

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: 05/05/2016

Auditor Information			
Auditor name: Jack Fitzgerald			
Address: 87 Sharon Drive Wallingford CT			
Email: jffitzgerald@snet.net			
Telephone number: 203 445-0450			
Date of facility visit: March 20-22 2016			
Facility Information			
Facility name: McGrath House			
Facility physical address: 699 Massachusetts Ave Boston MA			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 617-4371967			
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 checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Matt LeFrancois			
Number of staff assigned to the facility in the last 12 months: 18			
Designed facility capacity: 30			
Current population of facility: 13			
Facility security levels/inmate custody levels: minimum			
Age range of the population: 22-50			
Name of PREA Compliance Manager: Matt LeFrancois		Title: Program Director	
Email address: mlefrancois@cjr.org		Telephone number: 617 437-1967	
Agency Information			
Name of agency: Community Resources for Justice			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 355 Boylston Street Boston MA 02116			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 617-482-2520			
Agency Chief Executive Officer			
Name: John Larivee		Title: President and CEO	
Email address: jlarivee@crj.org		Telephone number: 617 482-2520	
Agency-Wide PREA Coordinator			
Name: Susan Jenness Philips		Title: Director of Standards and Quality Assurance	
Email address: sjenness@crj.org		Telephone number: 617-423-2020 X2300	

AUDIT FINDINGS

NARRATIVE

The McGrath House Halfway House of Boston MA is one of several facilities in the northeastern United States 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 dividing their focus into three areas: Social Justice Services, Community Strategies, and Crime and Justice Institute. The McGrath House program is part of the Social Justice Services which include adult and juvenile residential programs. The mission of the facility is to support society's most challenged citizens as they transition from institutions to the community. The agency's commitment through innovative services, advocacy for system improvements and ongoing research has helped countless individuals move toward living safe and productive lives while enhancing public safety and quality of life.

McGrath House currently employs 13 staff members including administrators, residential staff, and case management workers. The facility can house up to 30 female residents. Since Director Matt LeFrancios is new to this facility the management of CRJ decided to keep on the outgoing Director Andrew LeClair as a consultant. The two current contracts for this facility are to serve prerelease individuals from Suffolk County Sheriff's department and individuals referred by the Federal Bureau of Prisons (FBOP). The program serviced 63 residents in 2015 with a 2-4 months' average stay in residence. The facility does not employ any direct care medical or mental health services. Residents go to medical and mental health treatment services in the community. No SAFE or SANEs are employed by the facility, but are available through agreement with the Brigham and Woman's Hospital 24 hours per day. The facility also has access to SANE nurses at its neighbor a second full service hospital the Boston Medical Center. As part of the Pre Audit activities the auditor spoke with a Nursing Supervisor in each hospital's Emergency Department who confirmed the ability to provide SAFE or SANE exams. The State of Massachusetts Department of Public Health coordinates sexual assault services, trainings, and protocols. The state is organized into various regions including the greater Boston area. As part of DPH efforts they have developed links between the examiners and the local rape crisis service agencies.

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 McGrath House policies and procedures related to the PREA Audit, and the supportive documentation. Coordination and clarification of policy and supporting documentation was done with the agency-wide PREA Coordinator Susan Jenness Philips during the pre-audit preparations. The auditor also called regional sexual assault advocacy organizations including the Boston Area Rape Crisis Center (BARCC) with whom the facility has a memorandum of understanding to provide PREA related services. BARCC's PREA Coordinator, acknowledged the MOU and reported that he was not aware of historical complaints about the facility. He Reports that BARCC has begun to perform more educational groups in the county correctional facilities which will help to increase the inmate population's knowledge of services. BARCC is willing to provide training to programmatic staff which CRJ administration is planning to pursue further.

The auditor also spoke with, as part of Pre Audit activities, Yolanda Smith, Superintendent of the Suffolk County Sheriff's Department, who has referral oversight. Superintendent Smith reports no sexual assault claims were reported to her staff. McGrath House is subjected to regular and unannounced site visits by the Sherriff's office in addition to her staff's attendance at weekly case review meetings. Superintendent Smith reports that the McGrath House staff "are professional" and "no PREA related concerns" currently exist and that the program effectively communicates any concerns. The Auditor also spoke to Chad Fultz, the northeast Residential Reentry Manager for the Federal Bureau of Prisons. Mr. Fultz reports no PREA related concerns about the McGrath facility and that he feels CRJ organization as a whole is good at communicating issues. Mr. Fultz confirmed the FBOP commitment to ensure PREA compliant environments and that they provide, through community based contracts, a variety of Mental Health and Substance Abuse services for residents at McGrath House.

The auditor arrived in the Boston area on Sunday March 20, 2016. The onsite work hours were from 8am to 6pm on March 21st and 6:00am to 4:00pm on March 22nd. An entrance meeting was held on the morning of March 21rd. In attendance were the following: Elizabeth Curtin, CRJ Director of Social Justice Services; Susan Jenness Phillips, CRJ Director of Standards and Accreditation and agency wide PREA Coordinator; Matt Lefrancios, Program Director McGrath House; and Jessica Tooley Quality Assurance Manager. The auditor was able to interview eleven (11) of the thirteen (13) residents including one from each of the 6 bedrooms. There were no residents identified with a disability to interview, and one resident to whom English is a second language. There were no residents to interview who had reported a PREA related incident in their current admission.

Seven of seven staff members who worked on the two days of the audit were interviewed including custody, case management and intake staff members. (One custody staff person was off, two other per deim custody staff were away on vacations and a fourth was on maternity leave.) Interview requirements also included the facility Director Matt LeFrancois and Elizabeth Curtin the Director of Social Justice Services for the Agency Head. Adrienne Methot, Human Resources Director and EJ Brody, Talent Acquisition Manager were interviewed at the CRJ's Administrative Offices along with a review of personnel files. Susan Jenness Phillips the PREA Coordinator was also interviewed and work with the auditor to clarify concerns that arose during all three audit phases. 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. Former Director Andrew LeClair was asked both, Director questions and Investigator questions, about a harassment complaint from two years prior. The auditor was also able to interview a college intern who is working at the facility.

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 staff of McGrath House and that they addressed any sexualized comments/behaviors swiftly. Staff also reported believing the facility is safe for residents and that staff does a good job addressing any PREA related behaviors. Residents were able to voice confidence in that they are comfortable with the new Director and Assistant Director

and that they are as responsive to their concerns as Mr. LeClair had been. Some residents as part of the interviews, became emotional in their discussions that the program is a safe place with people who genuinely care about them

At the completion of the onsite portion of the audit the Auditor had a closing meeting that was attended by administrative and line staff from McGrath House, CRJ Social Justice Administration, CRJ Quality Assurance staff and CRJ's Vice President Ellen Donnarumma. The Auditor thanked the individuals involved for the preparation and organization of materials. The auditor shared that all the evidence from the files, the interviews and the policies would be considered together to determine overall compliance and that if a corrective action measure was needed that they would work collaboratively in its development. The Auditor shared some of the strong positives that the staff and residents mentioned about the agency's effort to protect residents from sexual violence.

DESCRIPTION OF FACILITY CHARACTERISTICS

The McGrath House Facility, in Boston MA, consists of one four story brownstone structure at 699 Massachusetts Ave in the South End Section of Boston. The facility is in an urban mixed residential/business area less than one block from Boston Medical Center and not far from bus or subway lines. The facility does not have an exterior space for clients but residents can spend time in the warm weather in the facilities community garden plot which is located just behind the facility.

The first floor of the facility has a staff office at the rear of the first floor with direct sight to the front door. The office has monitoring screens for cameras throughout the facility. The front door is secured and has a camera with an intercom. PREA related materials are found in the office as was the notice of the audit. The first floor also has office space, a visiting /TV area, and a computer lab. The basement area houses the facility mechanical and storage areas that were locked when on the tour.

The basement also houses the kitchen and dining areas. These areas are partially covered by cameras. The Program Director throughout the tour showed his knowledge of the potential blind spot hazards and discussed practices employed to address safety of clients. Staff on duty make random tours of the facility all day to ensure client safety and facility security. Since food services are produced off site and delivered to the site residents have little contact with the contractors. Contractors performing maintenance in the facility would also be monitored directly by staff. Each of the facility's 14 cameras capture common areas, staircases and exterior spaces. Staff utilize the cameras to watch resident's movement in common areas. Staff perform random tours of the facility including bedrooms and bathrooms hourly. All staff of opposite gender knock and announce presence when entering any bedroom or bathroom. Custody 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 areas for personal storage. The agency has a dress code for residents when in common areas. In bedrooms all residents must be fully clothed while sleeping to eliminate incidental viewing incidents. The second floor houses a conference room, Case Manager's Office, Intake/Release Coordinators office, Medication Station, the Assistant Directors Office and the Program Directors office. Housing continues on floors three (3) and Four. The facility has made physical plant changes that have helped with the monitoring of the residents and they have upgrade some cameras and repositioned others to better track resident's movements through the facility. In addition to the formal interviews, both residents and staff who were encountered on the tour of the facility were asked general questions about programming, rules and PREA.

SUMMARY OF AUDIT FINDINGS

McGrath Gouse was found to be in compliance with all the standards once additional documentation requested by the auditor was provided.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2 A. Standard 115.212 Contracting for the confinement of residents B. 115.235 Specialized Training; Medical and Mental Health Staff

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath 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 a policy based on the standard requirements used at the McGrath House facility. The policy invokes the agency’s zero tolerance policy and describes its expectations to prevent, detect and respond to sexual abuse and sexual harassment. The Agency employs their Department Director of Standards and Quality Assurance as the agency wide PREA Coordinator and is documented in the agency flow chart. The agency has developed an upper level management team approach to working toward PREA compliance. The PREA Coordinator has influence over policy and works collaboratively with the Director of Social Justice Services. The PREA Coordinator has worked with the agency wide staff to improve the quality and consistency of the documentation around PREA. The McGrath House Program Director and Assistant Director understand the role of the PREA Coordinator and reportedly communicate 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 Facility.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A This standard is not applicable as the McGrath House is part of the Community Resources for Justice. This agency is a contractor of the Suffolk County Sheriff’s Office and Federal Bureau of Prisons and does not subcontract in any way for the confinement of individuals.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House has developed a staffing plan that is in compliance with the requirements of the standard. The staffing pattern allows for each shift to have at least a minimum of 2 staff on all shifts of which one must be female. The facility adds additional non security staff, such as case managers, on times when greatest numbers of residents are in the facility and awake. The current and former Director report no 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 and reported to the Director. The staffing plan is reviewed annually by the director and discussed with the PREA Coordinator in advance of the annual planning meeting. The facility has the ability mandate staff to cover vacant shifts and only employs two male staff (the Director and Assistant Director). Even in an emergent situation the Director reports he could move female staff from his other reentry facility if needed to ensure at least one female was on duty at all times. The McGrath House staff’s supervision practices support sexual safety through the randomization of tours and responding to blind spots when more than one resident is out of view of staff. In addition to the use of cameras for supervision the staff office has a window directly into the computer lab. Custody Staff were also able to identify blind spots and measures taken to ensure safety. The McGrath House facility has 14 cameras covering the four story facility and its basement. The residents comments about the safety of the facility and staff approachability speaks to a positive culture. The observation of staff as well as interviews with staff and residents support an active supervision model. Compliance is determined based on policy, staff interview, and resident interviews.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CRJ and McGrath House policy (900.00) and resident and staff interviews confirm that the facility prohibits strip searches of any type including to determine one’s genital status. The McGrath House facility houses only female residents and employs almost all female staff. . There are no cross-gender pat searches of females permitted at McGrath House, this is addressed in Policy 900 and in the Search Policy. This puts the facility in compliance with the expectations in indicator (b) ahead of the August 2017 requirement. Pat-down search training was added for staff including respectful communication with transgender and intersex residents. All residents denied any issues about accessing programming due to staffing issues. All residents report, consistent with policy, that they are able to shower and perform bodily functions without staff of opposite gender viewing. Residents also shared the administration is responsive in these areas and has put in further steps to limit incidental viewing by same gender staff on tours. Residents were appreciative of the Directors actions.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The McGrath House facility has handbooks, posters and brochures in Spanish the second most common language spoken by residents. As part of the audit, the auditor was not able to speak with a resident with disabilities. The auditor was able to speak with a resident in which English was her second language. The resident reported she understood her right to be free from sexual abuse or harrassment, and knew about the reporting from the posters and from her case manager. 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.

The McGrath House program has the ability to provide other aides to disabled residents or those with low vision to ensure they have a understanding of PREA and the services and protections available. The agency has interpretive services available to staff and interview confirmed that staff were aware of this though they have not had to use it. Compliance is determined by a review of documents in English and Spanish, the agency policy and staff understanding of the importance of protecting disabled and ESL residents. Also a major consideration was given to the interview with a ESL resident who able to describe, screening, intake, how to report a PREA concern and how she could get help with communication.

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)

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The Community Resources for Justice is compliant with the hiring and promotion decisions required by PREA. The agency has policies (900.00 and HR hiring policy) in place to address the requirements of the standard including the screening of individuals for sexual abuse or harassment histories. The agency has all staff working in their Social Justice Services Division undergo criminal background checks. Interviews with HR staff and documentation supports that systems are being completed across the agency. McGrath House has hired and promoted new staff in the last year. In a visit to the agency’s administrative office the agency showed documentation from the personnel files supporting requirements of this standard including a form in which employees are asked about the past sexual misconduct in indicator and the requirements in indicators (f) and are given notice of (g) the continued disclosure requirements. All Staff of McGrath house have their information forwarded prior to hire to the Federal Bureau of Prisons (FBOP) for criminal background checks. All contract renewals of the FBOP require the resubmission of names for criminal background checks which put them in compliance with the five-year requirement. The Assistant Director of McGrath House had previously worked in the prison system and the auditor was able to see the institutional check documentation. The agency has limited contractors; none of whom provide direct service to clients, but still undergo employee criminal background checks. The agency was able to provide documentation of contractors who have also completed the Massachusetts Criminal Offender Record Information check (CORI). The agency also showed the required checks and PREA pre-employment form was completed on the college intern. The agency has not had a request for information on a prior McGrath House employee by another institution.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The McGrath House has made modifications since 2012 to the physical plant and the electronic surveillance that increase the safety of the residents. The housing units previously had several doorways that allowed movement between bedrooms without the residents entering the main hall. McGrath House closed off the doorways creating easier supervision of residents in their rooms. Staff who were interviewed reported it made their job and the clients safer because resident could no longer move undetected between bedrooms. The facility did relocate cameras within the facility to increase staff’s ability to follow residents on camera as they moved between floors. McGrath House also added the monitors to the Case Managers and Assistant Directors office so they could assist in the monitoring of residents. The PREA Coordinator is working on obtaining more cameras for the facility to reduce the number of blind spots. Compliance is based on the modification made to both the physical plant and the surveillance system were to improve the monitoring of resident movements. Modification prevented potentially aggressive residents from moving undetected between bedrooms.

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)

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The McGrath House has not had a sexual assault case requiring evidence protocols or forensic medical exams. In the event of a sexual assault, the criminal investigation would be completed by the Boston Police department in conjunction with the Suffolk County Sheriff’s Office and the Federal Bureau of Prisons. McGrath House has had communications with the Boston police department about PREA requirements in investigation at their facilities, a letter was provided to document the parties’ agreement.

McGrath House has trained their staff about measures to preserve evidence. This was evident in the staff interviews and training logs. All residents who are victims of sexual assault will be sent to Brigham and Woman’s Hospital or Boston Medical Center, who has SAFE and SANE examiners available 24 hours per day, at no cost to the resident. A letter of agreement between the hospital and Community Resources for Justice (CRJ) was provided to confirm this; as does information from the Hospital website. The Auditor also spoke with representative from each hospital emergency room and interviews with hospital staff. The agency has also entered into a Memorandum of Understanding with the (BARCC) Boston Area Rape Crisis Center. Policy 900.00 and interviews with the Facility Director and the Agency PREA Coordinator confirms requirement of this standard. A victim’s advocate could, as part of this agreement, accompany the resident victim of sexual assault as they undergo forensic exams and investigatory interviews. The Massachusetts Department of Public Health works with the 21 member SANE Board to ensure up to date practices are maintained. The SANE Board represents the states medical, legal, victim’s advocacy and criminal justice. (Including Attorney General office, Mass State Police and both the state and Boston Police Crime Labs)

All administrative investigations are conducted by the senior administrative team of Community Resources for Justice including the PREA Coordinator, Deputy Director of Social Justice Services, the facility Director, Assistant Director 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 and certificates were provided. Compliance is determined based on that facts stated above addressed all the standard indicators. Since there were no sexual assaults requiring forensic evidence the auditor considered the preparation of the staff and their knowledge as well as the interview of the agency PREA Coordinator.

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)

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CRJ agency policy 900.00 Staff and Resident Sexual Abuse and Harassment (PREA), page 19, 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 Boston Police Department. The Agency has posted onto its website, its PREA policy which sets forth obligations for referring incidents for criminal and administrative investigations that could be done by either the contracting agency or the CRJ. The referring agencies and BARCC confirm they have not had any reported incidents of sexual abuse or harassment in the past year and that the agency is good at communicating issues of concerns.

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)

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The McGrath House policy 900.00 addresses the requirements of the standard in Section D pages 5 and 6 including the required areas of education and the frequency of training. All employees have received PREA training with an agency staff member. A copy of the slide show portion was reviewed by this Auditor for content and consistency with the required elements in indicator (a). The staff found the training program to be informative and especially liked the interactive portions of the program. All staff interviewed confirmed the 10 required areas were covered in the training often by giving examples. Training sign-in logs have staff acknowledge their understanding of PREA. A staff member signed the 2015 training on older training log forms without the verification language but confirmed their knowledge and understanding to the auditor through the interview process. This issue was identified and discussed with the individual who conducts the training for CRJ and the agency PREA Coordinator and corrective steps were taken to ensure proper documentation. Other staff record that were reviewed showed the use of the correct form with language meeting the requirements in indicator (d). The Assistant Director who had previously worked in a male facility was able to identify female specific training information that he received (indicator b). Standard compliance was determined using the information provided here and that during random staff interviews they were able to give different examples of the training program.

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)

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The contracted service providers do not provide any direct services to clients at the McGrath House facility. The contractors who drop off prepared food or perform maintenance services do so under staff supervision. As they have limited contact with resident they are provided information at entry to the facility about PREA and the agency's efforts to keep residents safe. Upon signing into the facility visitors are offered a copy of the agency's brochure on PREA. The agency has created a log that individuals acknowledge the receipt of PREA information. The Facility PREA brochure (located at the front desk) tells of the zero tolerance policy of CRJ and McGrath House. The brochure notifies individuals on how to report an incident. The agency has created a three level education program for people who enter the facility. Those one time staff supervised visitor are given basic knowledge about PREA, the routine visitor who though does not provide direct service get a expanded meeting with the facility administrator, and if they had contractors providing direct services including Interns they would receive the same PREA training as McGrath House staff. The agency provided documentation of a sign in log, that explained PREA and encouraged visitors to take and read the brochure.

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)

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Residents of McGrath House report receiving PREA education at prior state and federal correctional settings and were educated upon admission. All residents report receiving PREA education during their admission meeting with the Intake/Release Coordinator. Interviews and file reviews support in resident education occurred in the first 24 hours. A checklist of information is reviewed, signed and placed in their case record.

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 posters in addition to the client handbook. Residents were able to confirm they knew the agencies Zero Tolerance stance on sexualized behaviors, how to report a concern about sexual assault or harassment, their right to be free from abuse and their right to be protected from retaliation if they report a concern. Random files of active clients and some closed files were reviewed to ensure timeliness and consistency of the education. There were no instances in which a resident was transferred into McGrath House from another CRJ facility. Compliance was determined utilizing the information from the client files, the information available to the residents, the person completing intake and the residents

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House and Community Resources for Justice will only complete administrative investigations. The facility will work to support criminal justice agencies investigations of sexual assault cases. McGrath House has not had to complete an administrative investigation related to a sexual assault case in the last three years. Policy 900.00 page 18 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. Five 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 Matt LeFrancois, Program Director; Stephen Miller Assistant Director; 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. During the agency’s preparation for PREA in 2014, the agency investigated a sexual harassment claim against their employee and did many of the required steps. The auditor was able to use the information with interviews with administration to support that investigators were aware of the requirements of investigation and even before receiving formal PREA investigative training they had taken appropriate steps to meet the standards

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A McGrath House does not employ or contract for medical or mental health services on site. The facility uses community based services for those resident who are in need of routine or emergent care.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House policy 900.00 page 7 and 8 requires screening of all residents upon admission within 72 hours. File review shows, by practice, the facility completes screening usually within hours but not longer than 24 hours. The auditor looked at a sample of both current and former resident files as part of the onsite visit. All residents are screened using an objective tool. The staff person responsible for screening reports the tool is used as a questionnaire and the majority of information required is done through direct interview with the inmates. Balance of information comes from the records review of the resident. Residents confirm the staff asked them questions that would be part of the tool within the first 24 hours of their admission. Residents reported being asked at admission about their history of sexual abuse victimization, their sexuality and their perception of safety. This is confirmed in the documentation, the questions are part of the orientation checklist on PREA that the resident and Intake Officers signs. Resident support that the case manager reassesses them and ask about the safety in the environment and if they choose not answer questions about sexuality or victimization they would not be punished. The PREA Coordinator has worked with administration to improve the level and consistency of documentation of the reassessment questioning of resident in the first 30 days. All information on the client’s screening is kept in the resident’s case file which is locked when not with the case managers. Sensitive information is not available to other residents and there is no labeling system that would lead to exploitation by fellow residents. Compliance is determined using the review of file to ensure timeliness standards and the objective tool elements met all required elements. The Auditor also considered the interview with the case manager and the residents.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House policy 900.00 page 8 and 9 describe the use of the screening tool. All residents who are screened as potential sexual predators will be roomed by themselves or with those who are not potential victims. As a community release facility the residents are approved to move into the community to seek and obtain employment. Residents who have been identified with either abuse or perpetrator histories can be referred out to BARCC or the local Mental Health clinic with whom the facility has developed relationships. Transgender and intersex residents own views of safety would be taken into consideration in the implementation of housing. The facility does not employ the use of separate housing rooms based on LGBTI identification consistent with agency policy which prohibits this practice (pg8 #4f). The agency has considered housing and private bathroom use accommodations for Transgender and Intersex residents at McGrath if referred. Policy and staff training require all staff to take serious any room change request by a resident and ask them about their feeling of safety. As there was no transgender or intersex residents compliance determination was reliant the interview of the screening officer and the Agency PREA Coordinator. Since the facility had no LGBTI identified residents, indicator (f) (that LGBTI resident are not segregated as a practice) was asked of staff on the tour.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House Policy 900.00 addresses the requirements of this standard in Section K page 15 and Section H page 10 addresses the staff responsibility to accept all forms of resident reported Sexual Abuse and Harassment claims and the mechanism for residents to report. 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. In interviews with the residents the auditor received multiple way in which residents felt they could report concerns regarding sexual assault or Sexual Harassment. Residents consistently reported comfort in speaking with staff and/or the Program Director. They were able to identify the posted hotline information (BARCC and the CRJ PREA Coordinators numbers) and the ability to speak to the County Sheriff staff persons who come on site, or family members who come to the facility if they had any concerns in speaking with McGrath House staff.

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. Staff knew their duties also included the documentation of all claims and immediately reporting them up the chain of command. Documents reviewed prior to site visit, observed on tour, and interviews with the PREA Coordinator, staff and residents supported compliance.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Resources for Justice and the McGrath House policies including policy 900 (pages 16-17) covered the various requirements of the standards relating to grievance procedures in a PREA event. The agency reports that there have been no grievances related to a PREA issue filed. The administration was aware of the requirements of the standard: including (b) no time limits on submission of grievances or requirements of informal resolution meetings with staff member. The policy also states resident do not have to submit grievances to any staff person who is subject of the complaint (c) and covers the obligation for timely responses (d). The policy also set forth a process for emergency grievances (f) and the right to hold residents accountable when they can be proven to have filed knowing the information was not true. Since the agency has not had a grievance related to PREA the determination of compliance was based on policy and administrative and resident answers. Residents were aware of the grievance process and knew they could only be held accountable for an unfounded complaint if it is proven that the report was filed in bad faith.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Resources for Justice entered into an agreement with Boston Area Rape Crisis Center (BARCC) to provide outside confidential counseling and support services to resident victims of sexual abuse in Brooke House and the agency’s other Boston area facilities. Information about the service is available in pamphlets and on posters in the facility. Residents are also made aware of the services via their case management staff. Residents can also seek assistance through the local mental health clinics (South End Community Health Center or the Whittier Center) and are aware that these services are confidential. These two facilities are familiar with CRJ services and are contractors of the FBOP. Residents from McGrath House go into the community frequently so if they were not comfortable making the call while in the facility, even though it is not monitored, they could call when out at the job site. Both residents and staff understood mandatory reporting requirements and the level of confidentiality consistent with maintaining a safe environment. Agency administration is committing to increasing the resident and staff overall knowledge of BARCC services. The Auditor encouraged them to increase resource information to clients about Rape Crisis Service providers throughout New England as FBOP residents upon discharge will be returning to several of the New England states.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House policy 900.00 page 15 describes the requirements of the standard as it relates to third party reporting. The agency website provides information on PREA and how an individual could file a Third Party Report. The person can phone the agency PREA Coordinator or the website includes a form that could be printed and mailed. Neither the current Program Director Matt LeFrancois, the prior Director Andrew LeClair, or the Agency PREA Coordinator Susan Jenness Philips reports receiving any third party notifications. Compliance is based on the interview answers and the materials found on the agency’s website. The auditor confirmed that the phone number also went to the PREA Coordinator

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

McGrath House policy (900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA)) 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 interview support they 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 to report all PREA events or any concerns of retaliation of those individuals who have reported such events. Staff are to report to the Facility Director immediately and the Director will notify the Boston Police if the event appears to be criminal, the agency PREA Coordinator, the Director and Deputy Director of Social Services and the referral sources of the residents involved. CRJ would investigate events administratively to determine if staff in action led to the incident. Compliance is based on staff interviews and policy requirements.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The McGrath 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. Agency policy requires staff to take all concerns seriously and immediately notify administration. The Director of Social Justice Services, Elizabeth Curtin, and Matt LeFrancios, Program Director of McGrath House both acknowledge that the agency response would be swift and the efforts would include both facility based changes to increase safety and contacting the referral source. The agency PREA Coordinator, Susan Jenness Phillips, would also be notified of these events. CRJ Administration was able to give example of how, in non PREA related situations, in which a resident has felt threatened they were able to handle similar issue including change of rooms, or facilities. The perceived aggressor may be removed to a higher level of custody after discussions with the referring authority. Compliance was determined by the consistent plan to protect residents that was voiced by both staff and administration.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House Policy 900 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 15 covers the requirements of reporting

abuse to other confinement facilities including the timing (with-in 72 hours), that the notification is to the director of the other facility and documentation of such incidents. Neither Director Matt LeFrancios or previous Director Andrew LeClair reports having had any resident disclose any prior institutional abuse which required him to put these steps into action. Director LeFrancois was aware of the time line requirements of the standard and his obligation to similarly investigate all allegations he receives from other institutions. Since McGrath house serves both county and FBOP inmates there are multiple facilities in which notice may come from or be required to be made. Director of Social Justice Services and the Agency PREA Coordinator were able to share how notification was handled in the last year at another CRJ facility to a Prison. Since there were no incidents at McGrath House compliance was determined by policy and administrations knowledge of the requirements. Agency PREA Coordinator and Director of Social Justice Services could point to notification made with-in the required time period at another CRJ facility to support compliance.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) (pages 11-12) addresses the requirements of the First Responder Standard. The facility trains all its staff as potential first responders. Staff training and policy describes efforts to: 1) support the alleged victim, 2) provide quick access to medical services at a hospital with SANE nursing, 3) steps to protect crime scene and potential evidence on those involved. Interview with random staff supports they know the steps required to ensure quick access to care while protecting potential evidence. Staff were all able to provide thing, they had learned about protecting evidence including closing off the area the assault happened, not allowing the individuals to eat, drink, smoke, brush, use the toilet, shower or change clothing. The McGrath House facility has not had a sexual assault incident so there was no staff to interview who had responded as a first responder. The agency has developed a quick reference guide that staff could refer to ensure the first responder duties are met. This is kept in the staff office at McGrath House. Since there was no incident, compliance was based on staff knowledge of expectations, policy requirements and the aides put in place to help guide staff in event of an incident.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CRJ and McGrath House policy 900.00 (pages 11-12) has extensive directions for staff on the steps for responding to a sexual assault and providing a coordinated effort. A quick reference guide to ensure that staff know the appropriate steps and phone numbers to contact outside

agencies, such as the Brigham and Woman’s Hospital and Boston Area Rape Crisis Center. A copy of this document is available in the staff office on the first floor of the facility. 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 should an incident occur. Compliance is based on the consistent understanding of the plan by administrative staff and their having reached out to other agencies such as local hospitals and BARCC for support. The auditor also found that the direct care staff were aware of who to call in event of a sexual assault and if they were not certain of all the steps that there was a document for them to reference.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath 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 Matt Lefrancois and the Director of Social Justice Services Elizabeth Curtin. Former Director Andrew LeClair was able to provide a example in which the agency suspended a employee while investigating a harassment complaint in 2014. Compliance is based on the interview with Director of Social Justice Services and the agencies prior track record handling similar situations..

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House and Community Resources for Justice policy 900.00 addresses the agency’s commitment to protect residents and staff who report PREA Incidents from retaliation. Since there has not been an incident of sexual abuse there is no documentation to review. The Director of Social Justice Services on behalf of the Agency head and the Program 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. Matt LeFrancois the McGrath House Director or Steve Miller the Assistant Director would lead the monitoring of these events due to the small size of the facility and PREA Coordinator Susan Jenness Philips would get updates about the resident’s progress. The monitoring of the resident or staff who reported a concern would be at a minimum 90 days. The auditor based compliance on interview information since there were no files to review for periodic status checks.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Resources for Justice would only complete administrative investigations at the McGrath House facility. Agency policy requires that administrative investigations will be completed by CRJ or the residents referring authority (Suffolk County Sheriff’s Office or Federal Bureau of Prisons). All criminal investigations would be done through the local law enforcement agencies. To date the facility has not had an incident requiring a criminal investigation. Agency Policy 900.00 (page 19-20) addresses the standards expectations. Indicator (c) on collection of DNA evidence would be completed by the Boston Police Investigators but CRJ staff are aware of how to protect evidence by closing off the area in which the assault occurred and giving specific directions to the resident victim and perpetrator to limit evidence destruction. Indicator (d) would be determined by the criminal investigation team of the Boston police. The facility does not require the use of polygraph examination or other truth telling devices. Agency policy states that record retention rules require 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. The agency did have a prior sexual harassment incident in 2014 which was reviewed with the auditor in an interview with former Director Andrew LeClair. Steps of the administrative investigations were reviewed. Including the interview process, he enacted with the victim and the steps to support her, his gathering of video evidence, factors considered in determining credibility, the suspension of the staff during the investigation, the individual’s termination, and the notification of the resident. Since there had been no sexual assaults at the facility there was no criminal investigation files to review. Compliance determination had to be made on based on the facilities actions in 2014 as they were working toward PREA compliance.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Facility Director and PREA Coordinator confirm that agency policy 900.00 (page 19) requires that no greater standard than the preponderance of evidence be used in determining whether an allegation of sexual assault or harassment can be substantiated. Administrative staff have taken the NIC training “PREA: Investigating Sexual Abuse in a Confinement Setting” course which covers this topic. Since there had not been any investigations at McGrath House since the administration received the training in 2015, there was no case file to review with an investigator. For compliance determination, the auditor had to rely on the interview and training records. Since the CRJ would only complete administrative investigations elements in indicator (c) such as collection of DNA evidence would only be done by criminal investigators.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) goes beyond the expectation the standard in 115.273 as it puts forth requirements for reporting to residents victims of McGrath House on the outcome of all investigations though the standard only requires notification on sexual abuse cases. Residents who report sexual abuse or sexual harassment will be informed of the outcomes. The victim of the 2014 Sexual Harassment incident was notified when the employee was put out on leave and about the outcome of the investigation. In determining compliance the auditor took into consideration the notification of the resident in the 2014 and the Directors knowledge in his interview that communication lines between the facility and the investigative agency must be open to allow him to make the appropriate notifications of the victim resident. Since there was no sexual assault by either staff or residents there was less documentation to review to support indicator (c) and (d).

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Resources for Justice agency policy and McGrath House policy 900 states that staff who violate agency sexual abuse or sexual harassment policies are subject to disciplinary action. Disciplinary actions, including termination, which will be presumed consequence 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. McGrath House requires all allegations of sexual abuse to be reported to the Boston Police regardless of whether the staff resigns or is terminated. No staff has been disciplined for a PREA related violation in the past year. In the 2014 Sexual Harassment case the employee was terminated but the actions were determined to not be criminal in nature. As a result there was no obligation to forward the case to the Boston Police. Compliance for this standard was based on past practice of the agency and the interview with the Director.

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)

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath 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 CRJ and McGrath House policy 900.00 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. To date the agency reports it has not had to enact any of these measures to protect the residents. The college intern was aware that she could be removed immediately for any PREA related violation. Compliance was determined because the facility has the necessary procedures in place to be compliant with the standards expectations should a situation arise.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath and CRJ Policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) page 20 addresses the requirements of this standard including the nature of the offense, the resident disciplinary history, and the mental health of the resident. Policy also requires in discipline events involving sexual contact with staff, the resident can only be disciplined if it is found that the staff did not consent. The agency prohibits consensual relationships between residents and, according to policy, will not consider this abuse unless there is evidence to the contrary but the residents would be subjected to discipline. Residents are reminded of this by case managers during orientation and it is also stated in the resident handbook. The facility staff monitor relationships closely and residents are subject to formal discipline following any abuse incident. Residents will have access to appropriate counseling services if they remain in the facility. Depending on the offense counseling may become part of their requirements to continue in the McGrath House program. Residents report staff address all sexualized behaviors including the topics of conversations. The residents acknowledge that this action by staff make the environment safe and ensures that things do not escalate. As a community confinement facility all disciplinary findings are relayed to the referring authority who reserves the right to remove residents. The facility is determined, given the above mentioned factors, to be in compliance with the standards.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The McGrath House facility has not experienced an incident of sexual assault and as such has not sent a resident out for services. Since McGrath House does not employ medical or mental health staff they have directed all staff on first responder duties. This training includes the process of sending residents out as soon as possible to the Brigham and Woman’s Hospital or the Boston Medical Center and notifying the Boston Area Rape Crisis Center (BARCC). Each of these hospitals have the appropriate SANE nursing services and will be provided treatment without cost. The auditor spoke with representatives of both hospitals and reviewed the Massachusetts Public Health website on SANE services which includes HIV, STD, and Pregnancy testing and prophylaxis treatments. The neighborhood medical and mental health services, from the auditor’s literature reviews and interviews, appear to be comprehensive. The South End Community Health Center and the Whittier Health Center can also provide follow up treatment if needed free of charge to the residents of McGrath house. McGrath House Policy 900 page 14 confirms that any 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 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath 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 Page14 speaks to each aspect of this standard. The availability of BARCC and the local mental health clinic allows for ongoing treatment services. Ongoing health services for victims of sexual assault could be provided at Brigham and Woman’s Hospital or the neighboring Boston Medical Center or care can be transferred to the local health services organization the residents go to for routine care and mental health services. In each case the resident can be treated free of charge and receive, as noted previously, all pregnancy related services as well as STD and HIV testing are treatment. The residents of McGrath house have access to community based health services. The services are the same as any other Boston resident who use these facilities. Resident on resident abuser would be evaluated with-in 60 days by a Mental Health provider according to policy. This is if the resident has not been removed to a higher level of custody. Though the agency has not had to put to use the requirement of this standard it appears to have the plan to initiate services if needed. The auditor also relied on conversations with community hospitals and service providers to fill in the understanding of services available.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

McGrath House and CRJ Policy 900.00 p Staff and Resident Sexual Abuse and Sexual Harassment (PREA) ages 19 and 20 requires the completion of the steps outlined in this policy. As there were no incidents of sexual abuse, there is no incident reviews required and no documentation to review. Interviews with McGrath House Director Matt LeFrancious and the agency PREA Coordinator Susan Jenness Philips support they are reportedly aware of the requirements of sexual assault incident reviews. Policy and interviews support that the facility is prepared to meet the requirements of this standard if an incident was to occur.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CRJ has collected data related to PREA in all of its facilities. Since all CRJ Social Justice facilities use the same policy the definitions are uniform. McGrath House staff have been tracking a variety of information related to PREA that includes information for the Survey of Sexual Violence and other PREA related measures. The agency tracks, by facility through the PREA Coordinator’s office, monthly and aggregate data relating to twenty-one (21) different PREA standards. Since the PREA Coordinator also oversees quality assurance for the agency she has access to all incidents, investigations and is a member of all review teams.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community Resources for Justice policy 900.00 Staff and Resident Sexual Abuse and Sexual Harassment (PREA) pg. 22 addresses the standard’s requirements. The data elements have been collected for the past year. The management teams on the facility level and the agency level will utilize data to make informed decisions on programmatic and policy needs. Though there were no incidents at McGrath the agency still looks at ways to improve the safety of the facility. With the PREA Coordinator overseeing the agency’s Standards and Accreditation Unit the parent agency CRJ has created a system in which problem areas can be identified and a corrective action plan

monitored. The agency publishes data in an annual report of its programs. The agency also has put completed PREA reports on its website from other CRJ Community Confinement facilities. The annual report has also been posted to the agency website.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data storage, publications and destruction standard expectations are defined in policy 900.00 of McGrath House. 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. The PREA Coordinators office is in the Agency’s administrative offices and separate from any program. Compliance is determined through the review of the documentation (reports and policy) that the four indicators were met.

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.

Jack Fitzgerald – Certified Auditor – Fitzgerald Correctional Consulting LLC.

5/05/2016

Auditor Signature

Date