

PREA AUDIT REPORT ☐ INTERIM ☒ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Auditor Information			
Auditor name: Jack Fitzgerald			
Address: 87 Sharon Drive Wallingford CT			
Email: jffitzgerald@snet.net			
Telephone number: 203 694-4241			
Date of facility visit: 1/19/2015 to 1/21/2015 +			
Facility Information			
Facility name: Horizon House			
Facility physical address: 35-37 Elizabeth Street Albany NY 12202			
Facility mailing address: (if different from above)			
Facility telephone number: 518-432-9100			
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"/> Other
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Daniel Robertello Program Director			
Number of staff assigned to the facility in the last 12 months: 27			
Designed facility capacity: 32			
Current population of facility: 23			
Facility security levels/inmate custody levels: Community			
Age range of the population: Over 18			
Name of PREA Compliance Manager: Daniel Robertello		Title:	Program Director +
Email address: droertello@crj.org		Telephone number:	518-423-9100
Agency Information			
Name of agency: Community Resources for Justice			
Governing authority or parent agency: (if applicable)			
Physical address: 500 Harrison Ave Boston MA 02118			
Mailing address: (if different from above)			
Telephone number: 617- 423-2020			
Agency Chief Executive Officer			
Name: John Larivee		Title:	President
Email address: jlarivee@crj.org		Telephone number:	617-423-2020 +
Agency-Wide PREA Coordinator			
Name: Susan Jenness Philips		Title:	Director of +
Email address: sjenness@crj.org		Telephone number:	617-423-2020 +

AUDIT FINDINGS

NARRATIVE:

The Horizon House Reentry of Albany NY is part of the larger organization Community Resources for Justice (CRJ). The Community Resources for Justice, whose administrative offices are located in Boston MA, is an organization with a 130 year history of social activism. From its earliest years the organization was focused on helping individuals as they left prison. The agency's mission today continues to service the disadvantaged and they have divided their focus into three areas; Social Justice Services, Community Strategies, and Crime and Justice Institute. The Horizon House program is part of the Social Justice Services which include adult and juvenile residential programs. The mission of the facility is 'to provide assistance to federal offenders nearing the end of their sentences.' Horizon House helps 'these men and women rebuild their ties to the community and facilitate supervising their activities during this transition phase.'

Horizon House employs 18 staff members including administrators, residential staff, and case management workers. The facility can house up to 32 male and female residents for the Federal Bureau of Prison (FBOP) or the Federal Probation Office (FPO). The program serviced 110 residents in 2014 with 4-6 months supervision in residence and on home release. The facility does not employ any direct care medical or mental health services. Residents go to mental health treatment services in the community that are contracted by the Federal Bureau of Prison. Medical services are done through the local hospital. No SAFE or SANEs are employed by the facility but are available through the Albany Medical Center 24 hours per day.

The audit was completed by Certified PREA Auditor Jack Fitzgerald of Fitzgerald Correctional Consulting. During the pre-audit phase the auditor reviewed the Pre Audit tool, the Horizon House policies and procedures related to the PREA Audit, and the supportive documentation. The auditor also called regional sexual assault advocacy organizations including the Albany County Crime Victim and Sexual Assault Center with whom the facility has a memorandum of understanding to provide PREA related services. The representative with whom the auditor spoke acknowledged the MOU and reported that they had no historical complaints about the facility. The auditor also spoke with Pam Butler of Federal Bureau of Prison's (FBOP) regional office, in Pittsburg PA, which has referral and program oversight as part of the pre audit preparations. It was reported that the facility had had no sexual assault claims, but had two harassment claims that were investigated by the FBOP in 2014. As a contractor of FBOP Horizon House is subjected to regular and unannounced site visits, one which occurred the day after the auditor's site visit. The Agency was able to share the December 2014 FBOP Contractor Report Card which found the agency performance as "Very Good". The auditor also had several phone conversations with CRJ's PREA Coordinator Susan Jenness Phillips during the period. These conversations provided the auditor with a clarification of policy, procedures and provided the auditor with a feel of the preparation process that has gone on at the facility and agency wide.

The auditor arrived in the Albany area on Monday January 19th and had a pre meeting with the agency PREA Coordinator to outline the schedule of the audit and the steps to be taken over the next two days. The onsite work hours were from 8am to 7pm on January 20th and 6:30am to 5pm on January 21st. An entrance meeting was held on the morning of January 20th. In attendance were the following: Dick Guy, CRJ Deputy Director of Social Justice Services; Susan Jenness Phillips, CRJ Director of Standards and Accreditation and agency wide PREA Coordinator; Dan Robertello, Program Director Horizon House; Cuiara Thomas, Assistant Director Horizon House; and Stacy Agosta, Intake/Release Coordinator Horizon House. The auditor was able to interview ten random residents (8 males, 2 female) including one from each

bedroom and one individual with a disability and one resident to whom English is a second language. There were no residents to interview who had reported a PREA related incident. 10 random staff members were interviewed including custody, case management and intake staff members. Interviews also included the facility Director who also oversees the classification of residents, Elizabeth Curtin the Director of Social Justice Services for the Agency Head, and Adrienne Methot Human Resources Director. Susan Jenness Phillips the PREA Coordinator was also interviewed and work with the auditor to clarify concerns that arose during both the pre-audit and on site phases. The auditor worked with the PREA Coordinator and the administration of CRJ to develop corrective action plans. There were no individuals who had to act in the first responder role but questions were answered by staff as part of the random staff interview. Phone interviews were also made to Eric Anderson Manager of Community Treatment Oversight Services for Federal Bureau of Prisons and Tom Butler Oversight Specialist also for the Federal Bureau of Prisons as part of this audit process.

The residents who were interviewed as part of the site visit reported overwhelmingly that the facility is a safe place sexually. The residents often mentioned the availability and the approachability of the Program Director Dan Robertello and the Assistant Director Cuiara Thomas. The residents also reported comfort of reporting potential PREA events to the staff.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Horizon House Facility, in Albany New York, consists of three buildings. Two three story structure buildings at 35-37 Elizabeth Street that have been adjoined to make up the residential portion of the program. Directly across the street, at 28 Elizabeth Street, is an administrative, intake and conference area. The residential area has two exterior recreation areas that are fenced providing the ability to allow male and female residents separate spaces. One space is large with a basketball hoop and picnic tables allowing for social gathering and the second space is a smaller garden space that allows for more quiet meditation. The facility is in an urban area on a quiet side street not far from bus lines. The first floor of the facility has one single person room and one four person room along with a staff monitoring station and the facility kitchen/dining area. The four person room on the first floor is the female housing unit and it is allowed to have some additional items to be gender specific and as there is no separate TV area for these residents. The residents are not allowed into the basement area that only houses the facility mechanical systems. The door to the area is locked and any contractor performing maintenance on the systems would be monitored directly by staff. Each of the facility's 25 cameras captures common areas and staircases and exterior spaces. Staff utilize the cameras to watch residents movement in common areas. Staff perform random tours of the facility including bedrooms and bathrooms hourly. All staff knock and announce presence when entering any bedroom or bathroom. Staff are aware of blind spots in the facility and will add additional tours to areas if residents congregate in these areas. Each of the bedrooms has residents sleeping in bunk beds with lockers for personal storage. The agency has a dress code for residents when in common areas and in bedrooms all residents must be fully clothed while sleeping to eliminate incidental viewing incidents.

SUMMARY OF AUDIT FINDINGS:

Number of Community Confinement Standards: 39

Number of Standards that were found not applicable: 2

Standards that were found not applicable: 115.212, 115.235

Number of standard exceeded: 1

Standards that were found to exceed expectations: 115.213

Number of standards met: 37

Number of standards not met: 0

Standards that were found to require corrective action: Competed

Standard

115.211 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House facility is in compliance with the expectations of this standard in Policy 900.00 – Staff and Resident Sexual Abuse and Sexual Harassment. The agency, Community Resources for Justice, has policy based on the standard requirements used at the Horizon House facility and the Agency employs their Department Director of Standards and Quality Assurance as the agency wide PREA Coordinator. The agency has developed an upper level management team approach to working toward PREA Compliance. The Horizon House Program Director understands the role of the PREA Coordinator and reportedly communicates issues of concern in an effective and timely manner. Interviews with staff and management show an understanding of the agency’s commitment to preventing, detecting and responding to Sexual Abuse and Sexual Harassment within the Horizon House Facility.

Standard

115.212 Contracting with other entities for the confinement of residents.

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

N/A This Standard is not applicable as the Horizon House is part of the Community Resources for Justice. This agency is a contractor of the United States Bureau of Prison and does not subcontract in any way for the confinement of individuals.

Standard

115.213 Supervision and monitoring.

- ☒ Exceeds Standard (substantially exceeds requirements 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)

Horizon House has developed a staffing plan that is in compliance with the Federal Bureau of Prison requirements. The staffing pattern allows for each shift to have at a minimum at all times one male and one female on all shifts. The facility adds additional non security staff, such as case managers, on times when greatest numbers of residents are in the facility and awake. There was no reported instance in which the staffing plan was not met. Policy 900.00 requires if the staffing plan is deviated from the instance is documented and justified. The staffing plan is reviewed annually and was recommended by the auditor that the PREA Coordinator review with the Director in advance of the annual planning meeting.

The Horizon House management team has instructed the staff on supervision practices that support sexual safety include randomization of tours and responding to blind spots when more than one resident is out of view of staff. Staff were able to identify blind spots and measures taken to ensure safety. The Horizon House Facility has 25 cameras covering the three story facility and its exterior and 5 more cameras in the administrative building. Staff and resident, report the Program Director and Assistant Program Director tour the facility regularly. The residents' comments about the safety of the facility and staff approachability speak to a positive culture. The team work described by custody, case management and administration all support this culture: for these reasons the auditor finds the standards have been exceeded.

Standard

115.215 Limits to cross-gender viewing and searches.

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

Both agency policy and resident and staff interviews confirm that the facility prohibits strip searches of any type including to determine one's genital status. The facility already is in compliance with prohibited cross gender pat-down searches of female resident in 115.215 (b). There are no cross-gender pat searches of males or females permitted at Horizon House. Pat-down search training was added for staff including respectful communication with transgender and intersex residents.

Standard

115.216 Residents with disabilities and residents who are limited English proficient.

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

The Horizon House recently added a TTY machine and the AT&T language line to other resources available to the disabled and those with limited English proficiency. The agency has implemented

handbooks, posters and brochures in Spanish. This is the second most common language spoken by residents according to staff and this resource can assist residents to whom reading English may be difficult. As part of the audit, the auditor was able to speak with residents with disabilities and a resident in which English was his second language. In both cases they reported that they had complete access to understanding of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The residents felt they had several options if they needed assistance and the random sampling of staff reported that resident interpreters were not allowed and were viewed as inappropriate given the confidential and sensitive nature on PREA reporting. Policy 900.00 Section IF2 outline the agency's requirements in this standard including equal opportunity and access to information for those residents who are disabled or have limited English proficiency as well as the protection of confidentiality through the prohibition of resident interpreters.

Standard

115.217 Hiring and promotion decisions.

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

The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policy in place to address the requirements of the standard. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. At the Horizon House all potential employees are submitted to the Federal Bureau of Prison who completes a background check and approves employment. As a contractor of FBOP all employees would be required to undergo re checks as part of the contract renewal every five years. The Agency completed corrective action measures and worked with their legal advisors to adjust hiring practices for employees in their Social Justice Services Division that would not violate Massachusetts laws. CRJ has provided forms that support the implementation of: A) Documentation of inquiries at prior institutional employers. B) Documentation of asking potential employee about prior sexual misconduct. C) Documentation upon receipt from an institutional employer about a former or current employee prior sexual misconduct. Horizon House has one contractor that does not provide direct services to clients who did not have a background checks. The facility will ask for the criminal background checks in the next contract renewal. In the meantime the facility Director has implemented a plan that has them met at the entrance of the facility. At this time the facility staff will take the delivery, no longer allowing them to have any interaction with the residents. Previously they were always escorted when entering the facility and were given notice about PREA.

Standard

115.218 Upgrades to facilities and technologies.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Community Resources for Justice has added or upgraded five cameras at Horizon House in the past year that improved the safety of staff and residents. The Program Director and Agency Head reported that renovations of the bathrooms, since August of 2012, have also has created a space that not only functions better but also supports resident's feeling of privacy.

Standard

115.221 Evidence protocol and forensic medical examinations.

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

The Horizon House has not had a sexual assault case. In the event of a sexual assault, the criminal investigation would be completed by the Albany police department. Horizon House has had communications with the Albany police department about their uniform evidence protocol and PREA requirements. Horizon House has trained their staff about measures to preserve evidence. All resident who are victims of sexual assault will be sent to the Albany Medical Center who has SAFE and SANE examiners available 24 hours per day without cost to the resident. The agency has also entered into a MOU with the Albany County Crime Victim and Sexual Assault Center. Policy 900.00 and interviews with the Facility Director and the Agency PREA Coordinator confirms requirement of this standard and that a victim's advocate could support the resident victim of sexual assault as they undergo forensic exams and investigatory interviews

All administrative investigations are conducted by the senior administrative team of Community Resources for Justice including the Facility Director, PREA Coordinator, Deputy Director of Social Justice Services and Human Resource Officer of the agency. These investigations are initiated at the facility level. The listed staff have successfully completed the NIC Investigating Sexual Abuse in a Confinement Setting course.

Standard

115.222 Policies to ensure referrals of allegations for investigations.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Agency policy 900.00, Section IN, sets forth obligations that all Sexual Harassment and Sexual Assault cases are investigated. Since the agency did not have a sexual assault incident there was no referral for investigation to the Albany Police Department. The facility had two accusations of sexual harassment. Since these events involved clients of the Federal Bureau of Prison they were notified and took over the investigation in each situation. The Agency has posted onto its website the agency PREA policy which set

obligations for referring incidents for criminal investigation, and administrative investigations that could be done by either the contracting agency or the CRJ.

Standard

115.231 Employee training.

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

The Horizon House program has worked on its Training Program with the PREA Coordinator to come into compliance with the standard. Policy 900.00 addresses the requirements of the standard in Section ID including the required areas of education, the frequency of training, and gender specific understanding of sexual victimization that is important for staff in a co-correctional facility such as Horizon House. All employees have had an on site training with an agency staff member. A copy of the slide show portion was reviewed by this Auditor. The staff found the training program to be informative and liked the interactive portions of the program. All staff interviewed confirmed the 10 required areas were covered in the training often by giving examples. Random staff member interviews confirmed that staff were aware how differently male and female residents may process abuse issues. Many staff also reported taking an on line course provided through the National Institute of Corrections. Training sign in logs were modified to have staff acknowledge their understanding of PREA.

Standard

115.232 Volunteer and contractor training.

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

The Horizon House facility does not use contractors to provide direct service to the residents at the facility. All individuals not employed by Community Resources for Justice, including this Auditor, are required to sign into the facility. As part of the sign in process they are given a copy of the facility Sexual Assault Awareness brochure. The brochure shares key information including the agency Zero Tolerance stance, how to report an incident, and the Albany County Crime Victim and Sexual Assault Hotline. The agency has had one volunteer intern this year who has completed a review of the agency policy and the training on PREA. The requirements of this standard, the training of volunteers and contractors, is addressed in Policy 900.00 Section IE.

Standard

115.233 Resident education.

- ☐ Exceeds Standard (substantially exceeds requirements of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

According to the residents, education regarding PREA begins before they get to the facility through the resident handbook which is sent to the facility they were at prior to admission. All residents report that they are given PREA education during their admission meeting with the Intake/Release Coordinator to the facility which in most cases were reported to have occurred in compliance with policy in the first 24-48 hours. A checklist of information that is reviewed is signed and placed in their case record. The majority of the residents reported that their Case Managers, consistent with policy, also reviewed PREA related information in their orientation meetings. The facility has PREA educational materials available to residents in the form of brochures and posted in addition to the handbook. With-in five days all new residents also meet with the Facility Program Director Dan Robertello, when all key aspects of program expectations are reiterated.

Standard

115.234 Specialized training: Investigations.

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

Horizon House and Community Resources for Justice will only complete administrative investigations in concert with criminal justice agencies investigations of Sexual Assault Cases. To date The Horizon House has not had to complete an administrative investigation related to a sexual abuse case. Policy 900.00 IN requires CRJ to have staff trained investigators including interviewing potential victims of sexual abuse, requirements of substantiation of a case and the issuance of Garrity warnings. Four employees of Community Resources for Justice completed the National Institute of Corrections online training program on PREA related investigations. The NIC training PREA: Investigating Sexual Abuse in a Confinement Setting addresses the requirement of (b) including the issuance for Garrity warnings, evidence requirements for substantiating a case. Those individuals who completed the course were Dan Robertello, Program Director Horizon House; Susan Jenness Philips, PREA Coordinator Community Resources for Justice; Dick Guy, Deputy Director Social Justice Services; and Maria Alexson, Employee Benefits/Training and Development Manager.

Standard

115.235 Specialized training: Medical and mental health care.

- Exceeds Standard (substantially exceeds requirements of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

N/A The Horizon House does not employ any licensed mental health staff or medical staff. According to Eric Anderson, Regional Treatment Director for Federal Bureau of Prison residents who are identified receive mental health services in the community at the Pearl Counseling Center. As a contractor of the Federal Bureau of Prison the service providers are reportedly aware of PREA requirements. In a harassment claim in 2014 the counseling center notified the facility Program Director after a resident made statements at the Pearl Counseling Center.

Standard

115.241 Screening for risk of victimization and abusiveness

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

During the Pre Audit phase it was determined that the screening tool did not included transgender or Intersex and if it was reported or perceived. The form also lacked space for documentation of the resident's perception of vulnerability and if their criminal history was non-violent. The facility immediately modified the form to include these areas. A review of the intake packet and interview with residents also revealed that residents were not asked about their sexuality or their perception of sexual vulnerability entering a new environment. Many of the residents report comfort in answering these questions and perceived they were normal questions in prior correctional settings. As part of the agreed upon corrective action measures the facility agreed to: A) Modify the intake document to obtain information to be used in the screening tool. B) Review all residents within one month of admission at the weekly team meeting to determine if there should be a modification of the screening. C) Collect data for a 2 month period to track the implementation of the screening tool and the consideration for modification of screening status within 30 days. D) A random sample of initial screening forms and reassessment documentation will be reviewed by the auditor for completeness.

The Facility went beyond the Auditor expectations providing data of residents who were admitted prior to the changes for comparison. The Facility Director rescored all those individuals in custody and provided the Auditor with data of subsequent 60 days of admissions. In addition to the data the screening forms were also sent to the Auditor showing the results and allowing for the check for completeness and time frames required by the standards.

Standard

115.342 Use of screening information

- Exceeds Standard (substantially exceeds requirements of standard)
- X** Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Horizon House policy (900.00 –section IF4) directs how the screening tool information is used. In both documentation and interview with the Facility Director, who oversees the classification of residents, it is apparent that housing decisions include considerations to avoid housing residents who are potential victims with potentially aggressive residents and the proximity to staffing. PREA classification can also impact the resident’s programmatic decisions including work options, discharge housing planning and treatment programming. Residents with prior sexual aggressive histories will have limitations on employment considerations to avoid settings where risk of victimization is present. Individuals with mental health histories including identified sexual offenders and those with history of sexual victimization may require outpatient treatment. Transgender and intersex residents own views of safety are taken into consideration. The facility does not employ the use of separate housing rooms based on LGBTI identification.

Standard

115.351 Resident reporting.

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

Policy 900.00 addresses the requirements of this standard in Section IK and IH addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claim. The facility Sexual Assault Brochure, the Resident Handbook and posters throughout the facility all give direction on the importance and methods of reporting Sexual Assault and Sexual Harassment. Interviews with staff were consistent in their understanding of their duties of accepting and responding to all reports of Sexual Assault or Sexual Harassment whether it was done verbally, in writing, anonymously, or by a third party. All residents were aware of multiple ways in which they could report including the BP8 grievance form. Residents consistently reported comfort in speaking with staff and or the Program Director or Assistant Program Director.

Standard

115.252 Exhaustion of administrative remedies.

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

Horizon House is not exempt from the exhaustion of administrative remedies. The facility treated one of the PREA Sexual Harassment claims as a grievance even though the individual was no longer a resident and filed the complaint at another facility. No other complaint relating to PREA has been filed at Horizon House. In interviews the Program Director confirmed the policy 900.00 (section IL) requirements

that there is no time limits to submit allegation, require the use of informal grievance process, including having to speak with the alleged staff member who is the subject of the grievance. The agency did not issue a decision on the grievance until after the 90 day window due to the time of the investigative agency. In general it is reported that grievance outcomes are generally responded to by the director within a few days. The facility has not received any third party grievance related to PREA. Residents were aware of the grievance process and its potential use for reporting a complaint of Sexual Abuse. Residents were aware that grievances could be filed with the FBOP.

Standard

115.253 Resident access to outside confidential support services.

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

The residents of Horizon House can access victim advocates for emotional support. The agency has entered into a MOU with the Albany County Crime Victim and Sexual Assault Center. The agency PREA Brochure has a toll free number for residents to access from the pay phone in the facility with their case manager or while out in the community. Requirements of this standard are covered by agency policy 900.00 JJ. FBOP residents whose sexual assault history was not a PREA related event may have to pursue treatment options through the Bureau counseling contracts at the Pearl Counseling Center or the Forensic Mental Health Services. Residents were able to identify how confidentially the communication is within the facility.

Standard

115.254 Third-party reporting.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House and its parent agency has developed a mechanism for individuals who want to report PREA concerns as a third party; be they fellow residents, family or friends. Information can be done in person, by phone, by e-mail, by US mail, or by completing the form on the agency website (crj.org) to the director of Horizon House or to the agency PREA Coordinator. There is information directing residents in the PREA brochure, PREA poster, resident handbook and on the website noted above.

Standard

115.261 Staff and agency reporting duties.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House Policy (900.00 IM) requires and staff interviews confirm that staff are aware of the immediate need to report all accusations of Sexual Assault or Sexual Harassment including third party and anonymous complaints . Staff are aware of the importance of timely reporting and the need to provide confidentiality about information except when reporting to supervisory, investigative staff or information needed to secure treatment or provide for the safety/security of others. The facility does not employ a mental health clinician and does not service individuals under the age of 18. Staff are aware of mandated reporting and their legal responsibility.

Standard

115.262 Agency protection duties.

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

The Horizon House facility has not had to protect a resident in imminent risk of sexual abuse. Random staff were able to identify what to do in these situations to provide immediate safety including: immediate separation of parties, increasing contact and support to the residents. The Director of Social Justice Services, Elizabeth Curtin, and Dan Robertello, Program Director of Horizon House both acknowledge that the agency response would be swift and that the efforts would include both facility based changes to increase safety and contacting the Federal Bureau of Prison or the Federal Probation Office to coordinate efforts including the movement of one or both of the residents. The agency PREA Coordinator Susan Jenness Phillips would also be notified of these events.

Standard

115.263 Reporting to other confinement facilities.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Policy 900.00 IK6 addresses the requirements of reporting to other confinement facilities of incidents of sexual assault that had occurred in those facilities. The Horizon House facility has not had a resident inform them of sexual abuse at another confinement facility. The Agency has policy in place and the Program Director was able to state his responsibilities. Horizon House did act on a claim of a former resident of potential sexual harassment they received from another facility and referred it for investigation.

Standard

115.264 Staff first responder duties.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House and Community Resources for Justice policy 900.00 covers the requirements of the first responder duties including: 1) separating victim and alleged abuser 2) preserving and protecting the crime scene 3) directing the alleged victim on protecting evidence until they can be transported for forensic examination 4) ensure the alleged abuser also does not take action to destroy evidence. Since the agency has not had an incident of sexual assault there is no resident or staff person to interview. Random staff members, including non security staff, were aware of the requirements of the first responder when interviewed.

Standard

115.265 Coordinated response.

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

The agency policy 900.00 has extensive directions for staff on the steps for responding to a sexual assault and providing a coordinated effort. During the pre-audit phase they also added a quick reference guide to ensure that staff know the appropriate steps and phone numbers to contact outside agencies such as the Albany Medical Center and the Albany County Crime Victim and Sexual Assault Center since they do not employ medical or mental health staff members. The facility Director was able to describe the plan and communication efforts that would occur in a timely fashion with local service providers, the local police, the referral and funding authorities, and the agency management including the PREA Coordinator.

Standard

115.266 Preservation of ability to protect residents from contact with abusers.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House is part of Community Resources for Justice which does not employ individuals as part of a collective bargaining agreement. The agency policy 900.00 section IH7 and prior practice allows for the removal or reassignment of staff to no contact positions while an investigation occurs. This practice was confirmed by the Program Director, discussions with representatives of the FBOP and the agency PREA Coordinator.

Standard

115.267 Agency protection against retaliation.

- ☐ Exceeds Standard (substantially exceeds requirements of standard)

- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Horizon House and Community Resources for Justice policy 900.00 covers the requirements of this standard. Since there has not been an incident of sexual abuse there is no documentation to review. In the two incidents of Sexual Harassment claims, one individual was no longer at the facility and in the second event the resident was removed from the facility to another reentry center by Federal Bureau of Prisons. The Agency Head and the Facility Director both described multiple mechanisms that would be put in place to protect individuals who report sexual assaults which include changing housing, preventing contact between the accused and the victim, monitoring reports about the resident or staff to see if there is any change in frequency, or tone. The Horizon House Director reports he would lead the monitoring of these events due to the small size of the facility.

Standard

115.271 Criminal and administrative agency investigations.

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

Horizon House Policy 900.00 requires that all allegations of sexual abuse and sexual harassment must be referred for investigation. This includes third-party and anonymous reports. The policy states that the facility Director will initiate the investigation of all allegations of sexual harassment, local law enforcement if appropriate, notify funding sources, and inform the CRJ PREA Coordinator. The CRJ PREA Coordinator, Horizon House director and several other CRJ staff have successfully completed the NIC investigation course (as reported above), and Certificates are on file at the facility. The two incidents referred for investigation in 2014 at Horizon House were sexual harassment claims. These incidents were reported to the referral source which was the Federal Bureau of Prisons who took over the administrative investigation. These investigations were done through interviews completed on site and with the two potential victims who were no longer at the facility. The results of these investigations were that the claims were unsubstantiated and thus were not referred for criminal investigation. Since the investigation was completed by an outside resource there was limited information to review. The Program Director reported they had a debriefing with the investigator and had received notice of the outcome. The auditor encourages that the agency increase documentation of ongoing communication with investigator and to ensure clear understanding of the timelines and results. Interview with the FBOP investigator, Thomas Burner, finds that the agency was supportive of the investigative process. The FBOP also provides Staff Conduct and Integrity training. Mr. Burner reports this year's training included an emphasis on staff professionalism and interactions with offenders. No sexual assault claims occurred so no local police investigation has occurred. The facility does not require the use of polygraph examination or other truth telling device. Agency policy states that record retention rules require that PREA investigation files be retained for a minimum of five years from the date the alleged abuser is released from the custody or employed by the Community Resources for Justice.

Standard

115.272 Evidentiary standard for administrative investigations.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Facility Director in interview and memo confirms that they do not use a standard higher than the preponderance of evidence to substantiate an allegation. The agency has not completed an investigation of a PREA event; as noted in 115.271 the investigation was completed by the FBOP.

Standard

115.273 Reporting to residents.

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

The agency has not had to report results of any investigation as the two incidents investigated were claims of sexual harassment of residents who were no longer in the program at time of the investigation and Horizon House was not the investigative agency.

Standard

115.276 Disciplinary sanctions for staff.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Agency policy 900 Section IO states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions include a variety of sanctions, including termination which will be presumed for a substantiated finding of sexual abuse. Discipline according to policy will be commensurate to the nature and circumstances of the acts committed, and comparable to other staff with similar histories. Agency policy requires all allegations of sexual abuse to be reported to the Albany Police, regardless of whether the staff resigns or is terminated.

Standard

115.277 Corrective action for contractors and volunteers.

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

Horizon House has limited contractors including no direct service contractors who would be unescorted in the facility. The facility also has limited number of volunteers/interns. The Policy 900.00 Section IO allows the program to bar entry to prevent contact with potential victims in incidents of sexual abuse or harassment. The policy requires the agency to refer incidents involving these individuals for investigation by law enforcement agencies.

Standard

115.278 Interventions and disciplinary sanctions for residents.

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

Policy 900.00 Section IO3 addresses the requirements of this standard. The agency prohibits consensual relationships between residents and residents are reminded of this by case managers and it is also stated in the resident handbook. The facility staff monitor relationships closely and though there has been no PREA related issues, consensual relationships have led to program removal.

Standard

115.282 Access to emergency medical and mental health services.

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

The agency has not experienced an incident of sexual assault and because they do not employ medical or mental health staff they have directed all staff on first responder duties including the process of sending residents out as soon as possible to the Albany Medical Center and notifying the Albany County Crime Victim and Sexual Assault Center. The area services, from literature reviews and interviews, appear to be comprehensive. Horizon House Policy 900 Section IJ7 ensures that service related to examinations, transportation and prophylactic and emergency contraception are done free of charge to the victim.

Standard

115.283 Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Horizon House is committed to ensuring residents have ongoing access to services if they have been a victim of sexual abuse in any criminal justice setting. Agency Policy 900.00 Section II8 speaks to each aspect of this standard. The availability of Albany County Crime Victim and Sexual Assault Center and the Pearl Counseling Center allows for ongoing treatment services. Ongoing health services for victims of sexual assault would be done at Albany Medical Center.

Standard

115.286 Sexual abuse incident reviews.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House and CRJ Policy 900.00 requires the completion of the steps outlined in this policy. As there was no incidents of sexual abuse thus there is no incident reviews required and no documentation to review. The Horizon House Director and the Agency PREA Coordinator are aware of the requirements.

Standard

115.287 Data collection.

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

The CRJ website has posted the results of Survey of Sexual Victimization. The auditor was also able to see a summary report of all programs CRJ runs and their incidents of PREA related events. The agency policy 900.00 Section IQ commits the agency to comply with the data collection requirement of the standard.

Standard

115.288 Data review for corrective action.

- ☐ Exceeds Standard (substantially exceeds requirements 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)

Horizon House and Community Resources for Justice policy 900.00 address' the standard's requirements in Section IR. The data elements have only been collected for the past year. The management team both on the facility level and the agency will utilize data to make informed decisions on programmatic and policy needs. With the PREA Coordinator overseeing the agencies Standards and Accreditation unit it has created a system in which problem areas can be identified, corrective action plan monitored. The report can publish toward goals unless it jeopardizes the safety or security of the facility.

Standard

115.289 Data storage, publication, and destruction.

- Exceeds Standard (substantially exceeds requirements 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)

Data Storage, publications and destruction standard expectations are defined in the 900.00 Policy. The Agency has posted data to the website information without personal identifiers. CRJ has a unit dedicated to Standards and Quality Assurance, it is this unit's responsibility to maintain data for a minimum of 10 years. Susan Jenness Phillips, the Agency's PREA Coordinator also serves as the Director of this unit.

AUDITOR CERTIFICATION:

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



Jack Fitzgerald Certified PREA Auditor

5-14-15

Date