

Final Draft of Outcomes and Standards
for Rape Crisis/Sexual Assault Centers

Overview of the Service Standards and Outcomes

The service standards and outcomes were developed through a collaborative process involving the Sexual Assault Centers, DHEC and SCCASVASA. The purpose of the standards and outcomes is to provide consistency across centers in how services are being implemented, to ensure consistency in the quality of services being delivered, and to assess if the services being provided are having the intended impact on those served by the Centers. The standards and outcomes do not reflect where Centers are now, but where they hope to be in the near future. The process of implementing the standards and outcomes is ongoing, and this document may be revised as implementation occurs.

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Core Services: Outcomes and Standards

24/7 Crisis Hotline/Crisis Intervention	
Definition	Immediately available, 24-hour personal response provided by an advocate to an individual presenting a crisis related to sexual abuse/assault.
Goal	To alleviate acute distress of sexual abuse/assault, to begin to stabilize the individual and assist her/him to determine the next steps.
Outcomes to be measured	<ul style="list-style-type: none"> • Increased access to crisis intervention, therapy and other follow up, as measured by tracking referrals to other services. • Meet survivors immediate need for services as measured by documenting services provided and referrals made. • Development of an action/safety plan as measured by documenting that a safety plan was developed and include the safety plan in client files.
Activities	<ul style="list-style-type: none"> • Provided in person or by phone • Personal support and information about the effects of victimization • Activities to reduce stress and impact of trauma • Information about the medical and legal issues related to sexual abuse/assault • Information on services available in the community
Service Standards	<ul style="list-style-type: none"> • M- Callers to a hotline must reach a live voice during office hours. In some situations this may be patching calls through to a hospital, but at minimum there must be an answering service that answers all calls. After office hours calls can be answered by an answering service. • M- Volunteers must respond to emergency calls by returning the call within 10 to 15 minutes after receiving the caller's number. • M- There are policies and procedures in place that address how to define and handle crisis. • M- There are policies and standards in place for dealing with suicide calls. • There is a suicide protocol in place and volunteers and staff know how to use it. Protocols should be reviewed and updated annually. • M- There are policies and procedures in place for follow-up and referral. • M- Standards for confidentiality are in place. • M- The agency will provide follow up within the next working day after the first contact with the client. • M- The agency shall maintain an updated resource manual or file which identifies financial, medical, mental health, social service, shelters, and other resources which may be needed by victims and survivors of sexual assault and their families and friends. • M- Comprehensive training is required for volunteers and staff (minimum of 25 hours) including, but not limited to, confidentiality, diversity, PTSD, child sexual abuse, screening for risk, active listening and assessing risk for suicide and danger to others. Volunteers/staff should have access to training materials on assessment/intervention and a referral/resource list at all times. • M- All volunteers must have a minimum 8 hours of in-service training per year to remain on volunteer status. They will agree to this as part of the agreement when they become volunteers. Ongoing training may take the form of watching videotapes or reading books.
Materials in Development	<ul style="list-style-type: none"> • A resource list of videos, books, etc to be used for continuing education, and a standard volunteer training for use in all agencies. • Volunteer and staff training manuals will be developed. Training curricula will address defined competencies for volunteer and staff. For reference please see competencies listed for staff and volunteers. • Standard intake form for calls.

Core Services: Outcomes and Standards

Hospital accompaniment	
Definition	To assist victims of sexual abuse/assault on a 24-hour basis to ensure their interests are represented and their rights upheld.
Goal	To assist the victim to regain personal power and control when she/he receives medical care and to promote the responsiveness of individual service providers.
Outcomes to be measured	<ul style="list-style-type: none"> • SA survivors and their families are informed of the short and long-term impacts of the assault. • SA survivors and families are informed of the importance of follow up treatment and available services. • SA survivors understand what to expect in the rape protocol. • SA survivors understand procedures such as pregnancy and STD prophylaxis. <p>Outcomes will be measured through a proxy instrument of using a checklist of the information that was covered and/or left with the survivors.</p>
Activities	<ul style="list-style-type: none"> • Gather and evaluate information during client contact. • Gather information from referral services. • Provide information about legal procedures and victim's assistance programs. • Assistance in making informed decisions about medical care and the preparations needed, including referral to possible forensic exam. • Information about medical care/concerns, including assistance with needed follow-up. • Support at medical exams and appointments.
Service Standards	<ul style="list-style-type: none"> • M- Response to a call from a hospital should occur within 30 minutes to one hour. • M-Have accurate comprehensive information available. • M-Agencies must provide or develop with hospitals a protocol that specifies when and how the agency should be contacted. Protocols should be reviewed and updated annually. • M-Follow up should occur within the next business day after first contact.
Materials in Development	<ul style="list-style-type: none"> • There is a need for a standard packet of information. This should contain information that people can use- such as a checklist of things to do, emergency numbers and a list of resources. DHEC could print it for use by all the centers.

Core Services: Outcomes and Standards

Follow Up	
Definition	Ongoing personal support and assistance in accessing specialized sexual abuse/assault services. Follow up should occur, but is not limited to, the 3 to 6-month period after initial contact. (Follow-up may include short-term counseling which is covered on page 11 of the standards.)
Goal	To ensure needed services and adequate support to enhance individual and family recovery from sexual abuse/assault.
Outcomes to be measured	<ul style="list-style-type: none"> • Connection to community resources. • Increase client's ability to function. <p>Basic functioning (e.g., eating, sleeping, avoidance of people/places) should be evaluated as part of the intake process and documented using instruments such as a checklist (see materials in development below).</p>
Activities	<ul style="list-style-type: none"> • Ongoing personal support, including making phone calls. • Practical help as needed; information and referrals. • Arranging for services to enhance recovery. • Consulting with other agencies to ensure coordination of services. • Assistance in making informed decisions about police reporting and preparations needed. • Information about criminal justice systems; including assistance with needed follow up. • Support at interviews, trial and sentencing. • Assistance in preparing for court; information about victims' legal rights.
Service Standards	<p>M- Centers must obtain consent from the client granting permission to make contact for follow-up.</p> <p>M- It is expected that there will be follow up which could take the form of making a call to a client or performing some basic legal advocacy by working with police and other law enforcement. Collecting follow up data would only be possible if clients return for services. Connection to community resources could be measured through tracking referrals. Centers should make at least two attempts to contact the client by phone. After two attempts are made, a letter can be sent to the client confidentially in an unmarked envelope.</p> <p>The follow-up phone call should occur by the next day if possible. Follow up should include:</p> <ul style="list-style-type: none"> • Legal advocacy • Personal advocacy- such as making a call to a school or employer, assisting in getting other services, etc. • Data collection and maintaining of records • Information and referral • Assistance with compensation
Materials in Development	Checklist of client functioning

Core Services: Outcomes and Standards

Legal Advocacy	
Definition	Acting on behalf and in support of victims of sexual abuse/assault to ensure their interests are represented and their rights upheld. Providing the survivor with emotional support and accompaniment throughout the criminal justice proceedings.
Goal	To assist the survivor to gain knowledge of the criminal justice system, gain access to all avenues of participation in the legal system and to promote the responsiveness of individual legal participants.
Outcomes to be measured	<ul style="list-style-type: none"> • SA survivors have clear and realistic expectations of the criminal justice system. • SA survivors and families understand the roles of the rape crisis advocate, victim assistant and other liaisons. • SA survivors are better prepared for the criminal justice process including the disposition.
Activities	<ul style="list-style-type: none"> • Assistance in making informed decisions about police reporting and the preparations needed. • Information about criminal justice systems, including assistance with needed follow-up. • Support at interviews, trial and sentencing. • Active monitoring of the case through the legal system.
Service Standards	<ul style="list-style-type: none"> • M- Centers must obtain consent from the client granting permission to make contact for follow-up. • M- It is expected that there will be follow up which could take the form of making a call to a client or performing some basic legal advocacy by working with police and other law enforcement. Collecting follow up data would only be possible if clients return for services. Centers should make at least two attempts to contact the client by phone. After two attempts are made, a letter can be sent to the client confidentially in an unmarked envelope. • M-The follow-up phone call should occur by the next day if possible. • M-Criminal justice advocacy services are victim centered. The victim makes decisions about what kind of assistance and accompaniment she wants. • M-The center provides an advocate 24-hours per day to provide in-person victim assistance with victims reporting to law enforcement. The center responds to police and victim requests for assistance within sixty minutes. • M-The advocate must explain the criminal justice process to the victim, including reporting options and procedures and victim's rights. • M-Staff and volunteer advocates should have a minimum of 25 hours of sexual assault training. • M-Volunteers should have an additional 5 to 10 hours of training on legal issues in order to serve as a legal advocate.

Core Services: Outcomes and Standards

Prevention/Education	
Definition	Promoting attitudes, behaviors and social conditions that will reduce and ultimately end sexual violence. Agencies should focus on school age children (K-12) and postsecondary students as a priority. It is encouraged that agencies are proactive in reaching out to schools and are establishing relationships and liaisons to make it possible to conduct interventions in the school setting.
Goal	Promote a society that is knowledgeable about sexual violence and ways to reduce it.
Outcomes to be Measured	<ul style="list-style-type: none"> • Youth understand how to promote safety and prevent victimization by developing safety plans and using risk reduction. • School staff will receive information about and can identify the signs of sexual abuse/assault, intimate partner violence, sexual harassment and other family or interpersonal violence and know how to make referrals. • Schools implement comprehensive advocacy-based violence, abuse and harassment prevention programs. <ul style="list-style-type: none"> • Schools have policies that reflect efforts to deal with and prevent violence, abuse and harassment
Activities	<ul style="list-style-type: none"> • At minimum, agencies should be providing information and materials to schools. Prevention/Education should include: <ul style="list-style-type: none"> • Train the Trainer for teachers, guidance counselors, nurses, resource officers, etc. • Conducting the training in the school • Providing information through materials and talks • Use of standard curricula with an evaluation tool • Provide training or information to school staff that enhances their ability to identify sexual abuse, assault, harassment or family/interpersonal violence, and make appropriate referrals. • Educate administrators, educators, guidance counselors, and school resource officers on issues relating to intimate violence, child sexual abuse, and sexual harassment, and referral procedures. • Assist schools in developing school based programs. Develop strategies for involving administrators, parents, and educators • Develop an effective evaluation of school-based programs and follow up plan. • Promote policies that address issues such as sexual harassment and sexual assault. <p>Link prevention of SA with other efforts such as violence prevention and character education to obtain funding sources such as safe and drug free schools.</p>
Service Standards	<ul style="list-style-type: none"> • M- Youth are educated on healthy relationships. Students should be educated on and understand the following core elements per age group*: Please see list of elements on page 9. • M- Individual agencies are not obligated to implement education programs in all of the defined groups. These are guidelines for the programs that are implemented. • M- Modules will be developed based on core curricula items. Centers are not mandated to use these modules. Centers can use existing materials, but these materials must cover the core areas defined as essential. The materials/modules should provide a core set of activities and role-plays, but be able to be adapted for individual use at different locations. • M- The center should periodically ask participants to evaluate programs at the completion of the presentation. There should be a standard assessment tool developed to assess the knowledge and other gains expected by implementing the curricula. • M- Agencies should provide information and materials to schools. • M- Curricula used in schools should be age appropriate and developmentally suitable. An experiential learning model is preferred over a didactic model for prevention activities. Examples of methods to use are: <ul style="list-style-type: none"> • Use peer to peer programs. • Use skits and role-plays to illustrate rape situations and educate about laws. • Use scenarios to generate discussion and dispel myths about rape. • M- Address cultural diversity in staff and core curriculum so that education strategies are culturally appropriate.

<p>Elementary</p> <ul style="list-style-type: none"> • Safe vs. unsafe touch • Identifying perpetrators • Assertiveness and right to say no • Non-violent ways of resolving conflict • Danger of secrets • Identifying help/people that you trust 	<p>Middle School</p> <ul style="list-style-type: none"> • Laws, statistics, and definitions of sexual assault/harassment • Identifying perpetrators • Assertiveness and right to say no • Communication skills • Alcohol and drug use/Ruffies • Non-violent ways of resolving conflict • Risk reduction behaviors • Non-violent ways of resolving conflict • Prevalence of rape • Dispelling rape myths • Danger of secrets • Identifying help/people that you trust
<p>High School</p> <ul style="list-style-type: none"> • Laws, statistics, and definitions of sexual assault/harassment • Identifying perpetrators • Assertiveness and right to say no • Communication skills • Alcohol and drug use/Ruffies • Non-violent ways of resolving conflict • Risk reduction behaviors • Non-violent ways of resolving conflict • Prevalence of rape/transitional dangers • Dispelling rape myths • Danger of secrets • Identifying help/people that you trust <p>Resources</p>	<p>College</p> <ul style="list-style-type: none"> • Laws, statistics, and definitions of sexual assault/harassment • Identifying perpetrators • Assertiveness and right to say no • Communication skills • Alcohol and drug use/Ruffies • Non-violent ways of resolving conflict • Risk reduction behaviors • Non-violent ways of resolving conflict • Prevalence of rape/transitional dangers • Dispelling rape myths • Danger of secrets • Identifying help/people that you trust <p>Resources</p>

<p>Staffing for Core Service Agencies</p>	<ul style="list-style-type: none"> • Agencies performing core services should have at least 3.5 personnel. This includes a director, a volunteer coordinator, a victim advocate and a prevention/education coordinator. The director and victim advocate must be full time positions.
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Additional Services: Outcomes and Standards

Training for school staff and other in-service programs

Definition	Informing the community and increasing public awareness of sexual abuse/assault.
Goal	To increase the ability of community members to take responsibility for the prevention of sexual abuse/assault.
Outcomes to be measured	<ul style="list-style-type: none"> Increased awareness of prevention/identification of sexual abuse/assault as measured by pre-post assessments of training sessions that assess knowledge gained.
Activities	<ul style="list-style-type: none"> This training can target groups such as health educators, school nurses, ER staff, clinicians, clergy, day care workers, and community members. Training sessions can be provided to raise awareness or to provide basic understanding. Activities include technical assistance to service providers, public speaking and presentations, in service training of staff, and community education events.
Standards	<ul style="list-style-type: none"> M-There should be written education outlines for each presentation given. M-The center should have written objectives for each type of presentation conducted. M-The center should periodically ask participants to evaluate programs at the completion of the presentation.

Additional Services: Outcomes and Standards

Short Term Counseling- individual or group

Definition	<p>The short term counseling client is one who is experiencing a transitional period where sleep, eating and work/school disruptions can occur. Short term is defined as up to six months with the average length being 3 to 6 months. This type of counseling is a solution-focused brief intervention that addresses specific, individualized treatment goals. It is also a client-centered counseling with the goal of supporting the client in her/his recovery process through listening, encouraging, validating, reflecting, giving resources and providing a safe counseling environment.</p> <p>Group Counseling: Types of short term counseling groups include Psychoeducational groups and Support/Mutual sharing groups. These groups can provide information sharing, discussion and sharing of feelings, thoughts and common concerns. These should be differentiated from psychotherapy groups, which are lead by an experienced therapist and focus on restoring, maintaining and enhancing individual functioning. A reference sheet is being developed to describe each type of groups.</p>
Goal	Working with the client on current issues, normalizing and validating her/his reaction to the trauma and facilitating a return to pre-trauma functioning.
Outcomes to be Measured	<ul style="list-style-type: none"> • Achieve individualized treatment goals • Increase coping skills <ul style="list-style-type: none"> • Reduce self-blame
Activities	<ul style="list-style-type: none"> • Conducting intake and assessment. • Making referrals. • Reviewing documents. • Developing treatment plans. • Conducting sessions. • Documentation/writing.
Service Standards	<ul style="list-style-type: none"> • M-Comprehensive assessment should take place to determine if the client is an appropriate candidate for short-term counseling. This involves doing an assessment of risk (danger to self and/or others). There should be a standard set of questions and screening tools that centers are using. These tools have been used on similar populations and are reliable and valid. • M- There should be procedures in place for making a referral after the assessment if short-term counseling is not indicated. These procedures should include making a contact with a referral source and following up on the client's use of that referral. • M-There should be an individualized treatment plan developed for each client that specifies specific and achievable treatment goals. Examples of treatment goals include reducing self-blame, reducing fear, and improving functioning at work or school. There should be an assessment of progress made so that there can be a determination of when goals are achieved. Achievement of goals may not be sequential, and one goal may be worked on before beginning work in another goal area. • M- Achievement of the short term counseling goals should result in termination, or referral to another service that can address needs or goals outside the scope of the short-term counseling. • M- Referrals for therapeutic services should be made to therapists/counselors who have a masters degree (can be in fields such as social work, education, psychology or marriage and family therapy, and LPC's) and three years of therapy experience or one year of specialization in sexual assault. Therapists/Counselors must be licensed in South Carolina.
Materials in Development	<ul style="list-style-type: none"> • Will develop some standardized tools or approve some standardized assessments for centers to use.

Additional Services: Outcomes and Standards

Outreach to underserved populations

The term "underserved populations" includes "populations underserved because of race, ethnicity, age, disability, sexual orientation, religion, alienage status, geographic location (including rural isolation), socioeconomic status, language barriers, and any other populations determined to be under served by the State planning process."

Definition	Outreach should not be a case management process. Outreach should create awareness about services available, and obtain and coordinate resources and services to increase access for clients. Intensive case management is not the intent of outreach.
Goal	To assure all people have access to a client-centered, comprehensive continuum of specialized sexual assault/abuse services.
Activities	<ul style="list-style-type: none"> • Identify new referral sources. • Develop partnerships. • Increase collaboration. • Identify new client groups and their needs. • Develop appropriate materials and services for those target groups.
Outcomes to be measured	<ul style="list-style-type: none"> • Increased referrals for services at rape crisis centers and more diversity of clients in services. This can be tracked through calls from contacts, asking for a referral source when possible, and tracking demographics and county or community of origin for those entering the system. • Better representation of the population of the geographic areas served in the population of center clients. This can be tracked through demographic information and addresses.
Service Standards	<ul style="list-style-type: none"> • M- Materials distributed are culturally competent, in the language and cultural norms of the population, and understandable. Centers may want to prioritize and start with the most emergent needs like Hispanic/Latino populations. • M- Staff know the range of services and referral sources in the community. • M- Staff is trained in cultural competence/cultural awareness. • M- Staff will engage in prevention and education activities. • M- All center staff are representative of the population to whom they are outreaching, and be bilingual if needed. There is utilization of translators that are experienced in dealing with trauma. • M- As with crisis intervention services, there is an effective referral process in place for clients who come into contact with outreach staff. • M- There is a physical presence in the underserved areas in order to do outreach. At minimum a physical presence means that the outreach staff are proactively seeking and maintaining relationships in the community- such as making phone calls or having face to face meetings. • E- Enhanced outreach may mean co-location with other agencies in satellite offices and in churches, schools, and other community sites.

Additional Services: Outcomes and Standards

Working with communities through partnership with agencies, ties with community groups, and more formal contacts to distribute information and materials	
Definition	Coordination of the service delivery system entails the development of working relationships and agreements (formal and informal) among programs and services with a potential role in the provision of sexual assault/abuse services.
Goal	To operate a client-centered system which offers and ensures access to a continuum of services, and is mutually accountable despite individual changes over time in regulations, procedures or people who provide service.
Outcomes to be measured	<ul style="list-style-type: none"> • Increased number of collaborative projects. • Increased number of calls to Centers to use as partners, or as experts.
Activities	<ul style="list-style-type: none"> • Develop partnerships. • Foster cooperation. • Assess gaps in service. • Develop accountability processes. • Develop new ways of delivering services. • Develop new sources of funding.
Service Standards	<ul style="list-style-type: none"> • M-Partnerships will be formed with hospitals, law enforcement, schools, community leaders and local health departments. Partnerships formed should be based on the specific needs of the community. The agency should use information about the needs and assets of the communities they serve to make decisions about the types of relationships to be formed to best serve clients. This information can be gathered by the agency using techniques like focus groups, or can be gained by looking at other sources of information already available, such as data on community indicators and needs assessments done by other organizations (need to establish a list of acceptable sources of information). • M-There is a two-way referral process established with partners. • M- There is a resource directory where potential partners are listed. • M-Centers will, at minimum, participate in and cooperate with community-based and interagency groups. There should be documentation in place of the groups or meetings in which the center is participating and a list of ongoing roles and responsibilities as part of these groups. E- There are more formalized partnerships in place with clear collaborative projects. Partnerships are not a single meeting, but are ongoing relationships that produce a product or service for clients. Partnerships are documented through Memoranda of Agreement (MOA's), contracts or other letters of agreement. In all cases it should be clear where relationships or collaborative partnerships have been established to ensure continuity during staff changes.

Additional Services: Outcomes and Standards

Individual and group therapy

Definition	Therapy encompasses short-term counseling and entails more in-depth, process oriented work for adults or more experiential work for children. Therapy is most often aimed at helping the client identify longer-term life patterns and coping mechanisms, or established survival skills. Therapy may work on more process-oriented internal changes. Therapy groups may focus on changing patterns of relating to and coping with the world.
Goal	To identify, understand and ameliorate the effects of sexual abuse/assault. The goal of therapy is for the client to be able to utilize the insight gained to promote healthy internal and external changes.
Outcomes to be measured	Outcomes will be measured in the areas of emotional experience, physical symptoms, and behavioral changes. The instrument used by Sexual Trauma Services of the Midlands will be used as model for measuring these categories of outcomes. We will also look at other instruments used to ensure we are assessing all the key areas of functioning that should be assessed. The instrument used should have additional questions that are asked if the client is experiencing suicidal thoughts some, most or all of the time. This instrument will be used when the client begins therapy as a pre test and will be administered again when the client terminates therapy. If the client's termination is not planned, the survey should still be completed by conducting follow up with the client over the phone or by mail. At least two attempts should be made to contact the client by phone. After two attempts are made, the instrument can be sent by mail to the client with a stamped return envelope. Other questions about satisfaction with service may be added to the instrument if desired.
Activities	<ul style="list-style-type: none"> • Assessment • Treatment Planning • Documentation/case notes • In person sessions • Consultation to other disciplines
Service Standards	<ul style="list-style-type: none"> • M- Staff conducting therapy must have a masters degree (can be in fields such as social work, education, psychology or marriage and family therapy, and LPC's) and one year of specialization in sexual assault and/or three years of therapy experience. Therapists must be licensed in South Carolina. <ul style="list-style-type: none"> • M-A licensed therapist must supervise staff (can either be contractual or on staff, with a full time staff person recommended). Staff must have an average of one hour per week of supervision. This supervision can be done individually or as part of a group process. • M-Each therapy client must have a treatment plan that specifies specific client goals, and a way to measure the clients' progress toward meeting those goals. • M-There should be a full biopsychosocial assessment of all clients. • M- Training on documentation in case files may be needed in cases where centers are vulnerable to court orders. • M-Psychotherapy groups are not support or educational groups. These groups are lead by an experienced therapist and focus on restoring, maintaining and enhancing individual functioning.

Additional Services: Outcomes and Standards

Court watch programs	
<ul style="list-style-type: none"> • Tracking cases monitoring status, working with solicitors 	
Definition	Legal advocacy is considered a separate function that occurs in agencies. The primary focus of legal advocacy is in helping the survivor understand the system. Court watch programs have more systemic impacts on the legal system.
Goal	To promote the responsiveness of the legal system.
Outcomes to be measured	<ul style="list-style-type: none"> • Increased number of cases that go in front of the judge (more cases are adjudicated) and those that do take less time. • Victims are better informed about their case.
Activities	<ul style="list-style-type: none"> • The role of staff implementing this type of program should be to: <ul style="list-style-type: none"> • E-Follow the docket • E-Update clients on status of cases • E-Flag judges and magistrates and match cases with the right judges • E-Document the jury selection process • E-Conduct trend analysis • E-Get the ear of solicitors and form relationships • E-Document and track all decisions by judges • E-Build organizational credibility

Additional Services: Outcomes and Standards

Community Response Teams (also applies to CART Teams)	
Definition	The CRT serves to improve the quality and coordination of services for survivors using a victim-centered approach.
Goal	To minimize the re-victimization that can occur from involvement with systems (such as the medical and legal systems.)
Outcomes to be measured	<ul style="list-style-type: none"> • Reduce re-victimization by systems • Increase access to services • Increase trust among providers
Activities	<ul style="list-style-type: none"> • Build relationships and develop an atmosphere of trust and mutual respect among providers. • Prepare providers to participate in the process. • Examine the possibility of merging protocols. • Hold systems and providers accountable. • Gain commitment to the process and buy in. • Make sure that there are key stakeholders around the table and that they buy in to the process. • Document the gaps in services for the client population. The team should determine the need for services and ways to fill them. • Build an atmosphere of collaboration.
Service Standards	<ul style="list-style-type: none"> • Center should use SART and SANE guidelines to develop standards. SANE programs shall adhere to the SANE Standards of Practice adopted by the 1996 annual meeting of the International Association of Forensic Nurses.

Additional Services: Outcomes and Standards

Development activities such as grant writing and fundraising	
Definition	Development activities include planning activities that promote the achievement of the agency's goals and expanding services to clients.
Goal	To develop and identify resources that will support the mission, goals and outcomes of the center.
Outcomes to be measured	Resources are secured to enhance the organization's ability to achieve its goals and outcomes.
Activities	Grant Writing Fundraising Legislative advocacy
Service Standard	All development activities should be guided by the agency's plan.

A data specialist to track and manage files, evaluation and other data	
Definition	There is a need to develop and build a standard data system. The most efficient method would be to hire programming specialists to build the system to fit the data needs of providers. There should also be an effort to get the Federal Government to ask for the same things.
Goal	The agency demonstrates the ability to collect and utilize the data to plan, manage and evaluate its programs' effectiveness.
Outcomes to be measured	Data is readily available and useful for evaluation and decision making.
Activities	<ul style="list-style-type: none"> a. Evaluation of Performance (i.e., meeting Project Goals and objectives) b. Mechanism for reporting results c. Procedure for corrective action d. Procedure for follow-up e. Sharing findings appropriately
Service Standard	Data is collected and maintained in a systematic way. Data systems can produce documentation that is useful for planning services and evaluating the effectiveness of programs.

Additional Services staffing	Staffing should be dependent on the center's priorities- some will need a full time group services coordinator, others won't. Many of the positions can be either full or part time, depending on the mission of the center. There should be one full time office manager or administrative assistant as a requirement.
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Values	<ul style="list-style-type: none">➤ The importance of forming partnerships and collaboration➤ Always providing a referral or place to receive the help survivors need➤ Being involved in policy issues that affect survivors' rights, women's rights, etc- this means being aware of laws and policies, getting involved in civic groups, consortia, etc➤ Balancing education, prevention and crisis intervention with therapeutic interventions
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