



Quality Assurance Standards

Instructions & Companion Guide

Effective October 2024 – September 2029

Standards adopted by the MDSVPT Board November 2023

HISTORY

In 1978, led by dedicated advocacy from survivors alongside recently established service provider programs and the Michigan Coalition Against Domestic Violence (MCADV), Michigan enacted a groundbreaking package of broad-ranging legislation to better protect victims of domestic violence. The legislation included establishment of the Michigan Domestic Violence Prevention and Treatment Board (MDVPTB) -- expanded to the Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB) by Executive Order in 2012. The MDSVPTB is a 7-member governor appointed Board administratively housed within the Michigan Department of Health and Human Services (MDHHS) Division of Victim Services (DVS). Among the mandates set forth in the Board's enabling legislation and the subsequent executive order are the duty to administer state and federal funding for domestic and sexual violence services, to develop standards for the implementation and administration of services, and to monitor organizations receiving funding.

Early advocates proposed an innovative approach to ensure that both the standards' developed and the subsequent monitoring process would incorporate strong peer input and review components. The Board agreed. With significant input from individuals representing Board funded organizations' leadership and direct service staff, MCADV (now the Michigan Coalition to End Domestic and Sexual Violence - MCEDSV), Board members, and Board staff, the initial Standards-based reviews/site visits began in the mid-1980s. Although there have been periodic revisions throughout the years, to this day the Board's quality assurance standards' development and monitoring remain peer-driven processes which rely on the expertise of staff currently working in or having extensive previous working experience in Michigan domestic and/or sexual violence service organizations.

2024-2029 STANDARDS DEVELOPMENT PROCESS

A seven-month process was undertaken to create these standards which included:

- Listening Sessions
 - Five in-person listening session for staff from comprehensive service provider programs, representing local programs and statewide partners.
 - Three in-person listening session for staff from programs focused on serving culturally specific or underserved communities, representing local programs and statewide partners.
 - One virtual listening session for current peer reviewers.
 - A Survey Monkey option was also made available for anonymous participation and input.
- Listening Session data was presented and discussed at the DVS MDSVPTB DV/SA Grantee Leadership Meeting to elicit further input, clarification, and recommendations.
- Workgroup Recruitment, Preparation and planning meetings were held
- An open call was provided for interested individuals to volunteer to participate in workgroups.
- 4 workgroups were formed, each focusing on specific sections of the current standards.
- 18 workgroup meetings were held.
- Workgroups were comprised of 28 members representing 24 service provider organizations and statewide partners.

- Workgroup members represented the range of programs across our state, including urban /suburban/rural, small/medium/large, and culturally specific focused organizations.
 - Additionally, individuals serving on workgroups provided diverse personal and professional representation to ensure inclusive racial, ethnic, sexual orientation, gender identity and professional position/years of experience/ area of expertise perspectives.
- The proposed Standards were reviewed and adopted by Michigan Domestic and Sexual Violence Prevention and Treatment Board (November 2023)

The 2024-29 MDSVPTB Standards and Monitoring Process reflects best practices based on continuing research and evolving practice wisdom. These Standards are a key component of Michigan’s ongoing commitment to ensuring the high-quality level of services survivors deserve and the effective community engagement required in pursuit of the Board’s goal to end domestic and sexual violence.

Many thanks to the participants to the work groups who dedicated time in revising the standards

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Acknowledgement and appreciation to the DVS Quality Assurance Team Members for their leadership and work on the MDSVPTB Quality Assurance Standards – *Cathy Brown, Kathy Hagenian, Rachel Putnam-Farley*

SCORING EXPLANATION

There are three groups of standards. All are significant and expected to be met. Every standard contributes to an excellent organization. The following criteria has been used to place each into a specific group:

- Foundational Standards – Ethical; legal; safety; health; client rights
- Infrastructure Standards – Plans and policies; compatibility with DVS/MDSVPTB philosophy
- Practice Standards – Vital to the essential functioning of an organization; evaluation; procedures; other.

The standards are comparable to the elements it takes to create a solid building. A building is comprised of its foundation, infrastructure and design. A building's stability is impacted by each of these elements and supports the idea of weighting the standards. A foundation must be strong enough to support the infrastructure which supports the design and functionality of the building. The combination of these elements is fundamental to a strong organization.

Weighted Rating Score Scale:

	Exceptional	Meets	Opportunity	Plans to Meet	Does Not Meet	Not Applicable
<i>Foundational Standards</i> Rating Score	6	6	4.5	1	0	0
<i>Infrastructure Standards</i> Rating Score	5	5	3.75	1	0	0
<i>Practice Standards</i> Rating Score	4	4	3	1	0	0

Based on peer review team experiences, some standards are quantitative in nature and best rated as meets or does not meet. These do not require or fit a variable rating scale. Other standards are qualitative in nature. These are evaluated based on peer reviewers' experience and expertise; and are rated as exceptional, meets, plans to meet, or does not meet.

Standards Groups							
Section Letter	Section Title	Total # of Standards in Section	# of Foundational Standards	# of Infrastructure Standards	# of Practice Standards	Highest Potential Weighted Score	Weighted Score Percentage of Total
OS	Organizational Standards	11	5	2	4	56	9%
A	Policy and Governance	10	4	1	5	49	8%
B	Financial Management	16	6	2	8	78	12%
C	Program Administration and Service Delivery	18	11	1	6	95	15%
C-SANE	Sexual Assault Nurse Examiner Program	13	9	1	3	71	11%
C-TSH	Transitional Supportive Housing	8	2	0	6	36	6%
D	Staff and Volunteer Management	18	4	1	13	81	12%
E	Community Engagement and Systems Change	14	1	3	10	61	9%
G	Facility, Safety, Security, and Health	23	13	2	8	120	18%
	Totals	131	55	13	63	647	100%

DVS PHILOSOPHY

The MDHHS Division of Victim Services (DVS) partners with victims/survivors and those who interact with victims/survivors to meet a shared vision of providing and supporting direct services and systems change efforts across Michigan. In collaboration with state and local victim service providers, DVS works in partnership to develop sustainability and excellence in victim services. DVS administers grant programs to support services that are:



Accessible to all – Means making services available to all victims/survivors in the service area.

Culturally honoring – Respecting the customs and practices of all victims/survivors.

Comprehensive – A wide range of services and practices.

Victim-focused – a way of engaging with victims that prioritizes listening, avoids re-traumatization, and systematically focuses on their safety, rights, well-being, expressed needs and choices.

Centered on Autonomy – Service providers recognize that survivors have the right to make decisions regarding their services, even when their decisions contradict the recommendation of the service provider.

Prioritizing Healing – Recognizing the survivors' right to decide what is important for their recovery from their trauma.

Trauma-informed – recognizing the pervasiveness of trauma in the world and seeking to be responsive to this unfortunate reality. It involves understanding and responding to the signs and symptoms of trauma in patients, families, and staff, and avoiding re-traumatization.

Inclusive – including and accommodating people who have historically been excluded (because of their race, gender, sexuality, or ability).

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GLOSSARY OF TERMS

ACORD – An ACORD certificate of insurance is typically a one-page document summarizing key information about your business insurance policy

Administrative Management Positions - Executive Director, Bookkeeper, Finance Director, Receptionist, Grant Manager

Aggregate Data – Summaries of client feedback surveys and/or compiled outcome data for each program area

All Programming Including Administrative – Domestic violence/intimate partner violence, sexual assault, Transitional Supportive Housing, children’s, SANE, legal, advocacy, counseling, shelter, supervised visitation, parenting time, childcare, community/prevention education, administration, fund development, and/or others as applicable.

American with Disability Act – The ADA prohibits discrimination based on disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

Accessible to all – Means making services available to all victims/survivors in the service area. There are three types of accessibility, and they are all intertwined:

- ❖ Attitudinal accessibility.
- ❖ Physical accessibility.
- ❖ Programmatic accessibility

Attitudinal Accessibility- The least tangible but most important kind of accessibility is making crime victims with disabilities feel welcomed. Increasing your staff's attitudinal accessibility involves training and discussions to increase staff buy-in.

Breaches of Confidentiality – Sharing information about clients with unauthorized persons internal and external either while engaged in or after participating in the organization's services/programs; and/or during or after working hours.

Capital Funds – Building, Equipment, Funds

Client Engagement Methods – Email, list serves, website, newsletter, quarterly activities, monthly delivery of household supplies/food and holiday assistance/events, video, text, and technology-based communication.

Client Information/Methods Made Available – Welcome letter, introduction to program staff, participant/client rights, grievances, emergency procedures, handbook.

Client Programs – Domestic violence/intimate partner violence, sexual assault, Transitional Supportive Housing, children's, SANE, advocacy, counseling, shelter, legal, and/or others as applicable.

Community Education – Activities to promote learning and understanding of issues related to gender-based violence – you can see the audience.

Community Engagement – The combined efforts in which an organization interacts with the community it serves to educate and increase the understanding about available services, the cause, implications, prevention, and working with survivors of domestic/intimate partner violence and/or sexual assault and their family and friends to promote healing and well-being.

Community Relations – Activities to establish and maintain mutually beneficial relationships with the communities in which the organization operates. Examples include Rotary, Chamber of Commerce, Board of Commissioners, and other community organizations (public, private or governmental). Activities include but are not limited to: attending meetings, becoming members, involvement in committees and other community-based events.

Cost Analysis Samples – How the organization determines cost(s) by program or service area/cost center within an identified area such as counseling and advocacy services within domestic violence and/or sexual assault non-residential services, emergency shelter, fundraising events, etc.

Critical Situations – Accidents, serious illness, fire, medical emergencies, floods, natural disasters, hostage situations, bomb threats, unlawful intrusion, pandemic, physical assault, public health crisis, hazardous material, data breach, data recovery, electronic disruption

Culturally Honoring – To honor one another's traditions, beliefs, values, and practices means you are aware of the differences between cultures and honor cultural intents. The organization's behaviors, attitudes and policies support and enable staff to work effectively in diverse populations and situations.

Direct Service Position – Positions which work directly with clients/survivors such as Advocate, Counselor, Shelter Worker

Donated Gifts – Stocks, bonds, treasury notes, property, leases, vehicles

Economic Justice – Economic justice occurs when survivors have access to resources to help survivors achieve safety and independence including reduction of barriers that often impact an individual's ability to move forward.

Education – Community based education about an organization's services and domestic and sexual violence, which may be general information or curriculum-based instruction.

Electronic Communication Modalities – Electronic posts created by the organization including versions in languages other than English; those adapted for people with special needs and/or materials that are developmentally and literacy appropriate; technology for deaf or hard of hearing persons; audio and large print for partially sighted or blind persons

Electronic Devices – Cell/smart phones, tablets, laptops, cameras, pagers, USB drives

Equipment – Utilities, furnace, boiler, water heater, appliances, generator, technology devices, vehicles, fire suppression, communication

Evaluating Data – Looking for patterns, how often is data assessed against past outcomes, assigning responsibility using data to inform decisions regarding program changes, adding, or discontinuing programs.

Evaluation –The process of collecting information about the program in order to assess the effectiveness of service delivery, challenges and opportunities.

Flexible Funding – funding is financial support provided to survivors to address barriers that exist between the survivor and safety while maintaining client confidentiality.

Fund Development – The process of creating and enhancing relationships with potential and existing donors to ensure current and future income with a focus on larger and consistent gifts.

Fundraising –Activities the organization engages in to raise funds to support programs, services and facilities.

Information Not Created by Organization – Newspaper articles, copies of blogs, television interviews, on-line articles, corporate sponsor, civic group newsletters, Facebook posts

Leadership Positions – Leadership positions within the organization whose title may include words like; director, manager, supervisor, lead, coordinator, or other words that imply management responsibilities

Legal Documents Policy – Warrants, subpoenas

LEP and 4-Point Analysis – United States Executive Order 13166 addresses "Improving Access to Services for Persons with Limited English Proficiency (LEP)" The Executive Order requires that federal agencies work to ensure that recipients of federal financial assistance, including nonprofit organizations receiving federal funds, provide meaningful access to LEP applicants and beneficiaries.

<https://www.lep.gov/>.

Organizational Components – Culture, Goals/Purpose, Division of labor, Processes, Structure/Hierarchy of authority, Evaluation, and Collaboration

Organizational Culture – The underlying beliefs, assumptions, values, and ways of interacting that contribute to the unique social and psychological environment of an organization.

Organizational Security – Shelter facility; telephones; grounds; offices; mobile advocacy, and security of clients and their children when they leave the grounds

Organizational Structure – A system that outlines how certain activities are designed in order to achieve organizational goals. These activities are "organization components" and can include rules, roles and

responsibilities. The organizational structure also determines how information flows through the organization. (For example: top down, centralized, decentralized across various levels). The organizational structure defines the hierarchy, roles, where things fit within the organization, how the organization approaches priorities, its culture, engagement, policies, and procedures.

Other Local Service Providers – Offsite groups, substance abuse organizations, homeless shelters, cross training, co-located staff, COC/LPB, HARA, coordinated entry.

Physical Accessibility – Physical accessibility is the most tangible concept. It means making facilities usable for persons with all types of disabilities. Physical accessibility extends beyond wheelchair accessibility.

Prevention – Interventions designed to ultimately stop gender-based violence

Programmatic Accessibility – Programmatic accessibility means looking at how rules, policies, and practices may inadvertently keep persons with disabilities from receiving services.

Proof of Non-Profit Status – A letter from IRS indicating 501(c)3 status

Public Awareness – Activities that increase the public level of consciousness about available services and the impact of gender-based violence in the community. Examples include media interviews, social media posts, billboards, and community booths – you don't see the audience, but the information is out there for the public to see/learn.

Staff Analysis – Analysis comparing the amount of paid direct service staff hours worked versus the number of direct service units provided, client wait times, number turned away/unserved.

Staffing Patterns – Where staff/volunteers will work, when/what hours they will work, and which staff/volunteers will have what responsibilities.

Support Services – Health care; childcare; children's services; assistance with legal, housing, financial, transportation needs.

Survivor – A person who has survived an ordeal or trauma; includes both direct and indirect victims of crime. The term *survivor* emphasizes the strength and courage needed to survive a traumatic event.

Diversity – Gender, race, ethnicity, age, sexual orientation, disability, geographic, cultural, type of victimization. Diversity represents the many people that make up the community, it is about giving them a seat at the table, including their voice, and being open to listening, hearing and responding to that voice.

Victims – A person who experiences mental, physical, financial, social, emotional, or spiritual harm as the direct result of a specified crime committed on his or her person or property.

Victim Centered- When services are victim-centered, they are specific, appropriate, culturally and physically accessible, and driven by the needs of individuals impacted by crime and violence. These individuals include primary and secondary victims as well as broader communities affected by crime.

Written agreements – Printed documents that define the details about what parties can and cannot do. May involve: Donated space, MOUs, business partner agreements, protocols

OVERALL CONSIDERATIONS

1. **Questions to consider** – included with most standards below, they are meant to get you thinking about what that standard might look like in your organization, how it is documented or how you can convey to the review team that your organization is meeting the standard.
2. **Explaining a process** – Many processes are already happening but may not yet be reflected in written policies and procedures. A description of a 'process' would include:
 - how often does it happen (timeline)
 - who is responsible (provides)
 - who decides when it is needed
 - who provides it
 - how it's documented
3. **Interdisciplinary Entities** - MDT, SART, DART, CAC, SA Coalitions, DV Coalitions, HSCB, Wrap around, CoC/LPB
4. **Things to consider regarding Managing Potentially Dangerous Situations:**
 - De-escalation training
 - Protocol development
 - Role-playing
 - Critical incident reviews
5. **Methods to Determine Client Need**
 - Both formal and informal evaluation are essential to understanding client need.
 - Get to know your clients, listen to clients
 - Review and use client feedback to inform and improve services
 - Seek staff feedback on their direct service observations and knowledge about client needs
 - Determine if satellite offices are in the best location and/or in the offices are staffed at times most desired and convenient for persons seeking assistance and support.
 - Determine if the methods currently utilized to reach and outreach to all community populations are working
 - Determine if current service modalities meet the current needs of clients, such as virtual vs. in person, written vs. oral, text vs phone.
6. **Maintaining Personnel Files Separately** – Personnel Records/files could include payroll, immigration status (I-9/E-Verify), medical/health, benefits, employee file. It is important to protect this confidential information in a secure location.
7. **Methods to Reduce Access Barriers** – barriers include any conditions, policies, or attitudes that prevent or make difficult the use and enjoyment of the services. Barriers may be physical, media format, technological, systemic, or perceptual.
Examples may include:
 - Transportation
 - Alternative meeting locations
 - Skype
 - Texting
 - Mobile advocacy
 - Culturally welcoming
 - Other accommodations.

Available Resource: MiVAN training: "Considerations for Victims with cognitive and communication disabilities"
8. **Creating a plan** – A written plan describes action steps to achieve goals and objectives. Plans are evolving and changing documents that are adjusted as barriers and challenges are identified and/or eliminated through regular review and updates.
 - A plan includes:

- Timelines
- Who is responsible to implement action steps
- Identified clear and obtainable measure
- An organization may have a variety of plans for varying needs of the organization including:
 - Evaluation schedule
 - Community Outreach
 - Facilities
 - Fund Development
 - Fundraising
 - Marketing
 - Short and long plans
 - Staffing
 - Strategic goals
 - System change

9. Practices Supporting Culturally Honoring and Respectful – is reflected in trainings provided by staff and practices adopted by the organization. Recommended resources:

- Helping Those Who Help Others; Key Findings From a Comprehensive Needs Assessment of the Crime Victim Field, https://reachingvictims.org/wp-content/uploads/2020/06/ACCESS-2020_NRCRV_NEEDSREPORT_6_5_20.pdf
- The National Resource Center for Reaching Victims – resources on increasing organizational capacity to serve diverse cultures and persons with disabilities – link <https://reachingvictims.org/how-we-help/resources-library/>

10. Processes for and utilizing data in program evaluation – Who get reports, is data used when making staffing decisions, program decisions, goals, objectives, who is involved, what information/data is utilized, how often completed, what questions are asked in determining when to reassign, add or reduce staff

11. Resources – Domestic and Sexual Violence:

- [Battered Women’s Justice Project \(BWJP\)](#)
- [Home - End Abuse of People with Disabilities \(endabusepwd.org\)](#)
- [HUD Exchange](#)
- [International Association of Forensic Nurses \(IAFN\)](#)
- [Michigan Coalition to End Domestic and Sexual Violence \(MCEDSV\)](#)
- [Michigan Victim Advocacy Network - MiVAN](#)
- [National Latino Network](#)
- [National Network to End Domestic Violence \(NNEDV\)](#)
- [National Resource Center on Domestic Violence](#)
- [National Sexual Violence Resource Center \(NSVRC\)](#)
- [National Victim Assistance Academy \(NVAA\) | How We Can Help | OVC TTAC](#)
- [Praxis International](#)
- [Rape, Abuse, & Incest National Network \(RAINN\)](#)
- [Safe Housing Partnership](#)
- [StrongHearts Native Helpline](#)
- [The TA Provider Resource Center \(TA2TA\) \(List of OVW technical assistance providers\)](#)
- [The National Alliance for Safe Housing \(NASH\)](#)
- [Uniting Three Fires Against Violence \(UTFAV\)](#)
- [National Center on Domestic Violence, Trauma and Mental Health](#)
- [Ujima, Inc.: The National Center on Violence Against Women in the Black Community <platforms+ujimacommunity.org@ccsend.com>](#)

THE STANDARDS

Section OS – Organizational Standards

This section presents the standards that align across all the different standards sections. They provide a foundation of continuity, self-definition and self-regulation. Compliance with these standards helps to ensure that an organization is foundationally strong and consistent while serving survivors of intimate partner violence and/or sexual assault and their family and friends. An organization meeting these standards will:

- Have a clearly articulated purpose which is compatible with the DVS/MDSVPTB's philosophy
- Function in accordance with its stated purpose
- Meet survivor service and advocacy needs
- Evaluate all aspects of its operations
- Establishes goals, objectives, plans, polices, and procedures to guide the work of the organization

OS1. The purpose of the organization is clearly stated and is compatible with the philosophy of the DVS/MDSVPTB.

It is important for an organization to have a clear purpose which provides a foundation for the programs, services, administration and culture of the organization. Mission statements help to unify staff, board members and volunteers in working towards a common purpose.

Questions to consider:

- What is the organization's mission?
- Are staff and board members able to discuss the purpose of the organization?
- What makes the philosophy compatible DVS/MDSVPTB?

OS2. The Board of Directors/Governing Authority sets organizational and program goals, strategies, and objectives that are written, current, and compatible with the philosophy of the DVS/MDSVPTB.

- board governance
- financial management
- programming and services
- personnel
- community engagement

- fund development
 - safety
 - health
 - facility operations
-

These activities are often documented in board meeting minutes and/or in board committee meeting minutes. These responsibilities may also be outlined in board governance policies.

Questions to consider:

- What is the process the Board uses for development of its long-range, strategic or annual plan?
- What is the organization's process for developing service delivery goals and objectives related to its domestic violence programming.
- What is the organization's process for developing service delivery goals and objectives related to its sexual assault programming?
- What is the process the organization uses for the development of TSH program's goals and objectives? (if applicable)
- What is the process the organization used for the development of SANE program's goals, objectives, and plans? (If applicable)
- What is the process used to determine goals and objectives, for the management and administration of staff and volunteers?
- How does the organization develop goals and objectives for community engagement as it relates to: community relations, education, prevention and public awareness?
- What is the organization's process for developing goals and objectives for buildings, grounds, and equipment?
- What is the process for developing goals and objectives for technology?
- Is the board evaluating changes in programming?
- Is the board evaluating for mission drift?
- Evaluating/planning for changes in funding
- Has the community need been evaluated

OS3. There are written plans and activities to achieve goals and objectives for the organization, programs and services.

- board governance
 - financial management
 - programming and services
 - personnel
 - community engagement
 - fund development
 - safety
 - health
 - facility operations
-

A plan describes action steps to achieve goals and objectives. A plan includes timelines, who is responsible to implement action steps, and identified clear and obtainable measures. It is an evolving and changing document that is adjusted as barriers and challenges are identified and/or eliminated through regular reviews and updates. An organization may have many separate written plans or a comprehensive plan such as a strategic plan that incorporates many different aspects.

Questions to consider:

1. Are there provisions for survivor's involvement in the organization's planning.
2. How does staff participate in the planning process?
3. How do volunteers participate in the planning process?
4. Who are the other key stakeholders included in the organization planning process?
5. What is the organization's process for developing goals, objectives and plans for financial management, and long-term financial stability?
6. What is the process the organization used to develop its systems change plan?
7. Does the organization have a written emergency response plan?

Questions to consider when setting goals, objectives and plans for the administration and management of staff include:

- Are there case reviews or activities that occur regularly?
- Are there frequent staff or other meetings to discuss challenges, identify resources, and seek solutions to barriers?
- Do supervisors have support and knowledge to supervise and support staff?
- How are supervisors supervised to ensure they are effective?
- How is service documentation monitored?
- How is staff supervised?
- Is there a regular process for documentation of staff supervision?
- What is the process for ongoing, intentional staff/supervisor interactions?
- What management training does the organization provide/require for supervisors?
- Qualifications and Training (new and ongoing) requirements of supervisors

Leadership Institute - [National Victim Assistance Academy \(NVAA\)](#)

[CSH : Training & Professional Development - CSH](#)

Process for developing financial management goals - Who is involved, how frequently is the process completed, how frequently are the plans reviewed, what financial information is utilized to determine the goals and objectives

OS4. The organization's policies, procedures and practices are culturally honoring, inclusive and respectful.

The organization's behaviors, attitudes and policies support and enable staff to work effectively in diverse populations and situations. An organization that demonstrates culturally honoring qualities:

- Creates a welcoming environment for diverse populations
- Develops institutionalized cultural knowledge
- Establishes organizational commitment and capacity for cultural self-assessment
- Has an organizational consciousness of inherent dynamics when cultures interact
- Includes adaptive service delivery that reflects an understanding of cultural diversity
- Values diversity

Training is provided for staff on an ongoing basis; practices are adopted and implemented.

- Helping Those Who Help Others; Key Findings From a Comprehensive Needs Assessment of the Crime Victim Field, link - https://reachingvictims.org/wp-content/uploads/2020/06/ACCESS-2020_NRCRV_NEEDSREPORT_6_5_20.pdf

- The National Resource Center for Reaching Victims – resources on increasing organizational capacity to serve diverse cultures and persons with disabilities – <https://reachingvictims.org/how-we-help/resources-library/>
- National LGBTQ Institute on Intimate Partner Violence - [Training Learning Guide - Core Training for DV Service Providers \(3\).pdf - Google Drive](#)

OS5. The organization’s policies, procedures, practices and implementation respect the self-determination and autonomy of survivors.

These ideas are often reflected in the language used on forms and client-facing materials, the type of information that is collected at intake and case notes. Additionally, are employees trained on these policies, procedures and practices?

Consider does the language in policies and procedures align a focus on a client’s right to self-determination? Are decisions made for clients or are processes set up to allow a client to make choices?

A few examples:

1. Are clients able to access food and personal hygiene items without having to ask shelter staff? Giving clients free access to these items allows them autonomy and a dignity to be able to take care of their personal needs without having to ask someone else. This removes an aspect of power and control between shelter staff and survivors as well.
2. What is the tone of the language on client facing forms? See the difference in these two examples:
 1. “Shelter residents must clean up after themselves and their children.”
 2. “We hope to create an environment that feels safe and comfortable for everyone, you can assist us with this by cleaning up after yourself and your children, if you need assistance with this please let us know”.
3. What type of information is being collected at intake? Is it necessary to provide services to the survivor or is being collected to make things easier for the organization? What is the purpose of each data point being collected?

For example it is not necessary to collect the following at intake:

- A survivor’s entire trauma history at intake to provide them services.
- Medical history
- Children’s medical history
- If they are employed
- Where they are employed
- What level of education they completed

OS6. The organization complies with civil rights and other laws cited within the contract(s) including:

- Public Act 220 of 1976, as amended, MCL 37.1101, Persons with Disabilities Civil Rights Act.
- Public Act 442 of 1976, as amended, MCL 15.231 et seq, the Freedom of Information Act (FOIA);
- Public Act 453 of 1976, Section 209, MCL 37.2209 within the Elliott Larsen Civil Rights Act;
- Section 504 of the Federal Rehabilitation Act of 1973, P.L. 93-112, 87 Stat. 194, 29 USC 794; - Americans with Disabilities Act of 1990 (ADA), P.L. 101-3367, 104 Stat 328, 42 USC 12101 et seq.

The ADA prohibits discrimination based on disability in employment, state and local government, public accommodations, commercial facilities, transportation, and telecommunications.

To be protected by the ADA, one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activity, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment. The ADA does not specifically name all impairments that are covered.

<https://www.ada.gov/>

Questions to consider:

- Has the organization received complaints of discrimination from anyone in a protected class under the laws of the United States or the State of Michigan? If yes, how was the complaint handled?
- Does the composition of the staff reflect the demographics of the community?

OS7. The organization operates in accordance with applicable professional, ethical and legal principles in:

- board governance
- financial management
- programming and services
- personnel
- community engagement
- fund development
- safety
- health
- facility operations

Questions to consider:

Board Governance:

- How are new board members oriented?
- What are the provisions for on-going training for board members? Is board training mandatory?

- Does every board member serve on a committee?
- How does the Board of Directors assure different roles between the Board and executive director?
- What is the policy for removing board members who are not actively participating?
- Have there been problems involving conflicts of interest or nepotism with any board member over the past year?
- Does the Board involve itself in employee disputes?
- How does the Board utilize technology in performing their duties?
- Has the Board had to remove members in the past year?

Finance:

- Describe how indirect costs are allocated.
- Are net assets segregated as unrestricted, temporarily restricted, and/or permanently restricted?
- Are changes in each class of net assets disclosed on statement of activities?
- Is there a policy available to donors that describes how contributions for which restrictions are met in the same period addressed?
- Are unconditional promises to give measured at fair value?
- If long-term, are promises to give discounted to present value with appropriate footnote disclosures? Is there footnote disclosure of conditional promises to give?
- Have all payments for the following been made and made in a timely fashion during the past year, i.e., payroll taxes; worker's compensation insurance; unemployment insurance?
- How are employee hours of work tracked?
- How are employee work activities tracked?
- How are employee benefits tracked?
- When was the organization's last inventory of equipment and furnishings conducted?
- Are billings made to the DVS/MDSVPTB done on an actual cost reimbursement method? If no, how are billing amounts determined?

Resource: [Generally Accepted Accounting Principles Guide Sheet](#)

Programming and services:

- Are staff who are licensed, such as counselors, therapists or SANE nurses, who ensures that their licenses current?
- How is it ensured that licensed staff are maintaining training requirements and staying up to date with current best practices?
- Are the services and service spaces trauma informed?
- Does the organization have an adopted code of ethics for service provision?
- Is the organization consistently sending staff to trainings and is there a process for sharing the information and best practices from trainings with the entire organization?
- Is there a continuous improvement process? Is the organization looking at the services and work being done from a survivor perspective rather than what is easiest for the organization?
- How is the Board of Directors on-boarded when joining the board? What type of on-going training to they receive regarding programming and services? How are they educated about the work and how to talk about the work and survivors of domestic violence and sexual assault in the community?

Personnel:

- How does the organization ensure that it follows federal and state employment laws?
- What policies are in place for employees to file a grievance?

- How are employees informed of their rights and any grievance procedures?
- Are personnel policies fair for employees?
- What type of working environment has the organization created for its employees?

Community Engagement & Fund Development:

In fund development and community engagement, activities that are legal, ethical and best practice could include:

- Accurate and honest communication
 - Activity alignment with organizational mission
 - Adherence to state fundraising laws AG - Charitable Trust (michigan.gov)
 - Adherence to Federal IRS fundraising laws: Charitable Contributions | Internal Revenue Service
<https://www.irs.gov/charities-non-profits/charitable-contributions>
 - Donor Bill of Rights
 - Financial transparency – easy access to non-profit financial and Board information
 - Having a State of Michigan Charitable License to Solicit
 - Notices required with solicitations
 - Obtaining proper licensing for events (liquor, raffle)
 - Policies and practices about the use of survivor stories and as speakers
 - Policies related to using images of people – must have permission, and may not include personally identifying information or images of minors
 - Public disclosure requirements
 - Public donor lists in manner which the donor wants
 - Reports to foundations and other funding sources
 - Respect restrictions on donor gifts
 - Timely gift acknowledgements
 - Transparency with fundraising costs
- Does the organization allow staff to volunteer for fundraising activities? If yes, are there practices and procedures used for evaluating the risks?
 - How do you honor and record a donor's intent of a gift?
 - How do you recognize donors?
 - How do you comply with legal requirements surrounding fundraising and charitable solicitations.
 - How do you determine fair market value of donated gifts.
 - What is your process for identifying, documenting, and recording fundraising expenses.

Fundraising and Charitable solicitations legal requirements: Raffle licenses, liquor licenses, license to solicit, how donations are valued, quid pro quo contributions when a donor receives something of value in return for their contribution.

- [Michigan Charitable Solicitation Act: AG - Charitable Trust](#)
- [Charitable Contributions | Internal Revenue Service https://www.irs.gov/charities-non-profits/charitable-contributions](https://www.irs.gov/charities-non-profits/charitable-contributions)

OS8. The Chief Executive Officer or Executive Director exercises full responsibility for the day-to-day management of the organization.

Questions to consider:

- How does the ED/CEO interface with individuals who are delegated service delivery management responsibilities?
- Under what circumstances is ED/CEO input required in day-to-day management?
- Are the organization's contract(s) required reports accurate and submitted on time?

- What is the quality assurance process to monitor the accuracy of data that is entered, stored, and reported from electronic database.

OS9. The organization has a Board of Directors/Governing Authority and designated personnel to implement and manage:

- community engagement
 - day-to-day operations
 - facilities
 - financial activities
 - fund development
 - personnel
 - specific services/programs
 - systems change
-

Questions to consider:

- What position title(s), and financial duties, are responsible for implementation of accounting policies, and procedures for the organization's financial management?
- What are the position title(s) of the designated personnel used to manage its delivery of service(s)?

TSH:

- Which staff are responsible for:
 - TSH client services
 - Recruiting landlords
 - Engaging and working with community landlords.
 - Working with systems partners.
- Activities conducted in the last year to recruit landlords.
- Landlord engagement activities.
- Staff involvement with resolving landlord and tenant issues
- In the last year, have staff provided or arranged for training of landlords?
- Do DVS/MDSVPTB Division of Victim Services - TSH funded staff provide services to non-DVS/MDSVPTB TSH participants?

Personnel:

- Who is responsible for implementing policies, procedures, and practices as they relate to staff and volunteers?

OS10. The Board of Directors/Governing Authority and the organization establish comprehensive and practical policies for efficient and effective operations including:

- client related polices that are survivor-centered and trauma informed, including SANE and TSH services
- community engagement
- facility management
- financial management
- fund development
- personnel management
- service delivery

- **systems change**
- **use of technology**

Questions to consider:

- What is the process for making changes to policies?
- How are staff informed/trained when there are changes made to policies?
- How often are policies reviewed by the Board?
- How do staff access policies?

Examples of policies for the following areas are listed below. This is not a comprehensive list; your organization may not have all the policies listed or may have different policies.

Community Engagement:

- Acceptance of donations
- Communication
- Media responses
- Donor privacy
- Events
- Event evaluation process/methods
- Fundraising
- Gift acceptance
- Social media
- Survivor stories

Policies to Protect Children

- Safe facilities and equipment
- Child abuse and neglect
- Staff screening
- Childcare
- Car seats
- Education participation

Financial:

- Audit processes
- Authorization to sign contracts, approve expenditures and sign checks
- Banking procedures (including electronic)
- Bidding
- Budget
- Compensation determination process
- Conflict of interest
- Cost allocation
- Credit card use and acceptance
- Depreciation
- Document maintenance, retention and destruction
- Donations
- Equipment
- Financial reports
- Gift acceptance
- Required annual interest/potential conflict of interest disclosures by board of directors and key employees
- Risk assessment
- Travel and reimbursement
 - Rates of reimbursement
 - Receipts required or not
- Insurance
- Internal controls including step by step description of how money or instruments of money is handled, the degrees of separation from opening the mail, issuing and signing checks, and going to the bank to make deposits, job titles for persons performing functions
 - Inventory
 - Investments
 - Line of credit including authority to engage, access and limits
 - Mail
 - Payroll
 - Procurement/Bids
 - Purchases
 - Workday definition for exempt/non-exempt employees

- Documentation required for mileage reimbursement
- Eligible expenses
- Whistleblower policy
- Use of personal auto

Governance: A board governance policy manual is a document that provides parameters of how Board will operate within the organization. It outlines the processes, rules, policies on how the Board will govern itself (the tasks and things they will do) and the policies the Board will oversee, for example financial management and personnel, in conducting, monitoring and overseeing the business of the organization.

This is not a comprehensive list but examples of what to consider including in a board governance policy manual:

- Annual oversight tasks also known as a monitoring calendar
- Board code of ethics
- Board governance policy
- CEO/Executive Director Compensation determination process
- Conflict of Interest
- Document retention and destruction, minimally meeting contract requirements
- Gift acceptance
- Virtual meetings
- Whistleblower
- Investment policy
- Risk management
- Role of the Board including ethical, legal, financial oversight; and defined roles in evaluation, risk management, strategic direction, day to day management, operations, personnel oversight
- Role of the Chief Executive Officer/Executive Director
- Voting – in person, electronic, quorum
- including ethical, legal, financial oversight; and defined roles in evaluation, risk management, strategic direction, day to day management, operations, personnel oversight
- Short-term and long-term planning

Personnel Policies:

This is not a comprehensive list but examples of what to consider including:

- Administrative leave
- American with Disability Act
- Attendance
- Benefits
- Confidentiality
- Conflict of interest
- Discrimination/harassment complaint process
- Drug/smoke free workplace
- Whistleblower
- Employee injuries
- Employment
- Employment status
- Equal Employment Opportunity
- Ethics and conduct
- Grievance response
- Nepotism
- Performance appraisals
- Personnel records
- Workplace violence policy
- Premium/hazard pay
- Safety
- Sexual harassment
- Social media usage
- Technology
- Termination
- Time and pay
- Travel
- Universal precautions
- Work from home policy

SANE Policies:

This is not a comprehensive list but examples of what to consider including:

- Acute care needs
- Aftercare or follow up
- Confidentiality
- Contacting advocates
- Court testimony
- Crisis intervention (assessment, triage, safety planning, transportation)
- Hospital/medical SANE exams when medically needed (for community-based programs)
- Maintenance of chain of evidence for evidence kits
- Medical examination and evidence collection
- Medical protocol(s)
- Suspect examinations
- Patient/survivor autonomy
- Peer review process
- Photo documentation
- Record sharing
- Referrals and information
- Responding to patients/survivors with special needs and/or disabilities
- Response time
- Rights of patients/survivors and self determination
- Role of Children's Advocacy Center (CACs), if applicable
- Role of criminal justice systems
- Situations requiring mandatory reporting
- Staff qualifications and training

Technology Policies:

Technology use in organizations is constantly evolving. New threats, risks and challenges are presented continuously with hardware and software and requires an organization's constant monitoring. The establishment of a regular review of technology policies is necessary for the protection of an organization and its service recipients.

This is not a comprehensive list but examples of what to consider including:

- Authorized use and access
- Back up of systems
- Cell phones
- Collection, modification, use, and disclosure procedures for personally identifiable data (client and staff)
- Data breach response plan
- Engaging clients through electronic systems
- Firewalls/safeguards
- Physical protection of servers, computers, phones, and security systems
- Plan for system disruption
- Policy on electronic searches of clients
- Social media and staff safety
- Content of electronic records (client, business, financial), how long it is maintained, and who may access
- Use of personal electronic devices
- Use of technology in accommodating individuals
- Virtual meeting platform(s)
- Procedure for software installation and patches
- Procedures for the secure disposal of computers or other electronic media that contain client identified and other personally identifying data
- Processes for survivors to opt-out, inspect, withdraw, or correct their data/records
- Screening, training and background check processes of individuals who have access to sensitive information
- Social media usage for agency
- Working off site

Resource: NNEDV Internet Computer Safety

TSH Policies:

This is not a comprehensive list but examples of what to consider including:

- Access to supportive services once resident is no longer in the TSH program
- Application process
- Confidentiality

- Dependent children
- DVS/MDSVPTB funded vs. Non-DVS/MDSVPTB funded TSH program expectations, if applicable
- Mobile advocacy
- Program terms and conditions
- Rent requirement(s)
- Resident selection process
- Eligibility requirement(s)
- Flexible funding
- Lease agreement(s)
- Residents who are survivors of domestic violence/sexual assault vs. those who are not, if applicable
- Service termination
- TANF income requirement(s)

Flexible funding is financial support provided to survivors to address barriers that exist between the survivor and safety while maintaining client confidentiality. Financial support can be provided in several ways depending on the survivor's needs, the parameters of the funding source and organizational policy. Generally, the issuing process has as few barriers as possible.

Flexible funding can include:

- payments to a third party requested by the survivor
 - childcare provider
 - health care provider
 - landlord
 - others
 - professional services (mechanic, electrician, plumber, carpenter)
- Agency purchasing/providing gift card for necessities or services requested by the survivor
- Cash assistance provided directly to the survivor
- Utilities
- Documents (birth certificates, state IDs)
- Education (GED, certificate courses, testing, license renewals)

OS11. The Board of Directors/Governing Authority and the organization evaluates the effectiveness and efficiency of:

- the overall organization
 - services
 - administration of staff and volunteers
 - community engagement
 - fund development
-

Evaluation is the process of collecting information about the program in order to assess the effectiveness of service delivery, challenges and opportunities. Using evaluation information an organization can make adjustments that better meet client needs and improve program services and/or elements within the organization.

Assessments/evaluations include determining what works and what does not. It can also include analyzing the impact of services, client satisfaction, supervisor to staff ratio, staff to client ratio, staff productivity, fundraising events, and cost effectiveness. Information gathered from evaluation can be utilized to propel changes to improve the quality of an organization's practices and services.

Effective Management Series - [National Victim Assistance Academy \(NVAA\) | How We Can Help | OVC TTAC](#)

Personnel:**Questions to consider:**

- How many individuals does the organization currently employ full-time? Part-time?
- How many full-time equivalents (FTEs) are there?
- How many administrative/management staff positions does the organization have?
- How many supervisory staff positions does the organization have?
- How many direct service positions does the organization have?
- What questions do you ask and/or what data do you use to determine the number of positions that are needed in each of the above categories?
- What are your staff/supervisor ratios throughout your programs?
- What questions do you ask to determine staffing patterns?
- How often do you review your organizational chart?
- How do you know if procedures and practices related to the management and administration of staff are effective in meeting the organization's mission?

Community Engagement:**Questions to consider:**

- How does the organization evaluate the success of its community engagement activities?
- How does the organization use evaluation in developing, reviewing, and/or revising these programs?

Fund Development:**Questions to consider:**

- How does the organization evaluate its fund development activities?
- Do the fund development efforts support organizational sustainability?
- How does the organization use evaluation in developing, reviewing, and/or revising fundraising efforts?

Process and utilizing data in program evaluation –

- Who gets reports?
- Is data used when making staffing decisions, program decisions, goals, objectives?
- Who is involved?
- What information/data is utilized?
- How often is it completed?
- What questions are asked in determining when to reassign, add or reduce staff?

TSH Program Evaluation Stakeholders – Residents, staff, landlords, community members and partners

Section A ~ Policy and Governance

1. Summary of the Standards

This section presents standards that encompass an organization's policies and governance – the foundation of organizational self-definition and self-regulation. Compliance with these standards will help ensure that an organization serving survivors of domestic/intimate partner violence and/or sexual assault and their family and friends will:

- Function in accordance with its stated purpose
- Meet survivor service and advocacy needs
- Have a Board of Directors/Governing Authority (Board) that sets policy, provides oversight and is accountable for the organization
- Have a Board of Directors/Governing Authority (Board) that functions within acceptable non-profit practices

2. Basic Considerations

The role of the Board is to give direction to the organization. The Board may appoint an advisory body and delegate some of the functions addressed in the standards; however, the Board is the signatory to the contract(s) and cannot delegate its responsibilities for compliance to the standards.

These standards emphasize the role of the Board in setting policy, identifying needs, developing a strategy to address needs, evaluating the effectiveness and efficiency of the organization, and providing oversight. The role of the Board and the Chief Executive Officer or Executive Director are clearly differentiated; staff does not govern, and the Board does not administer the day-to-day activities. The Board establishes policies and the staff, at the direction of the Chief Executive Officer or Executive Director, implements programs reflecting those policies. A clear governance structure is in place.

A1. The organization has developed a transition plan to address Executive leadership changes.

Leadership changes especially executive leadership changes can create uncertainty and turmoil within an organization. Comprehensive transition plans tailored to meet the needs of the organization can help to provide clarity and understanding during such times.

Question to consider:

- What plans has the Board developed for the possible transition of the executive director?

A2. Members of the Board of Directors/Governing Authority are selected to foster a broad base of knowledge to achieve the organizational mission and participation in governance of the organization.

Non-profit organizations are not always able to hire individuals with all of the expertise needed to successfully operate, having a broad base of knowledge accessible through members of the Board of Directors with a can help fill in gaps that an organization may otherwise experience.

Questions to consider:

- How does your organization select board members?
- What process does the Board use to recruit new members?
- Are survivors represented on your board?
- Do board members have expertise such as HR/legal/financial?
- Do you have a Board matrix?
- Do you have a process to determine what expertise is needed?

A3. There is a rotation mechanism to ensure a balance of new Board of Directors/Governing Authority members and ongoing members.

Ensuring a balance of new and ongoing board members allows for stability and sharing of institutional knowledge amongst board members.

Questions to consider:

- Does the organization have term limits for board members?
- Are there term limits for officers?
- Is there a rotation in place?
- Are term limits and rotation schedules documented in policy or by-laws?
- Is there a process for determining what expertise/perspective/experience may be needed?
- A board matrix is one tool used by organizations to get a full picture of the board as well as help to identify current or future needs.

This would typically be captured in the by-laws.

A4. The composition of the Board of Directors/Governing Authority is diverse and representative of the geographic area served.

Diversity is about the different perspectives; skill sets and representation that individuals bring to the board. Board diversity includes personal experience, expertise, perspectives, and influence. Examples include different professions, life experiences, geography, age, race, gender, sexual orientation, socio-economic status, involvement with communities, interests.

A diverse board:

- Reflects the diversity of the community served therefore providing access to resources through connections with partners and potential donors.

- Offers diverse perspectives from individuals better qualified to identify solutions and risks when facing major decisions.

A5. One hundred percent of the Board of Directors/Governing Authority makes a monetary contribution to the organization.

100% financial support from the Board of Directors can indicate dedication and commitment to the organization and its mission. There is no required donation level, organizations set expectations that are reflective of the organization's unique needs. Board commitment is routinely evaluated by funders especially local funders.

Questions to consider:

- Is board support addressed in written by-laws?
- Who is responsible for ensuring 100% financial support is achieved?

A6. The Board of Directors/Governing Authority initiates and actively supports fund development efforts.

Questions to consider:

- How does the Board of Directors/Governing Authority support fund development efforts?
- What type of documentation is maintained by the organization (i.e. Board meeting minutes, committee meeting minutes, funding plans etc.) that could be used to demonstrate the level of support provide?

A7. The organization functions in accordance with its stated purpose.

Questions to consider:

- Does the organization have a written mission and philosophy?
- Is the organization fulfilling its stated purpose or had the purpose changed over time?
- Has the organization experienced "mission drift".

A8. The Board of Directors/Governing Authority reviews and manages risks facing the organization.

This standard is looking at how the board is evaluating risks to the organization. How they identify those risks and what are they doing for risk mitigation. Is the board being informed about program/services related activities that could put the agency at risk? For standards reviews these activities could be observed in Board meeting minutes Executive committee meeting minutes and/or the Board calendar These things could be occurring through informal conversations but may not be documented, it is best practice to document these activities in some format. Risks come in many forms some are obvious while others are less so. There may be some areas/levels of risk that the organization determines are necessary/acceptable.

An assessment is used to explore potential risks and vulnerabilities organizations face. It includes what will be done to protect the integrity of the organization and minimize its risks. An organization looks at potential risks to reduce the impact of or avoid:

- An individual being injured (staff, volunteers, clients, donors, community members)
- The likelihood of facing legal action/consequences
- Loss of funding
- Loss of public credibility
- Potential harmful impact on survivors, service participants, staff, Board members, volunteers, community members
- Natural disaster
- Technology vulnerabilities: electronic database, video conferencing, firewalls, mobile devices

Questions to consider:

- How does the Board identify potential risks facing the organization?
- What process and tools does the organization utilize to identify, evaluate and monitor risks?

A9. The Board of Directors/Governing Authority is accountable for the organization.

Questions to consider:

- How many board meetings were held during the last year?
- How many board members does the organization have and what was the percentage of attendance at board meetings in the past year?
- How does the Board of Directors ensure that the organization has filed all documents required to be submitted with the state, local and federal government?
- How does the Board of Directors ensure adequate resources, protect assets, and financial oversight?
- How and how often is a performance evaluation completed for the organization's Chief Executive Officer/Executive Director?
- If the organization is part of an umbrella organization, how and how often is a performance evaluation completed for the organization's Domestic/Intimate Partner Violence and/or Sexual Assault Program Director?
- How does the Board of Directors evaluate it's own performance?
- How has the Board of Directors provided stability and/or leadership during the past year for the Domestic Violence and/or Sexual Assault and/or Transitional Housing programs?
- What kind of reports do the Board of Directors and/or advisory board receive and generate?
- How is the Board informed of their legal fiduciary and ethical responsibility?
- Who is authorized to contract on behalf of the organization?

What documentation will help to answer these questions? Board meeting minutes, committee meeting minutes, Board packets and Board Governance Policies.

Organizational reports:

This is not a comprehensive list but examples of what to consider including:

- Board and staff self-assessments and satisfaction
- Community partners feedback
- Community systems surveys of agency work
- Cost analysis
- Financial reports
- Review of client feedback/satisfaction surveys
- Service delivery reports describing:
 - Number of individuals accessing/using services
 - Which services accessed/used

- Level or amount of services accessed/used
- Staff reports

Board Governance Policies – A document that provides parameters of how Board will operate within the organization. It outlines the processes, rules, policies on how the Board will govern itself (the tasks and things they will do) and the policies the Board will oversee, for example financial management and personnel, in conducting/monitoring/overseeing the business of the organization.

This is not a comprehensive list but examples of what to consider including in a board governance policy manual:

- Annual oversight tasks also known as a monitoring calendar
- Board code of ethics
- Board governance policy
- CEO/Executive Director Compensation determination process
- Risk management
- Whistleblower
- Virtual meetings
- Role of the Board including ethical, legal, financial oversight; and defined roles in evaluation, risk management, strategic direction, day to day management, operations, personnel oversight
- Conflict of Interest
- Document retention and destruction, minimally meeting contract requirements
- Gift acceptance
- Investment policy
- Role of the Chief Executive Officer/Executive Director including: ethical, legal, financial oversight; and defined roles in evaluation, risk management, strategic direction, day to day management, operations, personnel oversight
- Short-term and long-term planning
- Voting – in person, electronic, quorum

A10. THE ORGANIZATION FOLLOWS ACCEPTABLE PRACTICES FOR PUBLIC DISCLOSURE OF PROGRAM ACTIVITIES AND FINANCIAL POSITION.

Questions to consider:

- What is the nature and scope of the organization’s public disclosure practices.
- How does the organization make its program activity or financial information publicly available?

An exempt organization must make specific tax documents available for public inspection and copying. These items include:

- IRS determination 501 c-3 letter
- Annual return (990 or 990EZ)

IRS – <https://www.irs.gov/charities-non-profits/public-disclosure-and-availability-of-exempt-organizations-returns-and-applications-documents-subject-to-public-disclosure>

Section B ~ Financial Management

1. Summary of the Standards

This section presents standards that encompass the organization's management of financial resources. Sound financial management practices and continuous monitoring of the organization's financial status is essential if its effectiveness and viability are to be maintained. Compliance with these standards will help to ensure that:

- Financial resources are prudently used
- There is an accounting of how financial resources are used
- There is public disclosure of how financial resources are used

2. Basic Considerations

These standards stress that Generally Accepted Accounting Principles (GAAP) with regular internal and external reports and audits are the foundation for prudent management of capital, endowment and operating income/expenses.

It is the role of the governing body to ensure financial accountability and that the bulk of the organization's resources are used to meet service needs. The standards emphasize strong financial management policies and the establishment of plans for the organization's financial management and long-term financial stability.

B1. The governing body adopts, and the Chief Executive Officer or Executive Director implements comprehensive budgets in accordance with generally accepted accounting principles.

Questions to consider:

- How is the budget developed and approved?
- How are specific income and expenditures determined by program in the budgeting process?
- How are management in general and fund development costs determined in the budgeting process
- What percentage of the budget is allocated for management and general costs?
- What percentage of the budget is allocated for fund development costs?
- What date, as noted in Board minutes, was the current budget adopted by the Board?

[Generally Accepted Accounting Principles \(GAAP\) Guide Sheet \(ojp.gov\)](#)

B2. The organization uses functional accounting to track finances by program or service area/cost center.

Questions to consider:

- Is there an allocation of finances by program/Expenses are attributed to each program.
- What are your allocation categories?
- Are all grants tracked separately?
- Are you able to determine the actual cost of running each of your programs? For example, the actual cost of running your shelter, the actual cost of running the sexual assault program.

This helps the program understand the actual cost of providing a service and ensures that costs are being tracked and allocated appropriately. Programs receiving state and federal funding must be able to provide a separate general ledger for each grant to ensure that funds are not being co-mingled.

There is more than one way to do this, and each organization will determine what will best meet its needs.

B3. The organization prepares financial statements that clearly and fairly present the organization's financial position in a timely manner.

Questions to consider:

- How does the Chief Executive Officer or Executive Director monitor the financial situation/status of programs and the organization?
- What reports are generated and provided to the Board so that it may adequately perform their fiscal oversight function? How often do they receive these reports?

B4. The organization maintains an adequate system of internal controls including effective and efficient systems to account for all financial transactions to safeguard assets and to prevent or detect fraud.

Questions to consider:

- What are the organizations' internal control procedures? Are they documented?
- What are the lines of authority and reporting for employees involved in accounting activities?
- Are all transactions authorized by an appropriate individual? Explain.
- What are the limits of authorization?
- Does someone list all receipts, both cash, and checks, showing from whom it was received, and the amount?
- Are pre-numbered receipts utilized for both cash, and checks to show from whom it was received and the amount?
- How frequently are deposits made?
- Are all checks immediately endorsed "For Deposit Only"?
- Are bank statements reconciled by someone other than the person authorized to deposit or withdraw? Explain
- Are pre-numbered checks used? If no explain how check numbers are not duplicated.

- Are two signatures required?
- Are checks ever pre-signed or is a signature stamp used? Explain
- If the organization uses electronic methods for payments and receipts:
 - What electronic financial methods are being utilized:
 - Bank EFT, PayPal, app pays, square readers
 - Who is authorized to make electronic transactions?
 - How are electronic transactions documented?
 - How is it monitored?
 - Describe the process for reconciling the accounts, including who is responsible, and how often completed.
- Has an independent accountant identified separation of duties as a concern in the annual audit?

B5. The organization maintains a detailed written description of its segregation of duties related to internal controls.

Questions to consider:

- What functions put the organization at risk if they are not separated or reviewed by different staff/board members?
 - Opening mail
 - Writing checks
 - Making purchases etc.
 - Balancing accounts
- What staff or board members can have duties to help reduce the risks?
 - Receptionist
 - Financial Officers
 - Program Managers
 - Directors
 -
- What responsibilities should belong to board members, administrators, or staff?
- When and where will assigned tasks be completed?
-

Separation of Duties is an internal control built for the purpose of preventing fraud and error in financial transactions. It ensures that there are at least two individuals who are responsible for completing a critical task that has financial consequences or can impact financial reporting.

B6. The organization provides for an annual audit by independent accountants.

Questions to consider:

- Do audit components include a balance sheet/statement of financial position, statement of activities, statement of cash flows, and notes to financial statements? If no, what audit components are included.?
- Did the auditor prepare a letter summarizing findings and recommendations to board separate from the standard management letter? If yes, did the organization provide a written response?
- Does the independent auditor meet with the Board at least annually to discuss the audit report and matters of concern? If no, how is the Board is apprised of the result of the annual audit?

B7. The organization annually meets Form 990 filing requirements.

Questions to consider:

- Does your organizations gross receipts or assets meet the federal requirements. (Currently least \$200,000 or total assets at least \$500,000.)
- Is your organization still operating as a 501(c)(3).
- Does income meet the federal requirements?

B8. The organization retains all books, records, and other documents relevant to the contract(s) for a minimum of six years after final payment.

Questions to consider:

- How many years has the organization retained books, and records relevant to the DVS/MDSVPTB contract(s)?
- How and where are they stored?

B9. The organization has sufficient cash flow to meet its operating needs.

Questions to consider:

- Does the Board compare your liabilities to the cash you have available?
- Are the sources of your cash flow dependable/secured?
- How often is your cash flow projection reviewed?

B10. The organization maintains adequate reserves.

Questions to consider:

- Does the Board have a cash reserves policy that defines accessibility/liquidity parameters, and the amount of reserves to be accumulated/maintained? Please explain.
- With the current reserves how many days of expenses could be covered?
- How does the organization identify reserves within the financial statements?
- How does the organization balance current financial needs of the organization with the need to accumulate sufficient cash reserves?

B11. The organization conducts a fund development program that secures sufficient funds to meet its current needs and future goals.

Questions to consider:

- How does the fund development program consider future goals as it works to meet current needs?
- What changes may occur in the future including budget restraints, increasing volume of clientele, etc.?

B12. The organization uses a cost analysis process as part of its ongoing planning and program development.

Questions to consider:

- What is the organizations cost analysis process(es) for:
 - a. Current programming
 - b. Implementing a new program
- What recent changes have been made as a result of cost analysis process and additional factors that were considered in the determination, if applicable?

Cost Analysis: How the organization determines cost(s) by program or service area/cost center within an identified area, examples include:

- Counseling and advocacy services within domestic violence and/or sexual assault non-residential services
- Program services by category (DV, SA, SANE, TSH)
- Emergency shelter
- Fundraising events (time and costs vs revenue vs social capital)
- Purchasing equipment/property (buying vs leasing/renting)
- Staffing (volume of units of service vs staffing hours) (staff utilization of time)

Financial documentation: For example: How are decisions made for large purchases. Reviewers are Looking to see if all procedures were followed:

- How was the need for the purchase introduced?
- What method was used to determine the cost to the budget?
- Were comparisons made or was there a bidding process? Did the staff conduct comparisons between vendors?
- These things are typically seen in the Minutes of HR and Finance committees meetings or documented in some other method if the organization does not have those committees.
- This could be done by the executive director and may not have documentation of this.
- Could be described in staff interviews.
- Does the organization have a written process/policy for procurement?

B13. The Board of Directors/Governing Authority continuously reviews and analyzes its financial position.

Questions to consider:

- Does the Board of Directors have a mechanism to look at the organizations finances regularly?
- Is the full Board of Directors either monthly or quarterly reviewing balance statements and Income and Output statements?
- Does the Board President or Board Treasurer have access to review account balances?
- Are point in time review of cash flow statements being done?
- Does the Board conduct an annual review and update of financial policies?
- If the Board of Directors has a finance subcommittee, are there meeting minutes for the subcommittee?
- Is the subcommittee reviewing monthly financial statements, credit card bills, endowments?

B14. The organization has and adheres to a written policy for the Board of Directors to adopt and reviews salary range and fringe benefit schedules.

Questions to consider:

- Has the Board adopted a current salary range and fringe benefit schedule?
- Is there a method for ensuring equity?

Other considerations: while having board adopted ranges and schedules could inhibit an EDs flexibility for staff salaries and hiring decisions, having board adopted salary ranges and benefit schedules allows for transparency and equity and helps to ensure that decisions made fairly and not randomly. Regularly could mean annually, bi-annually or a different time frame that works best for the organization.

B15. The organization provides and maintains adequate insurance coverage including general liability, professional liability, directors and officer's liability, fraud/employee theft coverage, non-owned auto insurance, cyber insurance, sexual abuse and molestation liability, and others as needed.

Questions to consider:

- What are the limits of the organization's general or umbrella liability? What does it cover?
- What are the limits of the organization's professional liability insurance? What does it cover?
- What is the organization's coverage related to fraud/employee theft?
- What is the organization's coverage related to non-owned auto insurance?
- What is the organizations coverage related to cyber insurance?
- Are there other insurances needed for specific program areas or organizational practices?

It is important to check your contract for minimum requirements of the type of policy and coverage limitations required: some examples may include:

- Auto
- Bond
- Commercial
- Crime
- Cyber (*contractually required*)
- Directors and Officers Liability
- Employment Practices
- ERISA (Employment Retirement Income Security Act)
- Flood
- Fraud
- General Liability (*contractually required*)
- Lawyer
- Medical
- Professional Liability
- Property – Building and Equipment/Furnishings
- Sexual Abuse/Molestation (*contractually required*)
- Umbrella
- Unemployment (*contractually required*)
- Volunteer
- Workers Compensation (*contractually required*)
- Non-Owned Auto Coverage

The organization's insurance carrier can provide an ACORD form that summarizes specific coverages.

B16. The organization provides unemployment compensation coverage and worker's compensation insurance in accordance with applicable federal and state laws.

Questions to consider:

- Are you self-reimbursing organization for workers compensation?
- Does your organization participate in the State Unemployment System, or do you purchase independent policies?
- How does management ensure that timely payments and submission?

Section C ~ Program Administration and Service Delivery

1. Summary of the Standards

This section presents standards that encompass an organization's program administration, practices and methods of service delivery. Compliance with these standards will help ensure that an organization that provides services to survivors of domestic/intimate violence and/or sexual assault and their family and friends will:

- Operate efficiently and effectively
- Provide client-centered services that are culturally honoring and respectful
- Present options and information
- Stress safety for client and their children
- Provide support and advocacy that respects clients' right to self-determination

2. Basic Considerations

These standards encompass the overall practices, procedures and plans that the organization needs to ensure that persons served and prospective persons to be served receive the services they are eligible for, interested in and in need of; and that those services are delivered in a manner that is client-centered, non-judgmental, culturally honoring and respectful; and protects the dignity and right to self-determination of clients. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

C1. The organization's client eligibility practices are consistent with the DVS/MDSVPTB contract(s) and philosophy.

How do services reflect the DVS/MDSVPTB's philosophy? (The MDHHS Division of Victim Services (DVS) partners with victims/survivors and those who interact with victims/survivors to meet a shared vision of providing and supporting direct services and systems change efforts across Michigan. In collaboration with state and local victim service providers, DVS works in partnership to develop sustainability and excellence in victim services.)

Questions to consider:

- How does the organization practices align with contract eligibility definitions?
- Does staff training assure understanding of DVS/MDSVPTB contract and philosophy?
- Do policies and procedures align with contract requirements for access to services/denial of services?

C2. The organization's service delivery, written policies, procedures and practices reflect DVS philosophy and are:

- client-centered
 - non-judgmental
 - respectful
 - supportive of the autonomy, dignity and rights of clients
 - empowering to the persons served
 - trauma-informed
 - strength-based
-

Questions to consider:

- How does the organization determine client eligibility?
- Does the organization maintain a list of persons not eligible for services? Please describe.
- Why might a person be denied service?
- If services are not immediately available to an eligible individual, what assistance and support is provided?
- Are policies focused on exiting survivors?

Crisis and helpline procedures: How the 24-hour crisis/hotline helpline works, where is it located, who supervises, how it is monitored, how are calls documented, differences/similarities for calls related to domestic violence/intimate partner violence and those related to sexual assault, define difference between crisis call vs a call requesting information or referral, text and chat procedures

Some examples of how this is evaluated - this is not an all-inclusive list:

- Language on forms and intake
- How are crisis calls answered?
- What type of information is being collected?
- Any materials used to engage survivors
- Training for employees
- Case notes
- Client surveys
- Community partner surveys/interviews
- How are offices set-up?
- How are facilities set-up?
- Appointment times/scheduling
- Written procedures

Some examples but of practices that are reflective of this standard -*please note this is not a complete list of practices that reflect this standard nor is it a list of minimum required practices it is just simply a list of some practices that are reflective this standard:

- Survivors are able to come and go from shelter with out restrictions i.e. no curfews,
- Food and toiletries are accessible, and clients do not need to go through and advocate to ask for them
- Food and toiletries reflect the needs of the populations served.
- Case notes are written from the perspective of what the service provider did, not what the client said/did
- Staff working with clients do not sit between the client and the door

- Staff and forms use person first language
- Information is freely accessible (pamphlets, PPO packets, etc.)
- Client feedback is formally (surveys) and informally encouraged (comment boxes and paper are placed thought service areas)
- Direct service staff don't just receive training, they practice and role play before working directly with client and on an ongoing basis.
- Staff do not monitor how clients are spending money/time etc
- If someone chooses to return/stay in a relationship staff are trained to say call/come anytime in the future we are her for you etc.

C3. Services are culturally honoring and inclusive of all survivors including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- How does your organization recognize and respect autonomy, dignity, and rights of clients?
- How does your organization honor the values, cultures, norms, and behaviors of different groups of people including individuals of different faiths?
- How does your organization meet the unique needs of survivors from all populations?
- Has your organization assessed your community for unserved or underserved populations?
- What trauma informed services does your organization provide?
- How does your organization assure that all clients have their needs met?
- What disabilities does your organization make accommodations for?
- What trainings has your organization had relating to providing culturally appropriate services?
- Is your organization prepared to make connections to other organizations that may be helpful to individual clients?
- Does your organization have a positive presence in culturally diverse and underserved communities?
- What are the most frequent requests of culturally specific clients and how are those needs met?
- Does your organization have procedures you couldn't change no matter the needs of the client?
- How would survivors know they are welcome at your organization?

Resource: [The Accessible, Culturally Responsive, and Trauma Informed \(ACRTI\) Evaluation Toolkit - NCDVTMH](#) "The Accessible, Culturally Responsive, and Trauma Informed (ACRTI) Evaluation Toolkit provides a comprehensive suite of materials designed for domestic and sexual violence programs to use in evaluating their work. For domestic and sexual violence programs committed to enhancing ACRTI services and supports, these measures can help programs:

Better understand strengths and challenges in becoming more ACRTI, from the perspectives of survivors and program staff members

Learn about how survivors' trauma-related feelings, beliefs, knowledge, and associated skills have changed because of the services and supports they received

Gauge how ACRTI-related organizational changes or new policies have affected staff members- or when they may be needed

Understand program staff's strengths and challenges in providing ACRTI domestic and sexual violence services

Demonstrate effectiveness in supporting survivors and their children, including to the public and funders

Grounded in the experiences of survivors and domestic and sexual violence program staff members, this toolkit includes three measures along with comprehensive guidelines on utilizing each one.

The Trauma-Informed Capacity Assessment (TICA): The TICA is designed to help domestic violence and sexual assault programs create a more supportive and trauma-informed environment for staff and survivors. It collects information on how programs integrate ACRTI principles into policies, practices, staff support, and work with survivors, their children, and communities."

C4. Service delivery is adapted to assist survivors with needs that traditionally create barriers to receiving services such as disabilities, mental health, language and/or substance abuse.

Questions to consider:

- How does the organization ensure that services are client-centered?
- How does the organization ensure that services are non-judgmental?
- How are cultural traditions honored and valued?
- How does the organization ensure that services strive to empower the persons served?
- What are the circumstances under which a client may be asked to no longer participate in services?
- How do you acknowledge a client's accomplishments?

Methods to reduce access barriers: Transportation, alternative meeting locations, Skype, texting, mobile advocacy, culturally welcoming, other accommodations.

Resource: MiVAN training: "Considerations for Victims with cognitive and communication disabilities"

Resource:

Resource: [Tools for Transformation: Becoming Accessible, Culturally Responsive, and Trauma-Informed Organizations – An Organizational Reflection Toolkit](#)

Resource: [Core Curriculum on Creating Accessible, Culturally Responsive and Trauma-Informed Services: A Capacity Building Training for Domestic Violence and Sexual Assault Programs](#)

Resource: [Committed to Safety for ALL Survivors: Guidance for Domestic Violence Programs on Supporting Survivors Who Use Substances](#)

Resource: [Webinar Series – Committed to Safety for ALL Survivors](#)

Resource: [Real Tools: Responding to Multi-Abuse Trauma A Tool Kit to Help Advocates and Community Partners Better Serve People with Multiple Issues](#)

C5. The organization provides or arranges for all services required in the contract(s). These services include but are not limited to:

- 24-hour crisis hotline
 - face to face emergency response
 - individual and group support
 - advocacy and support services
 - emergency shelter.
-

Questions to consider:

- How does the organization provide emergency response services?
- How are counseling services are accessed?
- How are advocacy services are accessed?
- How does the organization provide support services in each county in the geographic area served?
- Which service(s) is (are) accessible 24 hours a day, 365 days per year?
- What are the procedures and practices related to the 24-hour crisis/hotline helpline?
- Is there ever a time when the 24-hour crisis/ hotline helpline is not answered immediately? Is there a policy/procedure that describes the circumstances under which this occurs and how these calls are responded to?
- What steps are taken when a request for shelter is received from a survivor who is in imminent danger and your shelter is at capacity?

C6. All DVS/MDSVPTB contractually required services are provided free of charge.

- Does the organization charge fees for any services?

C7. The organization designs and implements client related policies that stress non-violence, are fair, client-centered, and consider safety for all including those who choose not to follow policy.

Questions to consider:

- What is the process for developing client related policies for each program area?
- How are program policies developed?
- How is survivor input included when program policies are developed?
- How are applicable policies made available to clients?
- What is the process for reviewing policies on a regular basis and for revisions, if needed? How is this documented?
- Have staff reviewed policies from the perspective of if they had to have the policies applied to themselves? What if they had just had the worst most stressful months or years long experience of their lives and they finally made it safely home and had to live with the Shelter policies? Would they feel fair and client-centered?

C8. The organization works to reduce barriers that prevent individuals from seeking and accessing services including mobile advocacy and the use of technology where possible and appropriate.

Questions to consider:

- How is the decision made about when and how services are administered for clients?
 - Time of day and day of week services are provided?
 - Whether services are in person or online?
 - Whether in person services are at the organization or another safe location convenient to clients?
- What steps does the organization take to reduce barriers for clients accessing services?
- Does the organization utilize mobile advocacy and technology based on the needs of survivors, not the needs of the organization?
- How does the organization accommodate non-English speaking persons?
- How do you support clients with substance abuse or addiction challenges?
- How do you support clients with mental health issues?
- How do you support clients with intellectual/developmental disabilities?
- How do you support clients with physical disabilities?
- What unique challenges does the organization have in providing services throughout the geographic service area and how these challenges are being addressed?
 - How do you ensure access to services throughout the geographic area served including remote/isolated areas?
- How are the following civil and economic injustices addressed for survivors either through referrals or direct assistance:
 - Civil legal reliefs
 - Credit repair
 - Education
 - Employment
 - Financial planning
 - Job skills

Technology in Service Delivery/Work – Texting, e-counseling, computerized accounting/database, tablets, cameras, electronic signatures

[NNEDV Internet Computer Safety](#)

Other things to consider to meet the needs of survivors

- Physical and structural spaces,
- Language access material and aids for visually impaired,
- ASL interpreter services available,
- Collaboration with community partners, partnerships with community organizations
- Transportation assistance,
- Outreach services, mobile advocacy, virtual services
- Times of appointments (possibly a longer appointment to accommodate needs of survivors using an interpreter etc.).
- Is the agency gathering information from the community about barriers?
- Are staffed trained on things like how to work with an interpreter?

C9. The organization conducts intake services consistent with DVS philosophy.

Questions to consider:

- What is the organization's intake process for each program area?
- Are intake questions necessary and respectful of client autonomy?
 - a. Are you sure they are necessary? What are you using the responses for?
- Are all intake practices respectful and sensitive to the needs of the clients and their children?
- Are intakes conducted in a warm and confidential space?
- Is the orientation process and the intake process the same?
- How long does it take for survivors to answer intake questions?
 - a. Is it necessary to collect everything at intake?
- Can survivors decline to answer questions?
- Are survivors informed of the purpose of the questions?
- Are the questions relevant to the survivors' immediate service's needs?
- If questions are necessary, can they be asked at a later point?
 - a. Ask yourself Why each question is necessary at intake- if you don't have a solid answer why there is an immediate need for the answer to the question then it can probably wait until later.
- At what point are survivors made aware of the confidentiality exceptions?
- At what point are survivors made aware of the voluntary nature of the services?

C10. The organization informs service participants of their rights including, but not limited to:

- **Access to a grievance process**
 - **Voluntary services**
 - **Services that are free of charge**
 - **Civil rights**
 - **Empowerment based services**
 - **Confidentiality**
 - **Crime victim rights**
-

Questions to consider:

- What is the process for informing clients of their rights including a grievance process?
- Is the information available on an on-going basis?
- How accessible is the policy?
- When are survivors made aware of:
 - Civil rights
 - DVS contractual requirements
 - Voluntary services
 - Free of charge
 - Empowerment based
 - Confidential
 - Criminal justice related rights
 - Agency policies including shelter
 - Grievance policy
 - Does it address denial, reduction or termination of services?
 - Is it accessible to clients?

- What happens if organization does not address in a reasonable amount of time? Does the policy have strict time limits?
- If grievances can be made verbally or written?
- Are the time limits strict?
- Does it detail availability of assistance?
- Availability of assistive technology?

C11. The organization maintains confidential comprehensive individual client service records in accordance with acceptable practices.

Questions to consider:

1. How are case records kept?
2. What is the organization's system for keeping case records including who has access, storage location, method of tracking, related security measures, and procedures for destroying (both paper and electronic). Is this documented in a policy/procedure?
3. What safeguards are in place to protect electronic client information.
4. How is editing of electronic records managed, tracked, and monitored?
5. Who from outside the organization has access to case records?
6. Are these items documented in a policy or procedure?

This is not a comprehensive list but examples of what to consider including in client records:

- Documentation that client eligibility was determined based on declaration of circumstances
- Date(s) of contact with client
- Description of type(s) of assistance requested by client and assistance provided
- Method(s) of service delivery
- Significant contact(s) with client and significant event(s)
- Release of information form(s) signed by the client, as needed
- Documentation that client was notified of the organization's client rights and grievance policy
- Client approved methods of contact, frequency, client directions in case of an emergency situation

C12. Voluntary and involuntary exit criteria and processes are equitable and consistent with DVS philosophy.

Questions to consider:

1. What are the reasons people exit services at your organization?
2. Is there a process for individuals to exit your program?
3. Does exiting a program mean exiting the organization?
4. Who reviews the exiting of clients?

Examples of processes that an organization may have in place **please note these are only examples, these processes can look very different depending on the agency and the community being served and still be equitable and consistent with DVS philosophy.*

- There could be a process where an advocate meets multiple times with a client to discuss concerns and create a mutually agreed upon cooperative living agreement so involuntary exit is a last resort.
- Consistent follow-up and permission to reach out to client after they exit.
- Asking if a client is open to check in calls and establish safety precautions.

- Having everyone exit with an open invitation to come back.
- If involuntary exit offering non-residential services
- Procedure for supervisor reviews before involuntary exit

C13. Services information and expectations are clearly communicated to survivors.

Methods of communication can include but are not limited to: Welcome letter, introduction to program staff, participant/client rights, grievances, emergency procedures, handbook

Questions to consider:

1. When and how are survivors made aware of information and expectations?
2. What process does your organization have to ensure information has been clearly communicated to survivors?
3. Are the methods and processes used trauma informed?

It may be necessary to provide information and expectations to survivors more than once. If a large amount of information is communicated to a survivor during the intake or orientation to shelter is there a follow-up process at a later time to answer any questions the survivor may have?

C14. The organization, per federal and state confidentiality provisions, protects the confidentiality of program participants and restricts access to, use of, and/or disclosure of personally identifying client information by:

- Using signed, voluntary, specific, informed, time-limited, written client release of information forms;
 - Informing clients that signing a release of information is not a condition of service.
 - Informing clients of requests for information related to their participation in services or connection with the organization
 - Having a confidentiality policy that clearly defines exceptions to confidentiality
-

Questions to consider:

- What are the organization's procedures and/or practices related to client releases of information?
- How does the organization ensure that there is informed consent and that clients know what pieces of information are being released to whom, and that opting not to sign does not prohibit or restrict access to services?
- What is the organization's procedure for informing clients of requests for information related to their participation in services or connection with the organization?
- How are clients informed of the organization's confidentiality policy?
- How does the organization communicate to staff and volunteers what breaches of confidentiality are?
- Under what circumstances, if any, is client information released without client consent?
- How are subpoenas handled?
- How are warrants handled?
- What is the process for reporting suspected child abuse and/or neglect to Children's Protective Services?
- Does the organization allow photographing, audio recording, or videotaping of clients?
 - If yes, under what circumstances and what procedures are followed?

- When client data may be transmitted electronically and what safeguards/measures are taken to protect the confidential client information?

Breaches of confidentiality: Sharing information about clients with unauthorized persons internal and external either while engaged in or after participating in the organization's services/programs; and/or during or after working hours.

[MIVAN Confidentiality Training](#)

National Victim Assistance Academy: Advanced Skills Institute

[National Victim Assistance Academy \(NVAA\) | How We Can Help | OVC TTAC](#)

Confidentiality Laws:

- Violence Against Women Act, 42 USC 13925(b)(2); and
- Family Violence Prevention & Services Act, 42 USC 10402.
- Domestic Violence/Sexual Assault Victim Counselor Privilege 2 Mich. Comp. Laws § 600.2157a(2)

Resources:

- MCEDSV - Confidentiality Policy Considerations and Recommendations: A Resource Manual for Michigan Domestic and Sexual Violence Programs - <https://mcedsv.org/wp-content/uploads/2019/11/Confidentiality-Manual-Update-2018.pdf>
- MIVAN - <https://mivan.org/>
- NNEDV Website – <https://nnedv.org/content/confidentiality/>
- Technology Safety Project Confidentiality Project - <https://www.techsafety.org/confidentiality>

Safeguards and measures to protect electronic data – Password protected documents, VPN, firewalls, use of mobile devices, texting with clients.

[NNEDV Technology Resources](#)

C15. The organization has a system for regular supervisory and/or peer review.

Questions to consider:

- What is the process for case review, both individual and peer?
- Is clinical supervision available to counseling/advocacy staff when appropriate?
 - Evidence of someone else reviewing the case notes. Is it documented in some manner? Could be done informally and not documented? Could be done in team. Could be described in staff interviews. May see a policy for electronic files.

C16. The organization conducts file/record closure in accordance with acceptable practices.

Questions to consider:

What is the organizations process for case closure of paper and electronic client records?

1. Is the process for closing files documented?
2. Is there a form for closing files?
3. Are files closed in a timely manner?

4. Are unnecessary items removed from the files?
5. Are there procedures for closing electronic records?
6. Has file been reviewed by supervisor?

C17. The organization works collaboratively with other domestic violence and/or sexual assault organizations/providers, including culturally specific service providers in the community, throughout the state, and in other states as appropriate to meet the safety and advocacy needs of survivors while maintaining survivor confidentiality.

Questions to consider:

- Evidence of adherence to policies and procedures is found in crisis call documentation, in client files, and during staff interviews?
- What is the organization's policy and procedure for referring survivors to other domestic violence and/or sexual assault service providers?
- What is the organization's policy and procedure for transporting survivors to other domestic violence and/or sexual assault service providers?
- Have problems been encountered when working with other domestic violence and/or sexual assault organizations?
 - Are they maintaining confidentiality between DV/SA programs?
 - Is there evidence of warm referral?
- Does the organization have relationships with culturally specific programs?
- What collaborative work with other local service providers in meeting the needs of domestic and sexual assault survivors has your organization engaged in?
- How do you coordinate and work with the statewide SA Hotline?

C18. The organization maintains an internal structure for efficient and effective administration of service delivery.

Questions to consider:

- How does the organization determine if the services that are being offered are relevant and meaningful to clients?
- How does the organization determine if it might be helpful to offer different services than those that are currently offered to clients?
- What method(s) do you use to determine if the organization is meeting clients' needs?

Section C-SANE ~ Sexual Assault Nurse Examiner Program (SANE)

1. Summary of the Standards

This section presents standards that encompass an organization's program administration practices and service delivery methods specifically related to SANE programming and services. Compliance with these standards will help ensure that an organization that provides SANE services to patients/survivors of sexual assault:

- Meet contract requirements relative to SANE service delivery
- Operate efficiently and effectively
- Provide patient/survivor-centered services that are culturally honoring, respectful and reflect the philosophy of the DVS/MDSVPTB
- Employ trained, qualified and certified personnel who create an ethical, supportive and secure environment for sexual assault patients/survivors
- Respond to sexual assault patients'/survivors' emotional and physical needs as well as evidentiary needs for prosecution
- Strive to ensure that patients/survivors are not re-traumatized by the exam and assist patients/survivors in gaining control
- Provide support and advocacy that respects patients'/survivors' right to self-determination

2. Basic Considerations

These standards encompass the overall policies, practices and procedures that the organization needs to ensure that persons served and prospective persons to be served in the SANE program receive the services they are eligible for, interested in, and in need of; and that those services are delivered in a manner that is patient/survivor-centered, non-judgmental, culturally honoring, and protects the dignity and right to self-determination of the persons served. It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

C-SANE1. Forensic medical examination procedures and practices are culturally honoring and respectful.

Questions to consider:

- What changes did your organizations make to become more honoring and respectful?
 - Acknowledge that this practice can be difficult to measure: organizations may utilize staff interviews, review practice/policies/procedures documentation, and other means as measurement of adherence to policy and procedure.
 - What are the organization's intake practices?
 - Are survivors able to self-identify needs?

- How do the forensic medical examination procedures and practices honor and respect cultural traditions?
 - SANE program offers culturally honoring care kits that support emotional support response in a culturally honoring way.
 - Program is open and accepting of cultural practices/ceremonies in preparing examination room i.e. prayers, songs, smudging.
- How has your organization sought input about culturally responsive practices as they relate to FME's?

C-SANE2. SANE services, practices, and policy implementation respect the self-determination, autonomy, and rights of sexual assault patients/survivors and are inclusive of all including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- What is the SANE process including advocacy for responding to sexual assault patients/survivors?
- How does the SANE program obtain appropriate informed consent from a sexual assault patient/survivor for a SANE exam?
- How does the SANE program obtain appropriate informed consent for a SANE exam from a sexual assault patient/survivor with special needs?
- How does the SANE program address situations when a parent and/or guardian, and the patient/survivor have conflicting views on receiving the exam?
- How are patient(s)/survivor(s) informed of their right to withdraw consent for portion of the exam and the right to terminate the exam at any point? What is the process should a sexual assault patient/survivor wish to withdraw consent or terminate the examination?
- How does the organization discuss the options around release of evidence/kit to law enforcement?
- When evidence/kit/information is released to law enforcement, how does the organization ensure that it is compliant with VAWA standards of informed release, i.e., patient's/survivor's informed, written, specific, reasonably time-limited consent?
- In the last year how many patient(s)/survivor(s) decided not to release their kit to law enforcement?
- What are your procedures for reporting sexual assaults to law enforcement? Is this addressed within your protocol?
- What is told to patients/survivors about reporting? Is this addressed within your protocol?
- How is a patient/survivor informed that she/he is not required to participate with law enforcement as a condition of receiving the exam?
- How are patient/survivor's self-determination, autonomy, and rights maintained with interdisciplinary entities?
- How survivor rights are interpreted varies across the state - How has the program responded to the system in their area? Survivor rights tie right to MI State Law - Right to exam, free exam, Do not have to participate in law enforcement, exam is voluntary...confidentiality as overall right and disclosure is a subset of that.

C-SANE3. The SANE program provides victim-centered medical and forensic evaluation for post-pubescent adolescent and adult sexual assault patients/survivors in a manner that minimizes trauma to the victim.

Questions to consider:

- What efforts are taken prior, during and after medical and forensic evaluations that minimize trauma to victims?
- What efforts are taken to ensure appropriate evaluation and management specific to patient age and physical development?
 - Does the organization follow the National protocol for adult/adolescents?
 - Does it appear in the organization policies and procedures including Chart/Case review?
 - Are nurses trained in related policies and procedures?

C-SANE4. The SANE program provides victim-centered medical and forensic evaluation for child sexual assault patients/survivors in a manner that minimizes the trauma to the victim and caregivers.

Questions to consider:

- What efforts are taken prior, during and after child medical and forensic evaluations that minimize trauma to victims? For patients/survivors and for caregivers?
- Does the organization policy and procedure include requirement of IAFN approved trainings?
- Are services provided by a pediatric trained nurse?

C-SANE5. The SANE program protects the integrity of evidence, including the completion of the Sexual Assault Evidence Collection Kit (SAEK) and toxicology kit as approved by the Michigan State Police.

Questions to consider:

- How does the organization ensure integrity in evidence collection and storage of SAEKs?
- How does the organization manage SAEKs and records for exams that are completed off-site?
- How does the organization ensure patients who desire evidence collected and kit release aligns with SAEK laws?
- Does the organization utilize Reports from Track-kit, logging of Do Not Release Kits?

C-SANE6. The organization's policies, protocols, and practices related to SAFE Response payments are consistent with Michigan law and the DVS/MDSVPTB's philosophy, and there are mechanisms in place to prevent survivors from being charged for exams.

Questions to consider:

- How do you inform patients/survivors of how exam will be billed including how it relates to privacy and safety.

- If exams are paid for through SAFE Response, how does the organization ensure that patient(s)/survivor(s) understand that payment for the exam does not depend on their participation with law enforcement?
- How does the organization ensure that costs eligible and billed for reimbursement through SAFE Response are not also charged to another funding source?

C-SANE7. The organization responds in a timely manner to patients/survivors of sexual assault at a designated SANE site 24 hours a day/7 days per week.

Questions to consider:

- What is your policy on response time to the SANE site?
 - Do you have a defined response time benchmark?
 - How frequently do you meet the response time benchmark?
- What is your organizations' process for responding to SANE exams 24 hours per day/7 days per week?
- How many nursing and advocate staff are on call at any given time to respond for SANE exams? Does this number provide sufficient coverage?
- How do you ensure that no one SANE or advocate is overburdened?

C-SANE8. The organization has defined roles for providing medical and advocacy services as well as mechanisms to ensure coordination/collaboration between internal and external service providers.

Questions to consider:

- What staff/volunteer positions/roles are involved in providing services during SANES?
- What organizations/individuals outside of your organization is involved with SANES?
- What processes are necessary to be communicated between internal and external service providers?
- How and when are those communicated to all necessary participants?
- How is confidentiality handled if services such as Therapy are provided by a second organization?
- Does the organization conduct evaluation of SANES partnership with advocacy services? If combined program, ensure advocates available for every exam? If separate, are MOU/agreements in place? Does the organization utilize internal referrals forms and staff interviews?

C-SANE9. The SANE program provides crisis intervention, support, advocacy, and specific assistance to patients/survivors of sexual assault eligible for SANE services.

Questions to consider:

- How does the SANE program provide crisis intervention?
- How does the SANE program provide emotional support?
- How does the SANE program provide advocacy?
- How does the SANE program provide specific assistance?
- How does the SANE program provide access to transportation to and after the exam?

- How does the SANE program provide access to necessary medication?
 - HIV
 - pregnancy prevention
 - STD prophylactic
- How are the organization's ongoing services offered to patients/survivors of sexual assault eligible for SANE services?

C-SANE10. The organization provides and maintains specialized equipment for forensic evidence documentation purposes, locked space for charts/kits/other evidence, and equipment for adequate disposal of medical waste.

Questions to consider:

1. What specialized equipment is used by the SANE program?
2. How is the chain of evidence is maintained for SAEKs?
3. What is your storage process for unreleased kits?
2. What happens with SAEKs that are collected through mobile/off-site exams and who retains the kit?
3. Are the above processes and procedures documented?

C-SANE11. The organization actively participates in engaging community stakeholders to identify and address the long-term needs of sexual assault patients/survivors related to SANE

Questions to consider:

- What relationships, collaborations, and partnerships with key figures in community systems does the organization have?
- What does the organization's participation in community task forces, work groups, and/or advisory boards which focuses on issues that are not specific to, but improve, the lives of patients/survivors of sexual assault look like? Does the organization evaluate participation in MDT, review minutes and agendas?
- Does the community have a SART that meets regularly?
 - Who is involved?
 - How often does the group meet?
 - What are the group's activities?
 - What changes have occurred as a result of the SART?
- What positive changes have occurred in the way first responders respond to sexual assault because of your SANE program's involvement?
- What efforts has your SANE program has made to impact systems response to sexual assault?
 - Children Protective Services
 - Court
 - First responders
 - Hospital
 - Law enforcement
 - Prosecution
 - Underserved population service providers
- How does the organization seek ideas from other systems to improve the systems' response to sexual assault patients/survivors in the community?

C-SANE12. The organization conducts or provides for SANE specific training for personnel employed by community system organizations.

Questions to consider:

- What if any, training has the organization's staff provided in the last year to personnel employed by community systems relative to providing effective SANE services and support for patients/survivors of sexual violence?

C-SANE13. The organization uses trained, qualified and certified personnel to complete medical and forensic examinations following a sexual assault.

•The minimum standard requires that a nurse/medical provider has met the educational requirements set forth by the International Association of Forensic Nurses (IAFN) for sexual assault medical/forensic exams including didactic training, skills lab/preceptorship, speculum training, be observed by a qualified medical professional; and

•Ongoing clinical training and supervision are provided by medically qualified personnel.

Question to consider:

- What position title(s) are involved in SANE programming including organization staff and/or hospital staff, if applicable?
- What are the duties and qualifications of the SANE program medical director?
- What are the duties of staff for SANE programming including, if applicable, forensic nurse examiner, advocates, and volunteers in responding to patients/survivors of sexual assault? Are these addressed within your protocol?
- How does the organization provide court testimony? Is this addressed within your protocol?
- What training do SANEs receive to prepare them to provide court testimony?
- Is continuing education built into job description/ FNE contract?

Section C-TSH ~ Transitional Supportive Housing (TSH)

1. Summary of the Standards

This section presents standards that encompass an organization's program administration practices and service delivery methods specifically related to Transitional Supportive Housing. Compliance with these standards will help ensure that an organization that provides Transitional Supportive Housing services to survivors of domestic/intimate partner violence, sexual assault, and their family and friends will:

- Assist clients in achieving housing stability by making available flexible funding and voluntary supportive services
- Assist clients in obtaining safe affordable housing
- Engage landlords and community partners to create partnerships which support client housing stability
- Stress safety for survivors and their children
- Meet contract requirements

2. Basic Considerations

These standards encompass the overall policies, practices and procedures the organization needs to ensure that persons served and prospective persons to be served in the Transitional Supportive Housing program receive services that they are eligible for, interested in and in need of; and that those services are delivered in a manner that is client-centered, non-judgmental, culturally honoring, protects their dignity, and right to self-determination.

It also includes procedures for documentation of services that are provided and addresses the relationship between philosophy and practice.

Standard C-TSH1. The TSH program provides safe, single-family occupancy units, to domestic/intimate partner violence and/or sexual assault survivors and their children including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- Are your organization's TSH units available throughout your geographic service area?
- What types of units are available?
- How are potential TSH units identified?
- What arrangements/agreements are made with landlords?
- What is the process for negotiating these arrangements?
- How are the agreements documented?
- How are survivors made aware of the TSH program?

- What is the application process?
- Are potential participants given written TSH Eligibility guidelines?
- Are potential participants given written TSH program expectations related to rental arrangements, upkeep of the property, prohibited activities and/or grounds for termination?
- What is the process for identifying which potential participants are selected to move into TSH units?
- Who makes those decisions?

Standard C-TSH2. The TSH program selection processes are equitable and consistent with DVS philosophy.

Questions to consider:

- What staff are involved in the selection process?
- What criteria is used to choose program participants?
- Are staff and clients aware of the criteria to be used?
- Are there exceptions to the stated criteria?
- What are the exceptions?

Standard C-TSH3. The TSH program intake processes are consistent with DVS philosophy.

Questions to consider:

- What is the organization's intake process for each program area?
- Are intake questions necessary and respectful of client autonomy?
- Are all intake practices respectful and sensitive to the needs of the clients and their children.
- Are intakes conducted in a warm and confidential space? How does the organization ensure compliance with the DVS philosophy in its TSH policies and procedures?

Standard C-TSH4. The TSH program voluntary and involuntary exit criteria and processes are equitable and consistent with DVS philosophy.

Questions to consider:

- What are the reasons people exit from the TSH program?
- Are clients who exit TSH eligible for other programs/services at your organization?
- Is there a process for individuals to exit your program?
- If clients exit TSH prior to the program allotted time (i.e. 2 years) are they able to return and complete the balance of their time?
- Who reviews the exiting of clients?

Standard C-TSH5. The TSH program information and expectations are clearly communicated to survivors.

Methods of communication can include but are not limited to: Welcome letter, introduction to program staff, participant/client rights, grievances, emergency procedures, handbook

Questions to consider:

- When and how are survivors made aware of information and expectations?
- What process does your organization have to ensure information has been clearly communicated to survivors?
- Are the methods and processes used trauma informed?

Standard C-TSH6. Voluntary supportive services are available for TSH residents and their children.

Questions to consider:

- What supportive services are offered to TSH participants?
- Do TSH staff stay in contact with TSH participants when they are not using supportive services?
- What methods do staff employ to keep TSH participants informed and engaged in the program?
- Is the offering of supportive services and their use or non-use documented?

Standard C-TSH7. The TSH Staff are provided housing focused orientation, basic introductory training, and ongoing development. Training content includes:

- **Assisting survivors to retain housing**
 - **Community assessment**
 - **Economic justice**
 - **Flexible funding distribution/documentation**
 - **Housing rights/laws**
 - **Identifying survivor needs**
 - **Landlord engagement**
 - **Mobile advocacy**
 - **Philosophy**
 - **Trauma-informed/survivor-centered advocacy**
 - **VAWA housing rules**
 - **Voluntary services**
-

Economic justice occurs when survivors have access to resources to help survivors achieve safety and independence including reduction of barriers that often impact an individual's ability to move forward such as:

- Accessing legal assistance to address custody, child support
- Poor credit scores (repairing credit ratings, addressing debt, freezing credit)
- Stable employment (job training, education, removing barriers of attendance, transportation)
- Addressing financial abuse occurring after leaving the abuser:
 - o Debt
 - o Evictions
 - o Legal issues
 - o Mainstream benefits
 - o Ruined credit scores
 - o Sporadic employment histories

DV and Economic Justice Archives (NNEDV)

Questions to consider:

- What practices are used for training new TSH program staff?
- What type of ongoing training is provided for TSH staff?

Standard C-TSH8. The organization actively participates in local community groups to identify and address long-term housing needs of survivors of domestic violence and sexual assault including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- How does the organization participate in community groups to identify and address long-term housing needs of survivors of domestic/intimate partner violence and/or sexual assault?
- What projects or products have resulted from the activities of these groups?

Section D ~ Staff and Volunteer Management

1. Summary of the Standards

This section presents standards that address an organization's policies and practices regarding staff and volunteers. Compliance with these standards will help ensure that an organization that provides domestic/intimate partner violence and/or sexual assault services will:

- Employ qualified persons who create an ethical, supportive and secure environment for survivors and their families and friends
- Recruit and maintain a staff qualified to perform the work required with diverse characteristics that:
 - individuals seeking support and assistance
 - Represent the community and geographic area served in which the organization is located
- Maintain a staff of persons who are sufficiently trained and highly motivated
- Establish policies that clearly define roles, are equitable and meet legal requirements related to personnel management

2. Basic Considerations

These standards encourage strong professional values. They assume that written policies and consistent practice are the cornerstones of a quality human resource system. They include planning and evaluation of procedures and practices related to the organization's administration of staff and volunteers.

Standard D1. A comprehensive manual(s) containing all personnel policies is maintained, kept current, and made available to all staff and volunteers.

Questions to consider:

- What is the process for making changes to the personnel/volunteer policies?
- How are staff and volunteers informed/trained when there are changes made to the personnel policies?
- How often are the personnel/volunteer policies reviewed by the Board?
- How do staff and volunteers access the personnel/volunteer policies?

This is not a comprehensive list but examples of what to consider including in a personnel manual:

- Administrative leave
- American with Disability Act
- Attendance
- Benefits
- Confidentiality
- Conflict of interest
- Discrimination/harassment complaint process
- Drug/smoke free workplace
- Employee injuries
- Employment
- Employment status
- Equal Employment Opportunity
- Ethics and conduct
- Grievance response
- Nepotism
- Performance appraisals
- Personnel records

- Premium/hazard pay
- Safety
- Sexual harassment
- Social media usage
- Technology
- Termination
- Time and pay
- Travel
- Universal precautions
- Whistleblower
- Workplace violence policy
- Work from home policy

Volunteer Manual – This is not a comprehensive list but examples of what to consider including:

- Attendance
- Background checks
- Benefits
- Confidentiality
- Critical incidents/emergencies
- Documentation
- Dress code
- Drug/alcohol free environment
- Emergency procedures
- Equal opportunity
- Ethics/code of conduct
- Evaluation
- Expectations
- Expense reimbursement
- Grievance policy
- Harassment policy
- Hours of operation
- Media response boundaries
- Mission, philosophy, history
- Non-discrimination
- Parking
- Positions
- Programs
- Resignation
- Scheduling
- Smoke free environment
- Social media
- Supervision
- Termination
- Transportation
- Travel
- Volunteer orientation
- Volunteer records
- Weapons
- Social media
- Termination

Standard D2. The organization adheres to clearly defined and acceptable practices for recruiting, hiring, and assigning staff and volunteers.

Questions to consider:

- How does the organization recruit and assign employees/volunteers to fill available positions?
- If the organization does not have a policy relating to hiring relatives or friends, what is your practice?
- What measures does the organization take to avoid the appearance of conflict of interest with staff/volunteers?
- What measure does the organization take to avoid the appearance of conflict of interest in volunteers?
- What measures does the organization take to ensure staff and volunteers are reflective of the population served including members of culturally specific, underserved, and unserved populations?

Standard D3. The organization adheres to clearly defined and acceptable screening practices of potential staff and volunteers which serve to protect the organization and its clients.

Questions to consider:

- What is the pre-hiring screening process for staff/volunteers, including reference checks?
- How does the organization verify applicant employment history, education, certification and/or licensure, criminal history, history of substantiated child abuse and/or sexual abuse offense?

Background checks and screening practices that may be used – *This is not an all-inclusive list*

- o Criminal history
- o Michigan sex offender registry
- o National sex offender registries
- o MI Department of Health and Human Services Child Abuse Central Registry,
- o E-Verification,
- o Fingerprint background check (if applicable)
- o Driving record – (best practice for individuals who transport clients)
- o Out of State Background checks for anyone who has lived or worked outside the state in last five years – (required for anyone having contact with minors)
- o Written examination suitability to work with minors,
- o Reference checks
- o Employment history check
- o Confirmation of relevant licensure

Screening related policies – *This is not an all-inclusive list*

- o Positive background check policy
- o Background check policy often includes:
 - frequency of background checks,
 - who are background checks completed on,
 - type of background check conducted,
- o employee/volunteer requirement to notify agency of criminal convictions, pending felony charges, addition to the Central Registry as a perpetrator within 10 days.
- o Suitability for Working with Minors policy

Standard D4. The organization adheres to clearly defined and acceptable practices for supervising and evaluating staff and volunteers.

Questions to consider:

- What is the process for supervision of staff/volunteers?
- What is the performance evaluation process for staff and volunteers?
 - o How often does performance evaluation occur?

- o What is its relationship to job descriptions and to goals mutually set by the supervisor and staff/volunteer?
- What is the organization's process for addressing inadequate performance by staff/volunteers?

Things to consider:

- Reporting structure,
- supervision structure,
- staff ratio,
- employee development,
- job descriptions

Standard D5. The organization adheres to clearly defined and acceptable practices for voluntary and involuntary separation from the organization.

Questions to consider:

- What are the organization's practices related to terminating employment of staff and dismissing volunteers?
- What procedures are followed when an employee or volunteer leaves the organization?

This is not a comprehensive separation list but examples of what to consider when voluntarily or involuntarily separating and employee and/or volunteer:

- COBRA notification
- Collect badge/business cards
- Distribute final paychecks/pay outs
- Exit interview
- How communicated in organization/community/funders
- Key collection
- Provide forms (Approval for reference checks, updated address form, resignation letter)
- Records requiring update and documentation
- Return of equipment
- Technology access termination
- What staff is involved?

Standard D6. The organization develops and implements culturally honoring and respectful practices among its staff and volunteers.

Questions to consider:

- What actions has your organization taken to promote awareness and enhance staff's ability to recognize, honor, and respect inclusivity of all people?
- How does the organization identify the underserved, marginalized or unreached populations in the community?
- How does the organization create safe spaces for staff/volunteers who identify as members of underserved, unserved, and marginalized populations?

Resources:

- Helping Those Who Help Others; Key Findings From a Comprehensive Needs Assessment of the Crime Victim Field, link - https://reachingvictims.org/wp-content/uploads/2020/06/ACCESS-2020_NRCRV_NEEDSREPORT_6_5_20.pdf

- The National Resource Center for Reaching Victims – resources on increasing organizational capacity to serve diverse cultures and persons with disabilities – link <https://reachingvictims.org/how-we-help/resources-library/>

Standard D7. The organization establishes comprehensive job descriptions that include written qualifications for all staff positions and employs persons who meet or exceed those qualifications.

Questions to consider:

- How does the organization determine qualifications for positions?
- If individuals are hired that do not meet the established position qualifications stated in the job description, what is the decision making and documentation process? Typical qualifications to consider which describe the position and necessary abilities to perform job responsibilities:
 - Attributes
 - Education/Knowledge
 - Experience/Credentials
 - Skills/Ability

Things to consider when developing a job description:

- Who is involved in development?
- Timeline for development,
- Frequency of review,
- Process for development for new positions,
- How are revisions adopted and implemented?

Developing position activities and qualifications: the process of gathering, examining and interpreting data about the task performed in a job, may be determined by:

- Conducting time studies
- Identifying skills utilized to perform tasks
- Interviewing employees to understand tasks they are performing
- Observing how tasks are performed
- Researching other like position in similar organizations

Elements of a Comprehensive Job Description:

- Job Title
- Position Summary
- Key Responsibilities
- Skills & Qualifications
 - Education
 - Experience
 - Skills
 - Certifications
 - Years of experience
- Supervision/Department/Supervisory Responsibilities
- Employment Type & Benefits
- Job classification, exempt/non-exempt, hourly/salaried, full or part time, travel requirements, benefits available, funding source

How does the organization determine which employees are exempt or non-exempt consistent with the Fair Labor Standards Act?

Resources:

- Department of Labor fact sheets
<https://www.dol.gov/agencies/whd/fact-sheets>
- Department of Labor exempt vs. non-exempt
https://www.dol.gov/sites/dolgov/files/WHD/legacy/files/fs17a_overview.pdf
- Department of Labor standard salary increase effective January 1, 2020.
<https://www.dol.gov/agencies/whd/overtime/2019/index>

Standard D8. The organization establishes comprehensive job descriptions that includes written qualifications for all volunteer positions and utilizes persons who meet or exceed those qualifications.

Questions to consider:

- How does the organization determine qualifications for volunteer positions?

Typical qualifications to consider which describe the position and necessary abilities to perform job responsibilities:

- Attributes
- Education/Knowledge
- Experience/Credentials
- Skills/Ability

Standard D9. A comprehensive, confidential personnel record is maintained for each staff member and volunteer.

Questions to consider:

- How does the organization maintain staff personnel records including access, confidentiality, retention, and storage?
- Are there separate files maintained in addition to the personnel file?

Personnel Records files could include payroll, immigration status (I-9/E-Verify), medical/health, benefits, employee file.

This is not a comprehensive list but examples of what to consider including:

Personnel Record – Employee file

- Background check results
- Disciplinary actions
- Driver's licenses
- Educational transcripts/verification of education
- Employment application
- Employment verification/reference checks
- Goals/development plans
- Job description
- Offer letter signed by both parties
- Orientation documents
- New employee training

- Ongoing training records
- Performance evaluations
- Receipt/acknowledgement of employee handbook
- Resume
- Separation documents

Personnel Records – I-9/E-Verify

- E-Verification

Personnel Record – Medical/Health

- Doctor notes/medical leave
- Drug test results
- Employee benefit forms

- FMLA requests
- Health related documents
- Worker compensation claims
- I-9 Form
- Health insurance documents

Personnel Record – Wage, Payroll and PTO

- Bonuses
- IRS tax withholding forms
- Bonuses
- Garnishments/litigation documents
- Cafeteria Plan
- Child friendly offices

Personnel Records Separately Maintained:

- Personnel Records files could include payroll,
- immigration status (I-9/E-Verify),
- medical/health, benefits,
- employee file
- Cafeteria Plan
- Child friendly offices.

Standard D10. The organization assesses the needs of staff including salaries and benefits and implements policies and practices that create a work environment that attracts and retains qualified staff.

- | | |
|---|--|
| <ul style="list-style-type: none"> • Disability insurance • Employee appreciation events/activities • Fitness access/memberships • Fringe benefits • Health insurance (medical, dental, vision) • Holidays • HSA • Life insurance • Onsite healthy snacks/beverages • Overtime • Paid time off • Premium/hazard pay • Relocation assistance • Student loan repayment • Training/Professional development | <ul style="list-style-type: none"> • Flex time and flexible schedules • Flexible spending accounts • Remote work options • Retirement/401K contributions • Sabbatical leave • Student loan repayment • Training/Professional development • Paid time off • Premium/hazard pay • Relocation assistance • Remote work options • Retirement/401K contributions • Sabbatical leave • Travel reimbursement • Tuition reimbursement |
|---|--|

Questions to consider:

- Do they have ranges established?
- Do they have a defined benefits package?
- Are they applied consistently and equitably?
- Varies greatly between different areas of the state on what makes sense in terms of wages etc.
- Look at staff turnover

Standard D11. The organization determines the need for volunteer services and utilizes the services of volunteers as appropriate.

Questions to consider:

- How does the organization determine the need for volunteer services?
 - Do you obtain feedback from current volunteers?
 - Do you assess areas in the organization where there are gaps in staffing or service needs?
 - Consider tasks that are unallowable under specific grant funding that could be done by a volunteer.
 - Do you have a mechanism for employees to request or suggest volunteer opportunities within the organization.
- Are individual program needs being assessed as well as needs across the entire organization?
- Does the organization document this assessment?
- Recognizing that all programs have different capacities for managing volunteers which may impact how many volunteers they utilized.

Standard D12. The organization recruits diverse staff and volunteers reflective of the individuals served, community and geographic area.

Questions to consider:

- What are the methods used to ensure the hiring of a diverse workforce reflective of the populations, community, and geographic area served?
- What is the diversity of your staff and volunteers?

Diversity represents the many people that make up the community, it is about giving them a seat at the table, including their voice, and being open to listening, hearing, and responding to that voice.

Standard D13. Acceptable practices are followed for the orientation, development, and basic introductory training of staff and volunteers. Training content is compatible with the DVS/MDSVPTB's philosophy. Specialized training on both domestic and sexual violence exists for those individuals answering the 24-hour line and/or working in-person with residential or non-residential clients. New employees and volunteers providing direct service with survivors attend a New Service Provider Training (NSPT), the content of which includes:

- **Child sexual abuse**
- **Crisis and trauma intervention principles and techniques**
- **Domestic/intimate partner violence and children**
- **Dynamics of domestic/intimate partner violence**
- **Dynamics of sexual assault**
- **Empowerment philosophy specific to domestic and sexual assault**
- **Historical, psychological, and societal-cultural aspects of domestic and sexual violence**
- **Introduction to court systems especially as applicable to domestic and/or sexual assault survivors**
- **Introduction to key laws related to domestic and sexual violence including confidentiality**
- **Introduction to law enforcement procedures applicable to survivors of domestic and/or sexual assault**

- **Medical procedures applicable to sexual and domestic assault survivors including evidence collection procedures**
 - **Provision of services toward groups that are traditionally unreached and/or underserved in local communities**
 - **Resource identification, access, and advocacy**
 - **Sexual assault in the context of domestic/intimate partner violence relationships**
-

Questions to consider:

- What is the orientation and training process for staff and volunteers
 - Training goals and objectives
 - Hours of training
 - Content including community resources
 - Response to the individual's disclosure of domestic/intimate partner violence and/or sexual assault incident
 - Specialized emergency information
 - How the organization evaluates knowledge gained from training
 - How the DVS/MDSVPTB's philosophy statement is integrated into the organization's training programs
- How does the organization manage continued development of staff and volunteers to ensure they are current with advancement in the fields of domestic and/or sexual violence?

Standard D14. The organization provides a professional development and training plan for each staff.

Questions to consider:

- How does the organization establish individualized development and training plans for staff?
 - Does the organization have supporting materials that discuss a written plan for training and development? If no, does the organization provide adequate training and development with no written plan presented?
- Who creates plan for new employees and ongoing staff development?
- How are training needs determined, when is it done, where is plan documented, and how is it reviewed, how often?

Standard D15. The organization provides resources to assure that staff are sufficiently trained in technology and software used within the organization.

Questions to consider:

- How does the organization assure that staff are sufficiently trained in the use of technology and software?
- How does the organization assess the technology skills of potential and current staff to determine training needs, how often is this reevaluated?
- How you inform staff about risks associated with personal social media related to work?

Social Media Risks: Privacy, others posting sensitive information on personal accounts, identify theft
[NNEDV Internet Computer Safety](#)

Standard D16. The organization addresses vicarious trauma among staff and volunteers.

Questions to consider:

- How does the organization prevent or lessen the impact of vicarious trauma and increase resiliency among staff and volunteers?

Standard D17. Responsibility for hiring and firing staff is clearly defined.

Questions to consider:

- Which positions are designated for hiring/firing staff?
- What is the decision-making process for hiring staff?
- What is the decision-making process for firing staff?

Standard D18. Responsibility for engaging and dismissing volunteers is clearly defined.

Questions to consider:

- Which positions are designated for engaging and dismissing volunteers?

Section E ~ Community Engagement and Systems Change

1. Summary of the Standards

Goals, objectives, and plans are established for community engagement and systems change (such as community relations, education, prevention, and public awareness) and community-based systems' change efforts. This section presents standards that encompass an organization's policies, procedures, and practices relative to both:

A. Community Engagement – which encompasses:

- Communications with their community, including social media
- Community education
- Community relationships
- Prevention Education and other prevention initiatives
- Public awareness
- Public disclosures

These standards address the planning, education, and advocacy efforts in which the organization engages in to ensure that domestic/intimate partner violence and/or sexual assault survivors and their families and friends, and those at risk of the same, are protected and treated compassionately by those who are asked for or can offer help.

B. Systems Change -- advocacy efforts to ensure that community systems used by domestic/intimate partner violence and/or sexual assault survivors and their families and friends, during crisis and in their effort to end violence in their lives, effectively and sensitively respond to their needs. These systems include, but are not limited to:

- Criminal justice system(s)
- Civil justice system(s)
- Medical and health care system(s)
- Mental health system(s)
- Children's services' system(s)
- Educational system(s)
- Culturally specific system(s)
- Faith-based community system(s)
- Social services system(s)

The overall goal is to create an effective response system in the community; and to change cultural attitudes and institutional practices that support violence. It is important to remember that standards can only address the issues for which the organization can be accountable. Organizations cannot be held accountable for whether a system makes changes. Organizations can only be held accountable for their own efforts to educate and advocate in the hope that change will result.

2. Basic Considerations

- These areas are closely related, and thus, evaluated together. The way in which an organization functions in these areas directly affects the quality of service the organization can provide. Compliance with these standards will help ensure that an organization will:
 - Be responsive and accountable to the needs of the community

- o Inform the community about the root causes, implications, prevention strategies, and approaches to serving survivors of domestic/intimate partner violence and/or sexual assault in order to develop community support, including with family and friends, to promote healing and well being
- o Encourage building relationships with individuals and community organizations in order to promote understanding and support for organizational goals to 1) best meet the needs of survivors both on an individual and systems response level and 2) promote prevention initiatives to end domestic and sexual violence
- o Work to engage with those in systems to change practices that are not helpful to survivors and positively reinforce practices that support and assist survivors.

These standards emphasize the importance of the establishment of written plans, policies, and adherence to professional guidelines as the foundation for community relations, education/prevention, community education, public awareness. They encompass evaluation and strong professional values.

Standard E1. The organization conducts public awareness activities that raise the community's awareness of the causes and implications of domestic and/or sexual violence.

Activities that increase the public level of consciousness about available services and the impact of gender-based violence in the community. Examples include media interviews, social media posts, billboards, and community booths – you don't see the audience, but the information is out there for the public to see/learn.

Questions to consider:

- What are the organization's public awareness activities?
- How are presenters trained?
- How does the organization use technology and the internet to raise community awareness?

Technology in Community Engagement can include but is not limited to: Website, social platforms, social media, e-newsletter, e-blasts, mobile apps, blogs, vlogs

Resource: [NNEDV Internet Computer Safety](#)

Standard E2. The organization conducts community engagement strategies that are aligned with DVS philosophy.

Questions to consider:

- If your organization utilizes survivors' experiences for community engagement, education, or fund development purposes, what policies and procedures have been put into practice regarding the survivor's choice to participate is voluntary, informed, and considered in light of possible unintended consequences?
- What type of release are used?
- Are survivors compensated?
- Are presentation and awareness materials survivor-centered and offender focused? Do they portray survivors from a strength-based perspective and support survivor autonomy?
- Do materials reflect the societal causes of violence as well as social change-based analysis in strategies for intervention and prevention?

Standard E3. The organization utilizes community engagement and public awareness media and materials that are aligned with DVS philosophy.

Questions to consider:

- Are presentation and awareness materials survivor-centered and offender focused and aligned with DVS philosophy?
- Do they portray survivors from a strength-based perspective and support survivor autonomy?
- Do materials reflect the societal causes of violence as well as social change-based analysis and strategies for intervention and prevention?
- Do materials reflect diversity of the programs' geographic area?

Standard E4. The organization conducts community engagement and public awareness activities throughout its geographic service area.

Questions to consider:

- What does the organization do to project a positive image throughout all communities in the geographic area served?
- How are community engagement and public awareness activities designed to reflect diverse needs and perspectives?
- Is there anywhere in the geographic area served where the organization's image is not positive?

Standard E5. The organization makes itself identifiable and visible to all survivors including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations, peer organizations, culturally specific organizations and community systems.

Questions to consider:

- Have surveys or assessments been conducted to determine the level of community recognition, respect, and support for the organization?
- Is the organization viewed as a lead organization in the community for domestic violence and/or sexual assault survivors?
- How has the organization informed the community concerning legislative or local government issue dealing with the rights of survivors of domestic and/or sexual violence?
- How does the organization conduct community engagement activities in outlying communities?

Standard E6. The organization has materials in other languages/sensory modalities that are meaningful, accessible, and relevant to all including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations throughout the service area.

Questions to consider:

- How does the organization reach out to non-English speaking persons to ensure community engagement?

- How do you determine what groups/communities meet requirements to have materials in another language?
- Does the organization have materials used in community engagement that are available in other languages? If not currently available, is there a plan to develop such materials?
- How do organizational community engagement materials and methods accommodate individuals with diverse needs?
- Does the organization utilize Electronic Communication Modalities for those who utilize/need those services? These include but are not limited to: Electronic posts created by the organization including versions in languages other than English; those adapted for special needs and/or materials that are developmentally and literacy appropriate; technology for deaf or hard of hearing persons; audio and large print for partially sighted or blind persons

Standard E7. The organization’s Board of Directors/Governing Authority has adopted a systems’ change plan that prioritizes reducing survivor and advocate identified system barriers and/or increases support for including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations in local systems.

Questions to consider:

- What process did the organization use to develop its systems change plan?
- How often and by whom is the plan reviewed and revised?
- When did the Board adopt a plan to address systems change?
- Does the plan define strategies to work with each community on behalf of survivors of domestic/intimate partner and/or sexual violence and their children? This could vary based on programs/communities that may be at very different stages.
- Is there a method to gather input/ feedback on challenges, barriers, suggested solutions, and evaluation of changes made from survivors?

Systems Change Plan Elements:

- Needs Assessment – Is there a regular method in place to gather, analyze and incorporate data on systems barriers and challenges, including:
 1. Survivor identified and defined safety and well-being needs and possible suggested changes (i.e., surveys, focus groups, systematically compiling feedback and suggestions as they are provided),
 2. Advocates / Staff experiences (including methods document barriers as they arise in order to identify trends)
 3. Other Stakeholders / Community Partners input (i.e. systems scans)
- Goals – Based on needs assessments, what are the desired changes?
- Measures – Identify how progress on goals, objectives and action steps will be measured
- Actions – What actions will be taken to achieve the identified goals? Who needs to be engaged? Examples to consider including:
 - Collaborative responses
 - Monthly meetings
 - MOU (development and review)
 - Protocol / Policy development
 - Training
- Timeline – Establish estimated completion date(s) for action steps. Ensure there is a process to regularly review timelines and make adjustments if necessary.

- Responsible – Establish who is responsible for implementing each action step
- Review – Establish how review will be implemented in day-to-day work including review by Board members, administrative staff, direct service staff, stakeholders/community partners. Establish how survivor experiences and expertise will be sought and incorporated into the evaluation and review process.
- In writing, with date approved by the Board.

A comprehensive Systems' Change Plan will examine, across multiple systems, the range of challenges and barriers survivors (and advocates) may encounter and document actions to effect changes in both individual and systems' responses so that all survivors, with or without advocates, will receive responses and services that promote their rights to autonomy, safety, justice, and healing.

Standard E8. The organization maintains a written mechanism to document and evaluate system change plan progress.

Questions to consider:

- How is the system's change plan evaluated? By whom? How often?

Standard E9. The organization works to positively impact institutional policies, practices, and procedures that affect domestic/intimate partner and/or sexual violence survivors and their children, including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- What relationships, collaborations, and partnerships with key figures in community systems does the organization have and/ or is the organization working to build?
- Does the organization participate in community task forces, work groups, and/or advisory boards which focus on issues that are not specific to, but improve, the lives of survivors of domestic/intimate partner violence and/or sexual assault?
- Does the community have a collaborative body that meets regularly to address issues of domestic violence and/or sexual assault?
 - o Who is involved?
 - o What are the group's activities?
 - o What has changed as a result?
- How does the organization seek and incorporate input from survivors to improve the systems' response to domestic/intimate partner violence and/or sexual assault survivors in the community?
- How does the organization seek ideas from other systems to improve the systems' response to domestic/intimate partner violence and/or sexual assault survivors in the community?
- What positive changes that have occurred in the way another system responds to domestic violence and/or sexual assault survivors because of the organization's involvement?
- How does the organization handle policies, procedures and practices carried out by the systems that negatively impact prevention of domestic/intimate partner violence and/or sexual assault and do not work with survivors in a manner that supports survivor's healing and well-being?
- How does the organization address systems change issues in outlying communities or counties?

- How does the organization maintain necessary role differentiation and boundaries while building effective working relationships with community systems?
- How is confidentiality ensured and protected?

Standard E10. The organization works collaboratively with community systems to positively impact institutional policies, practices, and procedures that affect sexual violence patients/survivors related to SANE services.

Questions to consider:

- What relationships, collaborations, and partnerships with key figures in community systems does the organization have and/ or is the organization working to build?
- Does the organization participate in SANE/SART focused community task forces, work groups, and/or advisory boards?
 - Who is involved?
 - What are the group's activities?
 - What has changed as a result?
 - Meeting minutes/agendas
 - Collaborative bodies
 - MOU
- How does the organization seek and incorporate input from survivors to improve SANE services and the systems response to sexual assault for those who sought SANE services?
- How does the organization handle policies, procedures and practices carried out by the systems that negatively impact prevention of domestic/intimate partner violence and/or sexual assault and do not work with survivors in a manner that supports survivor's healing and well-being?
- How does the organization maintain necessary role differentiation and boundaries while building effective working relationships with community systems?
- How is confidentiality ensured and protected?

Standard E11. The organization advocates with community systems personnel to reduce and remove common barriers impacting all survivors of domestic/intimate partner violence and/or sexual assault including survivors who identify as and including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations, as well as their families and friends. risk reduction

Questions to consider:

- How has the organization advocated with different community systems to address common barriers for survivors?
- How does the organization seek and incorporate input from survivors?
- What has changed for survivors in response to the organizations work in this area?

Standard E12. Members of the organization formally participate in the evaluation and/or development of policies, procedures, and practices in local community systems that impact domestic/intimate partner and/or sexual violence survivors, including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- What organizations, task forces, continuums, coordinated committees, and/or councils is your organization involved with.
 - What roles does your staff hold within those groups ie are they chairs, secretaries or any other roles?
 - What policies and procedures have/are those groups working on to improve services for survivors?
- Are organizations that work with diverse populations at those tables?
- Are you at the table where organizations that represent different populations meet.
- What process does the organization use to develop and/or evaluate policies, procedures and/or practices within local community systems that affect domestic violence and sexual assault survivors.
- Has the organization participated in the recent creation and/or changes to community system's policies, procedures, or practices.
- What system was impacted?

Standard E13. The organization conducts or promotes access to training designed for personnel employed by community system organizations to help them better respond to and meet the needs of domestic violence and sexual assault survivors, including the intersections of racially, ethnically, culturally diverse, LGBTQIA2S+, gender, immigrants, those with disabilities, those with mental health conditions, substance use and historically/emerging unserved/underserved populations.

Questions to consider:

- What training has the organization's staff provided or arranged for personnel employed by community systems focused on increasing individual skills and system's capacity to provide effective support, safety, and/or justice for survivors of domestic and/or sexual violence?
- What efforts have been undertaken within the past year to engage community system organization's employees in trainings?
- How is the impact of the training being evaluated? Is there follow-up to measure if changes in practices and outcomes for survivors has occurred on an individual and/or systems level as a result of the training? How has survivor feedback been incorporated in the evaluation.

Training focused on building understanding of the scope, nature, and prevalence of domestic and/or sexual violence is valuable in increasing individual knowledge of survivors' experiences and building community support. It is often an important step or component of systems' change work. However, skill-based training, with a focus beyond raising awareness and individual understanding, is necessary to effect systems' change. Skills-based training is focused on changing policies and practices to improve the services, responses and experiences for survivors. Additionally, an opportunity to practice

during or immediately after the training is often included. Effective evaluation of skills-based training requires follow-up with participants (as well as those impacted by potential changes made) regarding any new practice/policies implemented after the training and resultant outcomes, if known.

Standard E14. The organization conducts systems change activities throughout the entire organizational service area.

Questions to consider:

- Can the organization document and describe community engagement and systems' change activities throughout its full-service delivery area?
- Are systems change activities present in each county served? Within each county served, are activities present across the range of cities/townships/municipalities?

Section F ~ Facility Safety, Security and Health

1. Summary of the Standards

This section presents standards that address the organization's policies and practices regarding:

- Essential physical resources
- Transportation of clients
- Buildings, grounds and equipment

Compliance with these standards will help to ensure a setting that is accessible, functional, attractive, and safe for clients, visitors, staff, and volunteers.

2. Basic Considerations

These standards encompass the overall practices and procedures that the organization employs to ensure that the buildings, grounds, and equipment that the organization rents or owns are appropriately accessible, functional, attractive, safe, and secure for clients, visitors, staff, and volunteers. They ensure that the organization meets legal requirements regarding access, safety, and health as well as acceptable standards of cleanliness and functionality. These standards encourage the establishment of plans and evaluation related to safety, health, buildings, grounds, and equipment.

Standard F1. The organization has a written emergency response plan.

Questions to consider:

- Does the organization have a comprehensive written emergency response plan?
- Does the organization's plan include regular review and update?

Items to consider in an emergency response plan - *please not that is not an all inclusive list*

Assailant on the premises

A threat in the facilities

Any type of major event that would disrupt services ie. Fire, Power outage, flood, structural damage etc.

Who is responsible for what?

If phones/power is out what is the plan for communication?

Is there a back up plan for financial and other important data in case of fire/electronic failure

Phone tree?

Standard F2. The organization institutes practices and procedures which reduce risk, insofar as possible, for survivors, children, and staff in the provision of services.

Questions to consider:

- How does the organization plan for client and staff security for in all locations?
 - Organizational security includes but is not limited to: Shelter facility; telephones; grounds; offices; mobile advocacy, and security of clients and their children when they leave the grounds
- Does the organization have a policy relative to assailants/perpetrators on the premises?
- What policies have the organization instituted to protect children when receiving services?
 - Such as:
 - Safe facilities and equipment
 - child abuse and neglect
 - staff screening
 - childcare
 - car seats
 - education participation
- Do clients have access to phone and emergency numbers free of charge?
- Describe efforts to prepare staff to manage potentially dangerous situations.

Standard F3. Buildings, grounds, and equipment are accessible and/or alternative arrangements are in place to accommodate clients with special needs.

Questions to consider:

- How does your organization accommodate or arrange for individuals with special needs?
 - What accommodations are made for individuals with hearing impairments
 - What accommodations are made for individuals with visual impairments
 - What accommodations are made for individuals with physical impairments?
 - What accommodations are always in place?
 - What accommodations can be made available if necessary?
 - Are there accommodations can't be made in your current structure?
 - If so, what are your plans for those who may cannot be accommodated in your current structure?

Standard F4. Building grounds and equipment are safe and functional.

Questions to consider:

- How does the organization provide for safety related to the facility, grounds, and equipment?
How is the process documented?
- What are the organization's procedures related to the malfunction of equipment?
- Does the organization regularly employ a commercial pest control company? Yes or No If no, please describe how are pests exterminated?
- How does the organization deal with donated goods that may present a health problem?
- Describe security, safety, and health training for staff, including who inspects and frequency.
- How does the organization ensure the health and safety of clients and staff regarding service animals, support animals, and pets?

Standard F5. Facilities and grounds provide physical spaces that are welcoming, inclusive, and promote safety and comfort.

Questions to consider:

Describe the process for maintaining welcoming facilities and grounds that promote inclusivity, safety and comfort for survivors and staff.

- Spaces that give survivors control where possible
- Administrative offices
- Advocacy
- Childcare
- Counsel
- Outreach office(s)
- Sexual Assault Nurse Exams (SANE)
- Shelter
- Supervised parenting time
- Transitional supportive housing
- Is it intentional?
- Who is in your community? Are spaces reflective of the populations in your community?
- Are you receiving feedback from clients and staff regarding the space?
- Are there items or other things that may be offensive to a group or individual.

Standard F6. The organization has adequate space to provide private and confidential services.

Questions to consider:

- Is space dedicated to client meetings designed to protect survivor privacy and confidentiality?
- Is outside visibility restricted?
- Is the space soundproof or are sound cancelling machines available and used?

Standard F7. The organization provides children's play areas inside and out at its residential facility(ies).

Questions to consider:

- What spaces are dedicated for children's play?
- Is access to the space restricted (times, staff presence required)?
- Are there age-differentiated spaces?
- What play / recreation equipment is available (indoor and outdoor)?
- Are there toys, books, computers available that would meet the needs and interests of a wide age and interest range of children?

Standard F8. The organization provides children's play area(s) at its non-residential office(s) and/or facility(ies).

Questions to consider:

- What spaces are dedicated for children’s play?
- Is access to the space restricted (times, staff presence required)?
- Are there age-differentiated spaces?
- What play / recreation equipment is available (indoor and outdoor)?
- Are there toys, books, computers available that would meet the needs and interests of a wide age and interest range of children?

Standard F9. Cleaning supplies and other toxic materials are safely stored

Questions to consider:

- How are cleaning supplies and other toxic materials stored
- How are they made accessible to client and staff when necessary?

Standard F10. The organization maintains a smoke-free environment.

Questions to consider:

- Is there a designated area for those who smoke?
- Is the area an appropriated distance from the building, yet still secure and protected from elements?

Standard F11. The organization provides protection from fire and there is a system for early warning of fire.

Questions to consider:

- Working smoke detectors, which provide warning for a range of individuals with differing sensory needs?
- Are there current, inspected fire extinguishers easily accessible in required areas?
- Is there a sprinkler system?

Standard F12. In the event of fire, natural disaster, or other emergencies the organization provides for the protection and safe evacuation of persons from its buildings and grounds.

Questions to consider:

- Describe how staff and clients are notified of evacuation procedures.
- What are the organization’s evacuation procedures in case of fire, natural disaster, or other emergencies?
- When and how do the staff and clients practice evacuation? Are times of drills varied?

Standard F13. The organization has provisions for first aid and emergency medical care for its clients, staff, volunteers, and visitors

Questions to consider:

- What are the organization's procedures for medical emergencies?
 - How does the organization handle survivor confidentiality in medical emergencies?
- Which first aid and medical training is provided to employees and volunteers? Is there a written training plan or policy?
 - General First Aid - How often?
 - CPR - How often?
 - AED - How often?
 - Communicable disease - How often?
 - Universal precautions - How often?
 - Narcan - How often?
 - EpiPen's - How often?
 - Other: How often?

Resources:

HUD Infectious Disease Toolkit <https://files.hudexchange.info/resources/documents/Infectious-Disease-Toolkit-for-CoCs-Preventing-and-Managing-the-Spread-of-Infectious-Disease-within-Shelters.pdf>

COVID-19 Guidance for Shared or Congregate Housing | CDC - <https://www.cdc.gov/coronavirus/2019-ncov/...>

COVID-19 and Homelessness Services Training for Homeless Shelter Workers - <https://www.cdc.gov/coronavirus/2019-ncov/>

National Healthcare for the Homeless Council - <https://nhchc.org>

Free Bloodborne Pathogen training option: [Bloodborne Pathogens training](#)

Standard F14. The organization provides a diverse range of personal care supplies to clients served by advocacy/emergency response, Sexual Assault Nurse Examiner Program (SANE), Transitional Supportive Housing (TSH), and/or shelter program(s).

Questions to consider:

- How are personal care supplies distributed to clients served by SANE, shelter, and/or TSH program(s)?
- What provisions are made for providing personal care supplies to clients with differing needs, are inclusive, including unserved and underserved populations?

Standard F15. The organization takes measures to protect the property of clients, staff, volunteers, and the organization itself from theft.

Questions to consider:

- What measure does the organization take to protect the property of clients, staff, volunteers, and the organization from theft?

Standard F16. The organization has practices that provide for adequate safeguards and protection of technology both physical and electronic to ensure the integrity and confidentiality of data.

Questions to consider:

- How does your organization's technology and information systems support service delivery and administrative operations?
- How are technology needs evaluated by the organization?
- How are telecommunication, information systems, hardware and software protected from general access?
- Has any technology implemented or updated over the past two years?

It is important to have written policies around the technology, staff use, protection of client data. Part of being survivor centered is offer more options rather than less when possible while also accounting for organization capacity and sustainability.

Standard F17. The organization has defined procedures regarding residential facility capacity, including responding to those seeking shelter when the residential facility is full

Questions to consider:

- Describe how the organization determines the number of people who can be housed in the shelter.
 - Does the organization consider the number of beds available?
 - Does the organization consider the need to give each family or individual their own room.
 - Does the organization consider age and gender of the family members entering shelter.
- What are the organizations written policy and procedures that define this process for determination of capacity?
 - Consider the things that impact if you are at capacity. Are those things in writing if not should they be. Are the things involved in determining capacity subjective?
- What are the organization's policies and procedures to serve clients when the shelter is at capacity?
 - Are the policies and procedures in writing?
 - Are there policies and procedures for individuals in your service area different from individuals who are not in your service area?
 - Are you using motels when at capacity? When is it appropriate to use a motel?
 - How are other services provided to survivors in motels.

- o Does your organization provide transportation to other safe places? If so, how far will you travel?

Written procedures that include identification of capacity as well as how individuals are served when shelter reaches capacity.

Standard F18. Preparing, storing, and disposing of food follows established health and food safety rules and guidelines.

Questions to consider:

- Does the organization have written policies and procedures for food safety rules and guidelines?
- What is the source of the policies?
- How is policy adherence documented? Are records available for review?

Standard F19. The organization provides for adequate space and supplies for pets that are sheltered on site if applicable.

Questions to consider:

- How are the needs and concerns of those who are allergic / afraid/ uncomfortable around animals addressed?
- Where are pets sheltered?
- Is there a restricted list of pets? Or size / number limits?
- Is there full (or restricted) access to pets?
- Are there areas of the facility off-limits to pets?
- How is cleaning and sanitation addressed?
- Where is food stored?

If a program is sheltering pets, it is important to have written policies and procedures in place surrounding pets in shelter that are survivor-centered and comprehensive.

Standard F20. The organization has policies, procedures, and practices for the presence of service animals, as well as for emotional support animals and pets in residential and non-residential locations if applicable.

Questions to consider:

- Does the organization have policies regarding pets? – the policy could be that emotional and pets are not allowed

Standard F21. Comprehensive assessments of buildings, grounds, and equipment are conducted to measure safety and health conditions.

Questions to consider:

- How does the organization assess the efficiency and effectiveness of its operations and maintenance of buildings, grounds, and equipment?
- Areas to consider safety assessment for include but are not limited to:
 - Administrative offices
 - Advocacy
 - Childcare
 - Counseling
 - Outreach offices
 - Sexual Assault Nurse Exam (SANE)
 - Shelter
 - Supervised Parenting time
 - Transitional Supportive Housing

Standard F22. The organization adheres to all applicable zoning, building, fire, health, and safety codes of the community in which the organization is located.

Questions to consider:

- Is your organization required to meet health, safety, and/or fire inspections per local codes?
- Is the organization inspected regularly by these departments?
- Has the organization been cited for non-compliance with any of these requirements in the last year?
- Is the facility in compliance with regulations and/or acceptable practices related to lead, radon, asbestos, and carbon monoxide?

Evidence of Adherence to Applicable codes, zoning, building, fire, health and safety codes include but are not limited to: Certificate of occupancy; health department evaluations; boiler, fire and/or safety inspections which may include Housing Quality Standards (HQS), water back flow tests, sprinkler systems checks, and fire drills.

Standard F23. The organization adheres to all applicable laws related to safety in the transportation of children and adults.

Questions to consider:

- Are car seats available for transporting children as required by law?
 - How do you assure available car seats meet current guidelines and legal requirements?
 - How are staff trained on installation and use of car seats in agency vehicles?
- Does the organization have a policy for staff to report traffic violations/accidents while transporting clients?
- Does the organization review proof of insurance and valid driver's licenses for all staff and volunteers that drive for the organization or transport clients as a part of their work responsibilities?