funding, the group proposed and later crafted an ongoing accreditation process.

The accreditation process and standards emerged from the field of sexual assault service providers in Washington State. Accreditation is a system that helps to ensure that every program has the mechanisms in place to run the state sexual assault funding contracts 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 strive to guarantee that everyone providing services to survivors is trained and qualified to do so, 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. In fact, many standards require that each agency have a policy to address a specific subject, but do not outline what that policy should be. 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 Community, Trade and Economic Development (CTED). 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 Community Sexual Assault Programs.

The Accreditors (Northwest Resource Associates) – The accreditors are outside contractors 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. They conduct site visits on a scheduled basis (usually once every four years) and examine 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
- Agency in the Community
- Client Information and Confidentiality
- Facilities and Equipment
- Financial Management
- Personnel
- Quality Assurance
- Core Services

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

- A Standards,
- B Standards, and
- Core Standards.

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.

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

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. (*Information on scoring was taken from the accreditation score sheets.*)

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 therein. The Accreditation Standards include benchmarks for core services (the core service Accreditation Standards) as well.

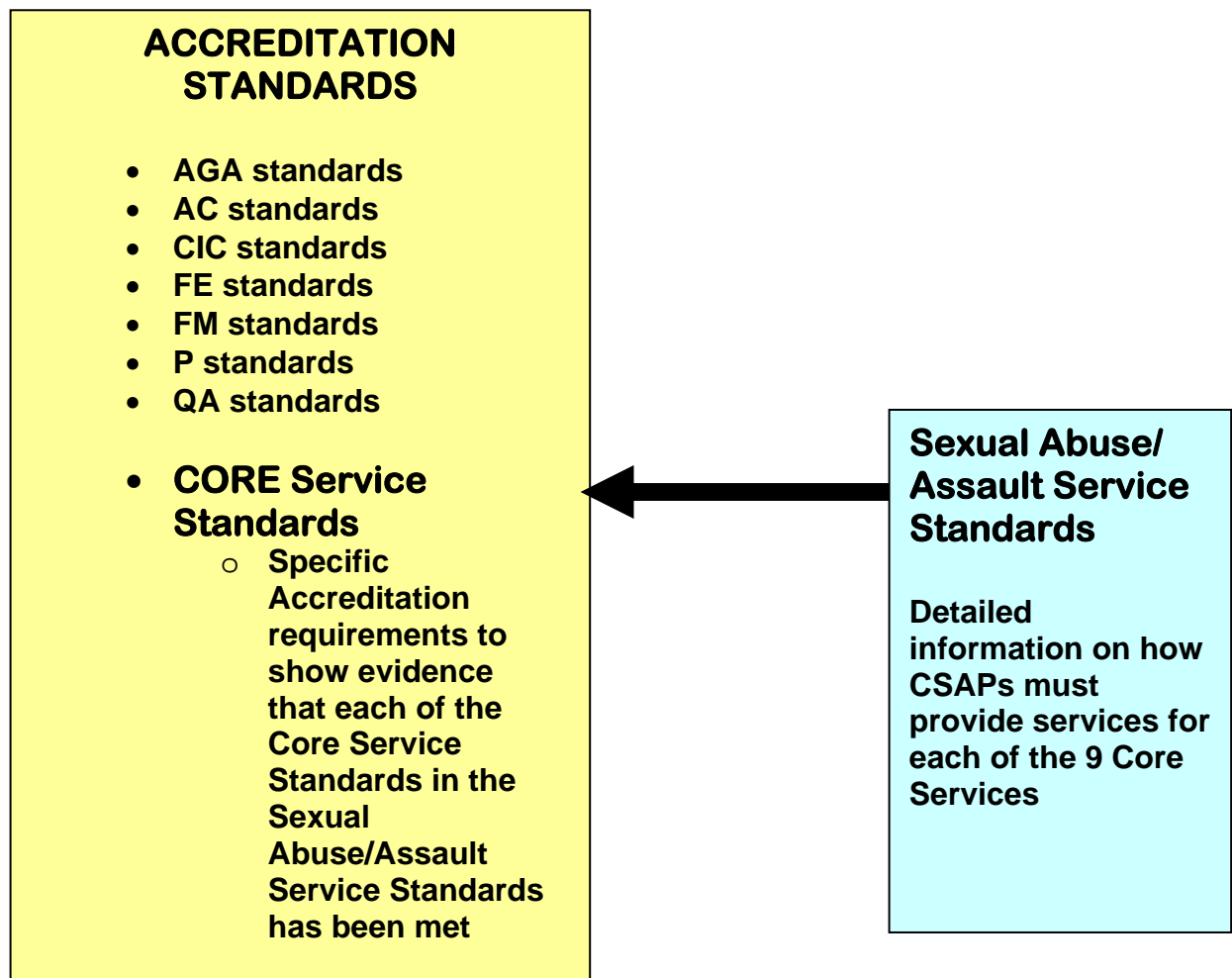
The core and specialized *service standards*, however, are a different matter. The service standards outline the definitions of each core and specialized sexual assault service. These standards outline:

- 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.

The core service Accreditation Standards make reference to the service standards. Please be aware of the differences between these two documents and use them both in your program development and accreditation preparation.

RELATIONSHIP OF ACCREDITATION STANDARDS TO SEXUAL ABUSE/ASSAULT SERVICE STANDARDS



Where Do You Start?

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

However, CSAPs are busy places with high rates of staff turnover, which can make it difficult for programs to maintain a consistent paperwork filing system. New program staff will have an easier time stepping into an office with a current full-accreditation status and files filled with well-labeled accreditation files. If that's the case, staff members will be able to continue to accumulate accreditation evidence without having to develop a brand-new system.

We're not always so lucky; sometimes new staff who are finding their way with accreditation don't have access to prior files or even the old score sheets from past accreditation reviews. If that's the case, all hope is not lost. Instead, staff need to start at the very beginning and build a new accreditation filing system.

Key Questions to Ask:

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)?
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 anyone on staff experienced with any part of the accreditation process?

These key questions can alert new staff to how the CSAP fared in its last accreditation process and what resources might currently exist to assist in preparing for the next review. *If answers to questions 2 and 3 are not found within the CSAP, call your contract manager at OCVA.*

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, fax, mail, and in person. WCSAP has tools, checklists, and sample materials to help guide individual program's 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

In the swirl of paperwork that surrounds accreditation preparation, it's easy to think of accreditation as a distraction from doing direct client work. However, 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 holistic survivor services that meet a diverse population's needs, which is evident throughout the standards.

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. Most CSAPs provide services to family members and others who are close to those who have experienced sexual victimization. Sometimes referred to as "secondary victims," parents 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 his or her own sexual victimization or that of a family member, partner, or other individual within a close relationship (such as a foster child).

Building sound programs breeds quality services. Creating organizations with sound policies, procedures, 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.

Accreditation's emphasis on developing client-oriented policies strives to ensure that survivors receive services that will protect their safety and security. Likewise, accreditation's emphasis on supportive and sound personnel management helps ensure that staff are well-prepared to serve clients and have the support they need to reduce turn-over in their jobs. 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 might meet 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 should also be used in conjunction with the core 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 core 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.

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 "Management," in trainings and email tips offered by WCSAP and other nonprofit management resources, online, and in other written materials. Don't forget your sister programs and the communication opportunities afforded via [PartnerNet](#). It's 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). As long as you maintain consistency and meet the minimum requirements for accreditation, you should be on firm ground.

The accreditors evaluate 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.

Policies, Plans and Procedures

The Accreditation Standards request a variety of items as “Evidence of Compliance,” and 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 accounting ledgers. Several standards specifically state that a policy, procedure, or plan is needed. It is important to understand these terms clearly and to ensure that each requested item is available for the reviewers, filed under the appropriate Standard.

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, 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

Procedures are “the specific methods employed to express policies in action in day-to-day operations of the organization” (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 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.

In some cases, policies are required but no procedure is specifically mentioned in the Standard. It is generally a good idea to develop procedures for complying with each policy or other requirement outlined in the Standards, so that there is a method for ensuring consistency.

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, and as common sense dictates
- Be reviewed and revised as needed to meet the agency’s changing needs and conditions (again, ensure that any changes maintain consistency with policy or 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
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
FM3	Internal accounting controls, documentation of staff time
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

Plans

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.

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, if 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.

Many agencies have developed strategic plans, which often identify key objectives to be met over a specific time period, such as a year. Those strategic plans and the evidence of progress toward objectives may be very valuable in providing evidence of compliance with a number of Accreditation Standards, even those that don't specifically mention the need for a plan. For example, Core Standard 6 (System Coordination) requires a variety of activities to develop working partnerships with other community programs and services that address the needs of the CSAP's clients. A strong strategic plan that outlines leadership activities toward this goal would be a useful item to demonstrate compliance with this Standard.

Plans should:

- Include specific objectives and the tasks necessary to accomplish those objectives
- 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

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
FM2	Plan to address any concerns raised by audit or financial review
FM4	Contingency plan for continuation of Core Services
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
CS6	Plans for system coordination activities
CS7	Community development 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.

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).

Start making lists.

You'll make many, many lists while preparing for accreditation. Track what standards need more documentation and what you intend to accomplish first. Go slowly, and start with policies and move to practices as you solidify (and approve) policies. Make lists of short and long-term needs.

Emphasize service provision.

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

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, over the course of a two-day site visit. At the conclusion of the visit, the accreditors 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.
- ☑ **Explain your thinking.** The accreditors review what you give them, and they do very little interpretation to figure why you've included a certain piece of evidence. Instead, *develop a cover page for each accreditation standard* in which you explain why you've included each piece of evidence and how in total those show that you meet the standard and the evidence required.
- ☑ **Redundancy is ok.** 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 copy the specific pages of your policies each time you need to show them. It's better to copy them over and over than to neglect a piece of evidence.
- ☑ **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 tape flag the page in order to ensure that the accreditors see exactly what you intend to use as evidence.

Remember that accreditation covers functions that are related to sexual assault contract programs *only*. Staff that do not provide or supervise sexual assault services (and are therefore not covered on agency sexual assault contracts) are not included in accreditation. Similarly, program policies and practices that are not related to sexual assault services 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 a flair 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, he or she 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 don't get overlooked.

Program managers can obtain much more useful assistance 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 normally happen every four years (unless a program is on provisional status), and the accreditors may wish to review evidence for each standard for the past four years. However, the focus is ordinarily on the two years prior to review. Many programs set up their files or notebooks for the accreditors with the past two years' materials, but make sure that other materials dating back to the last review date are available, should the accreditors wish to see them. Other programs choose to include all the evidence from the past four years. In this case, they should be careful to place the most recent information at the front of the file or notebook section for each standard. The accreditors should be able to readily determine the current practices of the agency.

Differentiating Standards Related to Diversity Issues

Differences between the Cultural Competency (AC1), Nondiscrimination (AC2, P5), Barriers to Service (AC3), and Diversity (P4) Standards

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

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, 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
- ✓ 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 <i>(cultural competence)</i> AC3 <i>(access to services)</i>	P4 <i>(personnel to be representative of community)</i> P5 <i>(written description of fair employment practices)</i>
Policy	AC2 <i>(nondiscrimination in serving clients)</i> AC3 <i>(access to services)</i>	P4 <i>(personnel to be representative of community)</i> P5 <i>(written description of fair employment practices)</i>

Certainly, 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. Some CSAPs use one document to meet several standards at once, which can work if the CSAP is very clear about how the standards intersect and compliment each other.

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.

While nothing takes the place of well-planned processes (and utilization of those processes), an annual spot-check of each CSAP's accreditation documentation can help prevent gaps in record-keeping.

To help CSAPs check their accreditation files, 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.



Hint 1: Some program managers keep an “inbox” in their office and ask staff who are interacting with agencies and non-client individuals in the community to deposit copies of meeting agendas, program flyers, action plans, or any other appropriate documentation that may be useful in demonstrating collaborative efforts. Staff members are instructed to develop the habit of providing this information to the program manager on an ongoing basis, so that items don't get lost or forgotten.



Hint 2: Take the time to orient all staff that provide sexual assault services or administrative support services to the accreditation process. Explain the Service Standards and the Accreditation Standards to them. When people understand what evidence is necessary, and why it is necessary, they are much more likely to be helpful in compiling the information as a routine part of their jobs.



Hint 3: You may be a visionary leader, but not a “detail person.” While the Executive Director or Program Manager has ultimate responsibility for the accreditation preparation process, this is not a one-person job. You may have a staff person (or, if you are very lucky, several staff people) who thrives on detail work and can assist with the organization of documents on a regular basis.

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	
FM2	Annual report	
FM2	Audit	
FM4	Update fundraising plan	
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 CHECKLIST

Standard	Requirement	Who is responsible?
AGA3	Board orientation, manual distribution, and training	
AC1	Progress toward cultural competency plan	
AC4	Dissemination of agency materials	
AC4	Collection of interagency efforts (minutes and agreements)	
AC5	Collection of materials documenting agency advocating for social change.	
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

AGA 1

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.

AGA 2

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, fund-raising, 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 highlighted 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).

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. He/she 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. He/she shall be responsible for executing plans and policies officially adopted by the Board and for coordinating the various interests of the Corporation. He/she 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. He/she 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, he/she shall hire and supervise all paid staff. He/she 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 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 disk, 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.

TEMPLATE

Anywhere Community Sexual Assault Program

Board Meeting Minutes

Location

January 15, 200X

Time of Meeting

Attendees:

Absent:

Old Business:

- 1.
- 2.
- 3.

Action Taken:

- 1.
- 2.
- 3.

New Business:

- 1.
- 2.
- 3.

Action Taken:

- 1.
- 2.
- 3.

Committee Reports:

Finance:

Personnel:

Fundraising:

Executive:

Nominating:

Announcements:

AGA Standards

AGA 3

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: Some agencies use a sign-in sheet that each Board Member signs, acknowledging the receipt of his/her orientation on the required topics. Some agencies choose to use a [sign-in sheet](#) (with date of orientation and entitled "Board Orientation" on sheet) at orientation, attached to a copy of the agenda, which must include the items covered in requirement #2. See examples in this section.

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 would be: 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.

Many agencies use a [signature form](#), on which Board Members acknowledge in writing that they received a copy of the manual. An example of a signature form

is included in this section, as well as a [form](#) combining acknowledgement of receipt of the manual with confirmation of orientation.

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. Some Boards choose to have brief monthly trainings, while others have quarterly or annual trainings. CSAPs must have some ongoing trainings for Boards, on topics of their own choosing and at a frequency that they determine for themselves, and must document member attendance at these trainings, usually on a sign-in sheet or on copies of the minutes taken at these trainings.

TEMPLATE

Anywhere Community Sexual Assault Program
Board Orientation
January 15, 200X
X - Y pm
Location

Agenda

I. Welcome & Introductions
(X minutes)

Introduction to our Community Sexual Assault Program
(Y minutes)
Review of mission statement
Agency structure
Agency goals & objectives
Programs – Core Services
Method of Operation
Finances

About Sexual Violence
(Z minutes)

Dynamics of sexual abuse/assault
Relevant community resources (could provide Board with the community
resource manual)
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.]

TEMPLATE

Anywhere Community Sexual Assault Program

Board Orientation Attendance Sheet

January 15, 200X

X - Y pm

Location

Sign-In Sheet

Print Name

Sign Name

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

SAMPLE

Anywhere Community Sexual Assault Program

Confirmation of Receipt of Board Manual

I acknowledge that I received a copy of my Board Manual on:

Date

Board Member Signature

TEMPLATE

Anywhere Community Sexual Assault Program

Confirmation of Receipt of Board Orientation and Manual

I acknowledge that my 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).

Board Member Signature

AGA Standards

Note: There is no Standard AGA 4.

AGA 5

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. Toward this end 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, 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 or staff 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. To that end, every 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: A frequently-overlooked aspect of this standard is the requirement 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.

AGA Standards

AGA 6

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.

For example:

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.

Written policy 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.

Written policy 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.

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 Took Kit 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

- Are physically or mentally challenged
- 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.

For example:

Objective: To increase cultural competency in serving [population]			
Task	Target Date	Responsible Staff	Measurement (indicator of success)

TOOL TO GUIDE AC1 DEVELOPMENT

AC1: Cultural Competency

Key Definition: Cultural factors include race, education, ethnicity, language, nationality, religion, gender, sexual orientation, socioeconomic class, ability, age, geographic influence, political affiliation and immigration status.

Step 1: Identify your agency's cultural competency objectives

- 1.
- 2.
- 3.
- 4.
- 5.

Step 2: Create plan for achieving objectives. How will you work to reach your goals? What will you do?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Step 3: How will you gauge and document progress towards objectives?

- 1.
- 2.
- 3.

SAMPLE #1

CSAP Cultural Competency Plan

Goal: To provide culturally competent services.

Objectives:

- 1) To increase our competency to provide culturally appropriate services to the Latino population in our community.
- 2) To increase our competency to provide culturally appropriate services to the Aging population in our community.
- 3) To increase our competency to provide culturally appropriate services to the Adolescent population in our community.
- 4) To increase our competency to provide culturally appropriate services to the Gay/Lesbian/Bisexual/Transgender population in our community.
- 5) To increase our competency to provide culturally appropriate services to the rural population in our community.

Tasks:

- 1) Provide training to all staff and volunteers about culturally competent service delivery.
- 2) Provide in-service trainings on the needs of each population listed above.
- 3) Develop specific materials on healing from sexual violence for each population listed above.
- 4) Distribute above materials to appropriate providers and populations.
- 5) Attend community meetings to network with representatives from the above populations.
- 6) Provide outreach to marginalized populations.
- 7) Partner with service providers who specialize in or work with the above populations.

SAMPLE #2

CSAP Cultural Competency Plan

Ours is a rich and diverse county, and quality services must reflect and appreciate that variety. CSAP staff, volunteers and Board Members will strive to meet that goal. Our CSAP intends to provide culturally competent services, which are sensitive to race, color, creed, age, gender, sexual orientation, culture, ethnicity and disability.

OBJECTIVES:

- 1) Staff will refer to interpreter list and locate an interpreter or translator for non-English speaking clients. AS NEEDED
- 2) Staff are charged with the responsibility in facilitating groups and individual advocacy, to ensure that derogatory or prejudicial remarks are challenged and addressed.
ONGOING
- 3) The program shall provide materials that are culturally diverse, particularly for the needs of our community's diversity.
Materials to be reviewed EVERY SIX MONTHS
- 4) Client demographics will be reviewed to determine if service levels to marginalized populations are proportionate to their representation in the county population.
AT LEAST ANNUALLY
- 5) Potential barriers to service will be identified and addressed.
WEEKLY STAFF MEETINGS-ANNUAL RETREAT
- 6) Efforts will be made to connect the minority client with an advocate of that same group. If that is not possible and this is important to the client, consultation with program manager will be obtained. ONGOING-AS NEEDED
- 7) All CSAP staff, volunteers and Board Members will incorporate cultural competency training into their yearly training plan, based on the individual's needs. ANNUALLY/at time of annual review or anniversary date
- 8) CSAP staff will meet on a regular basis with members of the XXX Tribe to ensure services are adequate and appropriate. This will be done both formally through weekly interactions with community members and other professionals, and formally at the Community Providers meetings.
WEEKLY-EVERY OTHER MONTH (provider meeting)
- 9) The agency shall make efforts to recruit and hire staff who are culturally competent with Native American culture, as 18% of our county is comprised of this demographic.

AC Standards

AC 2:

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)

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 but some have continued to print old policies on some of their materials. Be sure to avoid inconsistency and print the correct policy on all materials.

AC 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, translators, 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,
- translators (or multi-lingual staff) available who speak the languages most commonly found in the service area,
- engaged the AT&T translation service for telephone translation of multiple languages (call 1-800-874-5888 for more information),
- a TTY line for those who are Deaf or hard of hearing, and
- physically accessible facilities.

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. Several CSAPs, upon realizing that services were not reaching all corners of the service area, opened up satellite offices to overcome facility barriers.

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 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.

Of course, 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.

Sometimes programs are actually addressing and working to eliminate barriers, but fail to give themselves credit because they don't conceptualize their efforts in this manner. For example, if lack of child care has been identified as a barrier to women attending support groups, and the program develops a means to provide child care during the group time, this should be documented.

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.

TOOL

Barriers to Services

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).

Step 1: What policies, procedures, and materials do you have currently to ensure appropriate provision of services to clients such as those who don't speak primary language of the agency?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Step 2: Think about your clients. What factors or barriers have made it difficult for them to seek and/or receive your services? Document your annual review of intake and service deliver in minutes, notes, etc.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

Step 3: Now think about potential clients in your community whom you have not yet served. What might make it hard for them to reach you? Why wouldn't they use your crisis line? Why might they not make it to your doorstep?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8

Step 4: What will you do to overcome barriers identified in steps 2 and 3?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Step 5: How will you document your progress to overcome barriers (step 4)?

AC Standards

AC4

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* 2 or 3 to demonstrate evidence of compliance. The agreements can take many different forms – and can include Memoranda of Understanding and Interagency Contracts. CSAPs in areas where agencies interact informally may have excellent working arrangements with other service providers, but may not see the need for establishing formal written agreements. In addition to supporting the accreditation review, these agreements are useful in providing continuity of collaboration as the leadership of various agencies changes over time.

AC Standards

AC5

The agency/program advocates for social change by addressing community conditions which adversely affect sexual abuse/assault victims/survivors and with other organizations working toward the elimination of sexual violence.

Evidence of Compliance (required level of compliance: A)

- 1) Written evidence that shows that the agency provides a mechanism for staff, volunteers, clients and their families to advocate for social change around sexual abuse/assault issues, both within the agency and in the community at large (such as newsletters, proposed legislation, programs from community meetings.)
- 2) Evidence that the agency participates (through membership or other evidence of involvement) in statewide and national groups to improve service for individual clients, identify gaps in service, advocate for needed change, and share training and other resources.

Discussion and Suggestions

This Standard requires that the CSAP provide opportunities through the agency for staff, volunteers, clients, and their families to advocate for change. This is different from the social change/prevention service standard in that it's asking for the CSAP to provide opportunities for its staff and others to participate in broad social change efforts, whereas the prevention service standard requires that the CSAP convene a community process with stakeholders to identify and change social conditions.

Opportunities for CSAPs to include these groups participation in advocacy might include:

- Providing opportunities for them to write articles in newsletters,
- Advocating for legislative or policy changes,
- Participating in community meetings,
- Hosting vigils, marches, or speak-outs,
- Writing letters to the editor of the local paper,

The CSAP must also participate in statewide and national groups to improve service and advocate for change. Statewide and national groups with which CSAPs can participate include:

- Washington Coalition of Sexual Assault Programs and
- The National Alliance to End Sexual Violence.

Certificates of membership or other evidence of membership/participation can be used to provide evidence for this Standard.

CIC Standards

CIC 1

The agency has and follows written policies and procedures governing:

- Informed written consent of client, including minor and vulnerable adult clients, to receive services;
- Subpoenaed records and staff;
- Participation of clients in public appearances or when the agency is using identifiable photographs or videotapes of clients;
- Release of information about clients;
- Mandatory reporting of suspected abuse or neglect of children or vulnerable adults ([RCW 74.34.035](#) and [RCW 26.44.030](#)) and agency documentation of reports;
- How a client accesses his/her file;
- 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 issues. 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 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 the aforementioned 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 leaves 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 Vulnerable Adult Clients:

There are no state laws that govern the age a client must be to consent to his/her 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 therapy 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 vulnerable adult clients), consult the *Confidentiality and Consent Considerations* document on the WCSAP website under “Management.”

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](#)

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, mandatory reporting requirements, and a threat of harm to self or others.

Confidentiality of Rape Crisis Center Records – [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 checklist to assist in developing a procedure to deal with subpoenas, see *Confidentiality and Consent Considerations* on the WCSAP website under “Management.” 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.

SAMPLE POLICY ON RESPONDING TO SUBPOENAS

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.

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 his/her 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.

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*.

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

Policies vary among CSAPs. Some examples:

- 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. The photographs/videotapes also pertain to any public appearances a client may have participated in.
- 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 client.

:

4. Confidentiality of Client Information, Including Access To And Use Of Information About Clients:

To meet this requirement, CSAPs often 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. Since there are so many issues to be addressed, it may be helpful (and more easily digestible for clients and staff!) to separate the agency's overarching confidentiality policy from its policies on recordkeeping of client information.

Part One: General Confidentiality Policy

A checklist to assist in developing an overall confidentiality policy may be found on the WCSAP website in *Confidentiality and Consent Policy Considerations*. The following is a sample Confidentiality Policy. 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.

SAMPLE CONFIDENTIALITY POLICY

All sexual assault services provided by this program are confidential to the fullest extent permitted by law. This program recognizes that providing advocacy and counseling services to those dealing with the trauma of a sexual assault may include the sharing of very personal and private information. All communications between program staff and volunteers and sexual assault survivors are confidential, including the fact that a survivor has sought and/or received services from the program. 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 his or her confidentiality upon informed consent. Informed consent requires a sexual assault advocate/counselor to provide thorough and accurate information about the advantages and disadvantages of disclosing confidential communications.

Besides the disclosure of confidential information with the informed consent of a sexual assault survivor, exceptions to this program's confidentiality policy are:

1. The mandated reporting of abuse or neglect of children or vulnerable adults;
2. Immediate danger that the survivor may harm himself/herself or others;
3. To provide information to the judge if ordered by court subpoena in accordance with the program's Policy on Responding to Subpoenas.

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. Ideally, 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.

SAMPLE CONFIDENTIALITY AGREEMENT

I, _____, agree as a

- STAFF MEMBER
- VOLUNTEER
- STUDENT INTERN

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

I will at times 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 minors or vulnerable adults;
- If the victim/survivor is in danger of committing serious imminent harm to self or others; or
- To my supervisor or other individuals at the _____ (program) who will be supervising my work.

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 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: _____

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.

SAMPLE FUNDER/AUDITOR CONFIDENTIALITY AGREEMENT

I, _____ (Name) am a reviewer/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.

Part Two: Access to and Use of Information about Clients (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. Most CSAPs have specific forms clients need to fill out and sign before information about that client's case can be released to another party. Additional considerations and discussions about informed consent and release of information is available in *Confidentiality and Consent Considerations* on the WCSAP website.

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:

[APPROPRIATE AGENCY LETTERHEAD]

READ FIRST: Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

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

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

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, 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.

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

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: _____

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 His/Her 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.

CIC Standards

CIC2

The agency informs clients about applicable policies and procedures:

- Informed written consent of client, including minor and vulnerable adult clients, 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 his/her file;
- Confidentiality of client information, including access to and use of information about clients.

Evidence of Compliance (required level of compliance: A)

The agency documents that client information was given.

Discussion and Suggestions

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

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. The accreditation standard does not require that CSAPs inform clients about these policies in writing, but the “Evidence of Compliance” requires documentation that information materials was given to clients. Technically speaking, this could be documentation of information that staff of the CSAP use to explain these policies to clients, but it may be easier to simply have the client information available to hand out 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.

There is a sample CSAP client rights forms 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, check to 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 that must be conveyed to clients:

:

- Informed consent of client, including minors and vulnerable adults, 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 dependent adults, and agency documentation of reports,
- How a client may access his/her file
- Confidentiality of client information, including access to and use of information about clients.

SAMPLE

Anywhere Community Sexual Assault Program

Client Rights Information and Consent to Receive Services

As a Client of our program,

You have a right to be treated with dignity and respect.

You have the right to receive services, regardless of race, color, religion, disability, pregnancy, national origin, sexual orientation, gender, age, ethnicity, income, veteran status, marital status, or any other basis prohibited by law.

You have the right to receive services from the Anywhere Community Sexual Assault Program. You also have the right to refuse services. To indicate your consent to receive services, please sign the bottom of this form and return it to the CSAP. We will make a copy of this form to give to you to keep. If you are under 13 years old or are a dependent adult, please have a parent or legal guardian sign this form with you to indicate consent.

All information about you and your case will remain strictly confidential. Before we can communicate information about your case to others, you (or if you are under 13 or a dependent adult a parent/guardian) must sign a Release of Information form, which is valid for a limited period of time as indicated on the form. Exceptions to confidentiality occur when: we have reason to suspect a child or dependent adult is abused or neglected (RCW 26.44.030); there is a threat to harm yourself or others; there is a court-ordered release of the information. The CSAP documents any mandated reports.

Under Washington Law, (RCW 5.60.060), your conversations with a rape crisis advocate are confidential and will not be disclosed without your consent unless one of the exceptions listed above applies.

Only staff and volunteers involved directly in your case and their supervisors have access to information about your case. We use this information to file statistical reports with our funders, plan our programs, and evaluate our services. In the event data need to be verified, funding agencies may review these records. [Any person reviewing the files will sign a confidentiality agreement before being permitted to access them.] The files themselves are kept in a locked file cabinet [or other agency-specific location] in our offices. They are reasonably protected from fire, flood, theft, earthquakes, or other damage.

You have the right to review your file at any time with 24-hour advance notice [or other agency procedure]. In order to review your file, you must present photo identification. You will be permitted to review your file at our agency. Files are not permitted to leave the building. If you wish to take a copy with you, you must make the request in writing to the CSAP Executive Director [or other designated manager].

As a client of the Community Sexual Assault Program, we will not photograph or videotape you. In addition, we will neither ask you nor compel you to participate in any public appearances. If you wish to participate in any public events as a part of your healing process, please let the Executive Director know. If you choose to participate in any event or to be photographed or videotaped, we will ask that you sign a consent form first.

[page 1 of 2]

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

If you would like more information about our policies and procedures regarding your case, please ask your advocate.

Your signature below indicates consent to receive services from the Anywhere Community Sexual Assault Program, with the understanding that the client may refuse services at any time.

Client Signature

Date

Parent or Guardian Signature
if client is under 13 or is a dependent adult

Date

[page 2 of 2]

Note for Toolkit Users: There are statements contained in this Client Rights Information and Consent Form that reflect policy options that may or may not conform to the policies of your CSAP. Please pay particular attention to the statements [in brackets]. The actual form that you use MUST match the policies and procedures your program has adopted.

CIC Standards

CIC3

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

- 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.

Most 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. For some programs, writing a list of all clients, client identification numbers, and phone numbers once a month and putting that information in a secure location off-site would suffice.

For those CSAPs who 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 policy 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 set of [“Technology Safety and Advocacy”](#) resources 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 will observe how data and backups are handled, and the Standard mentions “fireproof safe or other safeguarding precautions.”

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)
- Signed consent form/clients rights statement
- 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 counseling and 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 certified sexual assault advocates and counselors with a legitimate need to access such records who have signed the sexual assault program's confidentiality agreement. Files will not be removed from the program's premises without written permission from the client.

A client may request to review his or her record and may make 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 certified 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 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 PROCEDURES

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.
- 10) 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 is securely maintained in the InfoNet database, via OCVA’s data collection program.
- 11) 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 .
- 12) 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.

Note to Toolkit Users: Once again, you must ensure that any procedures match the policies adopted by your CSAP.

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)

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 should maintain a file where copies of any inspection paperwork are maintained. Certainly, if there are issues that come up in the course of the fire or other inspections, the CSAP or the CSAP's landlord should address those as soon as possible.

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.

FE Standards

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 his/her confidentiality,
- offices should be clean, tidy, and safe, and
- there should be enough furniture for staff and clients to feel comfortable.

It would be 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. Sometimes staff members who have worked in an office for an extended period don't notice cluttered areas or are unaware of how the office might appear to a newcomer.

FE Standards

FE3

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 check-off list for initial orientation.
- CSAPs should also ensure that safety plan and escape route information is posted in every room of the agency.
- 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:
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_id=9726&p_table=STANDARDS

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 check-off list for initial orientation.
- CSAPs should also ensure that the security plan and escape route information is posted in every room of the agency. 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 are trained on these issues.

Accessible telephones:

- Telephones need to be in every major service area – this will be evaluated onsite.

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 *only*, 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

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.

SAMPLE

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 he or she 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 shout "help!" if needed. 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.

FM Standards

FM1

The agency plans for the current fiscal cycle.

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.

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:
www.managementhelp.org.

FM Standards

FM2

The agency 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) A copy of the Agency/Program annual report, which provides programmatic and financial information and is distributed to funding organizations and interested community members, upon request.
- 2) A copy of the 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 concerns raised by an audit or financial review.
- 3) Minutes or reports of the finance committee or report from designated member of the governing body (such as Board Treasurer).

Discussion and Suggestions

Agency annual reports vary widely among CSAPs. Some agencies produce glossy booklets while others produce simple two- to four-page documents describing the array of services, clients, and special events provided by all its programs during the last fiscal year. In addition, these reports must include financial data (even simply revenues and expenditure charts) from the last year. Depending on a CSAP's resources, the documents may be brief and simple or lengthy and decorative.

Audits should be completed at least every two years, 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.

If there is a finance committee, there should be regular reports to the Board of Directors at Board meetings. In addition, it is a good idea to keep minutes of committee meetings for your records. When there is no finance committee, there should be regular financial reports at Board meetings from a designated member of the Board, such as the Treasurer.

FM Standards

FM3

The agency receives, disburses and accounts for its funds in accordance with sound financial practices and generally accepted accounting principles. The accrual method of accounting is recommended.

Evidence of Compliance (required level of compliance: A)

- 1) Written operational procedures governing internal accounting controls, addressing each element of the standard, including an indication of clear separation of duties for fiscal management.
- 2) An inclusive and descriptive chart of accounts.
- 3) Records indicating prompt and accurate recording of revenues and expenses (such as check register, receipt book).
- 4) Audit report or records indicate the accrual method of accounting, or agency has a written justification for using an alternate method.
- 5) At least annually, a documentation process that accurately ties each staff's hours worked to the funding sources. Only documentation of staff paid with sexual assault funding is required as evidence of compliance.

Discussion and Suggestions

All CSAPs are accountable for managing their funding in compliance with generally accepted accounting principles. To do so, CSAPs are required to have internal accounting controls, a chart of accounts, financial records, audit reports, and timesheets that tie employees' hours worked to the funding sources that pay for their time.

Internal controls:

Internal controls are policies and procedures that outline how the business will manage its financial transactions and ensure that they are in line with company policies. The internal controls for CSAPs differ from agency to agency. Accreditation does not specify what policy areas should be addressed in an agency's internal controls. Internal controls can include:

- segregation of duties,
- control over receipts,
- control of uncollected items,
- insurance and bonding,
- safekeeping of records and cash on hand,
- auditing,
- and investments.

Chart of Accounts:

A chart of accounts is a list of all accounts tracked in a single accounting system, along with a unique number for each account, so those accounts can be tracked in the general ledger. Accreditation requires that each agency have a chart of accounts available for review.

Check register:

The accreditors will look to make sure financial records indicate a prompt and accurate recording of revenues and expenses. The accreditors will examine the agency record, likely in a check register, receipt book, or in an accounting system.

Accrual method of accounting:

CSAP records must show that the agency uses the accrual method of accounting, or there must be a written justification for using another method.

Tying hours worked to pay source:

There must be a system that connects each sexual assault program employee's hours worked to the funding sources that pay for their time. Only documentation of staff paid with sexual assault funding is required as evidence of compliance.

Simply put, it is management's responsibility to designate from what revenue streams each employee is paid. If an employee is paid from multiple sources, it is management's responsibility to ensure that the amount of work the employee does for each project (each funding stream) is consistent with the amount of payment received from each source.

For example, imagine a CSAP employs a full-time individual who serves as a part-time sexual assault advocate and a part-time domestic violence advocate. OCVA's sexual assault program contract could be billed for the sexual assault work and other funds must pay for the domestic violence work. How would you decide how to allocate the advocate's salary? Some might choose to pay 50% of the salary from OCVA money and the other 50% from another funding stream. However, to be truly accountable to funders, the CSAP would need to show that 50% of the advocate's time went towards sexual assault core services and that the other 50% of the time went towards domestic violence work.

To justify those percentages, the CSAP needs to maintain detailed records that tie the employee's hours worked to revenue stream. For accreditation, these timesheets need only be completed in hour-long increments. Timesheets would need to be maintained continuously.

You may learn that the percentages you previously designated are correct. If so, this information will justify the breakdown for your financial audits. If the percentages are different, you must alter your budget accordingly (if your

advocate was spending 75% of his/her time on sexual assault work, 75% of his/her pay should come from sexual assault funding).

To determine compliance with this Standard, accreditors may review:

job descriptions

accounting records

- balance sheets
- personnel time sheets
- income statements
- journal entries

correspondence with vendors and government agencies.

FM Standards

FM4

The agency/program shows evidence of a diverse funding base, resources and/or on-going fund-raising 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 fund-raising 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 telethons, 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 fund-raising 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

Anywhere CSAP 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.

SAMPLE

Anywhere CSAP Fundraising Efforts/History

Years 2005-2008

2005

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)

2006

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	

2007

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	

SAMPLE

Fundraising Plan

- GOAL:** CSAP will apply for one new grant each calendar year. This proposal will be made to a funding source other than the state.
Task 1: Board of Directors will explore potential funding opportunities.
Task 2: Board of Directors and ED will meet with leaders from local foundations.
- GOAL:** CSAP will renew existing grants when possible.
Task: ED will apply to renew existing grants.
- GOAL:** CSAP will plan one major fundraising event within the next three years. The initial planning will be initiated March 2009 at the staff retreat.
Task: Board and staff will determine fund-raising event.
Task: Fundraising committee will implement event.
- GOAL:** CSAP will continue to sell stickers and buttons.
Task: Staff will continue to order stickers and buttons.
Task: Staff and Board will continue to sell items.
- GOAL:** Fees will be generated through sexual harassment training provision to private businesses.
Task: Staff will continue to publicize and conduct trainings.

FM Standards

FM5

Controls exist to assure proper accounting for payroll costs.

Evidence of Compliance (required level of compliance: B)

- 1) Written policy regarding written authorization for new hires, terminations, rates of pay and deductions.
- 2) Written policy which states that director or designee reviews and approves payroll expenditures and time/overtime 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. Most CSAPs have these significant payroll changes approved by the agency's Executive Director. Proof of authorization is usually in the signature of the ED on an authorization form.

For example:

The CSAP Executive Director will authorize 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.

Accreditors will:

- Review personnel records specific to written authorization for new hires, terminations, rates of pay and deductions
- Review written policies as stated under "Evidence of Compliance"
- Interview the director or designee of the agency
- 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

P Standards

Note: There is no Standard P1.

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 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 her/his 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

Every employee and volunteer position should have a job description, and every volunteer and employee should have received a copy of his or her job description.

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 he/she has received a current copy).

A copy of the current job description must be kept in the personnel file of each employee and volunteer.

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 his/her 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 his/her personnel file.
- 2) Job descriptions will be reviewed annually at the agency staff retreat. All staff will have input in the review process.

No matter 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).

P Standards

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 sign-off sheet in each manual for all personnel to sign and return to their supervisors upon receipt of the manual. Another option would be to have staff initial a check-off list in their files acknowledging that they've been oriented and have received a policy manual.

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 interviews, etc).

P Standards

P4

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

In order to govern and manage the agency in a manner that reflects the needs of the diverse service area each CSAP serves, accreditation outlines requirements for CSAPs to strive to reflect their area's diversity. See ["Differentiating Standards Related to Diversity Issues."](#)

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, seek information from the U.S. Census Bureau.
- 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.

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.

TOOL

Guide to Developing CSAP Diversity Plan

Diversity Policy and Plan for Employees and Volunteers

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?
(<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.
- 5.
- 6.
- 7.

e) What will you do to achieve those objectives?

Diversity Plan Grid

Objectives	Actions to be taken	Deadline	By Whom

SAMPLE

Diversity Plan

I. Identify our community

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

The communities in our county include XX, YY, and ZZ. The county has a population density of 2.7 persons per square mile. There is tribal land within our county.

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 larger community

OBJECTIVES:

- A. Open positions will be advertised as Equal Employment Opportunities-*ongoing*
- B. Open positions will be advertised in all of the five communities in the county-*ongoing*
- C. Open positions will be advertised with the Indian Reservation employment program-*ongoing*
- D. All staff will have equal opportunities for available promotions-*ongoing*

III. **VOLUNTEER GOAL:** At least three of the five communities in our County will have a representative trained volunteer at CSAP by the year 200X.

OBJECTIVES:

- A. Volunteer opportunities at CSAP will be advertised in all communities in the county- FALL 200X
- B. A volunteer information meeting and/or training event will be held in each outlying community by the year 200X
- C. A volunteer from at least three of the outlying communities and including the Indian Reservation will have completed volunteer training by the year 200X

IV. **ADVISORY COMMITTEE GOAL:** This committee will consist of 6-10 individuals including at least one former primary or secondary victim of

[page 1 of 2]

sexual or domestic violence and at least one representative from the Indian Reservation or of Native American descent by the year 200X

OBJECTIVES:

- A. The current advisory committee will meet and begin strategizing for recruitment-*May through July 200X*.
- 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).

[page 2 of 2]

P Standards

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 (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, 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.

For reference, there are agencies in Washington who will help you keep your policies in compliance with state and federal law. Contact WCSAP for more information at (360) 754-7583.

TOOL

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.

P Standards

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.

Salary/benefit schedules can take many forms, varying from a chart denoting salary ranges for each position to an elaborate grid with a grade/step scale.

Whichever format, 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. The FLSA provides that salaried executive, administrative, and professional employees are exempt from its minimum-wage and overtime provisions. The U.S. Department of Labor (DOL) has adopted two tests (the "long test" and the "short test") to determine whether an employee meets one or more of these exemptions. For more information on the FLSA, please visit: <http://www.dol.gov/elaws/esa/flsa/overtime/menu.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 annually. If this is in policy, it may be more likely to continue to happen through staff transitions. To assist programs in comparing local or regional pay for similar positions, WCSAP periodically compiles a salary survey of the CSAP staff positions. The results from this survey available on the WCSAP website at <http://www.wcsap.org/management/PDF/SalarySurvey2006.pdf> Salary information may also be available from other community organizations, such as United Way or other nonprofits, as well as from national sources.

P Standards

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)

Personnel records or other relevant documentation indicates compliance.

Discussion and Suggestions

This standard outlines the minimum requirements to be a CSAP Director or Program Director/Coordinator. CSAP organization Directors (likely Executive Directors) must have six years of management experience, of which four can be years spent in college. In addition, the CSAP Directors must have 20 hours of management training specific to not-for-profit agencies. Directors have six months from their start date to obtain the necessary management training.

Obtaining the 20 hours of management training (if not completed by date of hire) can be difficult to fit into a new Executive Director's busy schedule. However, WCSAP provides ongoing management trainings, which may be easy and free to receive. There are a number of online management trainings, which can help new Executive Directors access training without having to manage traveling a long distance. Local United Way agencies often provide management trainings as well. There are no required topics for the 20 hours of management training.

Program Directors (when not Executive Directors) must have a minimum of 10 hours of general management training, which can be obtained in the same variety of ways as the Executive Director management trainings.

Well in advance of the accreditation review, Directors should double-check their personnel files to ensure that they contain the appropriate documentation of training.

P Standards

P11

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.

In order for core service staff to be qualified, they must meet the minimum requirements set forth on the Core Services Standards (the service definitions). In short, all core service providers must have the 30-hour core training before beginning to provide core services. Prevention staff must also receive the 5-hour WCSAP prevention orientation or equivalent.

In addition, anyone supervising core services must have at least two years of service providing the core services, as well as the requisite direct service training. This supervisory requirement can be tricky for new supervisors. 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.

Don't forget that everyone providing core services (including supervisors) must have 12 hours of on-going training annually! This training must be approved by WCSAP.

In addition, all personnel employed by the CSAP for sexual assault work must meet the qualifications listed on their individual job descriptions.

P Standards

P12

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)

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 <https://watch.wsp.wa.gov>
- 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.
- The Director should establish a tracking system to ensure that checks are completed according to schedule.

P Standards

P13

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

Many CSAPs simply have a standard list of items to cover in any new staff or volunteer orientation. See example in this section.

To meet this standard, it may be easiest for new personnel to sign a copy of the agenda, indicating completion of orientation on the list of topics. However, there is no specific expectation of what this evidence needs to look like, only that personnel somehow sign off on agenda items after they receive orientation.

SAMPLE

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

P Standards

P14

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 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. Most CSAPs write up a few paragraphs to describe how they supervise staff. 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.

P Standards

P15

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)

Copy of agency policy/procedures regarding personnel review and evaluation.
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 proper, 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. For technical assistance about developing staff and volunteer evaluation processes and documents, contact WCSAP.

P Standards

P16

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)

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 check-off list of items that must be included in personnel file. See [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 at any time, 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 essentially respond to information maintained in his/her file. For example:

If an employee does not agree with the employer's determination [about irrelevant or erroneous information] the employee may at his or her 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 (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.

P Standards

P17

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)

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 at <http://www.wcsap.org/events/advocatecore.htm>

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. 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 (meeting minutes, strategic plan, etc.).

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.

SAMPLE #1

Collection of Data and Use of Information

The following relevant information will be collected on each client served by CSAP:

- sexual assault data intake forms for each new client;
- sexual assault service summary form yearly for each client kept in SA statistics notebook in locked cabinet;
- information and referral tracking forms kept in top drawer of locked cabinet
- emergency contact forms will be filled out for each contact with a client who does not have a file (client is seen on emergency basis)
- each referral made to Child Protective Services will be documented on the CPS log kept in locked cabinet.

CSAP will comply with all quarterly reporting required by contracts.

In addition, anecdotal information regarding clients served and any barriers to service identified will be discussed and reviewed as needed during the weekly staff meeting. This information will be used to direct ongoing service. CSAP staff will participate in a yearly planning retreat at which time data collected over the past year will be reviewed and used in the planning of services for the upcoming year.

SAMPLE #2

CSAP Collection and Use of Data/Information

Information or Data Collected	Use of the Information or Data
Intake Forms <ul style="list-style-type: none">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 <ul style="list-style-type: none">gathered monthly and reported quarterly	Used to tally the number of info, crisis, and referral calls
Community Education and Training Evaluations <ul style="list-style-type: none">gathered after presentations or trainings and reported monthly	Used to enhance or revise presentation content
Group Evaluation Forms <ul style="list-style-type: none">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 <ul style="list-style-type: none">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 <ul style="list-style-type: none">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 <ul style="list-style-type: none">gathered at end of training sessions	Indicates regular attendance at advocate trainings; used to determine compliance with required training hours
Case Assignment List <ul style="list-style-type: none">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 <ul style="list-style-type: none">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 <ul style="list-style-type: none">completed monthly	Staff fills in as "on-call" if volunteers are not available; indicates volunteer time commitment to the program
Mandatory Reporting Tracking <ul style="list-style-type: none">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

QA standards

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

A note about all 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 on-going training). In addition to the initial core training for all direct service staff, twelve hours of on-going approved sexual assault training are required for all personnel, beginning after they've completed the first year of service. For information on how to obtain approval for ongoing training not already offered or approved by WCSAP, see <http://www.wcsap.org/advocacy/HowToGetATrainingApproved.htm>

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

Core Standards

CS1

Information and Referral: The agency/program must respond to direct requests for information or assistance 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 and Referral 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.

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.

CSAPs vary how they track information and referral calls/contacts. Accreditation does not outline a requirement for how these contacts are tracked.

Similarly, 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, and must be supervised by a qualified supervisor.

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.

Core Standards

CS2

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 to accreditation team: 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.

Similar to the CS1, this Standard requires that the CSAP track crisis intervention contacts in a way that suits the program and tracks the calls clearly. All personnel providing crisis intervention services must have received the 30-hour core training and be supervised by a qualified supervisor.

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 in between the client phone call and a response from a trained advocate.

Core Standards

CS3 and CS4

Note: These two standards are similar and can be discussed together. 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

To meet these two standards (and for clarity, prepare each set of evidence separately), a CSAP must:

- document working relationships with the medical and legal communities;
- have a system of recordkeeping that identifies clients who received medical and legal advocacy services and what activities were provided;
- ensure that personnel providing these services have training and supervision qualifications as outlined in the medical and legal advocacy service standards; and
- demonstrate availability of medical and legal advocacy.

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, Memoranda of Understanding, or collaborative grants. This evidence is similar to

what is required in Standard AC5 (requiring agency collaboration). Some evidence can be used for both standards. Be sure to include documentation for these standards that specifically reference 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.

Of course, 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.

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

The accreditors will pull the client files for the client IDs they receive from OCVA. Typically, these client numbers are pulled from the last full year of data that OCVA has from the CSAP.

Core Services

CS5

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:

- recordkeeping system that ties advocacy activities to individual clients;
- qualified personnel and supervisors, and
- a staffing schedule that demonstrates the 24-hour/day availability of general advocacy services.

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.

Core Standards

CS6

Systems 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
- Access gaps in service
- Foster cooperation
- Develop accountability process
- Develop new ways of delivering services
- Develop new sources of funding

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. 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

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. Similarly, CSAPs may be members of the National Alliance to End Sexual Violence and could use that national membership as well.

Core Standards

About Prevention Standards

Washington State has been visionary in including prevention of sexual violence as an integral part of the work of Community Sexual Assault Programs, rather than as an afterthought. Prevention is probably the fastest-evolving aspect of sexual assault work, and it requires the focused attention of CSAP leadership so as not to be shortchanged amidst the urgent demands of serving victims and survivors.

WCSAP offers numerous resources to assist with this process. The “Prevention” section of the WCSAP website, <http://www.wcsap.org/prevention/index.htm>, is a rich deposit of information and tools on prevention issues. All prevention staff and their supervisors must have completed the 5-hour prevention orientation approved by WCSAP. WCSAP is available to provide technical assistance to CSAPs upon request and may be contacted at (360) 754-7583.

The keys to meeting the Prevention Accreditation Standards are good planning and thorough documentation. There are no short-cuts to the complex work involved in community development, for example. Prevention efforts are often most effective when they are developed as part of an agency strategic plan and are designed with both the requirements of the Service Standards and the Accreditation Standards in mind.

All of the Core Prevention standards have explicit requirements that providers not only need the regular 30-hour core sexual assault training, but also the 5-hour prevention orientation offered by WCSAP or a WCSAP-approved alternative. Staff must also have the same 12 hours of annual ongoing sexual assault training required of all service providers. Supervisors and volunteers must also meet these training requirements. For all three Prevention Standards, supervisors are required to observe the provider’s training on a periodic basis.

Since the training and supervision requirements are similar for all three Standards (except for the requirement of CS8 and CS9 that supervisors have two years of relevant experience), you may wish to set up a master Prevention file in front of your review documents for each Standard with copies of the credentials of all staff, volunteers, and supervisors involved in Prevention, or you may choose to simply make copies to put into each Standard’s file.

Core Standards

CS7

Prevention – Social Change: The agency must facilitate the process of community mobilization to eliminate factors that cause or contribute to sexual violence.

Evidence of compliance (required level of compliance: A)

1. Evidence of partnership between the agency and a specific community in a community development planning process. Projects can involve specific communities within the broader service area (i.e., schools, religious sector, summer camps).
2. Evidence of participation by **at least five** potential stakeholders, reflective of the community's diversity, with the intent to develop and implement a community development plan focused on eliminating sexual violence.
3. Evidence of appropriate training and supervision for all prevention service volunteers and staff.
4. Evidence that supervisors of prevention staff have the relevant training and experience.

Note: A community is any definable group of people who share concerns or interests.

Discussion and Suggestions

This Standard is often confused with CS6 – System Coordination. It is critical to read the Service Standards with great attention to detail. Unlike CS6 – System Coordination, which focuses on improving the integration of services available to survivors after abuse or assault have occurred, Standard CS7 urges a true effort to *prevent* sexual violence. Specifically, it requires a community development process in which the agency forms partnerships with communities (as defined above) via stakeholders within those communities, and moves forward with a plan aimed ultimately at the elimination of sexual violence.

The Service Standard specifies that “social change efforts should be initiated and led by a Community Sexual Assault Program.” Therefore, it is important to document activities which support the CSAP’s leadership role in the community development process.

Specific forms of documentation that agencies have found to be effective include:

- Stakeholder sign-in sheets
- Letters of commitment from stakeholders and allies
- Minutes from meetings
- Announcements of meetings
- Journaling the process of each meeting

- Save brainstorming pages from the "chart pack"
- Use the "Sexual Assault Prevention Plan" worksheet provided in training packets
- Save samples of all materials produced
- Save training certificates to show Orientation and Continuing Education training

More information about Social Change and Community Development, including how to begin the process, how to choose stakeholders, and how to develop a plan, are available at <http://www.wcsap.org/prevention/cdfaq.htm>

The accreditors will review any of the documents listed above, along with any other documentation of contacts and the written community plan for social change work. They may also interview staff, supervisors, or community members. Remember that print-outs of emails may be useful in documenting contacts, as well as written and dated descriptions of phone calls and copies of letters. Once again, if evidence is captured and filed as it accumulates, the process will be far smoother than if there is a frantic effort to find supporting data in preparation for the accreditation review.

In the preparation of materials for this section, it is also important to include documentation of the required training (as stated in the Service Standards) not only for Prevention staff members, but for their supervisors as well. For this set of activities, the supervisor is required to have two years of relevant experience. The supervisor should document his or her periodic observation of any prevention provider's presentations.

Core Standards

CS8

Prevention – Information/Awareness: The agency must demonstrate efforts to inform the community and increase awareness about sexual abuse/assault with the goal of increasing the community's acceptance of responsibility for prevention of sexual abuse/assault within the broader service area.

Evidence of compliance (required level of compliance: A)

1. Evidence that the agency is disseminating information about sexual abuse/assault, including information on underlying causes of sexual violence (i.e. brochures, speakers bureau, PSAs, press releases, media kits and community events).
2. Evidence that the agency is reaching out to diverse populations.
3. Evidence of appropriate training and supervision for all prevention service volunteers and staff.
4. Evidence that supervisors of prevention staff have the relevant training and experience.

Discussion and Suggestions

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. Document the aspects of your Prevention planning process that focus on addressing the underlying causes of sexual violence, and ensure that the materials you develop to educate the community include this kind of information. Don't forget any activities you may present for Sexual Assault Awareness Month.

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 MySpace or 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.

It would be helpful to have your "cover sheet" for this section of accreditation preparation materials 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.

Once again, be sure you provide documentation of the required training for all staff involved in these Prevention activities, including supervisors. For skill building activities, supervisors are required to have two years of relevant experience, and this should be documented through inclusion of a resume.

Core Standards

CS9

Prevention – Building Skills: The agency must provide programs and presentations focused on building skills of individuals and developing strategies to prevent sexual abuse/assault within the broader service area.

Evidence of compliance (required level of compliance: A)

1. Evidence of programs/activities that build leadership, enhance decision-making, build relationship skills, and enhance positive self-concept (i.e. physical defense training, assertiveness training, personal safety-awareness, educational support groups, community organizing, social change theory, community development process or classroom presentations)
2. Evidence of technical assistance being provided focused on skill-building to prevent sexual abuse/assault.
3. Evidence that the agency is reaching out to diverse populations.
4. Evidence of appropriate training and supervision for all prevention service volunteers and staff.
5. Evidence that supervisors of prevention staff have the relevant training and experience.

Discussion and Suggestions

Programs are sometimes confused about the difference between Information and Awareness activities (CS8) and skill building. The planning process can help to clarify the differences. When planning a skill building program or presentation, you should be identifying a skill set on which to focus. There will ordinarily be a lesson plan or curriculum involved. Outcome-based evaluation should demonstrate a measureable increase in the targeted skills. Often (but not always), skill building takes place over a period of time and involves more than a one-shot presentation.

The WCSAP website includes a link to available library materials (from the WCSAP library) on skill building.

<http://www.wcsap.org/prevention/PDF/PreventionLibraryMaterials.pdf>

In addition to the repeated requirement that all prevention staff, supervisors, and volunteers have the required training, this Standard requires two years of experience for the supervisor, which should be documented, along with a log of periodic observation of trainings.

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 more understandable and easier to accomplish. In summary, please remember:

- T 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.
- T Take the time** to truly familiarize yourself with each and every Accreditation Standard.
- T Get help.** WCSAP offers technical assistance on all accreditation issues. Do take advantage of this resource.
- T Enlist other staff members.** This is not a one-person job. Find staff members whose skills and abilities compliment yours and delegate, delegate, delegate!
- T 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.