



Department of Public Safety

COUNCIL ON DOMESTIC VIOLENCE
& SEXUAL ASSAULT
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Women in Safe Homes
Update: September 30, 2016

CDVSA Recommendations numbered 1-9; Status from WISH under each recommendation;
CDVSA responses to the updates

1. The Board of Directors shall conduct a planning process for the shelter as outlined in regulation **13 AAC 90.030**. The planning process will include an assessment of the service needs of the populations to be served to determine how differing populations can be served without the use of exclusionary practices. This planning process will identify how the agency will seek appropriate resources and services for participants. The planning process will include evaluation steps to be taken by the Board of Directors to ensure the resulting plan is being implemented.

May 2016, Status from WISH: Item 1. The Board of Directors has reviewed and incorporated into the policies and procedures the planning process to include the assessment of services needed with the annual community questionnaire, the reviewed and revised board program and planning policy, the reviewed and revised shelter check-in, safety planning, and check-out procedures, and the quarterly program reports.

Council Response:

The Council request was for WISH to conduct a planning process as outlined in regulation 13 AAC 90.030. The product should be a strategic plan. At a minimum the plan is to include:

- a) A service needs assessment. The assessment will show how WISH will serve differing populations without the use of exclusionary practices;
- b) Methods of accessing appropriate resources and services for participants;
- c) Evaluation steps to ensure the plan is being implemented.

The Council appreciates seeing the results of the community questionnaire and the program planning policy approved on May 10, 2016. Please advise when the actual plan will be available for review.

September 2016, Status from WISH: Item 1. The Board hired a consultant approved by CDVSA to assist in the development of a strategic plan. The plan was submitted to the Council on September 30th.

Council Response:

Staff have reviewed the plan and found it to be in compliance with strategic plan development regulations. The plan is included in the Council meeting packet for the members review.

2. Immediately, all employees, including shelter management, without the full 40 hours of training as required by regulations shall not work independently until the training requirements are met. Training can be met through the online ANDVSA advocacy program or be taught through a formal in-house training with CDVSA

approved trainers. Training topics completed must be logged appropriately in personnel files along with supporting documentation of training completion.

May 2016, Status from WISH: Item 2. Has been completed and accepted by CDVSA and will continue with all new hires.

Council Response:

This is correct. The Council will continue to monitor WISH's implementation of this step.

September 2016, Status from WISH: Item 2. WISH has developed a training calendar and requires staff attendance during the in-service training.

Council Response:

This is correct. The Council appreciates the efforts made to ensure staff are current on issues that can affect service provision as well as their responsibilities to program participants and each other. The training calendar is included in the Council meeting packet.

3. The Board of Directors and Executive Director will review all signed CDVSA Assurances and Grant Award Conditions. The review must include a detailed examination of all cited federal and state statutory requirements contained within the Assurances and Conditions. After the review, a report to CDVSA must be generated to demonstrate understanding of all cited statutes. An attorney, approved by CDVSA, may be hired with CDVSA funds to assist WISH with this task.

May 2016, Status from WISH: Item 3. The Board of Directors and the Executive Director will review and report upon receipt of the CDVSA Assurances and Grant Award Conditions documents provided by the CDVSA attorney.

Council Response:

The attorney contracted by the Council to develop a state and federal statutes and regulations document will complete the document by the end of May. The Council requests the WISH Board and Executive to work with the Council Executive to arrange a meeting date in June to review the document with the attorney.

September 2016, Status from WISH: Item 3. Members of the Board of Directors met with the Council's Executive Director and the attorney who developed the regulations document in June.

Council response: That is correct. WISH is in compliance with this recommendation. It is however suggested that the document and accompanying materials be included in new board member orientation. Since June there have been several additions to the board and each member should be aware of WISH's responsibilities under federal and state statutes and regulations.

4. The Board of Directors shall receive training on their roles and responsibilities to include their fiduciary responsibilities, by a trainer approved by CDVSA.

Status from WISH: Item 4. The Board of Directors received training from Jayne Andreen and Cheri Smith on April 22-23, 2016 on the duties and responsibilities, including fiduciary responsibilities, with trauma informed care implemented into the daily operation of the

shelter and organization. Please see the attached training action plan provided by Jayne Andreen.

Council Response:

The Council considers this item to be met and would ask that when the action plan attached as a draft is finalized that the Council receives a copy of the final action plan.

September 30, 2016 update Council Response: WISH submitted the final action plan. Additionally, the WISH board received training in September on executive sessions and conducting open meetings by a trainer approved by the Council.

5. The Board of Directors, Executive Director and Human Resources Director shall receive training on employment law and practices with a trainer approved by CDVSA, and will make this same training available to all employees.

May 2016, Status from WISH: Item 5. The Board of Directors participated in the webinar facilitated by Kate O'Brien of The Foraker Group on April 28, 2016 from 1-3 pm. The training covered "Understanding Wage and Hour Law" and was attended by Joel Jackson, Jaimie Palmer, Ben Hofmeister, and Don Moss. Karla Reinhardt and Stephanie Lively attended the Wage and Hour Training in November, 2015 facilitated by Alaska State Wage and Hour Employees.

Council Response:

Thank you for notifying the Council of the training. The Council considers this item to be met.

6. The Executive Director, Shelter Manager, and Assistant Shelter Manager shall shadow management staff equal to their positions with another Alaska shelter program identified by CDVSA.

Status from WISH: Item 6. Has been completed and accepted by CDVSA. Lee Shore Executive Director Cheri Smith and trainer Jayne Andreen met with the WISH Executive Director regarding the continued progress of the shelter operation. June 13 Lee Shore Shelter Manager, Karen will travel to WISH to provide continued training to the shelter manager, assistant shelter manager, and executive director. Karen will also train in the continued development of and empowerment of advocates on trauma informed practices.

Council Response:

The Council considers this item to be substantially met and further appreciates the extra step WISH is taking to accept assistance from the LeeShore Center. The Council requests a written update on the training experience after the LeeShore shelter manager visits WISH to include identified strengths, suggested changes and how WISH will proceed to adapt shelter policies and procedures.

September 30, 2016 Council Response update: WISH supplied the written update.

7. WISH shall cooperatively enter into partner agreements with service providers in Ketchikan as well as providers within WISH's service area. Agreements must at a minimum include referral practices; procedures for obtaining program participant release of information authorization; and contingencies for partners to interact with program participants at the WISH facility. These agreements must be approved by CDVSA.

May 2016, Status from WISH: Item 7. Under separate email the updated MOA's will be attached. Several have been discussed with community partners and have been revised. As the partnering entity is able to meet with the Executive Director, the MOA will reflect the referral process, confidentiality agreements, services provided respecting each organization's abilities and requirements. This will be a continuous process.

Council Response:

Council staff reviewed and accepted the partner agreement between WISH and Ketchikan Indian Community. WISH has been advised to use this agreement as a template for creating other MOA's. The Council reminds WISH that partner agreements should be approved by CDVSA before finalization. While ensuring the agreements are up-to-date should be a continuous process; revised agreements to meet requirement number seven should be in place as soon as possible and certainly prior to June 30th.

September 2016, Status from WISH: Item 7. MOAs with OCS and KPD are completed. They have tentative agreements with the homeless shelter-PATH- and the Salvation Army—signatures from these organizations parent agencies are required. WISH has diligently worked on this recommendation and are now waiting on steps beyond their control.

8. All staff must participate in trauma informed care training on a regular basis with a trainer approved by CDVSA. While some records indicate trauma informed care trainings have been attended by some staff, it is recommended staff is consistently trained on trauma informed philosophy and practices and ways to implement these into current shelter operations.

May 2016, Status from WISH: Item 8. Trauma Informed Care Training takes place on a regular basis with staff. We are on the continuous notification list from the National Center on domestic Violence, Trauma & Mental Health. The updated training progress will be sent under separate email.

Council Response:

It is a positive step for WISH to be on the notification list from the National Center. Council staff will review the training progress when it is sent in a separate email. The Council is also working with the National Center to confirm dates for in-person training for WISH staff and will coordinate with the WISH Executive as the National Center's plans become available. WISH should plan for two days of training during the last two weeks of August.

September 2016, Status from WISH: Item 8. WISH management staff participated in a statewide reflective supervision training sponsored by the National Center and all WISH staff participated in a day-long training on providing trauma-informed services. Additionally, staff participated in a ½ day meeting with the Council's executive director.

Council Response:

WISH staff developed and is implementing a 20 week Real Tools training plan. The plan is included in the Council packet for review. This is a significant step forward in building staff skills to address program participants with multiple layers of trauma who approach WISH for services. The Council considers this item to be met.

9. Ensure the grievance procedure is being followed properly, with access allowed to the Board of Directors in the case of an appeal. This recommendation corresponds with regulation 13 AAC 90.020 [5] which requires the governing body to approve all documents of the grantee that establish policy, including personnel policies. By

approving policies the Board is obligated to review policies on an annual basis and ensure program compliance.

Status from WISH: Item 9. Attached is the reviewed and revised Grievance Policy and Procedure, the noted changes states all WISH employees are able to grieve. The Board Grievance Committee will review all grievances with documented resolutions monthly to ensure policies are being followed and access to the board is not denied. Staff will review the timeline of the grievance procedure and suggest any necessary changes, which will adhere to the Board Program and Planning Policy.

Also included is the "Whistleblower Policy" approved on May 10, 2016 to ensure that all staff is protected from retaliation for reporting a complaint or practice of WISH.

Council Response:

The Council will monitor adherence to this policy over the next several months. WISH is expected to send in monthly updates documenting the meeting of the Board's Grievance Committee and actions reviewed/taken.

Although a "Whistleblower Policy" was not part of the recommendations, since it was submitted to the Council, please be advised of the following comments:

Workers who have concerns about occupational health and safety may report directly to the Occupational Safety and Health Administration—they are not required to report concerns to the agency first

Workers who have concerns about discrimination based on race, color, national origin, religion, sex, disability or the basis of age in the delivery of services or benefits may report to the U.S. Department of Justice, Office of Civil Rights without notifying the employer

"Retaliation" is not tolerated in the above circumstances and in fact, a worker can also file a complaint of retaliation if the agency takes an adverse action due to the report

WISH completes a *Certification of Compliance with Regulation Office for Civil Rights, Office of Justice Programs, for Subgrants Issued by the Council on Domestic Violence and Sexual Assault* form through which the agency designates a person who is not the Executive Director to notify the Council of findings of discrimination—it would seem this would be the person, not the Executive Director, that would handle "whistleblower" type complaints

It seems that instead of stating concepts in the negative" an employee is protected from retaliation only if..." which indicates that retaliation is a possibility in other situations, the policy might be more meaningful if it indicates retaliation will not be tolerated.

Something along the lines of "the membership, board and administration of WISH supports employee efforts to improve WISH services and when circumstances warrant welcome constructive criticism aimed at improving services for program participants and employment practices"... or "if an employee witnesses or is her/himself subject to discrimination, these rights are available...listing them out and providing the contact information of OSHA and USDOJ OCR as well as other agencies to which employees can file complaints"

The way in which the policy is currently written seems contrary to promoting openness in hearing complaints and; as an agency, examining ways in which to make improvements.

September 30, 2016, Status from WISH: The board approved the new grievance policy in May 2016. On August 31, 2016, the board approved the revised Whistle Blower Policy. After some research, it was determined that the staff had not received a copy of the new grievance policy. On September 8, 2016 a staff meeting was held and the two new policies were distributed. For those staff members not in attendance, a copy of the information was placed in their “box” and the interim director is personally meeting with each person to review. In addition, the interim director is seeking training on the grievance process for staff that will be conducted by an attorney affiliated with WISHs insurance company. While this is not a requirement of probation, WISH is seeking to provide as much clarification to staff as possible

Council Response: While WISH has not sent monthly updates documenting the meeting of the Board’s Grievance Committee with actions reviewed/taken, the interim director does include information about grievances in general in her monthly report and has been proactive in ensuring staff are aware of the policies to follow as shown by the information submitted in the September update. Staff recommend this item be made a special condition of the grant award and moved off the probation list.



Women In Safe Homes

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September 30, 2016

Ms. Lauree Morton
Executive Director, CDVSA
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Dear Ms. Morton,

I am pleased to be able to share with you WISH's new strategic plan. With the assistance of Jayne Andree, the board completed a draft of the plan at our recent staff retreat. The board retreat was for two days on September 24-15, 2016.

As part of our desire to be transparent, Ms. Andreen and myself, met with WISH staff on Monday to discuss the draft plan and provide an opportunity for feedback. For those staff that were not present at the meeting, Ms. TePas provided the information to all staff. This included a copy of the draft plan as well as Ms. Andreen's power point presentation on the organizational assessment.

We also met with a local reporter to share the information on the plan and our progress regarding the probation conditions.

At our monthly board meeting on September 28, 2016, the board formally approved the strategic plan. We believe that the strategic plan is living document and thus, are open to making changes over time. Our next step will be to send this out to our membership for comment.

In conclusion, we are hoping that with the completion of the strategic plan that you find this probation item "completed and accepted." We ask that you include this in the board packet for your upcoming Council meeting on October 13-14, 2016. Jaimie Palmer, one of our board members, will be prepared to discuss the plan with your Council members.

We look forward to hearing from you and I am willing to answer any questions regarding the plan. Should you need to contact me, you can reach me at (907) 617-3336. I would like to assure you that our current board is fully engaged and we have made significant strides to remedy the issues you and your staff identified.

Sincerely,

Don Moss, WISH Board Chair

Enclosure

**Women In Safe Homes Strategic Plan
2016-2019
Approved by WISH Board September 28, 2016**

Vision: Together we can end domestic violence and sexual assault in Alaska

Mission: Our primary mission is to provide a safe place, advocacy and education for people impacted by domestic violence, stalking, sexual assault and abuse, and to assist and empower them as they explore their options in Southern SE Alaska. We also promote the elimination of violence through primary prevention and education programs, and engaging community members throughout Southern SE Alaska.

Values:

- Safety
- Dignity & Respect
- Recognition, Honor and Affirmation for All Cultures
- Strength & Healing
- Honesty, Integrity and Transparency
- Compassion

Background

WISH is one of 20 domestic violence and sexual assault victim service programs funded by the Council on Domestic Violence and Sexual Assault (CDVSA). WISH was incorporated as a 501(c)3 organization in 1978 to provide women and child victims of intra-family violence with emergency and ongoing assistance in a benign and supportive atmosphere. It currently provides shelter, advocacy, prevention and educational services, primarily to the Ketchikan Gateway Borough region, with support to Metlakatla and Prince of Wales Island.

CDVSA is a state agency that is statutorily mandated to coordinate services for Alaskans affected by domestic violence and sexual assault. They do this through a variety of methods including funding programs for victims and perpetrators. They establish standards by which program will operate through regulations and grant award conditions. Based on best practice, CDVSA follows the guiding principles of trauma-informed care for this work. These principles are¹:

- Safety for staff and people throughout the organization.
- Trustworthiness and transparency with the goal of building and maintaining trust among participants, staff, and the community at large.
- Peer support and mutual self-help are understood to be a key vehicle for building trust, establishing safety and empowering participants and staff.
- Collaboration and mutuality are essential to leveling the power and control issues that are a part of these relationships. A trauma-informed organization recognized that everyone has a role to play, knowledge to contribute, and healing to occur.
- Empowerment, voice and choice are built throughout the organization, recognizing that individuals' strengths are built upon and validated as new skills are developed. This includes a belief on one's inherent resilience, and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma.

¹ http://www.samhsa.gov/samhsaNewsLetter/Volume_22_Number_2/trauma_tip/guiding_principles.html

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- Cultural, historical and gender issues are recognized and addressed in order to move past stereotypes and biases. This leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Issues related to WISH's operations were brought to light in the summer of 2015 when CDVSA received a variety of concerned phone calls from former and current WISH staff, participants and community members. Issues that were consistently raised throughout these calls were shelter practices and philosophies no longer aligned with safe shelter standards and trauma-informed care. CDVSA conducted an onsite in late July 2015, and found WISH to be out of compliance with a significant portion of Alaska's Administrative Code relating to program participant policies, procedures and records, and personnel policies and procedures. CDVSA placed WISH on a probationary status at their public meeting on September 9, 2015, with instructions to WISH to address 9 specific areas of concern. WISH made minimal progress on addressing these concerns, and the probationary status came to the public's attention in January 2016. Since that time, WISH has been inundated with negative public relations media coverage. The majority of Board members resigned between February and July, with the Executive Director tendering her resignation effective the beginning of July. An interim director was hired effective the first part of August, and is dedicating her time to meeting the remaining probation conditions.

The Board recognized the need to develop a thorough assessment of organizational needs to better inform the selection of a new administrator. WISH issued a contract for assistance in conducting the assessment and development of a strategic plan to serve as the basis of the leadership transition process. This process is intended to serve as a way to move the organization out of the current crisis, as well as provide a vision of the future that realistically addresses the underlying root causes that have brought WISH to this point.

Assessment Scope and Methodologies.

A transition team consisting of WISH Board members and volunteers assisted in the development of the assessment. The assessment design incorporated 4 areas of data collection.

- Compilation of existing demographic, victimization and service utilization data.
- Input from the organization's members
- Input from the organization's community partners
- Input from the organization's staff

Three online surveys were developed to capture people's perception of WISH's effectiveness, services, and structure. The surveys targeted organizational members, community partners, and the staff. In addition to the online survey, the contractor conducted interviews with key contacts, as well as offered 3 staff group discussions. People completing the membership or community partner surveys were given the option of requesting follow-up with the contractor. All told, 25 people participated in the interviews and group discussions including community partners, members, current and past staff, and current and past Board members. All responses and analysis of the data has been conducted to ensure the confidentiality of the responders.

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A report of the findings was presented to the Board. This strategic plan is in response to the assessment results

SWOT

- Internal
 - Strengths:
 - Community recognition of strong prevention and family services programs
 - Recommitment to Trauma Informed Care
 - Recognized progress toward addressing CDVSA probationary period
 - Committed staff and new Board
 - Statewide support for WISH succeeding
 - Interim Executive Director
 - Commitment to a thoughtful and intentional transition effort
 - Weaknesses
 - Significant decrease (68-70%) in number of participants accessing services between 2014 to 2016
 - New/untrained staff
 - Predominantly new Board
 - Low staffing, length of time for transitioning, no permanent ED
 - Lack of a cohesive, empowered staff
 - Shelter safety concerns
 - Lack of rural outreach program
- External
 - Opportunities
 - Long-standing recognition of need for services and support for WISH returning to core values
 - Community partners looking to WISH for leadership on domestic violence and sexual assault
 - Ability to use the existing crisis to correct and redirect the organization
 - Requests to re-establish networking and interagency partnerships
 - Community partners and local governments are beginning to look at how to collectively address chronic issues of alcoholism, substance abuse, homelessness and mental health issues
 - Threats
 - Public nature of the conflict
 - CDVSA probationary status
 - Severed/damaged community partner relationships
 - Disenfranchised former participants and staff
 - Loss of Patty Bland, a statewide trainer and mentor

Strategic Plan

Strategic Goal: WISH will ensure optimal safety and advocacy opportunities for people impacted by domestic and sexual violence.

1. **Re—establish trauma-informed practices through services provision**

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- a. Solicit mentoring and networking opportunities with other programs across Alaska
- b. Update/revise participant policies, procedures and protocols, including:
 - i. Intake and screening
 - ii. Maintaining shelter safety
 - iii. Referral
 - iv. Confidentiality
- c. Expand the children and youth program components (# of children served, # of youth)
- d. Identify and develop non-shelter service component
- e. Develop support program for participants who transition from shelter to independent living

Evaluation	Data source/frequency
Process:	
<ul style="list-style-type: none"> • Number of policies procedures and protocols revised/developed • Increased number of participants and services provided to shelter, children and youth, non-shelter and transitioned participants 	<ul style="list-style-type: none"> • Administrative and program records, reported monthly in Executive Director report to the Board
Outcomes:	
<ul style="list-style-type: none"> • Increased understanding and confidence of trauma-informed care by staff 	<ul style="list-style-type: none"> • Online survey of staff position understanding, conducted semi-annually, results reported to the Board • Annual staff evaluations/Number of evaluations completed reported monthly in Executive Director report to the Board
<ul style="list-style-type: none"> • Increased understanding of safety options and available resources 	<ul style="list-style-type: none"> • Participant confidential survey to CDVSA, reported quarterly to the Board in Executive Director report to the Board • Participant exit survey, compiled and reported quarterly to staff and the Board
<ul style="list-style-type: none"> • Decreased number of client grievances 	<ul style="list-style-type: none"> • Administrative records, reported monthly in the Executive Director report to the Board

2. Develop and sustain competent staff, volunteers, and Board

- a. Develop and implement a needs-based transition plan
- b. Paid staff
 - i. Assess and revise organizational structure and position descriptions including identification of minimum qualifications, skills, and experience

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- ii. Establish and implement an orientation and training program with annually updated individual training plans
- c. Board
 - i. Establish and implement a comprehensive plan to address timely orientation and ongoing training for the Board of Directors (Board calendar
 - ii. Establish and implement an ongoing agency monitoring and evaluation plan
 - iii. Revise and align Board policies and procedures and bylaws
- d. Volunteers
 - i. Assess potential volunteer opportunities
 - ii. Revise standard position descriptions, qualifications, orientation and training standards, and the volunteer handbook

Evaluation	Data source/frequency
Process:	
<ul style="list-style-type: none"> • Transition plan progress 	<ul style="list-style-type: none"> • Administrative records and weekly meeting notes, monthly Executive Director reports to the Board
<ul style="list-style-type: none"> • Completion of revised organizational structure and revised position descriptions • Number of orientations and trainings • Number of completed training plans. • Implementation of monthly monitoring and evaluation. • Initiation of volunteer program/number of volunteers/number of hours donated 	<ul style="list-style-type: none"> • Administrative records, monthly Executive Director reports to the Board
Outcomes:	
<ul style="list-style-type: none"> • Increased understanding of organizational needs 	<ul style="list-style-type: none"> • Administrative and Board records, annual report
<ul style="list-style-type: none"> • Executive Director hired • Successful ED evaluation 	
<ul style="list-style-type: none"> • Increased understanding of TIC • Better understanding of position specific functions 	
<ul style="list-style-type: none"> • Increased rating of Board functions 	<ul style="list-style-type: none"> • Board evaluation, conducted annually
<ul style="list-style-type: none"> • Competent, stable workforce – turnover rates 	<ul style="list-style-type: none"> • Administrative records, monthly Executive Director reports to the Board
<ul style="list-style-type: none"> • Completion of CDVSA probation status 	<ul style="list-style-type: none"> • CDVSA Meeting Minutes

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<ul style="list-style-type: none"> • Funding source evaluations 	<ul style="list-style-type: none"> • CDVSA on-site evaluation, conducted annually (or less, eventually) • OCS feedback/intermittent
<ul style="list-style-type: none"> • Successful audit and 990 filings 	<ul style="list-style-type: none"> • Annual audit report, form 990

3. Strengthen administrative systems

- a. Revise and align administrative, personnel and financial policies and procedures
- b. Revise and implement recordkeeping systems
- c. Incorporate transparency
 - i. Train Board and staff on differentiating confidential versus public information
 - ii. Maintain an ongoing communication plan

Evaluation	Data source/frequency
Process:	
<ul style="list-style-type: none"> • Policy and procedure revision completions • Trainings completed • Development of communication plan • Number of communication activities completed 	<ul style="list-style-type: none"> • Administrative and program records, reported monthly in Executive Director report to the Board
Outcomes:	
<ul style="list-style-type: none"> • Increased understanding of role responsibilities and policies and procedures • Increased understanding of where to find things. 	<ul style="list-style-type: none"> • Staff evaluations, conducted annually
<ul style="list-style-type: none"> • Increased understanding/differentiating of what can be and needs to be shared with the public and membership 	<ul style="list-style-type: none"> • Board and staff evaluations, conducted annually
<ul style="list-style-type: none"> • Increased understanding of WISH services and functions 	<ul style="list-style-type: none"> • Community partner and membership survey, annual organizational evaluation report
<ul style="list-style-type: none"> • Increased administrative efficiency 	<ul style="list-style-type: none"> • Timely report filing
<ul style="list-style-type: none"> • Increased community and membership support 	<ul style="list-style-type: none"> • In-kind and financial donations, monthly financial reports

4. Strengthen community partnerships and support through collegiality and mutual respect

- a. Assume leadership roles with DV/SA work groups and task forces

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- b. Reinstitute and expand joint agency, in-shelter services trainings, and presentations
- c. Develop and implement a plan for continual, consistent communications

Evaluation	Data source/frequency
Process:	
<ul style="list-style-type: none"> • Number of workgroup task forces and meeting 	<ul style="list-style-type: none"> • Administrative and program records, reported monthly in Executive Director report to the Board
<ul style="list-style-type: none"> • Increased number of co-lead/joint service provision, trainings and services • Development of communication plan 	
<ul style="list-style-type: none"> • Number of communication releases (web, email, newsletters, press releases, media coverage) 	
Outcomes:	
<ul style="list-style-type: none"> • Increased understanding of WISH services and functions 	<ul style="list-style-type: none"> • Community partner and membership survey, annual organizational evaluation report
<ul style="list-style-type: none"> • Expanded life skills 	<ul style="list-style-type: none"> • Participant confidential survey to CDVSA, reported quarterly to the Board in Executive Director report to the Board • Participant exit survey/Compiled and reported to staff and the Board
<ul style="list-style-type: none"> • Increased number of partnerships • Increased number of interagency agreements • 	<ul style="list-style-type: none"> • Administrative and program records, reported monthly in Executive Director report to the Board
<ul style="list-style-type: none"> • Increased number of referrals to WISH... 	<ul style="list-style-type: none"> • Community partner survey, annual organizational evaluation report

5. Develop and sustain necessary resources

- a. Strengthen engagement with WISH membership
 - i. Increase communications to membership
- b. Continue to advance the new shelter development
 - i. Re-engage with Forakers
- c. Identify and implement annual fundraising plan

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Evaluation	Data source/frequency
Process	
<ul style="list-style-type: none"> • Number of membership specific communications 	<ul style="list-style-type: none"> • Administrative records, reported monthly in Executive Director report to the Board
Outcomes	
<ul style="list-style-type: none"> • Enhanced transparency and trust 	<ul style="list-style-type: none"> • Community partner and membership ratings, annual organizational evaluation report
<ul style="list-style-type: none"> • Increased membership roll 	<ul style="list-style-type: none"> • Administrative and program records, reported monthly in Executive Director report to the Board
<ul style="list-style-type: none"> • Capital campaign plan ready for launch 	<ul style="list-style-type: none"> • Capital campaign records, semi-annually to the Board
<ul style="list-style-type: none"> • Increased financial support 	<ul style="list-style-type: none"> • Administrative program records, reported monthly in Executive Director report to the Board

2016 WISH Training Schedule



August 7-13- National Health Center Week

- **Researching and Connecting with Local Community Resources**
- **Integrated Trauma Informed Approaches to DV/SA with Cathy Cave from NCDVTMH August 23rd**
- **Real Tools 20 week training/learning schedule**

September –National Suicide & Prevention Month

- **Ethics: Professionalism/Boundaries –email**
 - **Review and Comment on Training Board by September 30th**
- **DV Crimes in Alaska- Material covered by Katie TePas September 14th (1 hour)**
- **Confidentiality with Christine Pate September. 22nd (4 hours)**
- **Roles and Responsibilities of OCS and Mandated Reporting of child abuse in Alaska with LuAnn Richardson September 27th (1 hour)**
- **Suicide Awareness – Review and discussion regarding current shelter protocols September 28th.**

October - Domestic Violence Awareness & National Substance Abuse Prevention Month

- **De-escalation Training with Matt Hamilton from Community Connections October 5th (8 hours)**
- **Mind-Body Practices: An On-the-Go Handout for Domestic Violence and Sexual Assault Programs offered by NCDVTMH review at staff meeting on October 11, 2106**
- **Adult Protective Service and Mandated Reporting of Vulnerable Adults- (date to be announced)**
- **Crisis Intervention with Ginger Baim October 12 (two hours)**
- **Substance abuse and DV (co-occurring issues) and FASD with Ginger Baim October 13th (not yet confirmed) (4 hours)**
- **Empowerment Based Advocacy, Advocacy Best Practices Boundaries and Ethics with Michelle Dewitt Oct 24th-25th (dates need to be finalized)**

November 19th - Great American Smoke out

- **Advocating for DV victims and survivors with disabilities with Christine King from Alaska Center for Human Development (DART grant) Tentative Nov 1 or 2, 2016.**
- **Violent Crimes Compensation Board with Kate Hudson from Violent Crimes Compensation Board November 8th**
- **Vicarious Trauma Training with Katie TePas November 15, 2016.**
- **Danger Assessment- On-Line with Jackie Campbell**
 - Please have completed by November 21st and Training Forms turned in by November 24th
- **Building Trust: Trauma-Informed Advocacy with Survivors of DV/SA Experiencing Addiction online @ NCDVTMH (90 minutes)**
<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2013-8-part-series-substance-abuse-trauma-and-domestic-violence/>
 - Please have Completed by November 27th and Training Forms turned in by November 30th

December 10th - World Human Rights Day

- **Human Rights Day (equality and freedom-what it means to you) Review and Discussion at Staff Meeting December 6th**
- **Self-Care Strategies and Activities provided by ANDVSA YouTube (50 minutes)**
<https://www.youtube.com/watch?v=BtVYfpDjbGY>
 - (Review and Comment on Training Board by December 15th)
- **All Staff Potluck (Date to be Announced)**
 - Team Building Activity
- **Domestic Violence, Trauma, and Substance Abuse “Partnership and Collaboration: Bridging the Gap Between Treatment Services and Advocacy” online @ NCDVTMH (90 minutes)**
<http://www.nationalcenterdvtraumamh.org/trainingta/webinars-seminars/2014-2015-domestic-violence-trauma-and-substance-abuse/>
 - Please have Completed by December 18th and Training Forms turned in by December 21st

Green - Confirmed Dates

Yellow -Pending Dates

Real Tools: Responding to Multi- Abuse Trauma

20 Week Training Schedule

Multi-Abuse Trauma and Response

- 09/11/16 Preface and Multiple Layers of Trauma pg. 3–28
- 09/25/16 How Should Advocated Respond? pg. 29-58
- 10/02/16 A Closer Look at Individual Issues pg. 59-90
- 10/16/16 A Closer Look at Individual Issues pg. 91-118
- 10/30/16 Work with Other Providers & Self- Care and A Healthy Workplace pg. 119-140

Advocate Tool Kit

- 11/13/16 Assessing Needs & Training Providers pg. 140-169
- 11/27/16 Community Education and Activism & Organizing Support Groups pg. 170-198

Handouts and Wheels

- 12/11/16 The Handouts 199-237
- 12/25/16 The Handouts 238-272
- 01/08/16 Power and Control Wheels pg.273-303

Real Tools: Responding to Multi- Abuse Trauma

Please use the blue composition book to write one paragraph per chapter to share with each other on what you learned and how the “Real Tools” will help us as a team better serve participants with multiple Issues.

We will also meet once every other week to discuss each chapter and go over how the “Real Tools” can be applied into our every jobs.

Please come prepared to talk not only about the paragraph you wrote but also any ideas or concerns you may have.

Have fun Learning!!!

Today's Date: August 14, 2016

Date of visit: June 13, 2016

Employee: Rebecca Yunker

Trainer: Karen Stroh

Visiting Shelter: Lee Shore

Who Karen met with: Danielle Orr (Adult Advocate – 1 hour), Haley Johanson (Legal Advocate – 1 hour)

Monica Lent (Resource Advocate – 1 hour), Janet Mason (On-Call – 30 min)

Rebecca Yunker (Shelter Manager – rest of the visiting time)

Our visit with Karen Stroh from Lee Shore was very knowledgeable. Our staff as a whole learned a lot about how to file past clients by their numbers, how to make up a rolodex for a quick reference to the participants information, how to track and report on unduplicated participants coming through our door for services, what to keep and what to shred after the participant exits, how long to keep documents, what to and what not to write in their file notes and how Lee Shore transitions with staff and how they shred transition notes at the end of the week and much, much more.

At Lee Shore they have an extra-large three drawer filing cabinet that holds the past three years of clients. When a client returns they combine all the old information with the new and keep it all together and those three years start over. **We have already purchased a large three drawer filing cabinet in which we will be transferring all the archived files too with their participant numbers to better track and find each participant as they come back for more services.

A rolodex is used at Lee Shore to hold client participant numbers for easy reference to their number to find in the filing cabinet. On the rolodex card has their name, number, last day they were in shelter or used our services. **I am in the process of making sure all files have participant numbers and we will be transferring all the archived files to the new filing cabinet to better serve the participants and better keep track of our clientele.

While Karen was here, she showed me how she used excel as a numerical filing of unduplicated clients. It is a very tedious process but she says it is not hard as long as we keep up on it and I would get used to it quite easily. You input the client numbers into the excel spreadsheet and each month when you add to the numbers in the next column (month) it will highlight in red the duplicated numbers so each month of the fiscal year you will be able to keep track of how many new participants come in each month. **This system has not been used by me yet, and I will be trying it out in the by September 1, 2016 to input numbers from the past two months. I am excited and nervous about using it, but I am sure I will make it work and it will be a very nice tool to keep track of unduplicated clients.

It was very helpful when she went over all of the different paperwork in the files and what she keeps and what she shreds. It turns out we were even using her check list that we received from them wrong. She let us know how she uses the intake check list in transition time with the other staff to know whether or not a client still has paper work to fill out and she also uses this check off list as a training

tool for new staff. **We have been using this check off list in a more efficient way. We do need to make a few changes to the check off list to better fit our shelter but it has been a handy tool for us to use.

Our program participant's files had too many notes that were being taken. Karen shared with us that they don't have file notes in individual participant files. And the transition notes are kept in a notebook in which it all gets shredded at the end of each week. This better ensures we keep nothing personal on the clients that could be used if we were ever to be subpoenaed. ** We have incorporated this in our files.

These are a few things that we all went over while Karen Stroh from Lee Shore was visiting WISH. She was a pleasure to have and her knowledge was accepted openly from all the staff here and we have implemented quite a few changes to the way we handle files, notes and other paperwork. Karen will be sending us a copy of annual trainings they do at each staff meeting to ensure that by the end of each fiscal year, every staff member has completed their annual 40 hours of training. Karen was going to be sending a memory stick with multiple forms, policies and procedures and different things they cover during staff meetings. There is no doubt that we know more as a team on how to more efficiently keep records and work different areas than we did before Karen's visit. She was a pleasure and it is much appreciated that Cheri let her come and share her knowledge with us.

Rebecca Yunker

Shelter Manager

August 11, 2016

WISH Staff Development/Management Plan –Short Term

Overview

All WISH staff should have a concrete understanding of their job duties at WISH as well as possess the necessary skills to perform their duties and do so in a manner that is in the best interest of the women and children that WISH serves.

All WISH staff should possess a foundational knowledge of the dynamics of domestic violence and sexual assault, advocacy best practices, ethics and boundaries, confidentiality, crisis intervention, the impact of exposure to violence on children, co-occurring issues of substance abuse and domestic violence, historical trauma and trauma informed care.

All current WISH staff have received the required 40 hours of training. However, we know that the 40 hours required is really the absolute minimum and additional training is absolutely necessary to effectively help our participants in a manner that is empowering and safe. Furthermore, many WISH staff are new to WISH. As a result WISH staff, at times, are lacking the institutional knowledge and practical skills (that are developed over time) to provide the necessary training to fellow staff members.

Due to the current status of employee knowledge, skills and training, the interim ED at WISH has developed a **short term staff development/management plan**. Staff has openly expressed their desire for more training. Staff are eager to take advantage of all training opportunities provided and are open to learning new skills. Staff were consulted as to specific training topics as well as areas of weakness that needed to be improved upon. In addition, staff have taken an active role in developing the training plan by connecting and interacting with community and state partners. As a result, in the process of developing the plan, we are re-building relationships and reconnecting with the community.

WISH staff have also expressed concerns regarding their current job descriptions. After a cursory review, the interim ED believes it is necessary to undertake a thoughtful and deliberative process of revision of **all** job descriptions.

In addition to undertaking the revision of all job descriptions, WISH staff and the Interim ED are revising the shelter operations manual. This manual provides day to day guidance for shelter staff and outlines protocols for staff. This document was last updated on 10/5/2015 with a few minor edits in 2016. After a review by the interim ED, it is apparent that this document requires significant revisions. The focus of the revisions is on the intake or check in process and the checkout process or the transition/discharge process as well as on safety procedures. A plan will be developed for a bi-annual review of the document and practices within the document.

Below is a general outline of the Staff Development/Management Plan. This is a short term plan and has been designed to remedy deficiencies that have been identified through formal and informal assessments. While it is recognized that this is a significant amount of work for staff, staff are willing and ready to embark on this path forward and are committed to creating healthy,

safe and positive environment for participants and staff. In the long term, this plan will instill confidence in staff and aid in staff retention.

PLAN

A. Internal (Staff) and External (Community Partners) Communication and Transparency:

1. Weekly shelter staff meetings with minutes which are placed in transition log and on server.
2. Re-institution of transition log and incident report forms for shelter.
3. Bi Monthly ALL staff meetings with minutes and place on server and regular email updates to staff.
4. Hiring of part time administrative assistance and their job duties will entail keeping WISH's social media sites updated. Job has been posted.
5. Continued work on MOA's (on going).
6. Participation on task forces and committees (on going)
7. Cross training and training with community partners (ongoing).
8. Discuss the re-institution of the Wishing Well newsletter. (October board meeting)

B. Strengthen Training and Staff Skills Regarding Core Competencies Including Advocacy Best Practices and Trauma Informed Practices:

9. Staff training calendars (intensive short term plan and yearly calendar) have been developed and are being implemented. The majority of all training sessions will be offered to all staff.
10. A training plan for all new staff is being developed and will be completed by October 17, 2016.
11. All staff have been tasked with developing self-initiated training plans including timeline and must propose outline to supervisor and have approved by supervisor by October 17, 2016. Supervisors must submit these to the ED by October 19, 2016.
12. Development of desk manuals for specific jobs (adult advocate, children's advocate, legal advocate, family services specialist). January 15, 2017 deadline.
13. Develop specific questions for hiring/interview process based on the Missouri Coalition's sample interview questions (Page 27 of Why the Earth Did not Fly into the Sun.)

C. Clarity and Understanding of Roles, Responsibilities and Job Duties:

14. All Job descriptions are in the process of being reviewed and updated.
15. All staff must review their job descriptions, make recommended edits to supervisor, meet with supervisor and have proposed draft job description to ED by October 17, 2016. Staff are encouraged to consult with other victim service providers.

16. A revision of the shelter operations manual is being undertaken, a draft of the revised manual is to be completed by November 1, 2016. Other DVSA victim service providers are to be consulted.
17. Supervisors must complete evaluations in a timely manner. The Interim ED will review all personnel files and develop a schedule for supervisors.

D. Empowerment Based Advocacy and Transparency for Program Participants:

18. A revision of all intake forms and the welcome packet including rights and responsibilities is being undertaken and a final draft is to be provided to the ED by November 1, 2016. Participants will be consulted on rights and responsibilities. We have received intake paperwork and welcome packets from several of our sister programs. In addition, staff will utilize information from the Missouri Coalitions work on reducing rules in DV shelters.
19. Shelter staff will review best practices regarding empowerment based advocacy and discuss at scheduled staff meetings. Of note, Michelle DeWitt is scheduled to provide staff training on this topic on October 25, 2016.
20. A draft of the safety plan for program participants (DVSA) has been completed and presented at the house meeting to participants (9-26-16). Staff will then pilot the form with current program participants between September 27-30 and make necessary edits based on feed-back and implement final form by October 4, 2016.
21. Lethality/Danger Assessment on-line training should be completed by all staff and the tool danger assessment/lethality tool should be implemented in shelter by November 21, 2016.

E. Staff Development and Organization:

22. All staff have been authorized “administrative time” to work on each of the items above as well as the organization of electronic files and records.
23. Shelter staff have approved “reading times” so that they have approved time set aside for staff development and the additional reading assignments.
24. Additional overtime funds have been allocate to allow for on-call staff to attend training sessions when they are available.

Women in Safe Homes

Request for Proposals

AUDITING SERVICES

Financial and Federal and State Single Audits and enhanced Compliance Audit to be completed simultaneously.

Women In Safe Homes is requesting proposals for auditing services from certified public accountants and certified public accounting firms.

Women In Safe Homes is a private, non-profit 501 (c)(3) corporation with an annual budget of \$1.240182 million and of these funds the expenditures total \$1,164.528. The agency requires a financial, state single audit and federal audits for FY 2016, re: special provisions below for FY16 audit. The contract with the successful auditor will contain a provision allowing for the extension of the contract for two additional (1-year) periods.

Women In Safe Homes current annual budget consists of \$840,514.73 state agency grants, \$118,554 local grant, \$205,460 federal grants, one charitable gaming operation (raffle), and charitable contributions to the agency. There are 21 employees.

The FY 2016 Women In Safe Homes Audit (and subsequent audits) will include:

- 1) Audited Financial Statements 15 copies
- 2) Alaska Single Audit Reports 15 copies
- 3) Federal Single Audit Reports 15 copies
- 4) Management Letter
- 5) Prepare Federal forms 990 & 990T tax returns and State of Alaska tax returns

The Audit should be completed and all required reports should be provided to Women in Safe Homes by February 1, 2017.

Proposal Requirements

Proposals must be submitted by October 25, 2016.

- 1) A description of the accountant's or firm's experience, including experience in auditing 501 (C) (3) non-profit corporations
- 2) The cost for completing the agency's FY 2016 financial and state, federal single. For 2016, the audit must include a strong Compliance element focusing on internal controls and allow abilities (grants compliance) and an expanded sample size of at least 50%.
- 3) The cost for completing the agency's FY 2017 financial and state and federal single audits.
- 4) The cost for completing the agency's FY 2018 financial and state and federal single audits.
- 5) A listing of three references.

Submit proposals to Katherine TePas, Interim Executive Director, The Women In Safe Homes Center, PO Box 6552 or 2002 First Avenue, Ketchikan, AK. 99901 by October 28, 2016.