

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 05/15/16

Auditor Information			
Auditor name: Patrick J. Zirpoli			
Address: 149 Spruce Swamp Road Milanville, PA 18443			
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Telephone number: 570-729-4131			
Date of facility visit: 04/04/16			
Facility Information			
Facility name: Treatment Trends Kennan House			
Facility physical address: 18-22 South 6 th Street Allentown, PA 18101			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number:			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: John E. Dillensnyder III			
Number of staff assigned to the facility in the last 12 months: 53			
Designed facility capacity: 95			
Current population of facility: 91			
Facility security levels/inmate custody levels: minimum security/parole status			
Age range of the population: 18 yrs. and older			
Name of PREA Compliance Manager: Tom Ritter		Title: Clinical Support Staff/Contract Coordinator Sup.	
Email address: tomritter@treatmenttrends.org		Telephone number: 610-439-8479 ext. 129	
Agency Information			
Name of agency:			
Governing authority or parent agency: <i>(if applicable)</i> NA			
Physical address:			
Mailing address: <i>(if different from above)</i> NA			
Telephone number:			
Agency Chief Executive Officer			
Name:		Title:	
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:		Title:	
Email address:		Telephone number:	

AUDIT FINDINGS

NARRATIVE

The first Prison Rape Elimination Act (PREA) audit of Treatment Trends, Inc. Keenan House took place on April 4, 2016. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards which became effective August 20, 2012. Prior to the onsite portion of the audit I reviewed all policies and data pertaining to the PREA Standards. The facility was posted on January 20, 2016. A flash drive with all pertinent documentation and policies pertaining to the facility was received by me on February 25, 2016, allowing ample time to review the documentation prior to the onsite portion of the audit.

The audit began on the morning of April 4, 2016. The audit consisted of an extensive facility tour, with all areas being viewed, and random interviews with staff, and residents. I had the opportunity to observe the operations of the facility, and the interaction between staff and residents.

During the interview portion of the audit ten formal staff interviews were conducted, as well as in depth discussions with other staff available during the tour. Included in the interviews were the Executive Director, Director of Admissions, Clinical Technicians, PREA Coordinator, Counselors, and the Service Coordinator Supervisory. The staff interviewed were randomly selected from staff working that day.

The resident interviews were not conducted on this date due to the education of the residents not being completed.

On 05/10/16 I returned to the facility and interviewed 10 residents, the residents were randomly selected from the daily population sheet.

The facility was prepared for the onsite audit and performed extremely well in many areas. The facility needs to address the issues of reporting for the non-DOC residents, and the further education for all residents. The residents receive the initial information but do not receive the in depth training within 30 days.

I utilized an overall methodology to make my determination of compliance with the standards. This included a complete review of all policies and documentation provided to me prior to the onsite audit. The documentation was then corroborated through visual inspection of the facility, as well as interviews with staff and residents. I was able to determine that the facility has the policies in place to address all standards, and has put these policies into daily practice. In the standard-by-standard discussion I have specifically identified the policies and documentation utilized during this process, these policies and documentation are listed verbatim in italic type. I have also listed any visual evidence, as well as interviews that aided in making my determination.

DESCRIPTION OF FACILITY CHARACTERISTICS

The facility is contained in a five story building located at 18-22 South 6th Street Allentown, PA 18101. Everyone accessing the building must enter on the first floor, access is controlled by staff and secured at all times.

The facility is an all-male Drug and Alcohol Treatment Community, the facility houses residents for the Pennsylvania Department of Corrections, county committed residents, and private pay residents.

The reception area, kitchen, dining area, handicap bedroom which has its own bathroom, admissions office, and a meeting room are located on the first floor.

Staff offices, resident bedrooms, bathrooms, and a large group room are located on the second floor.

Resident bedrooms, resident bathrooms, and a staff office are located on the third floor.

Resident bedrooms, resident bathrooms, a laundry area, lounge area, and a staff office are located on the fourth floor.

A classroom, lounge area and offices is located on the fifth floor.

All areas of the facility are under direct supervision of staff. Staff are constantly moving throughout the facility, this was observed during the facility tour.

Clinical technicians have offices on the throughout the facility.

The facility provides all food for the residents.

During the past 12 months 567 residents have been admitted to the facility, with 512 staying for 72 hours or more, and 366 staying for 30 days or more. The average length of stay at the facility is 90 days.

SUMMARY OF AUDIT FINDINGS

Treatment Trends Keenan House has exceeded in 1 standards, met 36 standards, and 2 standard is not applicable to the facility.

This determination was made after reviewing all materials provided during the pre-audit, the interviews and facility tour conducted during the audit, and the final review of all findings.

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met:

Number of standards not applicable: 2

Standard 115.211 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

POLICY – Treatment Trends, Inc. (Keenan House) operations seek to lessen suffering caused by addiction and other drugs by providing compassionate treatment services in partnership with the criminal justice and human service systems. Our goal is to help individuals gain long term recovery from their addiction and related self-destructive behavior.

Consistent with our mission, Keenan House has a “zero tolerance policy” relative to sexual misconduct. The Keenan House program and facility will comply with federal and state law as they pertain to the Prison Rape Elimination Act (PREA). If there is any variation in the laws, the stricter regulation will apply. (115.211 A-1)

It is the policy of Keenan House to provide training to all staff and residents to prevent sexual misconduct. Keenan House will fully investigate and prosecute any staff, resident, contractor, volunteer, intern, or visitor involved in such conduct. Keenan House has designated Tom Ritter, Clinical Support Staff and Contract Coordinator Supervisor, as the PREA Compliance Officer to ensure compliance with all standards across all agency programs and facilities. (115.211 a-2, a-4, b-1, b-2)

DEFINITIONS (115.211 a-3)

Gender Expression – The physical expression of one’s gender identity, usually expressed through clothing, mannerisms, and chosen names.

Gender Identification – the conviction of belonging to a particular sex, regardless of if it corresponds to his or her anatomical sex.

Gender Non-Conforming – Gender characteristics and/or behaviors that do not conform to those typically associated with a person’s biological sex.

Institutional Sexual Conduct – that act of any employee, contract employee, volunteer, or individual who performs work or a volunteer function for Keenan House that involves sexual assault/rape or sexual misconduct with a resident.

Intersex – An individual born with external genitalia, internal reproductive organs, chromosome patterns and/or endocrine systems that do not seem to fit typical male or female definitions.

Mental Health Care Practitioner (related to PREA Policy) – Persons who shall be considered as qualified to provide mental health services to the community.

Resident (related to PREA policy) – The clientele at the facility or program to include inmates, detainees, parolees,

supervised offenders, or private pay individuals living at Keenan House seeking treatment.

Sexual Abuse – Active or passive contact or fondling between genitals, hand(s), mouth, buttocks, anus, or breast and the genitals, hand(s), mouth, buttocks, anus, or breast of another person. Contact can be with or without clothing being worn by one or both parties.

Sexual Assault/Rape – the act of unwanted sexual intrusion, sexual contact, or sexual penetration by any person on another by force, threat, coercion, or intimidation.

Sexual Assault/Rape Victim – A person who reports having been subjected to sexual assault/rape.

Sexual Harassment – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures or actions of a derogatory or offensive sexual nature by one resident directed toward another; and repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing or obscene language or gestures.

Sexual Misconduct – Any behavior or act of a sexual nature directed toward anyone by another person. Sexual misconduct includes, but is not limited to: acts, threats, requests for sexual acts, or attempts to commit acts such as sexual contact, obscenity, behavior of a sexual nature or implications of the same, taking or soliciting photographs/pictures of a person’s nude breasts, genitalia or buttocks, indecent exposure, invasion of privacy for sexual gratification, inappropriate touching or incidents of intentional touching of the genital, anus, groin, breast, inner thigh, or buttocks or other body parts with the intent to abuse, arouse, or gratify sexual desire or incidents of indecent exposure of breasts, genital areas, or other body parts, even with consent in an institution. Any procedure such as, but not limited to: taking pictures/photographs, pat searches, or medical exams that are required by department policy, procedure, or process are not defined as sexual misconduct.

Transgender – Persons whose gender identity differs from their gender assigned at birth.

Zero Tolerance Policy – In no case will the notion of “consensual sex” in a custodial or supervisory relationship be allowed. Any sexual assault/rape or sexual misconduct between employees or agents of Keenan House and residents violates professional and ethical principles, and Keenan House policies. All allegations of sexual assault/rape or sexual misconduct will be investigated. If applicable, criminal charges will be filed and/or a professional standard investigation will be conducted which may result in corrective and/or disciplinary action, including termination. Failure of staff members to report incidents of sexual assault/rape or sexual misconduct may result in corrective and/or disciplinary action up to and including termination.

TYPES OF SEXUAL ASSAULT/RAPE or SEXUAL MISCONDUCT

Resident on Resident – One or more residents engaging in, attempting to engage in, or the completion of a sexual act with another resident. The use of threats, intimidation, force, or other actions and /or communications reasonably calculated to cause submission of another resident to engage in a sexual act against that resident’s will. Any sexual touching, attempt or “consensual” act is prohibited by Keenan House under a zero tolerance policy.

Resident on Staff – All cases involving sexual assault/rape or sexual misconduct will be referred to the PREA Compliance Officer, Program Director, and Executive Director, along with local law enforcement pursuant to State Statute.

Staff on Resident – Acts of sexual assault/rape or sexual misconduct against resident, retaliation against residents who refuse to submit to sexual activity, or intimidation of a witness of such.

I reviewed the Policy in its entirety, as well as questioned staff members on its content and applicable sections to their specific duties within the facility. The staff understood the policy and its practical application to the daily PREA Audit Report

operation of the facility.

The policy is comprehensive and mandates zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy further defines all prohibited acts.

The facility employs a PREA coordinator. During his interview he related that he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities.

Standard 115.212 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)

EVIDENCE OF COMPLIANCE:

The agency does not contract with other entities for confinement of residents.

Standard 115.213 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

PREVENTION (115.213)

Keenan House empowers the Clinical Program Director along with the facility PREA Compliance Officer to take all necessary steps to prevent rapes, assaults, and other violent behaviors in the facility. Preventive measures may include, but are not limited to physical plant strategies, staff training, constant communication and staffing levels on each shift.

Educational posters, cameras and video monitoring, and staff supervision are all used to ensure safety from sexual assault/rape and sexual misconduct.

The shift supervisor will make at least one unannounced round of all areas on each shift, each month, in an effort to

deter staff abuse and sexual harassment. Staff is prohibited from alerting on duty staff when these rounds are to occur. These rounds are to be documented in the monthly PREA report to the DOC.

The policy further states:

Keenan House will develop a staffing plan that provides for adequate levels of staffing which helps to protect residents against sexual abuse. In calculating adequate staffing levels, TTI, Inc. shall consider the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. (115.213 a)

In any circumstance where the staffing plan is not complied with, the facility will document and justify all deviations from the plan and document in the monthly PREA report to the DOC. The PREA Compliance Officer will also be notified. (115. 213 b)

Staffing analysis will be conducted no less than yearly. This is to include the facility Clinical Program Director, the PREA Compliance Officer, and Lead Clinical Technician. Other consultation is to include the Director of Operations for video monitoring, and the Chief Financial Officer. (115.213 c).

The facility has developed a staffing plan to provide adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse and sexual harassment. During my interviews I determined that the facility layout, composition of the resident population, any incidents of sexual abuse or sexual harassment, and any other relevant factors were utilized in developing the staffing plan.

The facility director constantly evaluates the staffing plan, staffing patterns, deployment of video monitoring and available resources. This was discussed during the staff interviews. The staffing plan was reviewed on 1/20/16 by facility administrators, this is documented on the staffing plan documentation and confirmed during interviews.

The facility staffing has not been deviated from during the last 12 months.

I reviewed the staffing plan in its entirety and found that it complies with all aspects of the standard.

I was able to view the overall camera placement in the facility as well as the surveillance system monitors. I found that the facility is adequately covered by these cameras.

Standard 115.215 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

SEARCHES

Keenan House shall not conduct cross-gender strip searches or cross-gender visual body cavity searches. (115.215 a.c)

Keenan House shall not permit pat searches of any type. The facility does not restrict any residents' access to regularly available programming or other outside opportunities in order to comply with this provision. (115.215 b.c)

TRANSGENDER AND INTERSEX RESIDENTS

Keenan House will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. When the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, of if necessary, by learning that information as a part of a broader medical exam conducted in private by the facility medical director. (115.215 e)

The shift supervisor will make at least one unannounced round of all areas on each shift, each month, in an effort to deter staff abuse and sexual harassment. Staff is prohibited from alerting on duty staff when these rounds are to occur. These rounds are to be documented in the monthly PREA report to the DOC.

Keenan House will enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender being able to view their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. This is to include video camera viewing as well (115.215 d 1).

Staff must announce their presence when entering a resident housing area and bathroom. Staff is prohibited from observing residents of the opposite gender while they are showering, performing bodily functions and/or changing clothing. This is to also include video surveillance. (115.215 d 2)

The facility does not conduct cross-gender searches, this includes pat down searches, strip searches and visual body cavity searches. This was confirmed during the interviews with both random staff and residents.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. I reviewed the policy in its entirety, refer above facility policy. During the facility tour I observed staff of the opposite gender making announcements when entering residents housing and bathroom areas. I was also able to corroborate this practice during the random resident and staff interviews, all who were interviewed related that staff of the opposite gender announce their presence.

The facility does not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. All residents received at the facility are coming from another facility so their gender is identified prior to arrival. If exigent circumstances existed all staff interviewed understood that gender should be determined through conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The facility has not housed a transgender nor intersex resident within the last 12 months.

The facility has not performed a pat down search of a transgender or intersex resident for the sole purpose of determining the residents sex.

The agency has trained security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This was verified through visually inspecting the training records and during the random staff

interviews.

Standard 115.216 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)

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

RESIDENT ORIENTATION TRAINING (115.233)

Upon admission, all residents will receive an orientation that includes Keenan House zero tolerance policy relating to sexual assault/rape or sexual misconduct and how to report it. This will also include information about sexual misconduct, including background information on PREA, prevention, intervention, self-protection, reporting, treatment, counseling, and confidentiality. This training will be provided in orientation and is in addition to what is provided in the rules and expectations sign offs and the resident handbook. (115.233 a, b)

Keenan House will take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts. The information will be communicated in a manner that is clearly understood by the resident. This includes those who are limited in English-speaking proficiency, visually impaired, deaf, limited reading skills, or otherwise disabled. Residents will be required to sign an acknowledgement of receipt and understanding of the training material. (115.233 c, d) (115.216)

Keenan House shall provide a more comprehensive education to residents within the first 30 days of their intake. This is to include their rights to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents. How to report these incidents will also be covered.

Keenan House shall not depend upon resident interpreters, readers, or other types of resident assistance except in limited circumstances where an extended delay in obtaining an interpreter could compromise any resident's safety, the performance of first responder duties, or the investigation of the resident's allegations. (115.216 c1)

The facility has procedures in place to deal with residents with disabilities and who are limited English speaking. They have never had an incident where they would utilize another resident for interpretation, they would utilize staff or a language line. During the classification of the residents they identify any issues concerning disabilities and take the appropriate actions needed to protect the resident. The facility is equipped to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

Compliance in this area was determined by reviewing policies and procedures of the facility. During the random staff interviews I determined that they all understood the availability of interpreters, and further understood the importance of not utilizing residents for interpretation during any incident.

The agency would utilize a language line if needed for interpretation.

The facility has entered into a contract with Berks Deaf and Hard of Hearing Services.

The facility provides both English and Spanish versions of the educational materials.

At the time of the audit no disabled or non-English speaking residents were being housed.

Standard 115.217 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House shall not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who has contact with residents who have been involved in the following; engaged in sexual abuse in a prison, jail, lockup, or community confinement center; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not or was unable to consent; or has been civilly or administratively adjudicated to have engaged in any activity described in this section. (115.217 a)

Keenan House will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. (115.217 b)

Before hiring new employees, Keenan House will perform a criminal background records check, and within the confines of federal, state, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of such involving the new employee. This is also true for all contractors and volunteers who have contact with residents. (115.217 c)

All Keenan House employees who may have contact with residents will be subject to a criminal record check no less than once every five years. This is currently being performed by the Pennsylvania Department of Corrections, who then reports to Keenan House any findings. Current Keenan House employees found to have committed previous acts of sexual misconduct will be ineligible for promotions and may be subject to termination of their employment. All employees of Keenan House will follow TTI, Inc. personnel policies regarding rules of conduct. Keenan House employees have an ongoing obligation to disclose any sexual misconduct and may be terminated for material omissions or for providing materially false information regarding past conduct. (115 217 e)

Keenan House will ask all applicants and employees, contractors, and volunteers who may have direct contact with residents about previous misconduct described above in written applications and interviews for hiring and promotions and in any interviews or written self-evaluations conducted as part of reviews for current employees. All Keenan House staff have a continuing affirmative duty to disclose any such misconduct. (115 217 d)

Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination of employment from Keenan House. (115. 217 g)

During the agency interviews the hiring process for all employees was confirmed. The agency has an in depth and comprehensive hiring practice. All potential new employees are subject to a hiring process which includes a criminal history background check, and questions asked relative to sexual misconduct. This practice is also utilized in enlisting the services of any contractor, and allowing volunteers to enter the facility. These procedures are also used in the promotion system.

The employees must pass a background clearance through the Pennsylvania Department of Corrections. The PADOc utilizes the JNET live system to continuously run criminal background checks on all staff of the contracted facilities. This process has been confirmed with the PADOc.

Standard 115.218 Upgrades to facilities and technologies

- 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

NEW FACILITIES AND UPGRADES (115.218)

When designing or acquiring any new facility and in planning any substantial expansion or modifications of the Keenan House, consideration will be given to the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse (115.218 a1)

When installing or updating a video monitoring system, electronic surveillance system, or any other monitoring technology, Keenan House will consider how such technology may enhance the facility's ability to protect residents from sexual abuse (115.218 b1).

No upgrades are scheduled at the facility.

Standard 115.221 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Should Keenan House conduct its own investigations into allegations of sexual harassment and sexual abuse, it will do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (115.221 a1)

Keenan House will offer all victims of sexual abuse access to forensic medical examinations through an outside agency or hospital without financial cost, when evidentiary or medically appropriate. All residents will be referred to Lehigh Valley Hospital Network (LVHN). Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Keenan House will document its effort to provide SAFEs or SANEs. (115.221 c1, 2, 3, 4, 5)

Keenan House will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member internally or from a community based organization. Keenan House will document its efforts to secure services from a rape crisis center. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance to victims of sexual assault of all ages. Keenan House may use a rape crisis center that is part of a government unit as long as the center is NOT part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. (115.221 d1, 2, 3)

If requested by the victim, the victim advocate, qualified Keenan House staff member, or qualified community based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. (115.221 e1)

If Keenan House is responsible for investigations of allegations of sexual abuse, the agency will request that the investigating agency follow the above requirements. (115.221 f1)

For the purposes of this standard, a qualified Keenan House staff member or a qualified community-based staff member is an individual who has both received proper screening to serve in this role and education concerning sexual assault and forensic examination issues.

Any State entity or Department of Justice component that investigates sexual abuse in a confinement setting shall provide such training to its employed investigators who do the work.

Appropriate security procedures will be followed, to include at a minimum separating the perpetrator and victim, isolation of witnesses, and securing the crime scene.

Any incident would be investigated by the Pennsylvania Department of Corrections trained investigators for all DOC placed residents, any incident involving a non-DOC resident would be investigated by the facility PREA Coordinator.

The facility utilizes the Lehigh Valley Hospital for forensic examinations, the hospital utilizes both Sexual Assault Nurse Examiners (SANEs) and Sexual Assault Forensic Examiners (SAFE). The facility has a signed letter of agreement dated December 1, 2014.

The facility utilizes the Crime Victims Council of the Lehigh Valley (CVCLV) for victim advocacy. The facility has a signed agreement dated December 31, 2014

During the audit I reviewed both letters of agreement.

All of the staff interviewed understood their responsibility in the preservation of evidence, and how to preserve a crime scene.

The facility has not had any PREA related investigations.

Standard 115.222 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

*Keenan House shall ensure that the allegations of sexual abuse or sexual harassment are referred to the Pennsylvania Department of Corrections to conduct criminal investigations, and to document all such referrals. **The Pennsylvania Department of Corrections is responsible for conducting administrative or criminal investigations** of sexual abuse or sexual harassment in the facility, and shall have in place a policy governing the conduct of such investigations. If an external agency conducts the investigation, Keenan House shall be responsible to follow up with the agency and document requests to gain access to final reports.*

The above policy ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

I reviewed the policy in its entirety and found it to be complete.

All staff interviewed understand the importance of ensuring all allegations are referred for investigation. They also understand the procedure of contacting the facility PREA Coordinator.

The facility has not had any investigations related to sexual abuse or sexual harassment.

Standard 115.231 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Staff Training

Upon hire, staff members shall receive comprehensive training in the prohibition, identification, reporting, and prevention of sexual assault/rape and/or sexual misconduct. (115.211 a-5)

Periodic in-service trainings and policy sign offs (no less than annually) on sexual assault/rape and/or sexual misconduct will be conducted. (115.231)

All PREA training shall be tailored to both genders as long as Keenan House admits each into the same program. Any changes in the admission policies would result in gender specific PREA training. Effective March 1, 2016 Keenan House will be a male only inpatient non hospital treatment facility.

All volunteers, inters, and contractors who have repeated contact with residents must be trained in their responsibilities under PREA. The level and type of training shall be based upon the services they provide and the level of contact that they have with residents. All will be notified of the agency's zero tolerance policy regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment and informed how to report such incidents. Keenan House shall maintain documentation confirming the volunteer/intern/contractor understands the training.

Volunteers and contractors who do not have repeated contact with residents shall sign the Visitor's Log which shall have a statement such as "This facility has zero-tolerance for all forms of sexual abuse and harassment. If you are involved or witness and incident of sexual abuse or harassment of our residents, you must report such immediately to a facility supervisor or director. (115.232)

All training shall be documented. This is to include that via their signature, all employees are confirming that they understand the material regarding PREA they have been trained in. Refresher training shall be documented through a signature of understanding as well. (115.231)

The agency trains all of its employees on the aspects of the Prison Rape Elimination Act, as well as their overall response to incidents in the facility.

I reviewed the training syllabus utilized by the facility to train all employees. I found that the training covers all aspects of this standard. The training is tailored to the gender population of the facility.

In addition to the training provided by the agency all of the staff attend the PA DOC training academy where they receive the training again.

During the onsite portion of the audit I viewed all of the training records for the staff, I found them to be complete and up to date. During the staff interviews the staff were asked about overall training content, they all confirmed that the training covered the aspects of the standard. They also informed me that with this training they are now equipped to respond to an incident of sexual abuse or sexual harassment.

The facility provides refresher training every two years, this was confirmed with the PREA Coordinator.

Standard 115.232 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Volunteers and contractors who do not have repeated contact with residents shall sign the Visitor's Log which shall have a statement such as "This facility has zero-tolerance for all forms of sexual abuse and harassment. If you are involved or witness and incident of sexual abuse or harassment of our residents, you must report such immediately to a facility supervisor or director. (115.232)

No volunteers or contractors were available during the audit.

Standard 115.233 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

RESIDENT ORIENTATION TRAINING (115.233)

Upon admission, all residents will receive an orientation that includes Keenan House zero tolerance policy relating to sexual assault/rape or sexual misconduct and how to report it. This will also include information about sexual misconduct, including background information on PREA, prevention, intervention, self-protection, reporting, treatment, counseling, and confidentiality. This training will be provided in orientation and is in addition to what is provided in the rules and expectations sign offs and the resident handbook. (115.233 a, b)

Keenan House will take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts. The information will be communicated in a manner that is clearly understood by the resident. This includes those who are limited in English-speaking proficiency, visually impaired, deaf, limited reading skills, or otherwise disabled. Residents will be required to sign an acknowledgement of receipt and understanding of the training material. (115.233 c, d) (115.216)

Keenan House shall provide a more comprehensive education to residents within the first 30 days of their intake. This is to include their rights to be free from sexual abuse and harassment and to be free from retaliation for reporting such incidents. How to report these incidents will also be covered.

Along with additional training, TTI, Inc. will ensure that information is continuously and readily available to residents via signs, posters, handbooks, or other written formats. (115.233 e)

Any resident being received at the facility is given the information relative to the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. I reviewed the signoff sheets for the resident education and found that the residents are receiving the education and information. This was also confirmed during the random resident interviews, all residents confirmed they received the initial information. Initially the facility was not providing the in depth training, this has been rectified, I returned to the facility on 05/10/16. I interviewed 10 residents, they all confirmed they have received the additional training. I also reviewed all of the sign off sheets for the residents.

I reviewed the documentation that is provided to the residents and found that it meets the requirements of this standard.

The facility is also posted in all common areas as well as the living quarters with the information on PREA.

Standard 115.234 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)

EVIDENCE OF COMPLIANCE:

The PA DOC residents fall under the following policy for investigations:

BCC-ADM 008, Section 2- Prevention and Training addresses education for investigators. The policy reads as follows:

Any employee who conducts sexual abuse investigations shall receive specialized training specific to Confinement settings through the Department or other approved source. This training shall include techniques for interviewing sexual abuse victims, 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 actions or prosecution referral. (§115.234[a][b][d])

Staff may complete training offered by the Department or by another source whose curriculum complies with the Federal PREA Standards.

Each individual who receives any type of training (basic, ongoing, or specialized) shall complete and sign the PREA Training Receipt for Department and Contract Employees, Volunteers, and Interns (Attachment 2-H). (§115.231[d]) (§115.232[c]) (§115.234[c])

The investigator training provided to all PA DOC investigators was created by me during my employment with the Pennsylvania State Police. This training exceeds any expectations of the standard and provides the recipient with the needed skills to conduct investigations in a confinement setting.

The Facility PREA Coordinator is trained in investigations, he would conduct all administrative investigations for Non-DOC residents.

The facility has not had any investigations related to sexual abuse or sexual harassment.

Standard 115.235 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

SPECIALIZED TRAINING (115.234)

Medical staff shall be trained to not conduct forensic examinations.

All training shall be documented. Confirmation of understanding the training shall be confirmed through staff signatures.

Medical contractors will receive the training mandated for volunteers/interns/contractors.

All of the medical staff have received the required training, this was confirmed during the interviews, and through review of the training certificates.

Standard 115.241 Screening for risk of victimization and abusiveness

- 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

RESIDENT ASSESSMENT (115.241)

New residents to Keenan House shall be screened prior to the admission process, unless required differently by state regulations. Trained staff will review the screening within 72 hours of its completion for potential vulnerabilities or tendencies with regard to sexually aggressive behavior. Bed assignments shall be made accordingly. (115.241 a.b.c)

Residents' identified as at risk for sexual victimization shall be monitored, segregated if necessary, and counseled accordingly. For the purposes of this policy, "high risk" shall also be defined as those residents with a history of sexually assaultive behavior.

The bio-psychosocial interview shall include the following criteria to assess residents on-going risk for sexual victimization: If a resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; the incarceration history of the resident; prior acts of sexual abuse or prior convictions for violent offenses against adults or children and a history of institutional violence or sexual abuse; whether the resident is or perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization, and the resident's own perception of vulnerability. (115.241 f, g)

Residents may not be disciplined for refusing to answer or for not disclosing complete information in response to assessment questions. (115.241.h)

Keenan House shall implement appropriate controls on the dissemination within the facility or responses to questions asked pursuant to the assessment section of the bio-psychosocial interview in order that sensitive information is not exploited to the resident's detriment by staff or other residents. (115.261.b)

This initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse in assessing risk of a residents' propensity to become sexually abusive. (115.241.h)

If a screening indicates that a resident has either experienced or perpetrated prior sexual victimization of any type in any venue, staff shall ensure that the resident is offered trauma specific counseling with a qualified mental health clinician as soon as it is able to be arranged. (115.283 a1)

All information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to inform on "a need to know" basis. This includes to inform treatment planning, security decisions including housing and bed assignments, and all other programming as otherwise required by federal, state, or local law.

Informed consent forms are to be completed for all exchanges of information regarding prior sexual victimization that occurred either in an institutional or community setting. Any resident identified as vulnerable to sexual victimization or as having predatory tendencies will be reported to all clinical staff.

Keenan House will coordinate mental health evaluations of all known resident on resident abusers within fourteen days when deemed appropriate by clinical staff. Residents assessed to be at further risk for victimization shall be identified, counseled and monitored. (115.283 h)

All information regarding a resident's risk for sexual victimization or predatory behaviors shall be received by the resident's counselor for further assessment. This information will be a part of the residents' case plan which travels with the person throughout their term of supervision and serve as a method of information sharing between facilities and field service staff.

Within a period to not exceed 30 days from the resident's arrival, the counselor will reassess a resident's risk of sexual victimization or abusiveness based upon any additional relevant information acquired through the bio-psychosocial screening tool. This will be accomplished using a full chart review. A full reassessment will be completed if deemed necessary by the clinical team. A resident's risk level shall also be reassessed when warranted due to a referral, request, incident of sexual abuse, or the receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. (115.241 f, g).

If during the reevaluation of the resident's initial screening results need to be modified, the counselor will write a progress note, complete a case consultation, and possibly reflect on an updated treatment plan the change in the resident's potential victim/abuser status.

The facility uses a comprehensive screening tool to screen incoming residents.

During the resident interviews specific questions were asked relevant to the screening tool and questions asked. All residents related that they were asked the questions, this took place as soon as they arrived at the facility.

I was able to view several completed screening tools and found them to be accurate and complete.

During the staff interviews I confirmed that the screening tool is completed within 72 hours of arrival. I also confirmed that any new information received during incarceration is taken into consideration for risk of abusiveness or sexual victimization. I further confirmed that a second screening tool is being conducted within the 30 day timeframe indicated in the standard. I was also able to confirm this by reviewing the tracking form, all dates for the screening tools were within the initial 72 hour timeframe and secondary screening within the 30 day timeframe.

All of the information is kept in a secure file, and only accessible to those administrators who would need the information.

Standard 115.242 Use of screening information

- 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House will use information from the screening, intake, bio psychosocial, and individual counseling sessions to make housing, bed, work, education, and program assignments with the general goal of safety for those residents at high risk of being sexually victimized from those who are assessed at high risk for being sexually abusive. (115.242 a)

Keenan House shall make individualized determinations about how to ensure the safety of each resident. The facility makes housing and program assignments for transgender or inter-sex residents on a case by case basis. (115 242 b)

The facility utilizes the information from the screening tool to keep separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. This is done on a case by case basis, and the decisions are made from all information on hand at that time.

During the interviews with the random staff the assignment of resident housing was discussed. All of the interviewees related that they constantly monitor activities of the residents to ensure the safety of any resident who is at high risk for victimization. The staff understood the use of the screening tool information to ensure the health and safety of transgender or intersex inmates.

At the time of the audit they did not have any residents identified as transgender, or intersex.

The information in the screening tool is not available to all staff.

Standard 115.251 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

REPORTING PROCEDURES

Any resident of Keenan House may report sexual abuse, sexual harassment, retaliation by other residents or staff for

reporting such behavior, and staff neglect or violation of responsibilities that may have contributed to such incidents to any staff member, either verbally or in writing. A resident may correspond directly with the facility Clinical Director, PREA Compliance Officer, or senior TTI, Inc. management. (115.251 a)

Keenan House shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is NOT part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse or sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents will be given information on how to report to the Pennsylvania Department of Corrections through the resident handbook, PREA pamphlets and posters located in the facilities. (115.251 b)

Keenan House staff shall accept reports made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports. (115.251 c)

Keenan House staff shall be able to privately report sexual abuse and sexual harassment of residents in writing to the facility Clinical Director, PREA Compliance Officer, or senior corporate TTI, Inc. management staff. All staff will have access to the Keenan House Clinical Director who can be used as a means to report all alleged or perceived abuses, or suspected capricious or illegal acts committed by any Keenan House employee. (115.251 d)

The PREA Compliance Officer or designee must report any and all sexual misconduct to all regulatory and, when necessary, law enforcement agencies pursuant to contract, licensure, or statute.

All reports are to go to the Keenan House PREA Compliance Officer, who will then write the PREA incident report (DC-121) and forward to the regulatory authorities. All case records associated with claims of sexual abuse, including all PREA reports, investigative reports, offender information, case disposition, medical counseling, evaluation findings, and recommendations for treatment and counseling shall be maintained for a minimum of seven years.

The facility provides several internal ways of privately reporting sexual abuse and sexual harassment, retaliation by other residents or staff. The staff and residents interviewed were all aware of internal reporting, such as reporting directly to a staff member or in written form through channels.

All of these reports including those that need immediate attention, are filtered to the PREA Coordinator.

During the resident interviews I asked about the level of comfort they had in reporting directly to a staff member, all of the interviewees related that they felt comfortable reporting to a staff member. They also understood how to report an incident.

The resident reporting procedures and information are posted throughout the facility.

I was able to view the signage with the PREA information in all of the housing areas, corridors, and common areas.

Standard 115.252 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)

EVIDENCE OF COMPLIANCE:

The agency does not accept any written grievance pertaining to sexual assault incidents.

Standard 115.253 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

RESIDENT ACCESS TO SUPPORT SERVICES/LEGAL REPRESENTATION (115.253)

Keenan House shall provide all residents with access to outside victim advocates for emotional support services related to sexual abuse, by providing posters throughout the facility, giving out pamphlets, and providing access to the local Crimes Victims Council office. Keenan House will allow reasonable communication between these organizations and agencies, in as confidential manner as possible by allowing these numbers to be dialed from all facility phones. (115.253 a1)

Keenan House shall inform residents, prior to giving them access, of the extent to which the communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. (115.253 b1, b2)

Keenan House shall maintain or attempt to enter into an agreement of understanding with other community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. Keenan House shall maintain copies of such agreements or documentation demonstrating attempts to enter into such agreements. (115.253 c1, 2, 3, 4)

The facility utilizes the Crime Victims Council of the Lehigh Valley (CVCLV) for victim advocacy. The facility has a signed agreement dated December 31, 2014

It should be noted that the facility had no incidents of sexual abuse where these services were utilized.

Standard 115.254 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

THIRD PARTY REPORTING (115.254)

Keenan House has a method to receive third-party reports of sexual abuse and sexual harassment and make available publicly (see TTI website) this information on how to report sexual abuse/harassment on behalf of a resident. (115.254 a1, a2)

Employees, residents, and residents' families may submit reports anonymously to johndillensnyder@treatmenttrends.org , Executive Director, tomritter@treatmenttrends.org PREA Compliance Officer 24 S. 5th St. Allentown, Pa. 18101, or BCI/PREA Reporting 1800 Elmerton Avenue Harrisburg, Pa. 17110. Posters indicating these third-party procedures are to be posted throughout Keenan House.

I viewed the third party reporting information posted in the main area of the facility for visitors.

Standard 115.261 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

STAFF REPORTING (115.261)

According to this policy, Keenan House staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. (115.261 a1, a2)

Any information regarding sexual misconduct that is received by any staff member, medical, mental health or

treatment provider, chaplain, contractor, or volunteer shall be immediately reported to the PREA Compliance Officer/designee to initiate the appropriate follow up actions. Staff members, contract employees, volunteers, or employees of Keenan House who receive any information, regardless of the source, concerning sexual/assault /rape or sexual misconduct, are required to immediately report the information or incident directly to the PREA Compliance Officer or designee for subsequent investigation (115.261 a2).

All reports by staff shall be made in writing through sending the information directly to the Keenan House PREA Compliance Officer/designee.

Staff may report directly to the Keenan House Clinical Director or the TTI, Inc. Executive Director whenever they may feel that following the chain of command would jeopardize the investigation. Staff will be requested to justify why the chain of command was superseded for the particular incident.

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. (115.261 b)

All reports will be documented on a DC-121 form and sent to the appropriate investigative body. The incident report is immediately submitted to the Compliance Officer and logged for the purpose of analysis and follow up.

Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners shall be required to report sexual abuse and to inform the resident of the practitioner's duty to report the information and the limitations of confidentiality when services begin.

Regardless of any non-statutory confidentiality obligation, all staff have an affirmative obligation to report any resident who has reported to them a sexual assault allegation. The staff member must report the relevant information to include who, what, when and where, all of the allegation.

Keenan House will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's PREA Compliance Officer/designee or to the Pennsylvania Department of Corrections Operations Center.

When I interviewed the random staff I was impressed with the answers related to staff reporting. All of the staff understood the importance of reporting, what their duties were, and how to effectively report this information. The staff also understood the internal reporting system as well as the external reporting avenues. They all understood the importance of keeping the information reported to them private as well as all applicable mandatory reporting laws.

The facility has not had any investigations related to sexual abuse or sexual harassment.

Standard 115.262 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual

harassment. The policy reads as follows:

Keenan House's written response plan to an incident of sexual abuse is as follows: Staff will immediately request the alleged victim and perpetrator to separate. After a request for further staff assistance is made, the crime area will be secured and 911 will be called. While waiting for EMS, clinical mental health staff will assist in the processing of the trauma from the victim and in the de-escalation of the perpetrator. After local first responders arrive on the scene, security of the crime area is turned over to them. Staff will notify the PREA Compliance Officer and/or the Clinical Director at the first opportunity. The victim will be asked if they would like emergency rape crisis counseling and if legal charges should be pursued against the perpetrator. Staff will assist all residents who choose to utilize any community resources as a result of any PREA incidents.

All of the staff interviewed understood their duties to protect a resident, they all responded in the same manner, they would act immediately. The facility has deemed the monitors office, as the safe area for a resident. The staff also recognized the importance of separating the alleged offender from further interaction with any other residents, they all related that they would have the alleged offender under constant supervision.

Standard 115.263 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

REPORTING TO OTHER CONFINEMENT FACILITIES (115.263)

Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the PREA Compliance Officer or designee shall notify the head of the facility or appropriate official of the agency/facility where the alleged abuse occurred. (115.263 a1)

Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. It is the responsibility of the Keenan House to document such notification. (115.263 b1, c1)

The Director/designee that receives such notification shall ensure that the allegation is investigated in accordance with this policy. (115.263 d1)

During my interview with the PREA Coordinator he understood his responsibilities under this policy. He related that they would take any immediate steps needed to ensure the preservation of evidence and he would contact the facility where the incident occurred personally.

The facility has not had any incidents where the PREA Coordinator needed to contact another facility.

Standard 115.264 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

STAFF FIRST RESPONDER DUTIES (115.264)

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report will request that the alleged victim not take any actions that could destroy physical evidence, and then notify the facility PREA Compliance Officer. (115.264 b1)

The first staff member to respond to the report shall be required to do the following: (115.264 a)

- *Separate the alleged victim and abuser.*
- *Preserve and protect any crime scene until evidence is collected.*
- *Request that the victim not take any actions that could destroy physical evidence.*
- *Request that the alleged abuser not take any actions that could destroy physical evidence.*

At Keenan House when a report of recent abuse is made, operations staff first responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. When medical staff is not available, the PREA Compliance Officer or designee will contact the local medical facility (115.264).

All staff interviewed understood their responsibilities when responding to an incident. They all related that they would act immediately to ensure the safety of the resident, as well as the other residents, and make the necessary notifications. They all related that they would utilize the designated safe area in the facility to place the victim and have the alleged offender under direct supervision.

The facility has not had any incidents where these procedures were utilized.

Standard 115.265 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House's written response plan to an incident of sexual abuse is as follows: Staff will immediately request the alleged victim and perpetrator to separate. After a request for further staff assistance is made, the crime area will be secured and 911 will be called. While waiting for EMS, clinical mental health staff will assist in the processing of the trauma from the victim and in the de-escalation of the perpetrator. After local first responders arrive on the scene, security of the crime area is turned over to them. Staff will notify the PREA Compliance Officer and/or the Clinical Director at the first opportunity. The victim will be asked if they would like emergency rape crisis counseling and if legal charges should be pursued against the perpetrator. Staff will assist all residents who choose to utilize any community resources as a result of any PREA incidents. (115.265)

Overall policy establishes the coordinated response by Keenan House. This response includes the facility staff, local police, PA DOC, and facility trained investigators.

All of the staff interviewed understood the importance of a coordinated response to an incident, and understood who needed to be contacted.

The facility has not had any incidents related to sexual abuse or sexual harassment.

Standard 115.266 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)

EVIDENCE OF COMPLIANCE:

The agency has not entered into any agreements that would limit their ability to protect residents from contact with abusers.

Standard 115.267 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

PROTECTION AGAINST RETALIATION (115. 267)

Keenan House will protect all residents and staff who report sexual abuse or sexual harassment or cooperate with

sexual abuse/harassment investigations from retaliation by other residents or staff. The PREA Compliance Officer or his designee shall be charged with monitoring retaliation. (115.267 a1, a2)

Several protection measures shall be used, such as bed changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (115.267 c1)

Within 72 hours of a report, the PREA Compliance Officer shall meet directly with the resident and document any retaliation reported. The PREA Coordinator will monitor the conduct of all residents and staff who report sexual abuse or sexual harassment, have suffered the alleged sexual abuse that was reported, and/or have cooperated with sexual abuse or sexual harassment investigations to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any such retaliation. This will occur during the entire episode of treatment. (115.267 c2, c3)

The above monitoring is only necessary if the individual involved is still in the facility.

In the event that the individual being monitored leaves the facility and then returns within 90 days of the incident being reported, monitoring for retaliation must be conducted as if the individual never left the facility.

Keenan House will continue such monitoring beyond 90 days if the initial time period indicates a continuing need. (115.267 c4)

If any other individual who cooperates with an investigation expresses a fear of retaliation, Keenan House shall take appropriate measures to protect that individual against retaliation.

The obligation to monitor shall terminate if the Director or designee determines that the allegation is unfounded.

The PREA Coordinator understood the policy relating to agency protection from retaliation.

The facility has not had any incidents related to retaliation.

Standard 115.271 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

INVESTIGATIONS (115.271)

Keenan House shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Should Keenan House conduct its own investigations into allegations of sexual harassment and sexual abuse, it will do so promptly, thoroughly, and objectively for all allegations, including third-

party and anonymous reports. (115.221 a1)

Keenan House will offer all victims of sexual abuse access to forensic medical examinations through an outside agency or hospital without financial cost, when evidentiary or medically appropriate. All residents will be referred to Lehigh Valley Hospital Network (LVHN). Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. Keenan House will document its effort to provide SAFEs or SANEs. (115.221 c1, 2, 3, 4, 5)

Keenan House will attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available a qualified staff member internally or from a community based organization. Keenan House will document its efforts to secure services from a rape crisis center. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance to victims of sexual assault of all ages. Keenan House may use a rape crisis center that is part of a government unit as long as the center is NOT part of the criminal justice system and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. (115.221 d1, 2, 3)

If requested by the victim, the victim advocate, qualified Keenan House staff member, or qualified community based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. (115.221 e1)

If Keenan House is responsible for investigations of allegations of sexual abuse, the agency will request that the investigating agency follow the above requirements. (115.221 f1)

For the purposes of this standard, a qualified Keenan House staff member or a qualified community-based staff member is an individual who has both received proper screening to serve in this role and education concerning sexual assault and forensic examination issues.

Any State entity or Department of Justice component that investigates sexual abuse in a confinement setting shall provide such training to its employed investigators who do the work.

Appropriate security procedures will be followed, to include at a minimum separating the perpetrator and victim, isolation of witnesses, and securing the crime scene.

Keenan House shall ensure that the allegations of sexual abuse or sexual harassment are referred to the Pennsylvania Department of Corrections to conduct criminal investigations, and to document all such referrals. The Pennsylvania Department of Corrections is responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in the facility, and shall have in place a policy governing the conduct of such investigations. If an external agency conducts the investigation, Keenan House shall be responsible to follow up with the agency and document requests to gain access to final reports. (115.271 a1)

Pennsylvania Department of Corrections investigators shall gather and preserve all direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall conduct all interviews with alleged victims, suspected perpetrators, and all witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Administrative investigations will include an effort to determine if staff actions or failures to act contributed to the abuse shall be documented in written reports that will include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations shall be documented in a written report that contains a thorough description of physical,

testimonial, and documentary evidence and attaches copies of all evidence when possible.

All substantiated allegations of conduct that appear to be of a criminal nature shall be referred for prosecution. (115.271 h)

Keenan House will retain all written reports regarding the investigation for as long as the alleged abuser is incarcerated or employed by the agency plus five years. (115.271 i)

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for the termination of an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual abuse, the facility will cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.273 b1)

Upon completion of the investigation, the resident shall be informed via written communication, whether the allegations/incident were substantiated by the Pennsylvania Department of Corrections.

Within five days of the receipt of the final written report, the PREA Compliance Officer/designee, in conjunction with the Treatment Trends Executive Director/designee, shall initiate appropriate disciplinary action and/or legal action against the staff member accused of any sexual misconduct.

Upon completion of an investigation where a staff member is accused of sexual abuse, Keenan House shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Keenan House shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever the staff member is present in the facility, if the staff member remains employed at the Keenan House, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the Keenan House, and if the staff member has been convicted on a charge related to sexual abuse within the Keenan House. (115.273 c1)

Following a resident's allegation that he or she has been sexually abused by another resident, Keenan House shall inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the Keenan House, and/or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (115.273 d1)

All of the above notifications or attempts to notify shall be documented. Keenan House's obligation to report all of the above under this standard shall terminate if the resident is released or removed from the agency's custody. (115.273 e1)

Keenan House shall not impose a standard higher than a preponderance of evidence in the determination whether allegations of sexual abuse or sexual harassment are substantiated. (115.272 a1)

All final determinations of all PREA investigations will be logged by the PREA Compliance Officer for the purpose of analysis and follow up. (115.286)

INTERM PROCEDURES DURING AN INVESTIGATION (115.271)

As approved by the Treatment Trends, Inc. Executive Director or designee, the PREA Compliance Officer may place an accused staff member on administrative leave with or without pay pending the outcome of an investigation.

A Keenan House staff member placed on administrative leave shall be prohibited from having any contact with residents of the facility.

It is strictly prohibited to transfer a resident involuntarily in retaliation for reporting sexual misconduct.

Keenan House will make every effort to minimize the disturbance of the resident's treatment program activities.

All staff understood their responsibilities in the investigative process.

Any incident would be investigated by either the PA DOC or the facility trained investigator. If the investigation is criminal the Allentown Police Department would conduct the criminal investigation.

The facility has not had any PREA related incidents.

Standard 115.272 Evidentiary standard 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House shall not impose a standard higher than a preponderance of evidence in the determination whether allegations of sexual abuse or sexual harassment are substantiated. (115.272 a1)

The facility did not have any investigations, but the investigator understood the importance of the standard of evidence.

Standard 115.273 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for the termination of an investigation.

Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

When outside agencies investigate sexual abuse, the facility will cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigation. (115.273 b1)

Upon completion of the investigation, the resident shall be informed via written communication, whether the allegations/incident were substantiated by the Pennsylvania Department of Corrections.

Within five days of the receipt of the final written report, the PREA Compliance Officer/designee, in conjunction with the Treatment Trends Executive Director/designee, shall initiate appropriate disciplinary action and/or legal action against the staff member accused of any sexual misconduct.

Upon completion of an investigation where a staff member is accused of sexual abuse, Keenan House shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Keenan House shall subsequently inform the resident (unless the allegation has been determined to be unfounded) whenever the staff member is present in the facility, if the staff member remains employed at the Keenan House, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the Keenan House, and if the staff member has been convicted on a charge related to sexual abuse within the Keenan House. (115.273 c1)

Following a resident's allegation that he or she has been sexually abused by another resident, Keenan House shall inform the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the Keenan House, and/or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (115.273 d1)

All of the above notifications or attempts to notify shall be documented. Keenan House's obligation to report all of the above under this standard shall terminate if the resident is released or removed from the agency's custody. (115.273 e1)

The PREA Coordinator understood his obligation under this policy.

The facility has not has any investigations of sexual abuse or sexual harassment.

Standard 115.276 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

SANCTIONS (115.276)

Sexual misconduct at the Keenan House is prohibited and will be sanctioned. Sexual misconduct, either resident on

resident or staff on resident is prohibited regardless of whether either or both participants believed the act was consensual. (115.276 a1) (115.278 g1)

Violators of the sexual misconduct policy are subject to administrative discipline, criminal sanctions, or both. All allegations of sexual staff misconduct with residents will be investigated, with all substantiated cases being turned over to the local county's attorney's office for possible criminal prosecution.

Keenan House prohibits all sexual activity between residents and may discipline residents for such activity. However, sexual activity between residents may not be deemed to constitute sexual abuse for the purposes of this policy and reporting of sustained PREA sexual abuse incidents if it is determined that the activity was not coerced.

Keenan House staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Additionally, staff may be subject to criminal sanctions.

Disciplinary sanctions for violations of Keenan House policies relating to sexual abuse or harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. (115.276 c1)

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. All terminations for violations of Keenan House's sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. (115.276 d1)

The facility has not had any investigations where a staff member was disciplined. This was confirmed by my interview with the PREA Coordinator.

Standard 115.277 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS (115.277)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. (115.277 a1)

Keenan House shall take appropriate remedial measures and will consider whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or

volunteer. (115.277 a2 b1).

The facility has not had any investigations where a contractor or volunteer was involved. This was confirmed by my interview with the PREA Coordinator.

Standard 115.278 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

DISCIPLINARY SANCTIONS FOR RESIDENTS (115.278)

Keenan House residents are subject to sanctions under the administrative Code of Conduct for the Pennsylvania Department of Corrections, the Pennsylvania Board of Probation and Parole or other applicable administrative discipline. Additionally, residents may be subject to criminal sanctions. (115.278 a1)

Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse following a criminal finding of guilt for resident on resident sexual abuse. (115.278 a2)

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories, or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (115.278 e1)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. (115.278 e1).

Keenan House may discipline a resident for contact with staff only upon a finding that the staff member did not consent to such contact. (115.278 e1)

For the purpose of disciplinary action, a report of sexual abuse that is made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. (115.278 f1).

The facility has not had any incidents where a resident was disciplined. This was confirmed by my interview with the PREA Coordinator.

Standard 115.282 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

TREATMENT FOR VICTIMS (115.282)

Keenan House residents who are victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention service, the nature and scope are to be determined by the medical and mental health practitioners according to their professional judgment. (115.282 a1 a2)

At Keenan House when a report of recent abuse is made, operations staff first responders shall take the preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. When medical staff is not available, the PREA Compliance Officer or designee will contact the local medical facility (115.264).

Keenan House staff member victims will be immediately transported to the Lehigh Valley Health Network for necessary medical care and the collection of evidence.

Resident victims of sexual abuse will be offered timely information about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (115.282 c1)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. (115.282 d1)

The PREA Coordinator related that he understood the policy relating to Access to Emergency Medical & Mental Health Services.

No incidents at the facility have occurred where these services were utilized. This was confirmed by my interview with the PREA Coordinator.

Standard 115.283 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

Keenan House residents who have been victims of sexual misconduct shall be informed that psychological counseling by a mental health professional is available and will be made accessible to the individual. This will be provided by the Crime Victims Council. (115.283 a1)

Keenan House shall offer medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, or community corrections facility. (115.283 a1)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their discharge from probation and/or parole.

Keenan House will provide such victims with medical and mental health services consistent with the community level of care.

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate (115.283 f1).

The PREA Coordinator related that he understood the policy relating to Access to Emergency Medical & Mental Health Services.

No incidents at the facility have occurred where these services were utilized. This was confirmed by my interview with the PREA Coordinator.

Standard 115.286 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

All final determinations of all PREA investigations will be logged by the PREA Compliance Officer for the purpose

of analysis and follow up. (115.286)

INCIDENT REVIEWS (115.286)

Keenan House shall conduct a PREA incident review at the conclusion of every sexual abuse investigation. This is to be done whether the investigation was conducted by an external agency or trained internal staff. This will also include circumstances when the allegation has not been substantiated. This standard does not apply to allegations that have been determined to be unfounded. (115.286 a1)

Such reviews shall normally occur within thirty days of the conclusion of the investigation.

The review team shall include the PREA Compliance Officer or designee, the Clinical Director or designee, the Clinical Supervisor or designee, and input from trained counseling staff, the Pennsylvania Department of Corrections investigators, and other involved medical or mental health providers when available. (115.286 b1)

The review team shall consider if the allegation or investigation indicated a need to change policy or practice to better prevent, detect, or respond to sexual abuse. The team will consider if the incident or allegation was motivated by race, gender identity, ethnicity, lesbian gay bisexual transgender or intersex identification, gang affiliation, or otherwise motivated by other Keenan House group dynamics. (115.286 c1)

The review team will examine the area in the facility where the incident allegedly occurred to assess if physical barriers in the area may enable abuse.

The review team will assess the adequacy of staffing levels in the area during all shifts, and if the monitoring technology is sufficient as an abuse deterrent.

Any recommendations as a result of the Keenan House review team findings will be placed in the monthly report and presented to the Treatment Trends, Inc. Executive Director before their implementation. Any Improvements not acted upon will include a list of reasons for not doing so. (115.287 e1).

The Agency PREA Coordinator related that an incident review would be scheduled for any allegation.

The facility has not had any investigations of sexual abuse or sexual harassment.

Standard 115.287 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

DATA COLLECTION (115.287)

Keenan House will collect accurate, uniform data for every allegation of sexual abuse in the program under its direct control using a standardized instrument (DOC DC-121). The standard set of definitions listed in this policy manual will also be used (115.287 a/c 1)

Upon the report of a PREA incident, the Keenan House PREA Compliance Officer will initiate a PREA incident report as soon as possible. The PREA Compliance Officer shall maintain logs and records of all allegations and investigations of sexual misconduct that will include information on the outcome of any criminal or disciplinary charges.

All case records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings and recommendations for post release treatment and/or counseling shall be retained in accordance with the contract agency requirements (115.287 d1)

The Keenan House PREA Compliance Officer shall review the incident based sexual abuse data at least annually.

The Keenan House PREA Compliance Officer shall maintain, review, and collect data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews.

It will be the duty of the Keenan House PREA Compliance Officer to collect all necessary reports and information from the completed investigations on sexual assaults and misconduct required by the United States Department of Justice, Bureau of Justice Statistics (DOJ/BJS). If the DOJ/BJS requests a report from the Keenan House, the PREA Compliance Officer will immediately contact the facility Clinical Director and, as necessary, the Treatment Trends, Inc. Executive Director.

Upon request the Keenan House PREA Compliance Officer will report to the BJS on a yearly basis. The report shall include the specifications of the Survey on Sexual Violence required under PREA for BJS. Upon request, Keenan House shall provide all such data from the previous calendar to the DOJ no later than June 30 (115.287 f1)

The policy addresses all enumerated items in the standard. The PREA Coordinator related that the data would be collected on a monthly.

Standard 115.288 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

DATA REVIEW (115.288)

At any point in time, the Clinical Director/designee may request data from the Keenan House through the PREA Compliance Officer. The PREA Compliance Officer will, on an annual basis, make the data collected available to all.

The Keenan House PREA Compliance Officer shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. This will be done through the identification of problem areas; taking on-going corrective actions when necessary; and corrective actions for the entire program (115.288 a1).

The agency will provide PREA information upon request.

If requested the agency data may redact specific material from all reports when publication would present a clear and specific threat to the safety and security of the facility, but shall indicate the nature of the material being redacted (115.288 d1)

The agency has not had any incidents of sexual abuse or harassment.

All aggregated data would be forwarded to the PA DOC for inclusion in their yearly report.

Through interviews it was confirmed that if a problem or trend is identified they would immediately implement a corrective action plan.

During the staff interviews I found that data is being forwarded on a monthly basis for review.

Standard 115.289 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)

EVIDENCE OF COMPLIANCE:

Treatment Trends, Inc. PREA Policies and Procedures establishes the policy against sexual abuse and sexual harassment. The policy reads as follows:

DATA STORAGE, PUBLICATION, AND DESTRUCTION (115.289)

Keenan House shall ensure that data collected is securely retained (115.289 a1)

Keenan House shall make all aggregated sexual abuse data readily available to the public at least annually through its Web site (115.289 b1)

Before making aggregated sexual abuse data publicly available, all personal identifiers shall be removed (115.289 c1).

Keenan House shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise (115.289 c2).

No positive data has been collected, I was informed that all data would be kept on a secure server.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

5/15/16

Auditor Signature

Date