EFFECTIVE SYSTEM INNOVATIONS

March 18, 2016

Howard Center Woodside Transition House
42 Latham Court
Burlington, VT 05401

RE: Prison Rape Elimination Act (PREA) - Final Audit Findings Report

To Mr. Christopher Smith,

The accompanying report includes the feedback you and other Howard Center leaders have provided. I am pleased to inform you that the **Howard Center Woodside Transition House has achieved full compliance with the federal Prison Rape Elimination Act (PREA) standards**. The dedication exhibited by you and your team as well as by the Howard Center Agency PREA Coordinator has resulted in a number of successes during the six-month corrective action period. These achievements are detailed in the attached "Final Auditor's Summary Report."

Among the many noteworthy activities implemented in the past six months are:

- Installing additional surveillance cameras to enhance supervision of youth;
- Developing of a seamless coordinated response plan to effectively respond to allegations of sexual abuse or sexual assault;
- Enhancing the staff and volunteer PREA training to address all of the required areas;
- Adopting a vulnerability tool to assess youth risk to be victimized and/or perpetrate sexual abuse or assault;
- Enhancing program and agency policies to support your existing practices of effectively supervising and monitoring youth.

These examples demonstrate a high level of commitment and professional cooperation. The auditor commends the Howard Center Woodside Transition House and the State of Vermont DCF for its dedication to the PREA standards. You have done a tremendous job.

On behalf of youth, families, and the Department of Justice (DOJ) I thank you for ensuring youth are safe while in the care of the Transition House program and the State of Vermont.

Sincerely,

Sharon Pette, MSC, GBSS
Department of Justice Certified PREA Auditor
Sole Proprietor/Principal Contributor, ESI *Email:*
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FINAL AUDITOR'S SUMMARY REPORT

Name of Facility: Howard Center Woodside Transition House			
Physical Address: 42 Latham Court, Burlington, VT 05401			
Date report submitted: March 18, 2015			
Auditor information			
Address: Sharon Pette			
Email: sharon@rapidesi.com			
Telephone number: (B) 212-677-5093 or (C) 503-910-9873			
Date of facility visit: July 13th and 14th, 2015			
Facility Information			
Facility Mailing Address: 1138 Pine Street, Burlington, VT 05401			
Telephone Number: 802-324-6640			
The Facility is:	■ Military	■ County	■ Federal
	■ Private for profit	■ Municipal	■ State: Contracted by State of Vermont AHS
	■ Private not for profit		
Facility Type:	■ Community Residential - Juvenile Justice	■ Detention	■

Name of PREA Compliance Manager: Christopher Smith		**Title:** Program	
Email Address: Christophers@howardcenter.org		**Telephone**	802-324-6640
Agency Information			
Name of Agency: Howard Center			
Governing Authority: Howard Center			
Physical Address: 208 Flynn Avenue, Suite 33, Burlington, VT 05701			
Mailing Address: Same as above			
Telephone Number: 802-488-6900			
Agency Chief Executive Officer			
Name: Bob Bick		**Title:**	Executive Director
Email Address: Bobb@howardcenter.org		**Telephone Number:**	802-488-6125
Agency Wide PREA Coordinator			
Name: Dave Kronoff		**Title:**	Privacy Officer
Email Address: Davek@howardcenter.org		**Telephone Number:**	802-488-6915

PROGRAM AND FACILITY DESCRIPTION

The Howard Center Woodside Transition House is operated by a private not-for-profit agency, the Howard Center. As previously mentioned, the State of Vermont Administration of Human Services, Department for Children and Families (AHS DCF) contracts with the Howard Center to provide residential treatment services to youth. The Howard Center's mission is *"to improve the well-being of children, adults, families and communities."* This is accomplished by providing support and treatment to children, families and individuals that include, but are not limited to, prevention, early intervention and community education services. The Howard Center Transition House has a program mission that is closely aligned with the agency's mission.

The Transition House is a community residential program located in Burlington, Vermont. Transition House serves male youth between the ages of 16 and 22 who are in the custody of the Commissioner of the Department for Children and Families or have signed a Voluntary Services Agreement with the department beyond their 18th birthday. The program typically serves youth transitioning out of another residential treatment facility or youth with the goal of transitioning to independent living in the community. The primary goal of the program is to promote and support successful transition for youth back into their communities. Typically, residents are accepted into the Transition House after they have successfully completed treatment at a longer term and higher security program. The Transition House receives the majority of its referrals from the Woodside Juvenile Rehabilitation Center (WJRC), which is operated by the State of Vermont. However, it is not uncommon for the Transition House to receive referrals from other Howard Center programs as well as staff secure residential programs/agencies in other states.

The mission of Transition House is "*…to support youth with a history of at-risk behavior to build the skills and support systems to be safe and productive members of their communities and families"* (Transition House Staff Handbook, page 2). The Transition House employs a clinical approach to serving youth, with a focus on promoting skill development related to the management of high risk, criminal, substance abuse, and sexually harmful behaviors. Program youth are required to participate in a Wellness Group, a process therapy group, a House Meeting, a life skills curriculum, and an Outdoor Challenge group each week. In addition, all youth are required to meet with the Transition House Clinician or Program Supervisor for individual counseling session on a weekly basis. Since the primary goal of the Transition House is to provide young men with the opportunity to develop independent living skills all youth are required to have a job, attend school or participate in community service/volunteer activities on a daily basis.

The Transition House has the physical capacity to serve four youth. At the time of the on-site audit there were three youth in the program. Over the past 12 months the average number of youth served was three, although the population ranged from two to four during the period of July 2014 to June 2015. At the time of the on-site review, there were no youth who identified as gay, transgendered, or bisexual. However, in 2014 the Transition House did have one resident who identified as transgender. The average length of stay in the program is approximately 300 days.

The Transition House is located in a community residential setting and is not enclosed by a perimeter fence. The program is comprised of two dwellings: A main house and an independent living apartment. The main two story house has three bedrooms (two on the top floor, one on the

first floor), a living room area, a kitchen, a dining room area, two bathrooms, and a staff office. The independent living apartment shares a common wall with the staff office but can only be accessed by exiting the side door of the main house. This apartment is a single dwelling unit equipped with a full kitchen, living area, bedroom, and a full bathroom. Youth who have accomplished their treatment goals and demonstrate safe and stable behavior may apply to live in the apartment.

All youth sleep in individual bedrooms. All of the program's windows and doors (i.e. bedroom, bathroom, clinical office, front and side doors) are alarmed with a high pitched sound during the day that is triggered when opened. A monitoring device mounted in the staff office indicates which doors or windows are opened throughout the main house and in the independent living apartment.

Since the goal of the Transition House is to assist young men in becoming positive contributing members of society through independent living skills, youth within the program earn additional privileges as the successfully move through the four phases of the program. Youth who actively participate in the treatment program, demonstrate responsibility, have stable behavior, and are engaged in healthy community-based activities may apply to be placed on a higher level in the program. Each subsequent phase is associated with a decrease in staff supervision and an increase in the amount of free time a youth is permitted to have in the community. More information about youth supervision at Transition House is provided in other areas of this report (i.e. Standard 115.313).

SUMMARY OF AUDIT FINDINGS

The initial onsite audit provided significant evidence that Howard Center has a solid infrastructure that supports effective organizational functioning and therefore, increases the likelihood of achieving full compliance with federal PREA standards. Numerous policies and legal documents exist that support the agency's dedication to zero tolerance and effective crisis response. This includes an agency policy that specifically addresses PREA and provides valuable information about how to respond to incidents of sexual abuse, the agency grievance process and other important PREA related information.

The Howard Center infrastructure includes a high level manager, the Agency Compliance Officer, who is responsible for ensuring agency compliance with all state and federal regulations. This individual's work is further supported by a formal committee, the Corporate Compliance Committee, who oversees and monitors agency compliance in all areas (i.e. agency policies, licensing regulations, etc.). Additionally, the Howard Center infrastructure includes an incident review system that requires agency leadership to review all critical incidents in order to determine contributing factors and develop plans to mitigate future risk. This level of review ensures agency leaders are connected to program operations; that issues are addressed immediately and appropriately; and feedback/guidance is provided to programs to prevent future incidents.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with eight top leaders in the Howard Center organization reveal Howard Center is fully committed to keeping youth safe and free from sexual abuse and sexual harassment. The Howard Center Executive Director, Mr. Bob Bick, spoke eloquently to this fact

stating, *"We will do whatever we can to ensure youth in our care are not subject to any form of abuse by anyone. We take these standards very seriously."* Other agency leaders, including the Agency PREA Coordinator, shared similar perspectives on the importance of closely aligning agency and program practices with PREA standards. Each leader provided several examples of how the agency demonstrates this commitment.

Information gathered from program staff and youth provides evidence that there is solid leadership at the Howard Center Transition Center. The Program Supervisor, Mr. Christopher Smith has been in his current position since September 2013. He is professional, well regarded by staff, dedicated to keeping youth safe, and committed to helping program residents prepare for the future. It was confirmed through observations and interviews that Mr. Smith supports his staff through regular team meetings and making himself available to staff seven days a week. He carries a continuous improvement mindset and is open to regularly examining program operations to identify areas for program improvement. Similarly, staff and youth interviews verified that other Transition House program managers are experienced and skilled at the work they do. Strong leadership is a critical element to program success.

During the on-site visit in July 2016, although the Transition House was in its initial stages of implementing PREA requirements, the program had already made progress in implementing measures to mitigate risk of sexual abuse and harassment. At the time of the visit, the Transition House Program Supervisor had updated the staff handbook to further emphasize zero tolerance, began conducting unannounced rounds, and created a PREA poster that displays zero tolerance and additional PREA information (including contact information for the State of Vermont and Hope Works, a victim advocacy group). In addition, the Howard Center had adopted an agency wide policy specifically addressing PREA requirements. Auditor interviews with youth revealed all youth knew several ways to report sexual abuse including telling a staff member, contacting their parents, lawyer, or DCF social worker. Similarly, staff clearly understood their first responder duties and knew what they needed to do in the event a youth alleged sexual abuse.

During the six-month corrective action period, the dedication of the Howard Center agency leadership, Transition House leadership, the Howard Center PREA Coordinator, and the State of Vermont Department for Children and Families leadership, was clearly demonstrated through frequent communications with the auditor, timely post-audit document submission, and implementing all required actions put forth in the initial audit findings report. This level of commitment has resulted in the **Transition House program achieving full compliance with federal DOJ PREA standards.**

Following the on-site audit, the Howard Center agency and the Transition House program made important changes to achieve compliance. Some of the program's key accomplishments include:

- Installing additional surveillance cameras to enhance supervision of youth;
- Developing a seamless coordinated response plan to effectively respond to allegations of sexual abuse or sexual assault
- Enhancing job descriptions for the PREA Facility Compliance Manager and the Agency PREA Compliance Manager to reflect PREA related job responsibilities.
- Developing a more comprehensive PREA training for program staff, volunteers, and contractors.

- Adopting and implementing a formal vulnerability assessment tool to assess a youth's risk to perpetrate or become a victim of sexual abuse or assault.
- Using the vulnerability risk information to guide decisions regarding treatment planning, bed placement, education assignments, and safety and security.
- Enhancing the agency PREA policy to guide practice including a coordinated response plan to allegations of sexual abuse; requiring specific notifications (family, victim, licensing boards); and detailing the process for conducting sexual harassment investigations. Enhancements made to the agency PREA policy has resulted in clearer expectations with regard to responsibilities in detecting, reporting, and handling reports of sexual abuse and assault.
- Making significant progress in securing a Memorandums of Understanding with the local advocacy agency to provide victims of sexual abuse or assault with rape crisis and follow-up services. This organization will share the responsibility for ensuring victims undergo a forensic examination conducted by a certified Sexual Assault Nurse Examiner (SANE).
- Creating a webpage to house required PREA information.
- Developing an annual report detailing progress on PREA implementation and incident data and posting this report on the agency's website.

The chart below displays the results from the initial audit report and compares it with the number of standards in compliance at the close of the six-month corrective action period. The dedication and hard work has allowed Transition House to "Exceed" the minimum requirements on three standards and "Meet" compliance on the remaining standards.

Category	Initial Report Total	Final Report Total
Number of Standards **Exceeded**	0	3
Number of Standards **Met**	22	37
Number of Standards **Not Met**	18	0
Number of Standards **N/A**	1	1
Percent of Compliance with PREA Standards	55%	**100%**

It is important to note that the intention of this report is to provide the reader with a summary of audit findings and highlight some examples of evidence supporting these findings. The narrative in this report is <u>not</u> an "all inclusive" list of the evidence needed to sufficiently meet PREA standards. However, for each standard that was successfully met, interviews, observations, and review of additional documents during the on-site visit verified that practices employed by the Howard Center Transition House are consistent with agency policies and federal PREA expectations.

AUDIT PROCESS OVERVIEW

The State of Vermont Administration of Human Services, Department for Children and Families (AHS DCF) contracted with an independent auditor, Sharon Pette of Effective System Innovations (ESI) on October 4, 2014 to conduct government mandated audit. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The Howard Center Woodside Transition House was among the contracted programs required to undergo an audit.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. More specifically, notification fliers were posted in the dining room, second floor bathroom, and on the door of the staff office located on the first floor. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. Several weeks prior to the on-site review, the Transition House Facility PREA Compliance Manager submitted the Pre-Audit tool and supporting documents to the auditor. A comprehensive evaluation of agency policies, facility procedures, program documents, and other relevant materials was conducted prior to the on-site visit.

The on-site portion of the audit spanned a two-day period: July 13th and 14th, 2015. During the on-site review the auditor conducted an extensive facility tour which included visual inspection of the two story building and the independent living apartment, together which comprise the entire Transition House program. During the tour the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with Program Supervisor, Mr. Christopher Smith. More information about the facility and programming relevant to PREA standards is provided in the body of this report.

While on-site, the auditor conducted interviews with facility managers, agency leadership, staff, and youth. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting staff to be interviewed (i.e. Facility Director, Facility PREA Compliance Manager, specialized staff, random staff, youth, etc.). Over the course of the two-day program visit and through several phone interviews occurring after the onsite visit, a total of 25 interviews were conducted. More specifically, the audit process included:

- Three interviews with Transition House program leadership including mental health leadership staff (i.e. Program Supervisor/Facility PREA Compliance Manager, Program Clinician, and the Team Leader)
- Eight interviews with direct care staff
- One interview with contracted Clinical Consultant
- Three interviews with youth (all youth currently residing at Transition House)
- Eight interviews with agency leadership including the Howard Center Executive Director; Human Resources Director; Associate Director of Child, Youth, and Family Services; Director of Comprehensive Care; the Agency PREA Coordinator; etc.)
- An interview with State of Vermont DCF Residential Licensing and Special Investigations Unit Director
- An interview with a representative from the local community advocacy organization (phone interview conducted post onsite audit)

In addition, the audit process involved reviewing 10 youth files: All youth currently in the program (N=3) and all youth discharged from Transition House in the past 12 months (July 1st, 2014 through June 30th, 2015; N=7). File audits involved reviewing paper files as well as information documented in the Howard Center's electronic medical record. Additionally, the auditor reviewed all reports of sexual harassment and sexual abuse occurring 12 months prior to the review.

As part of the file review process the auditor also reviewed all training records for current staff (N=15) and contracted employees (N=1) working at the Transition House. In addition, all Howard Center staff and contracted employee personnel records were also reviewed to determine whether requisite criminal background checks were conducted consistent with PREA standards. The Transition House does not currently have any volunteers or interns working in the program.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. Conversations included, but were not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made publically available. A one hour-debriefing meeting was held at the close of the audit to summarize preliminary audit findings. Participants included the Transition House Program Director and several other Howard Center agency leaders. The auditor provided feedback regarding Transition House program strengths and areas for improvement. In addition, required actions to achieve full PREA compliance for Howard Center programs were discussed. At the time of the on-site visit, Howard Center agency leaders expressed a sincere commitment to achieving compliance with all PREA standards. Evidence of this commitment was demonstrated by the program successfully achieving 100% compliance at the close of the corrective action period.

Although the program did not originally meet compliance on 18 of the PREA standards, the required actions in the initial auditor findings report focused mainly on the need to create policies to support existing practices. In other words, at the time of the on-site review, the Transition House had already put practices in place to support PREA standards and needed to memorialize these practices in policy to better document current practices. Therefore, the auditor determined it was not necessary to conduct a second on-site visit during the corrective action period. Instead, the auditor sought verification of standard compliance by closely communicating with the Howard Center PREA Coordinator and carefully reviewing revised agency and program documents (and providing detailed guidance and feedback). In addition, the auditor conducted several follow-up interviews with the State of Vermont DCF Policy Manager, the RLSI Senior Social Worker, and the Director of the local advocacy organization. The additional information gathered provided sufficient evidence verifying policies support the practices embedded in the program. **The auditor confidently concludes that the Transition House program is now 100% compliant with federal DOJ PREA standards.**

It is important to note that although the State of Vermont Agency of Human Services, Department for Children and Families (AHS DCF) contracts with the Howard Center to provide residential treatment services to youth at the Transition House program, for the purposes of this report the "agency" is considered Howard Center. This ensures consistency in the interpretation and application of the PREA standards.

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

- ✓ Exceeds Standard (substantially exceeds requirement of standard
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center has several agency policies that set forth clear expectations with regard to zero tolerance for all forms of sexual abuse and sexual harassment. The agency's Personnel Policy 239 titled, "Violence Prevention and Weapon-Free Workplace Policy" clearly states, "*Howard Center has adopted a zero-tolerance policy toward workplace violence.*" The policy defines harassment as *"…any act or gesture intended to harass or intimidate another person, any act or gesture likely to damage personal or agency property, or any act or gesture likely to leave another person injured or fearing injury. This may include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm to person or property."* The agency's policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" provides specific definitions for resident-on-resident sexual abuse, sexual contact, sexually abusive penetration and sexual harassment. This PREA policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment to youth. These definitions are consistent with federal PREA standards.

Similar information is also described in the Howard Center Personnel Policy 219 "Harassment" which states, *"All persons associated with the Agency including, but not limited to, the Board of Trustees, the administration, the employees, volunteers and interns are expected to conduct themselves at all times so as to provide an atmosphere free from harassment and to refrain from engaging in prohibited harassment. Any such person who engages in any form of harassment during or after work hours on or off Agency premises, while connected in any way with the Agency, will be in violation of the policy and will be subject to appropriate discipline up to and including dismissal if warranted."*

In addition to the policies referenced above, the zero tolerance expectation is further supported by the Howard Center PREA policy: "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)." This policy provides information around strategies the program will employ to reduce and prevent incidents of sexual abuse and harassment. Examples include: Escorting staff members, volunteers, or contractors who have been accused of sexual abuse immediately out of the facility and conducting unannounced rounds to deter abuse and harassment.

Information obtained during the onsite review verified the zero tolerance "tone" in the facility. Supportive evidence includes a poster titled "PREA Resources and Information" that hangs in the dining area where residents eat their meals. The three-foot poster declares, *"This program maintains a zero tolerance for any and all forms of sexual harassment and sexual abuse"* and provides a list of ways a youth may report abuse (and corresponding phone numbers). In addition, the poster includes a pocket that holds two types of information pamphlets: 1) The "Resident and Family Guide to PREA" and 2) Hope Works - the local rape crisis and victim advocacy organization. The auditor commends the Transition House for its use of visual displays to remind

youth of the program's zero tolerance policy and for providing a list of ways a youth may report sexual abuse.

The Howard Center philosophy and commitment to zero tolerance is further supported by State of Vermont AHS Residential Licensing and Special Investigations Unit (RLSIU) regulations. RLSIU is responsible for licensing all community residential facilities in Vermont. State regulations prohibit residential programs from hiring or continuing to employ any person substantiated for child abuse or neglect ("State of Vermont Department for Youth and Families: Licensing Regulations for Residential Treatment Programs in Vermont," Standard 402). In addition, regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff to the program and must include "*…child/youth grievance process…policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc*." ("State of Vermont, DCF Licensing Regulations for Residential Treatment Programs," Standard 414, page 17).

The Howard Center agency has a designated Agency PREA Coordinator, Mr. Dave Kronoff. Interviews indicate he has a clear understanding of his role as it relates to PREA and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. The Agency PREA Coordinator position appears in the Howard Center organizational chart and is available on the agency's public website.

Similarly, the Woodside Transition House has a designated PREA Compliance Manager, Mr. Christopher Smith, who is responsible for ensuring facility compliance with these federal standards. Although Mr. Smith is also the Transition House Program Supervisor, interviews and observations indicate he has sufficient time to perform the PREA related job responsibilities. A number of factors play into this determination including: Transition House is a small facility (maximum capacity of four youth) making it less cumbersome to implement changes; Mr. Smith is fully committed to ensuring youth are safe and successful; and Mr. Smith is given the authority and autonomy by Howard Center leadership to make decisions that directly impact the Transition House program.

Although the program had already met compliance on this standard, during the corrective action period, the job description of the Transition House Program Director was significantly revised to include specific job responsibilities related to PREA. The job description now states that the Facility PREA Compliance Manager must: "*Serve as the facility's primary contact for PREA. Promote a culture of zero tolerance for sexual abuse, sexual assault, sexual misconduct and sexual harassment at the facility. Be a source of information on PREA for residents and facility staff. Ensures all facility staff, contractors, interns, and volunteers complete all required PREA related training and follow agency PREA related policies and procedures. Provides feedback on the agency's PREA related policies and procedures. Working with the PREA Coordinator and agency's outcome staff ensures the collection and reporting of PREA information. Works with the PREA Coordinator and agency and facility staff to correct identified PREA concerns. Manage the facility's PREA grievance process. Work with agency and outside parties to ensure all allegations of sexual abuse are fully investigated."* Mr. Christopher Smith has signed his revised job description and submitted a copy to the auditor for review.

Similarly, the Howard Center PREA Coordinator job description was also revised to include more specific job responsibilities related to PREA. The revised agency description now states that the Agency PREA Coordinator, *"serves as the agency's primary contact and point person on PREA and is a resource for management on PREA related inquires and procedural questions. Creates, updates, trains, and oversees the implementation of PREA related policies and procedures to comply with all PREA standards and audit requirements. Works with each facility's PREA Compliance Manager to ensure compliance is met at each facility. Creates corrective action plans as needed. Participates in investigations of sexual assaults and oversees the submission of formal reports to the State and Federal governments. Provide support and guidance to HR and the facility PREA Compliance Manager to address sexual harassment allegations. Along with the PREA Compliance Managers, work collaboratively with community partners and other stakeholders to ensure victim and offender care and treatment. Oversee the training and the development of educational materials used to educate staff and clients about PREA and related issues."* Mr. Kronoff has signed a revised job description and submitted a copy to the auditor for review.

Additional evidence that Howard Center and the Transition House program have developed a solid infrastructure to support PREA, is found in the organizational charts. The agency and program level charts were revised and now indicate the job titles "Transition House PREA Compliance Manager" and "Howard Center PREA Coordinator." The enhancements made during the corrective action period, further support a commitment to federal standards and therefore, the auditor has concluded that Transition House has exceeded this PREA standard.

§115.312 - Contracting with other entities for the confinement of residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)
- ✓ N/A - The facility does not contract with private agencies for confinement of residents

The Howard Center does not contract with private entities for the confinement of youth. Although the State of Vermont Department for Children and Families contracts with the Howard Center to provide residential treatment services for youth in the Transition House program, for the purposes of this report the Howard Center is considered the "agency." Therefore, this standard is N/A.

§115.313 – Supervision and monitoring

- ✓ Exceeds Standard (substantially exceeds requirement of standard
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Currently, the Transition House exceeds PREA staffing ratios which require a minimum staff-to-youth ratio of 1:4 at all times. The Transition House Staff Handbook states, *"The T House is staffed*

at 1:4 staff-to-client ratio at all times. Because of our program's individualized and independent, our staffing pattern increases to a ratio of 1:2 and in some cases 1:1 in order to support and supervise community based activities" (page 17). Review of the staff schedule, interviews with youth and staff, as well as auditor observations while onsite verified this staff to youth ratio is maintained.

Interviews revealed the Transition House has a 1:2:1 direct care staff shift pattern. Monday through Friday the program has one staff member on shift from 7 AM to 2 PM; two staff on shift from 2 PM to 9 PM; and one staff member on shift (9 PM to 7 AM). The Program Supervisor, Clinician, Living Skills Specialist, and the Team Leader work Monday through Friday. The Transition House program does not deviate from their staffing pattern. The Comprehensive Care Program leadership team, comprised of the Program Supervisors/Coordinators, Comp Care Director and CYFS Associate Director all rotate back up coverage for the Transition House on a weekly basis. In the event of a staffing shortage to emergency or staff illness, the Director on call is responsible for arranging coverage and/or responding to the program in person.

The purpose of the Transition House is to prepare youth for transition back into the community. For this reason, youth earn increasingly more responsibility and independence as they progress through the program. It is important that the reader understand that accompanying this increased independence is a decrease in staff supervision of youth. To provide context for this PREA standard, each of these levels is described briefly below, although more information is detailed on pages 12 through 16 of the Transition House Staff Handbook. Each of the four levels last a minimum of 30 days and youth must demonstrate readiness to advance to the next level. The four program levels are:

1) Introductory Level: Clients are required to check in with staff three times a day – before school, after school with school faculty/staff and before bed. There is direct supervision (eyes and ears, same room) at all times.

2) Community Engagement Level (CE): Clients check in with staff once a day (around bed time). Clients have 'whereabouts' supervision within the public spaces in the house as long as other clients are not present. Clients are permitted to participate in approved community based activities that are supervised by staff and have up to two hours of structured free time in the community. If an activity will last more than two hours spot checks are conducted. Clients have one hour of unstructured activities with their peers which may include unsupervised time with their peers who are not affiliated with the program. For youth under 18 years old, contact list must be approved by the DCF social worker. Transition House youth are never allowed to spend time together unsupervised, regardless of level.

3) Building Independence: Clients check in with staff daily. Clients may have four hours of unsupervised, structured activities as well as three hours of unsupervised unstructured activities in the community. Clients may continue to go on 15 minute walks.

4) Transition Level "T": Clients check in with staff at least once a week. Clients can have up to eight hours of structured or unstructured free time in the community per day and have any unsupervised community activity (not required to submit an outing form in advance).

The Transition House defines supervision as *"the act of overseeing and managing a client or student in a household, school or community setting"* (page 17). The Transition House Staff Handbook reminds staff that supervision is a staff responsibility and that supervision does not solely mean the act of being physically present. The handbook further explains, *"Good supervision, a key to successful programming, is the participation in the client's interactions. It is proactive rather than reactive. That is, a staff person who is adequately supervising a client in the grocery store should be able to help that client avoid a tricky situation because they are engaged in the shopping with the client rather than simply going through the motions beside them"* (page 17).

The Transition House Staff Handbook describes several types of supervision while youth are in the house (i.e. Arm's length; Direct; Whereabouts in the House; Spot Checks, etc.). Staff are required to know where youth are at all times (in the house and in the community). Clients are allowed to ask staff for unsupervised time within the house but are never allowed in one another's bedrooms. The staff handbook clearly dictates, *"…if two clients are upstairs, their bedroom doors should be closed and they are not hanging out in the hallway or in each other's rooms*" (pages 18 and 19). The verbal expectation set by the Program Supervisor in team meetings and through coaching is that staff periodically check on all youth throughout their shift.

Youth and staff interviews and auditor observations while on site, verified Transition House is exceeding federal expectations for youth to staff ratios. At the time of the onsite visit, interviews with youth confirmed that staff checked on them periodically throughout their shift. However, youth living on the second floor stated they *could* (not that they did) get away with something around bedtime hours. In response to this information, the Transition House implemented a new practice of staff having "eyes on ears on" during waking, bedtime and showering routines. In addition, staff are now required to go upstairs when two clients are on the second floor to ensure the bedroom doors are closed. Although this practice was implemented shortly following the onsite visit, verification of this discussion was reflected in the annual staffing plan meeting conducted on March 9, 2016. The auditor applauds the program for recognizing the importance of this level of supervision

All Transition House windows and doors (except the staff office) and entry points (front and side doors) are armed with a high pitched alarm that sounds when opened. A monitoring device located in the staff office indicates which doors or windows are opened throughout the main house and in the independent living apartment. At night, if security is breached, a loud alarm will sound (beyond the high pitched signal that sounds during the daytime). It is important to note that night staff are permitted to sleep while on shift. They are required to conduct bed checks at least twice per night, although staff do not perform these checks on the independent living apartment. Bed checks require staff opening the youth's bedroom door and viewing the youth from the doorway. These checks are documented in electronic youth files.

As described in the "Facility and Program Description" section of this report, Transition House is a two story residence. Due to the nature of the program – focusing on youth earning increasingly more independence - youth are permitted to be upstairs at the same time but are not allowed in the bedroom of another resident. A few months prior to the on-site review the camera located on the second floor was rendered inoperable due to a change in the computer software system. Therefore,

staff currently did not have the ability to monitor youth activities on the second floor unless they were physically positioned in the middle of the stairway. Because the program's goal is to assist youth in becoming independent youth are not always in sight of staff. Therefore, the auditor suggested the Transition House consider restoring the camera's functioning in order to enhance the supervision. During the corrective action period, the Transition House installed three additional cameras. One camera was installed on the second floor to provide full view of all bedrooms; one was placed on the first floor viewing the staff office area; and the third camera was installed to view the front door of the independent living apartment. The auditor applauds the program for investing the resources to enhance supervision of youth in their care.

The Howard Center "Policies and Protocols for Addressing the Prison Rape Elimination Act (PREA)" requires a practice of unannounced management rounds. The policy states, *"Each facility will implement a practice of intermediate or higher level staff conducting unannounced rounds for all shifts. Staff will not be alerted to an impending round unless it may interfere with the operation of the facility."* In addition, the Transition House Staff Handbook states, *"Announced 'rounds' for all shifts will occur at least 4 times per year to ensure that all program and agency policies and procedures are being followed. This means that a program leader will conduct random checks of all shifts at random. This information will be documented in program's supervisory files in compliance with PREA expectations. Program leadership should make every effort to ensure that staff are unaware of visits, and staff members may not alert colleagues to unannounced visits"* (page 18). At the time of the on-site audit the program had not yet started conducting these unannounced rounds. However, the program was expected to begin these rounds in the next month and had created a formal "Unannounced Rounds Log" to formally document compliance with this PREA standard.

During the corrective action period, in order to ensure the practice of unannounced rounds was fully embedded in the program, the auditor requested unannounced round forms be submitted to her for a four-month period. Review of the "Unannounced Rounds Log" confirmed that rounds are consistently conducted by various Transition House managers several times per month. These rounds cover all shifts and appear to be in a "random" pattern, which prevents staff from predicting when these check-ins will occur.

Additional enhancements made to the Howard Center PREA policy further support provisions in this standard. These enhancements include details regarding supervision of youth, minimum staffing requirements, unannounced rounds, and requiring all programs to have a local staffing plan. Agency policy and Transition House Policy 3.6 "Staffing Needs and Monitoring of Staffing Plans" both require programs to review their staffing plan at least annually in order to ensure staffing and supervision is adequate.

In addition, Transition House updated several of its policies to better address provisions in this standard. These revisions include Policy 4.0 "Emergency Procedures" which now clearly states that if there is a crisis (i.e. transporting a youth to the hospital or one-on-one supervision for suicide watch), on-call staff will be contacted. On-call staff will be required to respond within one hour. Other program policies were revised to provide additional direction to staff on how best to supervise youth.

In sum, the changes Transition House made during the corrective action period related to supervision and monitoring included installing three additional cameras; implementing the new practice of staff accompanying youth upstairs if another youth is on the second floor; revising agency and program policies to support provisions in this standard; and maintaining the 1 to 4 youth to staff ratio. These efforts allow the auditor to conclude that Transition House "exceeds" the minimum requirements in this PREA standard.

§115.315 – Limits to cross-gender viewing and searches

- ☐ Exceeds Standard (substantially exceeds requirement of standard
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House program does not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The Transition House Staff Handbook upholds, *"The Transition House does not complete ANY physical searches (including strip searches, visual body cavity searches, and pat down searches) at any time for any reason. If a staff person has reason to believe that a client has contraband upon returning to the program, staff should ask the client to wait in supervision until the staff person can call the paging system (outlined later in the document) in order to consult and plan. If there is a safety concern where a staff has reason to believe that a resident may have contraband hidden on their body which will pose a risk of harm to themselves or others, then the police may be contacted to conduct a physical search of the resident"* (page 21). Youth and staff interviews revealed that this policy is closely followed - the program does not conduct any pat frisk or strip searches. As the handbook describes, the program does conduct periodic pocket checks in which youth are asked to empty their pockets when returning from the community. In addition, room searches are conducted, although staff and youth reported these were not done frequently or consistently.

Youth residing in the Transition House have privacy when using the bathroom and when changing their clothes. The main house has two bathrooms each equipped with a shower (in addition to the independent apartment which has its own bathroom). House rules include only one youth is permitted to be in the bathroom at any given time and the door must be closed. The Transition House Staff Handbook states, *"Clients have the right to privacy in their bedrooms and the bathroom; Clients have the right to have undisturbed time for themselves in their rooms, as well as the right to shower, change and use the bathroom without another resident or staff seeing them"* (page 19). In addition, the handbook requires staff to knock prior to entering a client's bedroom or bathroom and wait for a response prior to entering. This requirement to knock and announce is an expectation for all staff, regardless if staff are male or female (page 20).

The State of Vermont DCF Residential Licensing requirements further support compliance with part (d) of this standard. State regulations dictate, *"…a residential treatment program shall provide toilets and baths or showers which allow for individual privacy unless a child/youth requires assistance"* (Standard 727). The Transition House program had a license renewal visit conducted by DCF in February 2015 and is in receipt of their updated license. Youth interviews confirmed

that youth have privacy when showering, toileting, and changing clothes.

During the corrective action period Transition House updated its policy language to support its current practices which are consistent with PREA standards. Policy 4.1 "Policy on Client Searches" now clearly states that staff are forbidden to conduct pat down and physical searches of youth.

§115.316 - Residents with disabilities and residents who are limited English proficient

- ☐ Exceeds Standard (substantially exceeds requirement of standard
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The agency takes appropriate steps to ensure that residents with disabilities (i.e. residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) or are limited English proficient have an equal opportunity to participate in the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The Howard Center provides interpreter services through a hotline number which staff members can access at any time. The agency "Policy on Accessibility" upholds that when English is not a client's primary language, translation services will be provided. In addition, the policy also specifically states that accommodations should be made with regard to written materials. For example, these may include *"reading the material to that person, having material printed in large print and having pictures and graphics added to the text to make information more understandable"* (page 1). This is further supported by information found in the Transition House Staff Handbook which states, "*Howard Center maintains contracts with interpreters and signers as well as tele-interpretive services. All information can be translated for clients or made available at the time of intake. Staff should support clients in order to ensure comprehension" (page 12).*

Although the Transition House program has not had a resident with a disability or who is limited English proficient to date and therefore, has not had to access these services, program leadership articulated the process they would go through to obtain the necessary translation services. Program and agency leadership both verified they do not allow residents to interpret for other youth, except in very limited circumstances. The auditor confidently concludes that Transition House leadership guarantees all clinical and physical needs of youth are met while in the program, including providing necessary special accommodations.

The Transition House program and the Howard Center agency as a whole are committed to ensuring all individual client needs are met. Mr. Bob Bick, Executive Director of Howard Center, is in the process of exploring ways to enhance the interpretive services currently provided via telephone. Among these potential options are interpretive services that involve video conferencing, which would allow the youth, family and clinical team to see the translator.

§115.317 – Hiring and promotion decisions

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House program does not hire or promote any individuals who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or juvenile facility. The Transition House also does not hire or promote any individuals who have been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, or coercion, or if the victim did not or could not consent.

The State of Vermont AHS DCF licensing regulations dictate background checks must be conducted "*upon hire and every three years thereafter, on all employees, board member/trustees, volunteers, student interns, and others who may have unsupervised contact with children/youth in the program*" (page 16, section 412). These state licensing regulations specify that these checks must be completed prior to having any unsupervised contact with youth and that documentation must be maintained (page 16, section 413). The regulations also specify background checks must include consulting three distinct databases: 1) Vermont Criminal Information Center; 2) Vermont Child Protection Registry; and 3) Adult Abuse Registry. Review of Howard Center personnel files (n = 22) revealed that all current Transition House staff, contractors, and interns/volunteers have received criminal background checks prior to beginning work with youth. File reviews also verified these extensive background checks were conducted every three years, consistent with agency policies and state regulations. This exceeds federal PREA expectations which require background checks to be conducted once every five years.

Additional evidence supporting compliance with this standard includes the Howard Center Personnel Policy 107 "Pre-Employment Screening (Internal and External)." This policy states that employment of individuals will be prohibited (in certain Howard Center Programs) *"…if a) the individual's name appears on any sexual offender registry or registry of listings of substantiated abuse cases; (b) the applicant has a conviction or employment history of child or client abuse, neglect or mistreatment; or (c) the individual has a criminal history that negatively affects his/her ability to carry out the functions of the job offered, all as determined in the sole discretion of the hiring authority and Director of Human Resources."* Interviews with the Howard Center Human Resources Director verified that incidents of substantiated sexual harassment are considered when determining whether to hire or promote individuals.

Recently the Howard Center implemented a supplemental form, "PREA Release and Questionnaire" which all prospective employees are required to complete. This form poses a series of questions including: *"Have you ever had a substantiated sexual abuse or harassment complaint filed against you? Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?"* This form is signed by the applicant and submitted along with the application. In addition to the previously mentioned quality control measures, this form provides further support for compliance with this standard. Review of personnel files during the onsite visit confirmed that all employees, contractors, and interns hired after 7/2015 have completed this form.

The formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 further supports the hiring and promotion guidelines mandated by federal PREA standards. The agreement explicitly states, *"Termination could result from unsatisfactory job performance, violation of Agency policy or acceptable standards of behavior, including but not limited to the following: Unethical and/or destructive behavior with present or past clients of the Agency…Falsification of client reports or other documentation"* (page 33, Section 807, C5). The language in this agreement supports that if an investigation resulted in a substantiated finding for sexual abuse or sexual harassment of a resident, the Howard Center would terminate the staff member.

The executed contract between the Howard Center and the State of Vermont provides additional support for compliance with this standard. The contract specifically requires, *"the Grantee agrees not to employ any individual, use any volunteer, or otherwise provide reimbursement to any individual in the performance of services connected with this agreement, who provides care, custody, treatment, transportation, or supervision to children or vulnerable adults if there is a substantiation of abuse or neglect or exploitation against that individual"* (page 25). The contract also specifies the abuse registries/databases the contracted agency is required to consult when conducting background checks on potential employees. The auditor applauds the State of Vermont and Howard Center for its commitment to ensuring the safety of youth in its care.

Additionally, an interview with the Director of Human Resources revealed that after seeking counsel from the Howard Center's legal representative, the agency will provide information to future employees regarding substantiated cases of sexual harassment. Although the Transition House has never had a report of staff sexual harassment, as of July 1, 2015 the Howard Center will provide information on substantiated allegations of sexual abuse and harassment involving a former employee, if requested by a future institutional employer.

Existing policies and current practices provide sufficient evidence to conclude compliance with this standard.

§115.318 – Upgrades to facilities and technology

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

At the time of the onsite visit, the Transition House had not planned any substantial expansions or modifications to the facility. However, at that time Program Supervisor communicated with agency leadership about restoring the camera on the second floor to working order. As mentioned earlier, the program installed two new cameras in February 2016 in order to enhance supervision of youth. One camera was installed on the second floor providing a full view of bedroom and bathroom doors and the other camera was placed on the first floor in view of the staff office. The auditor applauds Transition House for investing in the safety of youth.

§115.321 – Evidence protocol and forensic medical examinations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center is responsible for conducting administrative/personnel investigations related to any violations of agency policies, including ethical misconduct. The AHS Residential Licensing Special Investigations Unit (RLSIU), in partnership with local law enforcement, is responsible for conducting criminal investigations for sexual abuse or misconduct.

Although the Howard Center is not responsible for conducting criminal investigations, the agency protocol "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" ensures the Transition House follows a uniform protocol for investigating allegations of sexual abuse. The policy specifically addresses the process for preserving physical evidence for administrative proceedings and criminal prosecutions. In the event a report of sexual abuse is made, the policy directs the first responder to "*…immediately separate the victim from the alleged abuser. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence (have staff watch area or move all residents and staff away from the area). If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim and abuser not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defeating, drinking or eating."* Although the policy was recently implemented (effective June 2015), during the onsite interviews staff were able to describe the Transition House protocol of separating youth, protecting evidence, and calling the "Director Pager" for additional guidance if a youth reports they have been abused.

In addition to preserving evidence, the PREA policy referenced above also states that the victim will be provided *"an assessment of the victim's acute medical or mental health needs"* and will be offered the opportunity to have a forensic medical examination at the hospital. The policy also instructs staff to "*explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and the agency will pay for it…inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews…and they will also provide emotional support, crisis intervention, information and referral."* The agency policy clearly states that if the victim chooses to undergo the forensic examination, staff will transport the victim to the hospital. The staff member who conducts the transport is responsible for informing hospital staff of the alleged abuse or assault and requesting the youth is examined by a SANE. The policy also states the *"facility will take steps to ensure confidential communications between the victim and the advocates."* This policy also states the victim will be provided with crisis counseling services and requires staff to contact Howard Center's Human Resources if the alleged abuser is a staff member, contractor, or volunteer.

The Howard Center Agency PREA Coordinator has made several attempts to secure rape crisis and child advocacy services with a local unit of a local organization by the name of Chittenden

Children's Advocacy Center (CCAC). The auditor verified these efforts by reviewing email exchanges between the Agency PREA Coordinator and the Executive Director of CCAC. During the corrective action period a significant amount of progress was made with regard to securing a MOU with the local child advocacy organization. A draft MOU was created that addresses all of the necessary information as set forth in the PREA standards. The auditor concludes the Howard Center and Chittenden Children's Advocacy Center are committed to working together to finalize and execute the formal MOU. A target date has been set for April 2016.

Howard Center policy dictates that if a youth alleges sexual abuse, he will be taken to the University of Vermont Medical Center for a forensic examination by a Sexual Assault Nurse Examiner (SANE). Review of the University of Vermont Medical Center's policies as well as the public website (https://www.uvmhealth.org/medcenter), indicate the hospital has SANEs who are available 24 hours a day, 7 days a week. The information provided also states that SANE nurses work closely with victim advocates (the Children's Advocacy Center - CAC), State of Vermont DCF, local law enforcement, and other important parties to ensure victims receive compassionate and comprehensive care. The UVMMC website also provides extensive details about the SANE program and describes the program as including: "*timely medical assessment and forensic examination; treatment and counseling for concerns about pregnancy, sexually transmitted infections and HIV; and appropriate referral for follow-up care…including treatment for sexually transmitted infections and counseling."* The UVMMC also has a Children's Hospital which employs four nurses who are certified SANES. These individuals are available 24/7 and have specialized training to work with children who have been sexual abused or assaulted.

As previously mentioned, the Transition House has not had an allegation of sexual abuse or sexual assault. The UVMMC policies and practices, Howard Center's draft MOU with the CAC, and Howard Center's PREA policy allow the auditor to conclude that there is sufficient infrastructure in place to determine "in compliance" on this standard.

§115.322 – Policies to ensure referrals of allegations for investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The State of Vermont and Howard Center have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment, although these policies do not meet all provisions required in this PREA standard.

The State of Vermont and Howard Center have several policies ensuring that administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The Howard Center "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" directly addresses all provisions put forth in this standard. The policy outlines the requirement of mandatory reporting and the process for contacting DCF Centralized Intake Unit immediately when a youth alleges they have been abused or sexually assaulted. The Residential Licensing and Special Investigations Unit (RLSI) is responsible for conducting all investigations of abuse for

youth residing in community residential programs in Vermont. Once an allegation is called into the Centralized Intake Unit there is a process for determining whether a case is "accepted" or "not accepted" for investigation. All cases that are "not accepted" are required to be reviewed by a supervisor who confirms or denies this decision. If the case is accepted, a Primary RLSI Investigator is assigned and the investigation process begins. If an incident appears that it may result in a criminal case, the investigative lead assigned to the case contacts the local police department. If law enforcement chooses, they will work alongside DCF RLSI to interview the victim and alleged perpetrator.

Provisions of this standard are also supported by the Howard Center Comprehensive Care Core Manual which states, "*State law mandates that professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement report all suspected cases of child abuse and neglect. Reports must be made within 24 hours of the time information regarding the suspected abuse of neglect was first received or observed… You are a mandated reporter. You are obligated to report suspicion of abuse or neglect of any at-risk population. This means children, elderly and the disabled. If you reasonably suspect abuse or neglect, it is your responsibility to report it, not to investigate or judge whether or not it merits investigation" (page 21).* All Transition House staff members who were interviewed as part of the onsite audit understood they are mandatory reporters.

The provisions in this standard are further supported by language in the Transition House Staff Handbook which proclaims, *"Any allegation of abuse or sexual harassment by staff or another resident made by a resident or staff of the Transition House will be investigated within the guidelines established by the Howard Center. When appropriate as a mandated reporter, allegations will be reported to appropriate authorities such as DCF or the police. Appropriateness is determined by the standard of "reasonable cause to believe that a child has been abused or is at risk of abuse" in the child abuse and neglect statute, title 33"* (page 27).

The Howard Center Personnel Policy 226 "Complaint and Grievance Procedure" guides how the Human Resources unit handles all grievances. A description of the investigation process is provided. Interviews with Human Resources staff confirmed that all grievances are investigated.

Within the 12-month period from July 2014 through June 2015, there was one incident in which a youth disclosed he had sexual relations with a staff member in a previous placement. Consistent with mandatory reporting laws, the Transition House contracted Clinician made a verbal report to DCF Centralized Intake Unit. At this time, she was informed this allegation had already been investigated and the allegation was substantiated. As previously state, the Director of RLSIU ensures all incidents of sexual abuse are investigated by the RLSIU team and that all incidents of sexual harassment are addressed internally by the program.

The Howard Center PREA policy clearly states that the facility PREA Compliance Manager is responsible for tracking all notifications related to reports and investigations, as well as other related data. The PREA Compliance Manager has created a comprehensive spreadsheet on which he will track the date of the abuse report, when the investigation was completed, on what date the investigation letter was sent, the outcome of the investigation, and the date the youth was notified of a substantiated case (in which he alleged).

During the corrective action period, the Howard Center created a webpage to share information regarding zero tolerance and other required PREA information. This website includes a link to the zero tolerance policy as well as a link to the State of Vermont Policy 241 which guides the process for investigating allegations of sexual abuse and sexual harassment.

§115.331 – Employee training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Howard Center's "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" states, *"all staff members, contractors, or volunteers working at the PREA facility or having direct contact with residents of those facilities are required to follow all of the PREA related policies and protocols and participate in all required PREA trainings"* (page 3).

In addition, state residential licensing regulations require all residential treatment programs to have written policies and procedures for the orientation of new staff to the program. The regulations require that staff training *"…must occur within the first 30 days of employment and include, but is not limited to…child/youth grievance process…policies regarding zero-tolerance for sexual abuse, procedures for reporting suspected incidents of child abuse and neglect, etc."* ("State of Vermont Department for Children and Families: Licensing Regulations for Residential Treatment Programs" section 414, page 17).

All new Howard Center employees are required to complete a one-day orientation training as well as several online courses, which address various topics related to PREA standards. These trainings include:

- "Corporate Compliance" training which provides information on how to make a complaint if a program or a staff member is not complying with agency, state or federal regulations.
- "Client Rights" training which offers information about a client's legal rights, right to privacy, and the agency policy around confidentiality. This training is required upon hire and every three years.
- "Agency Ethics" training AND the "Respect" training both provide information related to zero tolerance for sexual harassment and abuse. These trainings are required every three years and annually, respectively.

During the onsite audit, review of current employee training records indicated that all employees have completed the required annual "Respect" training.

Prior to the onsite audit, the Howard Center created an interactive online training for all Transition House staff. The training requires staff to answer questions as they move through the Power Point presentation. The Howard Center PREA policy clearly states that PREA training must be completed upon hire and every year thereafter. The policy also states that this training must be completed prior to any staff member, contractor, or intern or volunteer working alone with a

resident. Review of training records indicate that all full-time, part-time, and temporary staff have completed the required PREA training.

During the corrective action period, the Howard Center significantly enhanced the PREA training for staff. The training now addresses all areas required by the PREA standards. The auditor commends the Howard Center for its attention in this area, as the training developed is comprehensive and very clear. In addition, after completing the training Transition House employees are now required to sign a statement which reads: *"By signing this I am acknowledging my understanding of the following: That the Howard Center Has a zero tolerance for any type of sexual harassment and abuse of any kind; that I have been trained about what to do in the event of incident or report of sexual abuse and/or harassment; That I have been trained about warning signs regarding abuse and/or harassment; that I understand there is a policy prohibiting any type of retaliation in the event of a disclosure and/or allegation; that I understand that I am a mandated reported under Vermont law; and that there may be agency disciplinary action and/or legal consequences for not following federal and state law as well as agency policies."*

§115.332 – Volunteer and contractor training

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All contractors are required to participate in an abbreviated training that addresses much of the information provided to new Howard Center employees. While onsite, the auditor reviewed the online training which consisted of over 200 slides and covered critical topics including client privacy, confidentiality, ethics/professional conduct, respect, and sexual harassment, to name a few. Transition House has one contractor, the contracted Clinician who provides clinical support and guidance to the Transition House leadership team. Since the onsite review, training records indicate the contractor successfully completed the PREA training and corresponding signature forms have been submitted to the auditor for verification. The Transition House currently does not have any volunteers or student interns working in the program.

§115.333 – Resident education

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

At the time of the onsite audit, the Transition House was in the initial stages of educating youth on the zero tolerance for sexual abuse policy. The Program Supervisor and Clinician created a pamphlet titled "A Resident and Family Guide to PREA" that has been used to educate two of the three residents about PREA. Additionally, the program recently created a poster titled, "PREA

Resources and Information" that hangs in the dining room area. This poster describes zero tolerance and provides information on how to report abuse including phone numbers. The poster also includes a folder with several pamphlets from Hope Works, a local victim advocacy organization. The auditor applauds the program for providing a visual display of the program's zero tolerance philosophy.

During the corrective action period the program updated the Transition House's 2.1 "Intake Procedures" to clearly state that this PREA orientation will occur on the day the youth arrives to the program. The Transition House Staff Handbook also now states youth will be "*Given a copy of the program handbook and reviewed with staff. Clients will need to sign a that they have been given this material…Oriented to PREA and given a copy of the PREA client and family handbook. Staff should assist clients by helping them to read through and answer questions. Clients and staff need to sign that this work is complete"* (page 10).

To supplement the written youth handbook and to account for various learning styles, the Transition House Program Supervisor recently adopted a video about zero tolerance and sexual harassment. The video is a product of a collaborative effort between the Office of Justice and the Idaho State Police and is catered to a juvenile justice youth audience. The video addresses zero tolerance, definitions of sexual abuse and harassment, avenues to report abuse, steps to take if abused, what the investigation process looks like, retaliation, and other critical information as it relates to PREA. The Program Supervisor submitted signed copies of youth forms stating they have received the training for youth who entered the program during the six-month corrective action period (N=3). In addition, the auditor reviewed the "Transition House PREA/Intake Tracking" chart which verified this training was provided in the required ten-day period.

During the corrective action period, the Transition House Program Supervisor created a grievance/suggestion box in which youth may share information anonymously with staff. The locked box is in located in the common area. Management staff check the box repeatedly throughout the week.

To date, Transition House has not had any youth who needed translation services or had need for any other accommodations. However, as previously mentioned, the Howard Center has a hotline number that staff can call to assist with interpreting PREA education materials.

§115.334 – Specialized training: Investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All State of Vermont Residential Licensing and Special Investigation (RLSI) unit staff are required to complete specialized training. An interview with the Senior Social Worker of the RLSI unit indicated that the single investigator assigned to the Howard Center program has received at least a two-day training that includes child development, interviewing techniques, and other areas critical to conducting effective investigations. In addition, he has been formally trained by the

National Center Advocacy Council on forensic interviewing of children. Review of training records verified that all staff have been trained on the fundamentals of conducting investigations and several investigators have been trained in advanced interviewing techniques.

In addition, during the corrective action period (August 2015), the RLSI unit investigator successfully completed the DOJ endorsed training developed by the National Institute of Corrections, "PREA: Investigating Sexual Abuse in a Confinement Setting." This training, coupled with the previously mentioned trainings allows Transition House to adequately meet provisions put forth in this standard. A copy of the training completion form was sent to the auditor for verification. These training records are maintained by the State of Vermont RLSIU in an electronic training record. Following the on-site audit, a conference call with the Senior Social Worker of RLSI verified the safe storage of these records as well as process for training future investigators who work with the Transition House program.

To support this practice the State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" states, "*RLSI social workers conducting child safety interventions in PREA-compliant RTPs must receive specialized training in conducting investigations in confinement settings, techniques for interviewing child/youth sexual abuse victims, and understanding law enforcement's proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The National Institute of Corrections Investigating Sexual Abuse in a Confinement Setting Course was designed to meet the requirements of 28 CFR 115.334(b) and generates a certificate at the completion of the training. The RLSI Director shall maintain documentation that RLSI social workers have completed the required specialized training"* (page 6). The auditor applauds DCF for memorializing this expectation into policy as a way of demonstrating its commitment and accountability to this practice.

§115.335 – Specialized training: Medical and mental health care

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

At the time of the audit, the program had a contract with a Licensed Clinical Mental Health Counselor (LCMHC) to provide clinical guidance to the Transition House leadership. After the onsite audit, the Howard Center underwent an organizational restructuring process that impacted the Transition House program. Currently, the Transition House is supported by a Comprehensive Care Program Director (a licensed social worker), the Transition House Program Supervisor (a Masters level mental health counselor) and the Transition House Clinician (a master's level social worker). The State of Vermont Residential Licensing Unit requires these professionals to have the appropriate education and license in their field. The Transition House does not employ or contract with any medical staff (i.e. physicians, nurses, etc.).

Interviews revealed the Transition House clinicians (Masters level social worker and Masters level mental health counselor) clearly understand how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to juvenile victims of sexual abuse and harassment; and to whom allegations or suspicions of sexual abuse and sexual harassment should be reported. These topics are covered in various academic courses required for earning a Master's degree in the respective specialized areas.

The facility does not conduct any forensic evaluations. In the event a youth alleges sexual abuse, the victim would be taken to the local hospital, the University of Vermont Medical Center, to be examined by a SANE or SAFE.

§115.341 – Obtaining information from residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House Staff Handbook states information regarding risk to be a victim or perpetrator of sexual harassment or abuse will be considered at the time a youth is referred to the program. The handbook cites a number of factors including but not limited to: *"gender identity and/or gender expression; personal history such as past trauma, including sexual trauma; emotional and cognitive abilities; mental health considerations; ability status; and client's own perceptions of vulnerability or risk"* (page 9). The handbook also upholds *"A Crisis Plan is written (including any specific considerations regarding level of risk or vulnerability to perpetrate or be victim of sexual abuse or harassment), and available for staff to implement. Clients for whom risk to offend or be victimized will actively review this plan with the Program Supervisor or Clinician at the time of intake. This information should be part of the crisis plan, recorded in the 'precautions' section of the electronic health record at time of intake and reflected in a clinical note"* (page 11).

The Howard Center Operations "Policy on Entries into Client Records" further supports this PREA standard. The policy explicitly states, "*In the CYFS Transition House and the Park Street Program, risk assessments for victimization and abusiveness must be conducted within 72 hours of the resident's admission to the facility and documented in the client health record. Information gathered in these assessments must be used to reduce the risk of sexual abuse by or upon the resident. Re-assessments must be conducted periodically while the resident remains in treatment in the facility (page 1, #3).*

During the corrective action period, Transition House adopted a formal standardized and objective instrument to assess a youth's risk to be victimized or to perpetrate sexual assault. In December 2015, Transition House began conducting assessments on all new intakes using the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections. These assessments are conducted by the Program Director and/or the Transition House clinician**.** The auditor verified the adoption of this practice by reviewing completed vulnerability assessments for

youth who were placed at Transition House in December 2015 through February 2016. These assessments were completed within 72 hours as per protocol as per the Transition House policy "2.0 Intake Procedures."

The Howard Center recently transitioned to an electronic health record system. All staff have access to electronic and hardcopy paper youth files as well as all clinical assessment information. Although this information is accessible to all direct staff, as part of initial employment staff are required to sign the "Privacy, Confidentiality, and Security Statement." The statement forbids staff from copying client records or using client information, other than necessary as it relates to their specific job duties. The form also states, *"I will follow all privacy/confidentiality-related policies and procedures…I understand that violation of this agreement may result in disciplinary action up to and including termination."*

§115.342 – Placement of residents in housing, bed, program, education, and work assignments

- ✓ Exceeds Standard (substantially exceeds requirement of standard)
- ☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period
- ☐ Does Not Meet Standard (requires corrective action)

As previously mentioned, the Transition House has adopted the "Vulnerability Assessment Instrument" developed by Colorado Division of Youth Corrections to assess a youth's risk to be victimized or to perpetrate sexual assault. Review of documentation and interviews with the Program Supervisor and Clinicians indicate that the facility considers all factors when determining in which unit youth are placed, consistent with PREA standards. As part of the intake process, the Program Clinician reviews all of the information received from the referral source. This information is used to determine the course of treatment and plays a role in determining where youth will be placed within the program (i.e. which bedroom, first or second floor, etc.). For example, the program would not place a youth who was perceived as high risk for victimization on the second floor bedroom next to another youth who was high risk for violent perpetration. Similarly, youth who qualify to live in the independent living apartment must demonstrate success in the program or at another similar setting. The decision to have a youth reside in the annex apartment is not based solely on sexual orientation.

The Transition House does not use isolation. If there is an incident of resident-on-resident abuse, staff are trained to separate the youth, which may require both youth spending time in their bedroom. The perpetrator will be placed on one-on-one supervision with staff. While on restriction, agency policy dictates that youth will continue to participate in programming. More specifically, the Transition House Staff Handbook states, *"If a client is the identified as the perpetrator in an allegation of sexual harassment and/or sexual abuse, the program director (or director on call) will work with staff will establish a safety plan to manage for any increased risk in the milieu until the incident can be investigated and an outcome is established. All investigations and responses will follow Howard Center's Policies and Protocols Addressing PREA. If this safety plan results in the isolation of either the perpetrator or the accuser, these*

individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision" (pages 28-29).

During the corrective action period, in order to better support existing practice, the Transition House's policy "2.1 Risk Assessment" was revised to detail how information from the vulnerability tool is used to inform treatment and placement decisions. In order to verify compliance with this standard, the Program Supervisor submitted individual crisis plans for youth placed in the program during the corrective action period. The plans provide details of youth triggers and the appropriate staff response. All three crisis plans reference the information from the risk and vulnerability tools as well as assigns a corresponding supervision level. For example, one crisis plan states. *"Per his scores on the program's risk and vulnerability tools, T-House rules for level 1 supervision, and his level of completed treatment <Youth Initials> needs to have EYES ON supervision unless he is in his room."*

In further support of this standard, the Transition house added two standing agenda items to the monthly Leadership Meetings (managers only): 1) Risk and Vulnerability update and 2) PREA Coordinated Response. Select meeting minutes were reviewed and these minutes clearly reflect a discussion about each youth and their vulnerability risk. The auditor applauds the Transition House for its progress in this area and for clearly using this information to make treatment and housing decisions.

Since the onsite visit, the Transition House revised its policies to clearly state the program will formally reassess all youth on a monthly basis using the Colorado Vulnerability Assessment. Language has also been added that states highly vulnerable youth such as LGBTQI will be reviewed in leadership meetings and that the Program Clinician will be responsible for documenting summaries of these meetings. The frequency of these vulnerability reviews exceeds the PREA provision 115.342 (e) which requires *"placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by resident."* As stated above, the auditor verified this practice my reviewing meeting minutes.

Due to the fact that the Transition House discusses and documents information about vulnerability risk and reassesses the most vulnerable youth on a monthly basis, the auditor concludes Transition House has "exceeded" this PREA standard.

§115.351 – Resident reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center Transition House provides several avenues by which youth may report incidents of sexual abuse, sexual harassment, or retaliation by other residents or staff. The staff handbook states program youth may *"make a verbal or written report to a staff member…may also call Centralized Intake (DCF Child Reporting Hotline), their DCF worker, attorney,*

Guardian ad Litum or parent" (page 28). This information and specific contact information is provided on the "PREA Resources and Information" poster posted in the Transition House dining area. In addition, as described earlier the program has a suggestion/grievance box located in the common area. This box is secured and checked throughout the week by Transition House leadership.

All youth interviewed articulated that if someone was harming them, they would tell a staff member, their DCF worker, their lawyer or contact local law enforcement. All youth reported they did not know about victim advocacy services or the abuse hotline number, although this is to be expected as Transition House is still in the process of establishing an MOU with the Chittenden Children's Advocacy Center (CCAC). All youth stated that they are permitted to call their attorneys or make other professional phone calls on a daily basis and are afforded privacy during these calls. This practice is supported in language in the Staff Handbook which states, "*Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision*" (page 13).

During the corrective action period, the Howard Center revised the PREA policy to further support a youth's right to file a grievance. The enhanced policy clearly states *"…third parties, including other residents, staff members, family members, legal guardians, outside advocates, and attorneys for the resident, may file grievances on behalf of the resident currently or formerly in custody at facility and may assist the resident in completing the grievance; resident orientation and facility handbooks shall include a clear statement of the resident's right to report and pursue a grievance without retaliation, as well as information about resident's grievance options, the process for reporting a grievance, the location of grievance boxes and forms, and any other information necessary to report a grievance through any of the available means; there is no time limit on when individuals may file a grievance alleging sexual misconduct…"* The auditor commends Howard Center for memorializing this expectation in agency policy to ensure facilities comply with federal regulations.

Onsite interviews with staff revealed that staff understand their responsibilities as a mandatory reporter and that they could file a report on behalf of a youth. The agency "Consumer Complaint, Grievance and Appeal Policy and Procedures" ensures all staff understand the client grievance process and their role in assisting youth when necessary. The policy specifically states, *"staff will be trained on the consumer complaint, grievance and appeal policy and procedures upon hire and annually thereafter. Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation…. A complaint should be discussed initially with the staff person most directly involved. The client need not put the complaint into writing unless he/she, or others, feel it would help in clearly defining the problem. A staff person can assist a consumer in putting the complaint in writing if so requested."*

§115.352 – Exhaustion of administrative remedies

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Youth are allowed to file a grievance at any time while at the Transition House and are not required to use an informal grievance process such as attempting to resolve the issue with the staff member who may be the subject of the grievance. The Howard Center PREA policy states, *"There is no time limit on when individuals may file a grievance alleging sexual misconduct. All issues related to allegations of sexual abuse and sexual harassment, as well as allegations of retaliation, are grievable. Staff shall not require a resident youth to use an informal grievance process or otherwise try to resolve with staff incidents involving alleged staff sexual misconduct"* (page 11). In addition, the policy also states, "*Third parties, including other residents, staff members, family members, legal guardians, outside advocates, and attorneys for the resident, may file grievances on behalf of the resident currently or formerly in custody at facility and may assist the resident in completing the grievance"* (page 11).

The agency PREA policy also addresses other provisions in this standard. More specifically, the policy directs the PREA Compliance Manager to meet with the youth within 24 hours of receipt of a grievance or the next business day, whichever is sooner. The PREA Compliance Manager is also required to meet with the youth again to explain the grievance process within three days (page 10). Furthermore, agency expectations include: *"upon completion of the investigation into the grievance the facility PREA Compliance Manager shall explain to the resident the resolution of the matter and the reasons for the decision, documenting any resolution that has already occurred, and recommending or explaining any decisions made pertaining to the grievance. Grievances will be addressed promptly but may require more time to investigate. If more time is needed, then <u>the facility shall render a final decision within 90 days unless the facility needs an extension of time up to 70 additional days</u>. The resident shall be apprised of any time extensions and the date by which a decision will be made in writing"* (page 10). The facility PREA Compliance Manager has created a formal tracking sheet to track grievance, investigation, and notification dates associated with sexual abuse and sexual harassment grievances (this chart includes when the grievance decision was made and if an extension to the 90-day standard was needed).

Although the Howard Center has several policies addressing the grievance process, the agency PREA policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)," speaks most directly to the emergency grievance process and supports compliance with this standard. The policy reads:

- *Grievances that allege the possibility of imminent harm shall be processed in an expedited fashion;*
- *If needed, staff shall assist the resident in writing his or her grievance and explaining the nature of the emergency. The individual who is informed of the grievance shall communicate the grievance and the nature of the emergency to the facility PREA Compliance Manager;*
- *The facility PREA Compliance Manager in consultation with the PREA Coordinator shall determine whether the matter is an emergency. If the matter is an emergency, he or she shall investigate the matter and provide the resident with an initial response within 24 hours of the resident's filing of the grievance and a final decision within three calendar days. If he or she determines that the matter is not an emergency, he or she shall explain this to the resident and forward the grievance for processing according to the procedures listed above;*

- *The facility PREA Compliance Manager shall report all emergency grievances involving substantiated cases of alleged abuse or neglect to the PREA Coordinator immediately*" (pages 13-14).

The policy also states that staff are prohibited from disciplining or retaliating against youth for filing a good faith grievance (page 10, Item G). Additionally, the Transition House Staff Handbook states, *"Any unfounded allegation or report made in good-faith, will not result in any discipline."*

§115.353 – Resident access to outside confidential support services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House program provides youth access to outside victim advocates for emotional support services related to sexual abuse. Contact brochures for Hope Works are provided on the PREA Resource poster located in the dining area. Although some residents were not aware of these services, all youth cited several individuals not affiliated with the Transition House program whom they could call for assistance if they were sexually abused or harassed. This included the State of Vermont DCF social worker.

As previously mentioned, the Howard Center is in the process of securing a MOU with the Chittenden Children's Advocacy Center (CCAC). Documentation reviewed while onsite and during the corrective action period (i.e. email correspondences) indicates Howard Center leadership has made great efforts to finalize the MOU. The federal PREA standards require an agency to *"maintain or attempt to enter into a memoranda of understanding…"* and therefore, Transition House is in compliance with this provision. During the corrective action period, the Agency PREA Coordinator continued to work with the local advocacy organization Chittenden Children's Advocacy Center (CCAC) to finalize the MOU. The auditor has reviewed the draft MOU and determined that its contents address all required PREA areas. The auditor has also reviewed correspondences between Howard Center and the CCAC and is confident both agencies are committed to finalizing the agreement. The target date for enacting the MOU is April 2016.

Once this MOU is officially executed the Program Supervisor should request a CCAC representative to come speak with program youth about the services they provide. In addition, the CCAC number should be listed on the approved contact list for all youth.

The PREA information pamphlet provided to youth and families upon arriving to the Transition House program also provides a list of individuals who can be contacted in the event of sexual abuse or harassment. Interviews with all youth verified they are permitted to talk with their attorneys and other approved contacts in privacy. Transition House Staff handbook supports this practice by stating, "Clients may always speak with their DCF worker, DCF hotline, Lawyer and GAL without monitoring and/or supervision" (page 13).

§115.354 – Third-party reporting

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

As described in other sections of this report, the Howard Center has several policies requiring staff to take reports from third parties and requiring them to contact DCF Centralized intake to make the report. During the corrective action period, the Howard Center developed a webpage for the Transition House that includes all required PREA information. The webpage provides information about the program and agency's zero tolerance policies; the process for making a 3rd party report; the State of Vermont policy that describes the investigatory process for incidents of sexual abuse; and the Howard Center annual report that includes progress on implementing PREA and sexual abuse incident data. The auditor has reviewed the webpage and all links are in working order.

§115.361 – Staff and agency reporting duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Vermont's child abuse reporting law (Title 33, Chapter 49) states that if a person has reasonable cause to believe that a child has been abused or neglected, he or she must make a report to the Department for Children and Families (DCF). In support of this law, the Howard Center "Comprehensive Care Core Manual 2013" clearly describes staff responsibilities as a mandatory reporter. The manual explains, *"State law mandates that professionals in the fields of education, childcare, mental health, social services, medicine and law enforcement report all suspected cases of child abuse and neglect. Reports must be made within 24 hours if they have reasonable cause to believe that a child has been abused or neglected. You are a mandated reporter. You are obligated to report suspicion of abuse or neglect of any at-risk population…If you suspect abuse or neglect, it is your responsibility to report it, not to investigate or judge whether or not it merits investigation. The first step is discussing with your supervisor…. It is important to remember that as a provider you are not responsible for determining whether or not abuse or neglect actually occurred. Your responsibility is only to pass on the information to DCF; it is DCF's responsibility to conduct an investigation and make a legal finding"* (pages 20-21).

Similar information supporting the agency's position regarding zero tolerance for retaliation is found in the agency policy, "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)." This PREA policy specifically states, *"No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation."*

Interviews with direct care staff and mental health professionals revealed that these individuals are aware of their responsibilities as mandatory reporters and they understand the process for responding to reports of sexual abuse and/or harassment. In addition, both Transition House mental health clinicians (contracted and agency employee) reported they verbally inform youth of their mandatory reporting responsibilities when they initially meet with youth and periodically as necessary. All youth interviews confirmed that youth understand all staff are mandatory reporters and what the law requires.

The Howard Center PREA policy states, *"Family members, attorneys, guardians and other third parties may file grievances on behalf of resident in writing or verbally by indicating that they have a complaint to any staff member including the Administrator…reports from third parties or anonymous sources shall be accepted for investigation"* (page 5). This policy language and supporting program practice provides evidence of compliance with provision (f) of this PREA standard.

The Howard Center prohibits staff from revealing information related to a sexual abuse report to anyone other than the extent necessary to make decisions related to treatment, investigations, and safety and security. Compliance with this PREA provision is supported by the agency PREA policy which specifically states, *"All staff members responsible for investigating grievances shall keep confidential the fact that a resident has filed a grievance and the information contained in the grievance, except for the following: a) Reporting the results of the grievance investigation up the chain of command; b) Complying with mandatory reporting responsibilities; and c) Revealing only as much information as is necessary in order to complete the investigation and resolution of the grievance after discussing with the resident the steps necessary to complete an investigation"* (page 10, #6). This policy also requires notification to the victim's parents/legal guardians, the DCF case worker, and the resident's attorney (page 4, #15). The Transition House Staff Handbook also provides additional support for provisions in the standard by stating, "Apart from those who need to know about the report of abuse, staff are prohibited from disclosing information related to the report made to anyone else" (page 27).

In the past 12 months, there was one incident in which a youth disclosed during a treatment group that he had sexual relations with a staff member at a previous placement. Consistent with mandatory reporting laws, the Transition House contracted clinician made a verbal report to DCF Centralized Intake. The case was not accepted due to the fact that the incident had already been investigated and the allegations were substantiated. The auditor reminds the Transition House that any time a call is made to DCF Centralized Intake for sexual abuse or sexual harassment, this should be clearly documented in a formal incident report and/or in the youth record (if appropriate). Also, if the youth is a minor, the program must determine when and how the guardian and parents will be notified. The Transition House has created a formal document to track reports made to Centralized Intake, investigations, notifications, and other important information related to PREA requirements.

§115.362 – Agency protection duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Interviews revealed staff were formally trained on and understand how to ensure youth are kept safe in the event they are at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim. The Howard Center policy "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" supports this practice by dictating, "*a staff member accused of sexual abuse will be immediately suspended with pay; Volunteers, interns, or contractors accused of sexual abuse will be directed to leave the facility immediately"* (page 4).

There has been only one incident in which a youth disclosed sexual abuse while residing in the Transition House. The disclosure involved the youth alleging that he had engaged in sexual relations with a staff member at a previous placement. A verbal report was made to DCF Centralized Intake and the reporter was informed the case had already been investigated. The allegation was substantiated and the staff member was terminated from her position. This is sufficient evidence supporting that Transition House staff respond immediately to allegations of sexual harassment and sexual abuse.

§115.363 – Reporting to other confinement facilities

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

As previously mentioned, the Transition House program had one youth disclose he had been sexually abused while in a prior placement/facility. The Transition House contracted clinician made a verbal report and was informed that the allegation had already been investigated and substantiated.

During the corrective action the State of Vermont DCF Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" was enhanced to specifically describe these responsibilities. The policy now states, *"Upon receiving information or an allegation that a child/youth was sexually abused or harassed while placed at another RTP, RLSI shall confirm a report was made to Centralized Intake and Emergency Services and notify the program administrator where the suspected abuse occurred within 72 hours. Notification will occur by phone or email and RLSI will document the notification in FSDNet."* In support of this process, the Howard Center PREA policy was also revised to more clearly describe that DCF will be responsible for reporting the allegation to the facility in which the abuse allegedly occurred.

§115.364 – Staff first responder duties

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

As described earlier in this report, the Howard Center's "Policies and Protocols Addressing the Prison Rape Elimination Act (PREA)" provides specific details on how first responders are required to respond when a youth alleges sexual abuse. These steps include separating the alleged victim and abuser and ensuring the alleged victim and abuser do not take any actions that could destroy physical evidence (i.e. washing, brushing teeth, changing clothes, eating, or using the bathroom). Interviews revealed staff are knowledgeable of their first responder duties, including how to best preserve physical evidence.

There have been no allegations of sexual abuse that involved penetration by a staff member or another resident while a youth was at the Transition House.

§115.365 – Coordinated response

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House Staff Handbook provides specific direction on how to handle crisis situations. This process includes using de-escalation techniques, making sure youth are safe, contacting the Supervisor on call, and completing an incident report.

During the corrective action period, Transition House developed a comprehensive coordinated response plan. The plan outlines responsibilities of staff first responders, the program supervisor, the PREA Compliance Manager, Howard Center human resources staff, the Agency PREA Coordinator, and the State of Vermont DCF. All staff were trained on the response plan during an all staff meeting held in March. The auditor reviewed emails from staff verifying all staff understood their responsibilities as a first responder. The agency PREA policy also provides detailed information on steps first responders must take when an allegation of sexual abuse is made.

§115.366 – Preservation of ability to protect residents from contact with abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The collective bargaining agreement between the Howard Center and the regional bargaining unit ("Collective Bargaining Agreement Between Howard Center and American Federation of State, County, and Municipal Employee AFL-CIO Howard Mental Health Chapter of Local #1674" effective July 1, 2012) allows for the removal of staff who have been alleged to have sexually abused a resident while awaiting the outcome of an investigation or while waiting for a determination of the extent of the discipline. The legally binding agreement clearly states, *"Termination could result from unsatisfactory job performance, violation of Agency policy or unacceptable standards of behavior, including but not limited to the following: a) Unethical and/or destructive behavior with present or past clients of the Agency, provided the employee knew or reasonably should have known that the individual is a present or past client of the Agency"* (page 33 of the executed agreement). If a staff member sexually abused or sexually harassed a resident, this would qualify as unacceptable and unethical behavior and consequently, the staff would forfeit his/her protection provided in this collective bargaining agreement.

Additional support for compliance with this standard is found in the agency PREA policy which states, *"Volunteers and contractors accused of sexual abuse will be directed to leave the facility immediately."* In addition, the Howard Center's personnel Policy Section 211 states, *"This is not to prevent a supervisor from immediately relieving an employee from duty when in the sole opinion of the supervisor it is in the best interest of the Agency to do so."* The Transition House Staff Handbook also states, *"Staff at the T House are expected to uphold the ethical, professional conduct and personnel policies and expectations outlined extensively in the agency's Code of Ethics and personnel policies. Failure to do so could result in progressive discipline, and include termination"* (page 24).

§115.367 – Agency protection against retaliation

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center PREA policy describes protection of youth against retaliation and dictates, "*No facility employee, volunteer or contractor may retaliate against a resident, staff, volunteer, contractor or third party in any way for participating directly or indirectly in the grievance process. Employees, contractors and volunteers shall report any incident of retaliation against a resident, youth, staff, volunteer, contractor or third party for participation in the grievance process, to the facility PREA Compliance Manager who is responsible for monitoring and responding to retaliation"* (page 10). In addition, the Transition House Staff Handbook states, *"…there will be zero tolerance for retaliation toward any person making a report of abuse or harassment. Such behavior will be closely monitored by Program Leaders"* (page 27).

The Howard Center PREA policy clearly states that retaliation will be monitored for 90 days to assess whether there are any signs of retaliation. If retaliation is suspected or founded, the facility is required to take immediate action to end retaliation. Although there have been no allegations of sexual harassment or sexual abuse of staff or youth in the Transition House, the auditor reminds the clinical team that if such allegations were to be made, staff must ensure that these check-ins

are clearly documented in the youth's case record. This will further ensure youth safety and provide evidence that retaliation of youth is being closely monitored.

Other policies that support the zero tolerance for retaliation include the Howard Center "Consumer Complaint, Grievance and Appeal Policy and Procedures" which states, *"staff will be trained on the consumer complaint, grievance and appeal policy and procedures upon hire and annually thereafter. Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation"* (pg. 1).

§115.368 – Post-allegation protective custody

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center policies prohibit the use of isolation. As previously described in this report, incidents of sexual abuse and sexual harassment while youth are at Transition House are viewed as a lapse in treatment and addressed immediately. The Transition House program is in compliance with this PREA standard.

§115.371 – Criminal and administrative agency investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Residential Licensing and Special Investigations (RLSI) is a unit, housed in the Agency of Human Services, Family Services Division, Department for Children and Families (DCF). RLSI is responsible for investigating allegations of sexual abuse involving staff and youth as well as youth-on-youth sexual abuse in private regulated facilities. When a mandatory reporter calls the DCF abuse hotline, a Centralized Intake and Emergency Services (CIES) social worker records the information in a statewide database, FSDNet. A CIES supervisor determines whether to "accept" or "not accept" the report for investigation of child sexual abuse based on statutory criteria. If the report is accepted for investigation of possible child sexual abuse, the case is assigned and an investigation is formally launched by an RLSI investigator. If the report is not accepted by CIES supervisor for investigation, a second supervisor reviews the report, also based on statutory criteria. The supervisor conducting the "second read" makes the final determination. This means if the "first read" supervisor doesn't accept the report for investigation and the "second read" supervisor disagrees; the report is accepted, assigned and an investigation is formally launched.

If the case is "not accepted" by both reviewers, then the case will not be investigated as child sexual abuse and the report is rerouted to RLSI for regulatory review. In other words, if the case does not meet the statutory threshold for sexual abuse, RLSI will investigate or cause the facility to investigate the same alleged incident.

When a report has been accepted for investigation of child sexual abuse the RLSI Investigator contacts the local police department to conduct a joint investigation. During the course of the investigation, if evidence substantiates allegations of child sexual abuse, the case is immediately referred to legal counsel to make a decision on whether to pursue criminal prosecution. This practice is supported by State of Vermont AHS Policy 52 "Child Safety Interventions: Investigations and Assessments which describes situations in which joint investigations must be conducted. The policy requires DCF to contact law enforcement for assistance if the alleged perpetrator of child sexual abuse is ten years or older (page 4).

Interviews with RLSI staff revealed that if evidence substantiates allegations of sexual abuse, the case is referred to legal counsel for possible criminal prosecution. This process is the same whether the alleged sexual abuse has occurred between staff and youth or between two Transition House residents.

State of Vermont Policy 54 "Investigating Reports of Child Abuse or Neglect in Regulated Facilities" states, *"When the alleged perpetrator has continued access to alleged victim, or if other children may be at risk, the investigation will commence within 24 hours. In other cases, the investigation will commence within 72 hours. The operations manager must approve any waiver of this requirement"* (page 1).

The State of Vermont AHS has a number of policies that describe the investigation process (e.g. Policies 50, 51, 52, 54, 56, 57, 60, and 66). While many of these policies address some of the PREA standards they are not reflective of investigations conducted in juvenile justice facilities (i.e. many of these policies reflect investigations in community settings). Under Vermont law, the RLSIU is not required to investigate every allegation of "sexual abuse" as defined by PREA standards. Although, Vermont does not consider youth-on-youth sexual activities to be "abuse" the Vermont AHS policy dictates that if the youth-to-youth interactions indicate "*the alleged perpetrator used force, threat or coercion to victimize the child and/or the victim did not have an opportunity to consent*" (page 8) or if "*there is a five year developmental or chronological age differential*" (page 9) this is considered abuse and would be thoroughly investigated.

In the past 12 months there was one case in which a youth disclosed having sexual relations with a staff member at a previous facility/placement. When the report was made to DCF Centralized Intake, the reporter was informed that a report had already been filed, that a formal investigation had been conducted, and the abuse allegation was substantiated. There have been no reports of a staff member sexually harassing or abusing youth or youth abusing another youth while residing in the Transition House. Consequently, RLSIU or Howard Center has not launched any formal investigations.

The Howard Center PREA policy details the step-by-step process for responding to allegations of sexual harassment. The policy describes activities from the time an allegation is made, through the investigation process and required notifications. This section of the policy is comprehensive and includes specifics such as stating that a standard of the preponderance of evidence will be used when substantiating allegations; at what point law enforcement will be contacted; the requisite retention schedule for investigation reports and supporting documentation; and other important

information. Interviews with Howard Center human resource staff verified these practices are in place. It is important to note that during sexual abuse investigations local law enforcement work closely with RLSI. There is a shared responsibility for conducting interviews. If the allegations are substantiated, the local law enforcement will refer for prosecution.

The Howard Center PREA policy also states, with regard to cases of sexual harassment *"Reports from third parties or anonymous sources shall be accepted for investigation. All reports will be handled promptly, thoroughly and objectively."* In cases in which there have been allegations of sexual harassment against staff, volunteers, and contractors and any allegations of retaliation, the Howard Center's Human Resources, in coordination with the Agency PREA Coordinator, will conduct investigations. Currently there is one Howard Center investigator who is responsible for investigating all personnel issues and a Senior Social Worker who oversees this work.

AHS DCF policies do not require RLSI to investigate incidents of sexual harassment between youth. However, although a sexual harassment allegation would not be "accepted" as a report of sexual abuse, RLSI is notified of these reports and often delegates investigation of the incident to the program. RLSI ensures these incidents are properly investigated by closely monitoring the program. This may involve mapping out clear deliverables/expectations and requiring the program report back to RLSI on progress made in addressing the issue.

In situations in which sexual harassment has alleged to have occurred between residents, the Transition House PREA Compliance Manager is responsible for conducting the investigation. Interviews with program leadership verify the way in which sexual harassment investigations are conducted is consistent with federal guidelines and agency policies. More specifically, several provisions of this PREA standard are met by information provided in the Howard Center PREA policy which states:

- *All investigations will be timely, thorough, and complete.*
- *Direct and circumstantial evidence will be collected, alleged victims, suspected perpetrators and witnesses will be interviewed.*
- *Any prior complaints will also be reviewed involving the suspected perpetrator.*
- *Effort to determine if staff actions or failures to act contributed to the abuse or harassment will be taken*
- *Written documentation of the information gathered via the investigation will be documented as appropriate. Documentation will be maintained at least five years after the employment of the harasser or retaliator has ended.*
- *If the investigation conducted by Howard Center staff indicates that a crime may have been committed, then it will be referred to the appropriate entity for prosecution.*

Review of the incident report for the resident-on-resident sexual harassment case provided sufficient evidence that a thorough investigation was conducted. The investigation concluded within one week and included several updates to the original report as additional evidence was uncovered. The extended incident report provided a chronology of events and details of the investigation process (i.e. information gathered from youth interviews, etc.).

Interviews revealed that polygraph tests are not used by AHS to determine whether a victim's allegation is true. In addition, the AHS RLSI does not terminate a sexual abuse investigation if a youth recants the allegation. Similarly, in sexual harassment investigations, Howard Center PREA policy specifically states, *"The investigation will not be terminated based solely on the source of the allegation recants or departure of the alleged abuser or victim from the program or employment. The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as a resident or staff."* Interviews with Transition House leadership confirmed adherence to the agency policy.

Review of AHS DCF agency policies and RLSI staff interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Sexual abuse investigations are conducted promptly and once an investigation is completed, information is summarized in a written report that contains a thorough description of physical, testimonial, and documentary evidence. These final reports are stored in the electronic system, FSDNet. At the conclusion of sexual abuse investigations, a formal letter detailing the outcome of the investigation is sent to the program in which the youth resides, indicating whether the report was substantiated or unsubstantiated.

All RLSI investigation employees are required to complete specialized training. As described under Standard 115.334, the RLSI investigator assigned to the Transition House program has completed specialized training on conducting sexual abuse investigations including the National Institute of Corrections online course entitled, "PREA: Investigating Sexual Abuse in a Confinement Setting." During the corrective action period, the State of Vermont revised Policy 241 to include language requiring this training. The auditor applauds RLSI for its commitment to ensuring its investigators are thoroughly trained in this area of specialization.

Recent revisions to the State of Vermont Policy 241 "Licensing Residential Treatment Programs and Regulatory Interventions" addresses several critical pieces of the investigation process. For example, the policy:

- Prohibits the use of a polygraph examination or other truth-telling devices as a condition for proceeding with the child safety intervention and/or criminal investigation;
- Details a coordinated response to gather evidence during the investigation: *"RLSI social workers collaborate with law enforcement in the gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. RLSI social workers collaborate with law enforcement when interviewing child/youth victims, alleged actors, and witnesses."*
- Requires written investigative reports to include descriptions of physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings;
- Requires programs to conduct a sexual abuse incident reviews at the conclusion of every sexual abuse investigation and states that RLSI investigators will participate on these reviews and make recommendations for improvement.

During the corrective action period, the auditor spoke with the RLSI Senior Social Worker who oversees the RLSI investigators, in order to verify the components of the investigative process.

The Howard Center also made revisions to its existing PREA policy in order to better support provisions in this standard. The PREA policy now includes specific language detailing the process for investigating allegations of sexual harassment, required notifications of investigation outcome; how these notifications will be made; and how retaliation will be tracked monitored.

§115.372 – Evidentiary standards for administrative investigations

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

Interviews with RLSIU investigative staff indicate that AHS DCF imposes a standard of preponderance of evidence for proof, or a lower standard, when determining whether allegations of sexual abuse or sexual harassment are substantiated. During the corrective action period, the State of Vermont DCF Policy 241 was revised to more clearly demonstrate compliance with this standard.

During the onsite audit, interviews with Howard Center human resource staff suggest that this definition is also used when investigating personnel matters. During the corrective action period, Howard Center enhanced its human resource policy to support their existing practice of using the "preponderance of evidence" standard when conducting internal investigations.

§115.373 – Reporting to residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center PREA policy provides evidence of compliance with provisions of this standard. The policy states, *"If a staff member is alleged to have committed the sexual abuse then the resident must be informed when the staff member: 1) will no longer work in the facility, 2) no longer employed at the facility, 3) has been indicted on a charge related to sexual abuse at the facility, or 4) has been convicted on a charge related to sexual abuse in the facility. If another resident is alleged to have committed the sexual abuse, then the victim will be informed when the alleged abuser has been indicted on a charge related to sexual abuse in the facility or has been convicted on a charge of sexual abuse in the facility. All such notifications shall be documented."* This agency PREA policy also holds the PREA Compliance Manager responsible for ensuring he receives the findings of the investigation by stating, *"Following the investigation of an allegation of sexual abuse facility staff will request from the investigators information so we may inform the resident of the outcome of the investigation as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded."* Additionally, the agency policy provides specific details regarding notification around sexual abuse and sexual harassment incidents. The policy also sets forth the requirement that the Howard Center Director of Human Resources is responsible for contacting licensing bodies to report criminal behavior.

The State of Vermont DCF Policy 54 "Investigating Reports of Child Abuse or Neglect in Regulated Facilities" states, *"The SIU Chief will notify the district office and the appropriate licensing and program units of the following: whether or not the referral has been accepted as a report; if the report is not accepted, what further actions the SIU will take, if any; and, if the report was accepted, the case determination, including any necessary follow-up by the district."* Interviews with RLSIU staff confirmed current practice is consistent with policy expectations.

Once an investigation is completed, the final report is stored in the electronic state system, FSDNet. A formal letter detailing the outcome of the investigation is sent to Program Supervisor of the facility in which the youth currently resides. Victims are notified of the determination, regardless of the investigation outcome (i.e. whether the case was substantiated or unsubstantiated). Since the State of Vermont does not include an "unfounded" investigatory finding, notifying the victim regardless of the outcome is required in order to achieve compliance with this PREA standard. An example RLSIU notification letter was provided to the auditor, further supporting compliance with this PREA standard.

§115.376 – Disciplinary sanctions for staff

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

As previously described in this report, the Howard Center has several policies supporting zero tolerance. The agency disciplinary sanctions include termination if a staff member violates the agency's sexual abuse and harassment policies. One policy specifically states, *"Any sexual activity inappropriate touching between client and staff is an act of egregious misconduct that can result in harm to the client. The same is true of sexual harassment of clients. Under no circumstances will such behavior on the part of a staff member be tolerated. Allegations of abuse or harassment will be investigated and any substantiated allegations will result in the immediate dismissal of that employee."*

Agency policies and practice are also reinforced by the formal collective bargaining agreement between the Howard Center and the American Federation of State, County, and Municipal Employees AFL-CIO Howard Mental Health Chapter of Local #1674 (effective June 2012). This legally binding agreement upholds that any behavior deemed unethical and/or destructive to past or current clients will be grounds for discipline up to and including termination (page 33, Section 807, C5). In addition, the state licensing regulations specifically direct that a residential treatment program may not continue to employ any person who has been substantiated for child abuse or neglect ("AHS DCF Licensing Regulations for Residential Treatment Programs in Vermont," Standard 402).

The Transition House Staff Handbook supports the agency policy by clearly stating, *"Staff at the T-House are expected to uphold the ethical, professional conduct and personnel policies and expectations outlined extensively in the agency's Code of Ethics and personnel policies. Failure to do so could result in progressive discipline, and include termination"* (page 24). The auditor

applauds the Transition House for reminding staff of the zero tolerance policy and the consequences that will result if agency ethics policies are violated.

To date, the Transition House has not had any staff member alleged to have sexually abused or sexually harassed youth in the program. Interviews with Howard Center Human Resources staff confirmed that any staff member substantiated for sexual abuse would be immediately terminated (and would have been on administrative leave during the investigation process). In the event the determination of an investigation for staff-to-youth sexual harassment was substantiated, the Human Resources Director reported that the agency's response would be to prohibit the staff member from working directly with any youth and most likely, terminate their employment with the Howard Center. She also stated that if, during the course of a personnel investigation there was evidence that there may be criminal charges, she would contact local law enforcement immediately. This practice is supported by the agency's PREA policy which states, *"Any staff member, volunteer, or contractor terminated by Howard Center for criminal behavior related to an allegation of sexual abuse will be reported to law enforcement and, if applicable, to the appropriate licensing body"* (page 5). Agency policies and existing practice supports compliance with this PREA standard.

§115.377 – Corrective action for contractors and volunteers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

All contractors and volunteers are subject to agency policies and protocols related to sexual abuse and harassment. Information derived from interviews and additional evidence described in Standard 115.376 of this report, support compliance with this PREA standard. There have been no volunteers, interns, or contractors working at the Transition House who have violated these policies to date.

§115.378 – Disciplinary sanctions for residents

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House prohibits all contact between residents. This information is provided in the youth resident handbook stating, *"…clients are prohibited from any form of sexual behavior or activity with other residents. Any report of sexual contact, abuse or harassment must be reported to the program supervisor and/or director on call for investigations"* (page 29). This information is supported in several Howard Center policies. In the past 12 months there have been no criminal or administrative findings of guilt for resident-on-resident sexual abuse at the Transition House.

Staff interviews revealed that if there was a resident-on-resident sexual abuse incident this would be treated as a significant lapse in treatment. The Transition House Staff Handbook explains, *"Sexual abuse and harassment behavior will be viewed as 'treatment lapse' and the client, their team and support people/family will convene to review recommendations for treatment and discuss fitness of a community based program like the Transition house. All disciplinary actions will be the result of legally initiated consequences. T-House will address this behavior through increased support, treatment, education or referral to a high level of care/specialized program for youth with sexually harmful behaviors"* (page 29). The staff manual also states that if a youth must be isolated in order to ensure youth safety (either alleged perpetrator or victim), "*these individuals will continue to receive their full programming as outlined in their IPC, but with increased support and/or supervision"* (page 29). As per agency policy, a youth is never placed in isolation. Additionally, as previously mentioned, the Transition House Staff Handbook clearly states that a report made in good faith will not result in discipline (page 27).

Interviews with program leadership, including clinical staff, revealed that mental health factors are consistently considered when developing an individualized treatment plan, and would also be heavily considered after an incident of sexual abuse. Other factors considered when developing a treatment plan and/or an individualized crisis management plan are cognitive functioning/capacity, response to previous treatment modalities, and motivation for sexual offending, to name a few.

As previously mentioned, Howard Center has several policies that address zero tolerance for retaliation for reporting incidents of sexual abuse or harassment. Although examples have been provided throughout this report, for the purposes of demonstrating compliance with this standard the auditor will cite the "Consumer Complaint, Grievance and Appeal Policy and Procedures." This agency policy states: *"Any individuals initiating or pursuing a complaint, grievance or appeal will be free from any form of retaliation"* (Page 1).

Agency policies, staff interviews, and detailed reviews of incident reports and youth files, provide sufficient evidence to determine Transition House is in compliance with the provisions put forth in this PREA standard.

§115.381 – Medical and mental health screenings; history of sexual abuse

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Transition House requires specific documents to accompany youth when they are referred to the program for services. Among these documents are various assessments that include mental health evaluations, legal court documents, Individual Education Plans (IEP), medical records (i.e. date of last medical examination), and other important documents. The Transition House has an intake process that includes individual meetings with the program clinician and youth advisors; establishing individual treatment goals; and reviewing the program handbook with youth. The intake process is described in detail in the Transition House Staff Handbook.

On the day a youth arrives to the Transition House, the Clinician uses the "Transition House Risk Assessment" to gather additional information about the youth. Areas addressed with this tool include motivation to change, emotional/anger management, anti-social thinking, alcohol and drug use, and level of family support. In addition, as previously mentioned the Program Supervisor and Mental Health Clinician gather information from the Colorado Vulnerability Assessment. The Transition House uses this information along with the referral documents to develop a Crisis Plan within three days of arrival, as per Howard Center policy. While onsite, review of youth files indicate that all current program youth were assessed at intake using the Transition House risk assessment. During the corrective action period the auditor verified the more recent practice of using the Colorado Vulnerability Assessment by reviewing all completed tools for those youth who entered the program during the corrective action period. The Transition House Staff Handbook states, *"Clients that disclose any past abuse will be offered a follow up with a medical provider to occur no later than 14 days in the future*" (page 11).

During the corrective action period the Howard Center created a secure folder where vulnerability assessment information, sexual abuse incident reports, and other sensitive information is housed to better ensure that information regarding sexual victimization or abusiveness is protected. These folders have restricted access to include the Transition House Program Director, the mental health clinician, and the Agency PREA Coordinator. Screen shots of these new folders and a list of documents in them were sent to the auditor as a way of demonstrating compliance. Additionally, a screen shot showing the list of individuals who are able to access this folder was submitted to the auditor. The auditor determines that the program is sufficiently protecting this sensitive information consistent with federal PREA expectations. All Howard Center staff are required to sign a "Privacy, Confidentiality, and Security Statement" upon hire, adding an extra layer of protection to sensitive information.

§115.382 – Access to emergency medical and mental health services

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center has a policy that ensures victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The agency's PREA policy explicitly states how to appropriately respond to a youth disclosure of abuse beginning with separating the victim and alleged perpetrator. More specifically, the policy directs staff to *"Provide an assessment of the victim's acute medical or mental health needs; Offer the victim the opportunity to have a forensic medical examination at the hospital. Explain to the victim that the exam is conducted by medical staff trained to provide services to abuse victims and the agency will pay for it; Inform the victim that there are victim advocates available to provide support through the examination process and the investigative interviews and they will also provide emotional support, crisis intervention, information and referral; If the victim chooses to do the forensic examination, staff will transport the victim to the hospital; Provide Crisis Intervention Counseling as warranted"*(page 4, #s 11-14).

The Howard Center policy includes sexual abuse victims receiving forensic examinations from an off-site Sexual Assault Nurse Examiner (SANE). Once a youth is examined he would be offered access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. Interviews revealed staff understood that among the appropriate steps when responding to a disclosure of sexual abuse is offering the victim a medical examination and counseling services.

§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The Howard Center PREA policy states, *"The victim's ongoing medical and mental health needs will continue to be a priority and the facility will ensure continuing access to those services. If necessary, treatment services to the victim following an assault will be paid by the agency as long as the victim remains in the facility. The facility will ensure that a victim has access to outside victim advocates for ongoing emotional support services and will take steps to ensure confidential communications between the victim and the advocates"* (page 5). In addition, the policy dictates that if the alleged abuser remains in the program then a mental health evaluation must be completed within 60 days of the sexual abuse incident. Interviews with the Transition House leadership team members confirmed they are dedicated to the health and well-being of program residents and would ensure youth receive the necessary treatment, including referrals for continued care if youth was discharged to the community or transferred to another facility.

As stated previously in this report, the agency PREA policy also requires that treatment services be provided to youth at no cost. In the event a youth has been sexually abused, the youth would be transported to the local hospital to be examined by a SANE. As part of this process the youth would be offered Sexually Transmitted Disease (STD) testing. Since Transition House is an all-male facility several of the provisions in this standard do not apply (i.e. offering pregnancy testing).

§115.386 – Sexual abuse incident reviews

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

During the corrective action period, the Howard Center updated the PREA policy to provide a comprehensive description of the sexual abuse incident committee. Agency policy dictates that all allegations of sexual abuse (except those that have been determined to be unfounded) will be reviewed within 30 days of the conclusion of the investigation. The policy defines the review team to include the PREA Facility Compliance Manager, the supervisor of the PREA Compliance Manager, the PREA Coordinator, the Director of Human Services, the facility staff assigned to the victim or perpetrator, facility medical or mental health practitioner who works with the victim or

perpetrator, and DCF investigators. The State of Vermont Policy 241 clearly states, that RLSI investigators are required to participate in the sexual abuse incident review committee. The Transition House has not any incidents of sexual abuse allegations and therefore, was not able to provide hard evidence that this process has been implemented. That said, given the program's commitment to meeting the PREA standards and their response to incidents of sexual harassment, the auditor is confident the program will adhere to their policy in the event of a sexual abuse allegation.

In addition, recent policy revisions now specifically address what the incident committee must consider during these reviews. For example: If the incident or allegation was motivated by race; ethnicity; gender identity: lesbian, gay, bisexual, transgender, intersex identification, status or perceived status; or, gang affiliation; or resulting from other group dynamics at the facility; whether the staff levels where the incident occurred are adequate; whether monitoring technology should be considered or augmented to supplement staff supervision; and other areas required by the provisions set forth in these standards. The policy now requires the practice of generating a formal summary report to capture the discussion and decisions during this committee meeting.

The State of Vermont and the Howard Center both use two categories for concluding outcome of investigations: Substantiated or Unsubstantiated. The term "unfounded" is not used when describing a possible outcome of an investigation case. PREA standards require all sexual abuse incidents that have been investigated, are subject to a formal review process within 30 days. Since the term "unfounded" is not used, according to PREA standards, all cases of sexual abuse would need to be formally reviewed by the incident review committee. This expectation is supported in the Howard Center and State of Vermont DCF policies.

The Program Supervisor holds a weekly staff meeting. The auditor encourages Mr. Smith to continue using this forum to review youth concerns and incidents that may have occurred throughout the week. When discussing incidents, it is important to specifically discuss the factors contributing to the incident, staff response, what could have been done differently, and steps to prevent similar incidents from occurring in the future. These ongoing incident reviews should be clearly documented in meeting minutes. In addition to team meetings, all staff receive weekly one-hour supervision meetings with a member of the Transition House leadership team (i.e. Program Supervisor, Clinician, or Team Leader).

§115.387 – Data collection

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

The State of Vermont has included language in its Fiscal Year 2016 contract with the Howard Center requiring collection of PREA related data. The contract specifically states, *"In accordance with State Licensing Regulations and §115.387 of the PREA National Standards, contractor will collect accurate and uniform data for every allegation of sexual abuse at Park Street and*

Transition House. Contractor will aggregate the incident-based sexual abuse data at least annually. Contractor will provide sexual abuse and sexual harassment data, admission and adjudication data, and the most recent version of the Survey of Sexual Violence conducted by the Department of Justice to the State Licensing Authority and Juvenile Justice Director no later than ***January 30*** *each calendar year."* This contract language provides evidence that Transition House is in compliance with provisions a, b, and c in this PREA standard.

During the corrective action period, the Howard Center expanded the measures related to incidents of sexual abuse and harassment to better align with DOJ Survey of Sexual Violence. The Howard Center created an electronic survey form that mirrors the data elements from the BJA survey. The completed data surveys from 2015 were submitted to the State of Vermont DCF on January 28, 2016. The auditor was carbon copied on this email as a way of verifying these provisions have been met. In addition, the Howard Center PREA policy sets forth clear expectations with regard to annual data collection, document submission to DCF, using the information from the DOJ survey to make program improvements, and developing an annual report detailing sexual abuse data and related PREA information.

While on-site, the auditor confirmed that the facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual incident reviews. All incident information is stored in the Howard Center's electronic incident database. Investigation files are kept with DCF RLSIU in the electronic investigation database, FSDNet.

In addition, the agency PREA policy ensures the protection of data from the Survey of Victimization Incident Form. The agency PREA policy describes, *"Documentation regarding PREA compliance efforts (pre-audit prep, policies, corrective action plans, meeting minutes, etc.) is stored in a secure folder on the agency's network. Members of the agency's PREA team, as well as the Director of Evaluation and Outcomes, have access to this folder. Within that folder is a Data Collection folder where all of the data noted above will be stored. Access to this folder will be limited to the facility PREA Compliance manager, the PREA Coordinator, the Director of Compliance, and the Director of Evaluation and Outcomes. This data will be maintained for at least 10 years after its initial collection. Once the retention period has been met, paper records will be securely destroyed and electronic data deleted."*

§115.388 – Data review for corrective action

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

During the corrective action period, the Howard Center developed an annual report to highlight progress with implementing PREA standards. This is the first year the program has created this report titled, "Eliminating Sexual Abuse and Sexual Harassment in Howard Center's Park Street and Transition House Programs". The program will include comparison data in the 2016 report. This practice is supported by the Howard Center PREA policy which states the agency will,

"Complete annual reports for each facility as well as the Howard Center as a whole and include a comparison of the current year's data and corrective actions to prior years and evaluate the agency's progress in addressing sexual abuse; redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities; have these reports approved by Howard Center's CEO" (page 15). The auditor confirmed that the 2015 report referenced above was approved by Mr. Bob Bick, CEO Howard Center, and is now posted on the agency website.

§115.389 – Data storage, publication, and destruction

- ☐ Exceeds Standard (substantially exceeds requirement of standard)
- ✓ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

At the time of the onsite audit, the Howard Center has a "Policy on Records Retention Disclosure and Disposition" which provides guidance on how long records are required to be retained. This policy requires the following records to be retained for the time period listed below.

- Grievance Records – 5 years
- Privacy Investigation Reports – 6 years after closing the investigation
- Client Records – 10 years after last service or contact
- Personnel Files – 7 years following termination

During the corrective action period, the Howard Center record retention schedule was revised to state, *"PREA administrative and criminal investigations of sexual abuse and sexual harassment"* will be retained *"as long as the alleged abuser is still employed by the agency or as long as they are incarcerated, plus 5 years."* In addition, the agency retention schedule now states that PREA sexual abuse data will be retained for *"10 years after the date of initial collection."* This is also clearly stated in the agency's PREA policy.

The Howard Center PREA policy states that the facility PREA Compliance Manager will be responsible for securely storing any paper files or information related to sexual abuse onsite. In addition, as previously described, the Howard Center has created secure folders on its internal network which are restricted to specific managers (i.e. the facility PREA Compliance Manager, the PREA Coordinator, the Director of Compliance, and the Director of Evaluation and Outcomes). This folder houses all completed vulnerability assessments, sexual abuse incident reports, corrective action plans, pre-audit preparation documents, and other sensitive information related to PREA. As noted in the previous standard, the policy also requires the Transition House to "*redact from the report any resident identifiable information as well as any information Howard Center believes poses a clear and specific threat to the safety and security of either of the facilities"* (page 15).

Sexual abuse investigation reports are maintained by State of Vermont AHS in the electronic database FSDNet and currently there is no "expiration date" on accessing these records/reports. The facility and agency retains sexual abuse data consistent with PREA standards.

§115.401 - Frequency and scope of audits; §115.402 – Auditor qualifications; §115.403 – Audit content and findings; and §115.404 - Audit corrective action plan

The following information is provided as a way of demonstrating compliance with federal PREA Standards 115.401 through 115.405. This audit represents the first PREA audit for the Howard Center Transition House program. Since the audit was conducted in July 2015, the Howard Center agency is in compliance with Standard 115.401 (a) and (b) which requires facilities that house juvenile justice youth to undergo a PREA audit by August 2016.

The auditor is a federal PREA auditor certified by the Department of Justice. She has not received any financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the Howard Center Woodside Transition House program.

The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, staff records, youth files, various internal/external reports, licensing reports and conducting a facility tour. The process also included interviews with several staff, contractors, youth, and the local victim advocacy group. During the corrective action period revised documents were reviewed, feedback provided to the Agency PREA Coordinator, and several follow-up telephone interviews were conducted (i.e. State of Vermont DCF Policy Manager, Senior Social Worker for DCF RLSI, victim advocacy organization, to name a few).

Throughout the audit review process, as well as in the onsite debriefing meeting, agency and program leadership were made aware of additional PREA requirements and next steps. Conversations included, but was not limited to, describing the purpose of the 180-day corrective action period and explaining the federal requirement that the final PREA audit report must be made available to the public. Howard Center agency leaders have expressed a sincere commitment to continue to uphold compliance with all PREA standards.

AUDITOR CERTIFICATION:

Audit: Howard Center Woodside Transition House

Date of On-Site Review: July 13 and 14, 2015

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Sharon Pette, MSC, GBSS **Date:** 3/18/2016
Certified DOJ PREA Auditor