

PREA AUDIT: AUDITOR'S SUMMARY REPORT

JUVENILE FACILITIES



Name of Facility: Hastings Comprehensive Mental Health Treatment Facility/Gulf Academy			
Physical Address: 465 E. St. John Avenue, Hastings, Florida 32124			
Date report submitted February 21, 2015			
Auditor information : Lois Jenkins			
Address P. O. Box 23905; Columbia, SC 29224			
Email: ljenk2@bellsouth.net			
Telephone number: 803-463-9554			
Date of facility visit : January 22-23, 2015			
Facility Information			
Facility Mailing Address: Same as Above <i>(if different from above)</i>			
Telephone Number: 904-692-2920			
The Facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Other:
Name of PREA Compliance Manager: Andrew Eldridge		Title: Facility Administrator	
Email Address: Andy.Eldridge@us.g4s.com		Telephone Number: 904-692-2920 x122	
Agency Information			
Name of Agency: G4S Youth Services, LLC			
Governing Authority or Parent Agency: G4S <i>(if applicable)</i>			
Physical Address: 6302 Benjamin Road, Suite 400; Tampa, FL 33634			
Mailing Address: <i>(if different from above)</i> Same as Above			
Telephone Number: 813-514-6275			
Agency Chief Executive Officer			
Name: James C. Hill, Jr.		Title: President	
Email Address: jim.hill@us.g4s.com		Telephone Number: 813-514-6275, ext. 202	
Agency Wide PREA Coordinator			
Name: Bobbi Pohlman-Rogers		Title: JJDPA/PREA Director	
Email Address: bobbi.pohlman@us.gus.com		Telephone Number: 954-818-5131	

AUDIT FINDINGS

NARRATIVE:

The Hastings Comprehensive Mental Health Treatment Program (HCMHTF) is a 64 bed, moderate risk residential commitment facility for males, ages 13 to 19. All residents have been adjudicated delinquent and are placed at HCMHTF by the Florida Department of Juvenile Justice. The program provides comprehensive mental health treatment services for youth and also provides substance abuse treatment overlay services. Co-located on site is Gulf Academy. Gulf Academy is a 56-bed, moderate risks residential commitment facility for males ages 12-19. Like HCMHTF, residents at Gulf Academy have been adjudicated delinquent and placed there by the Florida Department of Juvenile Justice. The program provides intensive mental health treatment services for youth. For the purposes of this audit, this facility will be referred to as Hastings Comprehensive Mental Health Treatment Program/Gulf Academy or HCMHTP/GA. HCMHTP/GA is a G4S Youth Services, LLC operated program located in Hastings, Florida. Currently, the 120 bed facility operates under contract with the Florida Department of Juvenile Justice (FDJJ). The average length of stay for youth is 7 to 10 months depending on the youth's pace of success in completing his individualized treatment plan and goals.

As stated in the employee handbook, the mission of G4S Youth Services, LLC is, *“to provide innovative program solutions responsive to the needs of our customers. We achieve this through our best people who positively impact the lives of those whose welfare and safety is entrusted to us.”* To accomplish this, HCMHTP/GA employs a multi-disciplined staff to address the needs of youth placed there. Daily operational oversight is provided by a full-time Facility Administrator, Assistant Facility Administrators, Health Services Administrator, Director of Clinical Services, and other administrative staff supported by a diverse workforce of direct care service providers focusing on treatment, safety, security, and order. Mental health and substance abuse professionals work under the supervision of a licensed psychologist. Two licensed psychiatrist provides psychiatric services including psychiatric evaluations, medication management, and 24-hour, seven days a week emergency consultation. During the time of the on-site audit there were 133 staff employed at HCMHTP/GA.

At HCMHTP/GA the continuum of treatment services allows for assessments and identification of the specific mental health and/or substance abuse treatment needs of each resident. The treatment protocol includes daily group therapy sessions, individual supportive counseling sessions with an assigned therapist, and monthly family therapy sessions.

Educational services at HCMHTP/HSAP are provided by G4S through a contract with the St. Johns County School District and offers English, Math, Science, Social Studies and Reading. Career and technical opportunities include Business Education courses.

DESCRIPTION OF FACILITY CHARACTERISTICS:

HCMHTP/GA is located in a rural setting adjacent to a beautiful lake and surrounded by a security perimeter fence. The facility consists of 4 resident housing units referred to as Buildings A, B, C, and D (Alpha, Bravo, Charlie, and Delta), with 2 wings separated by dayrooms and staff work areas, one of which was not in use as a housing unit during the time of the on-site audit. Additionally, there is an Administration/Operations building that houses the Master Control area; the Facility Administrator and other administrative staff offices; intake, case management, and mental health staff offices; educational classrooms and staff offices; kitchen/cafeteria, maintenance, and visitation area. There is adequate outdoor recreation space located within the perimeter fence. During the onsite audit there were a total of 104 residents, (50 assigned to HCMHTF, and 54 assigned to HSAP). The facility has a total of 160 surveillance cameras in various locations both inside and outside of buildings.

SUMMARY OF AUDIT FINDINGS:

The notification of the on-site audit was posted on December 11, 2014, six weeks prior to the first date of the on-site audit. The posting of the notice was verified by photographs received electronically from the Facility Administrator/PREA Compliance Manager. The photographs indicated notices were posted in various locations throughout the facility including the housing units and administrative areas.

A conference call was held with the G4S PREA Coordinator on December 31, 2014. The Pre-Audit Questionnaire, policies and supporting documentation were uploaded to a flash drive and received via Federal Express delivery from the HCMHTP/GA PREA Compliance Manager on January 2, 2015. The information received was well organized and easy to navigate. Upon review of the information, it was noted that the Pre-Audit Questionnaire was not completed on the most recent version prompting a phone call to the PREA Compliance Manager who submitted an updated Pre-Audit Questionnaire. A follow-up call was placed on January 14, 2015 to discuss the Pre-Audit Questionnaire, discuss the on-site audit process and additional documentation to be available for review during the on-site audit. An itinerary and audit protocol was sent electronically to the PREA Compliance Manager.

The on-site audit was conducted January 22-23, 2015, and began with a brief meeting with the Facility Administrator/PREA Compliance Manager. After the meeting we took a tour of the facility and observed all of the physical plant and grounds. I was accompanied on the tour by the Facility Administrator and two Assistant Facility Administrators. While touring I observed that residents were in school and under supervision of teachers and security staff. I also observed that the audit notices were posted in various locations in all buildings and posters in multiple languages were prominently posted in all living units and in various other locations throughout the facility stating the agency's zero-tolerance for any form of sexual abuse or harassment with instructions on how to report sexual abuse and harassment. Surveillance cameras are not located in the residents' rooms or bathrooms allowing residents to dress, shower and toilet in private.

During the two-day on-site visit, 21 staff was interviewed, including workers from all three shifts. Staff interviews revealed they have been trained on PREA Standards and understand their responsibilities and duties to prevent, detect, and respond to sexual abuse and harassment. Twelve random residents were interviewed. The residents were informed of their right to be free from sexual abuse and harassment, and retaliation, as well as how to report sexual abuse and harassment.

Finally, during the on-site audit process, all HCMHTP/GA staff encountered was cooperative and responsive in providing any requested documentation or audit logistical needs. At the conclusion of the on-site audit, an exit meeting was conducted with the Facility Administrator/PREA Compliance Manager.

A summary of audit findings are provided below.

Number of standards exceeded: **0**

Number of standards met: **37**

Number of standards not met: **0**

Number of standards Not Applicable: **4**

Standard 115.311 – Zero To tolerance of sexual abuse and sexual harassment.

- 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)

HCMHTP/GA Policy 10-25 dated September 22, 2014, conforms to that of its contracting agency, Florida Department of Juvenile Justice,(FDJJ) Policy 1919 revised April 10, 2014. Page 3 of the HCMHTP/GA policy has clearly written language mandating a zero tolerance for all forms of sexual abuse and sexual harassment. Within the 10 page policy, the agency’s approach to preventing detecting and responding to acts of sexual abuse and harassment is outlined.

The agency, G4S, has a PREA Coordinator who oversees PREA compliance efforts for the agency. Page 3 of policy 10-25 designates the HCMHTP/GA Facility Administrator as the PREA Compliance Manager and outlines the specific related duties. When interviewed, both the PREA Coordinator and PREA Compliance Manager indicated they had authority and sufficient time to manage PREA compliance related responsibilities.

Standard 115.312 - Contract 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)
- Not Applicable

HCMHTP/GA is a G4S Youth Services, LLC program that operates under contract with the Florida Department of Juvenile Justice (FDJJ) and does not contract with other entities for the confinement of residents.

Standard 115.313 - Supervision and Monitoring

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

HCMHTP/GA is a G4S Youth Services, LLC program and operates through contractual arrangement with the Florida Department of Juvenile Justice (FDJJ). Policy 10-25 mandates that a Staffing Plan Assessment be completed compliant with the requirements outlined in section (a) of this standard. According to the most recent Staffing Plan Assessment and interview with the PREA Compliance Manager, the facility maintains a minimum staffing ratio of 1:8 during resident waking hours and 1:12 during resident sleeping hours. The program utilizes a holdover schedule and no deviations from the staffing plan during the past 12 months were found. There are no findings of inadequacies from judicial, federal investigative agencies, nor internal or external

oversight bodies; and there were no documented deviations from the staffing plan.

The Staffing Plan Assessment and interviews with staff served to validate that in establishing and maintaining the agreed upon ratios, consideration was given to needs of the residents to be served, physical location and layout of the facility, as well as the location of available video surveillance cameras.

HCMHTP/GA Policy 10-25 mandates that Administrative Duty Officer (ADO) shall conduct unannounced rounds on all shifts and that they be documented. The ADO at HCMHTP/GA is upper or intermediate level staff. Documentation of logs, Fidelity Check reports, and video clips from the master surveillance system were provided as documentation that unannounced rounds are occurring on all shifts.

Standard 115.315 - Limits to cross gender viewing and searches

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

HCMHTP/GA policies 10-25, 10-3, and 8-14 outline all mandates in compliance with this standard. Policy requires that only in exigent circumstances will cross-gender searches be conducted and that any such search will be documented as to the reason for the search and why a same sex staff was not available. HCMHTP/GA Policy 10-3, states that strip searches must be conducted in a private room with two staff members of the same sex as the resident. HCMHTP/GA Policy 10-3 further states that body cavity searches must be approved by the Facility Administrator or the Operations Administrator only when it is strongly suspected that a youth has concealed contraband in the body cavity. All body cavity searches must be conducted by trained medical personnel in an emergency room setting. Program staff is not authorized to conduct a body cavity search of a youth. During the past 12 months, there were no cross-gender strip and body cavity searches and no cross-gender pat-down searches.

Policy prohibits searching or examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Further, policy also mandates that residents have access to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing; and that staff of the opposite sex shall announce their presence when entering resident housing facility or an area where residents are likely to be showering or performing bodily functions or changing clothing. Interviews with staff and residents verified that these practices are in place at HCMHTP/GA.

HCMHTP/GA provided documentation that security staff received training on how to conduct pat down searches in a professional and respectful manner.

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

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 10-25 requires the PREA Facility Compliance Manager ensure residents with disabilities and residents who are limited English proficient have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. The policy also states the facility will take steps to provide interpreters who can interpret effectively, accurately, and impartially.

The policy prohibits the use of youth as interpreters, readers, or other assistant to perform such functions except in limited circumstances where an extended delay in obtaining interpreters services could jeopardize residents' safety. The facility does not use resident assistants and there were no instances of resident interpreter or readers being used in the past 12 months. Resident and staff interviews validated compliance.

Policy 9-2, Classification and Orientation, provides further guidance for staff in meeting the standard requirements.

Documentation for interpreter services and youth education materials was provided by the PREA Compliance Manager.

Standard 115.317 - Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Elements required by this standard are outlined in HCMHTP/GA Policies 10-25 and 3-16 which conforms to FDJJ Policy 1919, except for contacting the abuse registry for screening applicants. Documentation that Florida law does not permit contacting the abuse registry for the purpose of screening applicants was provided.

Persons desiring employment with HCMHTP/GA completes the application packet; a portion of which is sent from HCMHTP/GA to the FDJJ Office of the Inspector General for background screening. Details of the screening are described on the FDJJ's website and include conducting two background screenings; the Level II pre-employment screening and a 5-year re-screening. Upon request, background screening is conducted on state and contract provider directors, owners, applicants, employees, volunteers, mentors, and interns. The term contract provider includes grant recipient employees, volunteers, mentors, and interns. Background screenings consist of a state and national fingerprint check through the Florida Department of Law Enforcement and the Federal Bureau of Investigations, and a demographic search of the Florida Clerk of the Courts. As a criminal justice agency, the Department has access to juvenile, sealed, and expunged criminal history information.

Interview with Human Resources (HR) staff confirmed that the policy is in practice for staff and contractors. The auditor's review of 21 HR files, and 4 contractor files validated at 100% that criminal background records checks were completed, and applicants seeking employment are asked about previous misconduct outlined in section (a) of this standard consistent with PREA requirements and Florida Statutes. Of 21 files reviewed 6 met the five-year threshold for

rescreening and contained documentation validating the rescreens were completed in a timely fashion at various times throughout 2014.

HCMHTP/GA has in place a process for contacting prior employers for information before hiring and sharing information with employers.

FDJJ policy 1919 states that staff being considered for promotion shall disclose any sexual misconduct and material omission regarding such misconduct, or the provision of materially false information shall be grounds for termination.

Standard 115.318 - Upgrades to facilities and technology

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

HCMHTP/GA has not acquired any new facilities, or made any expansion or modification since August 20, 2012. HCMHTP/GA has not installed or updated a video monitoring or surveillance system since August 20, 2012.

Standard 115.321- Evidence protocol and forensic medical examinations

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

HCMHTP/GA does not conduct administrative or criminal sexual abuse investigations and by policy upon learning of such an event HCMHTP/GA staff must immediately make a report through the Florida Department of Juvenile Justice (FDJJ) Central Communications Center (CCC) hotline. Policy also mandates a call to local law enforcement and the Florida Department of Children and Families Abuse Registry hotline. Criminal investigations are conducted by the St. Johns County Sheriff's Office. The FDJJ has outlined for the local authorities how such investigations should be conducted in compliance with the requirements outlined in sections (a) through (e) of this standard.

Policy 7-30 states that all services for sexual assault allegation shall be provided at no cost to the victim. Staff interviews validated that staff is aware of this policy. Documentation provided revealed that HCMHTP/GA has secured an agreement with the Betty Griffin House to provide access to services available through the rape crisis center certified by the Florida Council Against Sexual Violence. There were no forensic medical examinations conducted in the past 12 months.

Standard 115. 322 - Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA policy 10.25 requires that any staff receiving a report of sexual misconduct or possible sexual misconduct must ensure that it is immediately reported to their supervisor who shall ensure that it is reported to local law enforcement if criminal in nature.

As stated in policy, the FDJJ does not conduct criminal investigations of youth-related sexual misconduct reports. Local law enforcement agencies and the Department of Children and Families handle such investigations. During the past 12 months, HCMHTP/GA received two allegations of youth on youth sexual abuse and both were reported to the St. Johns County Sheriff's Office the Florida Department of Children and Families, and the FDJJ Office of the Inspector General, CCC hotline for administrative investigation. At the time of the onsite audit, the results of the investigations were still pending.

The FDJJ Policy 1919 describes the agency's investigative responsibilities and duties for its facilities and is published on the website.

Standard 115.331 - Employee training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policies 10-25 and FDJJ Policy 1919 outline training requirements for staff that is consistent with this standard. All newly hired employees are trained and the agency provides PREA refresher trainings.

Review of employee staff training logs for PREA training with pre and post test results, 69 signed staff training Acknowledgement Forms with post training test scores, staff training curricula, and other materials included as a part of PREA training, as well as staff interviews, all served to validate that HCMHTP/GA staff has been trained in compliance with this standard. The training curriculum provided was consistent with the elements of 115.331(a).

Standard 115. 332 - Volunteer and contractor training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy requires that all persons providing volunteer or contractor services at HCMHTP/GA to be trained on the agency's zero-tolerance policy regarding sexual abuse and harassment and how to report such incidents. Additional training provided to volunteers and

contractors is based on the service they provide and the level of contact they have with residents. Before volunteers can have access to HCMHTP/GA and provide services they must take the FDJJ PREA training, “*A Course for Volunteers*” and upon completion, sign the form acknowledging that they have completed the course and understand FDJJ PREA Policy 1919. This was verified through review of 12 Volunteer Acknowledgement of training forms.

Contractors such as dentist, psychiatrist, and medical doctors sign the Acknowledgement of the Prison Rape Elimination Act form declaring they have been informed and understand that HCMHTP/GA has a zero tolerance and that sexual contact of any kind is forbidden, the possible penalties for such behaviors, and that they have a duty to report.

Documentation of 21 signed Teacher Acknowledgement of PREA training forms was provided.

Standard 115.333 - Resident education

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

HCMHTP/GA Policy 10-25 requires that during intake all residents will be provided with information on zero-tolerance regarding sexual misconduct including how to report sexual abuse and suspicion of any sexual misconduct. Policy also requires that within 10 days of intake, all residents will be provided with additional comprehensive training regarding their rights to be free from sexual misconduct; their right to be free from retaliation for reporting; and the agency’s sexual misconduct response policies and procedures.

As a part of the orientation, youth are given a resident handbook, and handouts with telephone numbers for outside services including the Abuse hotline and acknowledge through signature that they received the information and that they understand their right to be Safe from Sexual Misconduct, Abuse and Harassment. Policy 9-2, Classification and Orientation, provides further guidance for staff in meeting the standard requirements. Interviews with intake and clinical staff verified that youth are provided with PREA required education when admitted to the facility. Interviews with 12 random residents validated that they received education on PREA the same day they arrived at the facility.

During the tour of the facility, posters in multiple languages outlining the sexual abuse zero tolerance policy, duty to report, and instructions for reporting, were posted in various locations including the living units.

Youth Education handouts in multiple languages were provided to the auditor.

Standard 115.334 - Specialized training: Investigations

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

Not Applicable

HCMHTP/GA does not employ facility investigators. Criminal and administrative investigations are referred to outside agencies.

Standard 115.335 - Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 10-25 and FDJJ Policy 1919 mandates medical and mental health care providers will be subject to sexual abuse training similar to that of FDJJ employees as well as medical and mental health specialized training consistent with the requirements of section (a) of this standard.

Staff interviews verified that HCMHTP/GA medical staff does not conduct forensic examinations.

Documentation of electronic verification of completion of PREA sexual abuse training and medical and mental health specialized training by all HCMHTP/GA medical and mental health staff was provided to the auditor.

Standard 115.341 – Obtaining Information from Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 9-1 describes the process staff is to use for screening for Vulnerability to Victimization and Sexual Aggressive Behavior (VSAB). Within 24 hours of a resident's arrival at the facility, trained staff meets with residents and complete the VSAB form. Information is gathered from multiple sources to include parents, records from FDJJ, PDR reports, and interviews with the youth. The instrument is scored prior to housing placement. Those residents who score vulnerable to victimization or sexually aggressive are included in the alert system, and referred for further assessments, as identified. Residents who are identified or report as prior sexual victims are referred to the medical and mental health professionals within 14 days.

Interviews with the clinical director and PREA Compliance Manager confirmed that policy is in practice and that information from the VSAB is disseminated on a "Need to Know" basis.

The screening for vulnerability to sexual victimization and sexual aggressive behavior instrument met the 11 minimum required elements outlined in section (c) of the standard.

Standard 115. 342 – Placement of residents in housing, bed, program, education, and work assignments

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 10-25 clearly states that the information gathered from screening for vulnerability to sexual victimization and abusiveness shall be to guide treatment plans and security and management decisions, including housing bed, work, education and program assignments. HCMHTP/GA reported that no resident alleging sexual abuse was placed in isolation.

Policy directs HCMHTP/GA staff to maintain a continually updated internal alert system that keeps staff alerted who are security or safety risks in multiple categories including sexual predator risks.

HCMHTP/GA Policies direct staff in the treatment of LGBTI residents consistent with those outlined in sections (c) through (g) of this standard. There were no identified LGBTI residents in the population at the time of the audit. Interviews with staff indicated they are aware of the policy and would comply.

Standard 115.351 - Resident Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 8.3.4 (B) Abuse and Neglect Reporting – states clearly that all youth shall have unimpeded access to the Florida Abuse Hotline without interference or retaliation of any kind and further outlines in detail that the Abuse hotline number is to be provided at intake. The number is also, included in the resident handbook and posted throughout the facility.

HCMHTP/GA provides instruction and multiple ways for residents to report sexual abuse and harassment including telling a staff member, writing a grievance, asking to speak with the Facility Administrator or a therapist, or calling the Florida Abuse Hotline. The abuse hotline number is included in the resident handbook.

Staff and residents validated that they have access to the tools necessary to make a report. Also, policy outlines procedures for staff to follow preventing them from denying a youth an abuse call, delaying the call or listening in on the call. For security reasons staff may maintain sight monitoring of the youth while the call is placed.

Interviews with staff validated that they would accept and document reports made verbally, in writing, anonymously, and from third parties.

Standard 115.352 - Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 8-4 outlines the administrative procedures for resident grievances regarding sexual abuse or sexual harassment. The policy aligns nicely with this standard including no time limit for a resident to file a grievance; and any grievance received that alleges a resident is substantially at risk for imminent sexual abuse shall be immediately directed to the Facility Administrator, who shall provide immediate response to the grievance.

During the past 12 months no sexual abuse grievance was filed. Interviews with residents validated their knowledge of how to file a grievance for sexual abuse or harassment. During the facility tour a locked grievance box was visible in the living unit.

Random resident interviews verified that they are aware of the procedures for filing an emergency grievance.

Standard 115.353 - Resident access to outside confidential support services and legal representation

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)

HCMHTP/GA Policy 10-25, page 5 of 10 requires that residents shall have access to outside victim advocates, the facility shall make accessible mailing addresses and telephone numbers, including hotline numbers of victim advocacy or rape crisis organizations, and residents shall have reasonable and confidential access to attorneys, parents or legal guardians.

Review of youth education materials including youth handbook, posters, brochures and handouts verified that the information is made available to HCMHTP/GA residents. Further, interviews with residents and staff, suggest HCMHTP/GA residents have been provided mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.

Documentation was provided verifying that HCMHTP/GA has secured an agreement with the Betty Griffin House for victim advocacy services available through the rape crisis center certified by the Florida Council Against Sexual Violence.

HCMHTP/GA does not detain residents solely for immigration purposes.

Standard 115.354 - Third-party reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA is a FDJJ contracted facility and HCMHTP/GA through the FDJJ website informs the public with information regarding third-party reporting of sexual abuse and harassment on behalf of facility residents. The FDJJ website also has a section dedicated to parents and among other information includes this statement, *“Abuse and neglect are serious issues that need to be handled with care. In the event of an emergency abuse situation, ALWAYS call 911 FIRST and call the Florida Abuse Hotline second at 1-800-962-2873. In a non-emergency situation, contact the Florida Abuse Hotline via phone, fax, or web to receive assistance.”* Complaints concerning the delivery of services, safety, or security at a DJJ facility or program should be immediately reported to the Central Communications Center. All other complaints can be reported to the Bureau of Investigations. Incident/Complaint Hotline: (800) 355-2280. Complaints can also be: Faxed to the Office of the Inspector General at (850) 414-7182; E-mailed to OIG.Complaints@djj.state.fl.us; or Mailed to the: Department of Juvenile Justice, Office of the Inspector General; 2737 Centerview Drive; Tallahassee, FL 32399-3100”

HCMHTP/GA can receive third-party reports of sexual abuse and harassment through the Florida Department of Children and Families Abuse hotline and the FDJJ Office of the Inspector General - Central Communications Center hotline.

Interviews with residents revealed they are aware sexual abuse or harassment may be reported through a third party.

Standard 115.361- Staff and agency reporting duties

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

The employees at HCMHTP/GA are mandatory reporters and HCMHTP/GA Policy 8-3 directs staff to immediately report any abuse, knowledge, suspicion or information they receive regarding an incident of abuse or harassment. Policy also directs staff to report any retaliation against residents or other staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident of abuse or retaliation. HCMHTP/GA policies further direct staff in complying with the elements outlined in sections (b) through (f) of this standard. Interviews with Health Services Administrator, Facility Administrator/PREA Compliance Manager, and random selected staff served to validate that the staff are aware of the policies and their duty to report. Staff interviews also confirmed their knowledge of limits of liability and consents required. Review of medical and mental health files verified documentation of applicable consent forms with resident signatures.

Standard 115.362 - Agency protection duties

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

HCMHTP/GA Policy 10-25 requires that when staff learns that a resident is subject to a substantial risk of imminent sexual abuse it shall take immediate action to protect the resident from harm or further threat. During the past 12 months no residents were identified to be of such risk. Interviews with the Agency Head Designee, Facility Administrator/PREA Compliance Monitor and random sample of staff validated that staff is aware of their mandate to immediately take steps necessary to keep the resident safe.

Standard 115.363 - Reporting to other confinement facilities

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

During the past 12 months HCMHTP/GA staff did not receive any reported allegations that a HCMHTP/GA resident was abused while confined at another facility. Likewise, HCMHTP/GA did not receive any reports of allegations of sexual abuse from other facilities that residents previously confined at HCMHTP/GA were sexually abused.

HCMHTP/GA policy 10-25 requires that the Facility Administrator or designee shall notify the program Administrator or Director upon receiving an allegation that a youth was sexually abused while confined at that facility where the abuse occurred.

Standard 115.364 - Staff first responder duties

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

HCMHTP/GA Policy 10-25 mandates in responding to sexual abuse that staff take specific steps consistent with those outlined in sections (a) and (b) of this standard. These steps include identifying the victim and perpetrator, keeping the victim safe and separate from the alleged perpetrator, preserving any crime scene within a period that still allows for the collection of physical evidence; requesting the alleged victim not take any action that could destroy physical evidence; and ensuring the alleged abuser does not take any action to destroy physical evidence. HCMHTP/GA does not have investigators so beyond the steps already mentioned, staff are directed to report and cooperate with the investigators when they arrive. Staff was able to articulate these duties and responsibilities during interviews which indicated they have been trained and is aware of the policies.

Standard 115.365 - Coordinated response

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

Does Not Meet Standard (requires corrective action)

A Coordinated Response Plan specific to HCMHTP/GA was provided to the auditor. The Plan outlines the specific tasks to be completed by multiple people beginning with the 1st responder and ending with the PREA Compliance Manger convening the Incident Review Team and final decisions. Interview with the Facility Administrator/PREA Compliance Manager revealed knowledge of the policy and responsibilities and duties of staff.

Standard 115.366 - Preservation of ability to protect residents from contact with abusers.

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Not Applicable

HCMHTP/GA does not participate in collective bargaining.

Standard 115.367 - Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policies 10-25 and 8-3 establish that residents and staff are to be protected from retaliation for reporting sexual abuse or harassment and/or cooperating with investigations of sexual abuse and harassment. The monitoring will take place for a period of at least 90 days and at each 30 day interval the Facility Administrator/PREA Compliance manager will determine if retaliation is occurring by reviewing such items as disciplinary reports, status and fidelity checks, housing or program changes, and negative performance reviews or staff reassignment. There were no incidents of retaliation in the past 12 months reported.

Standard 115.368 - Post allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA reported that no resident alleging sexual abuse was placed in isolation.

Standard 115.371 - Criminal and administrative agency investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA does not employ facility investigators and does not refer for prosecution. All allegations of abuse are reported to the Florida Department of Children and Families, the St. Johns County Sheriff's Office, and the FDJJ Office of the Inspector General – Central Communications Center.

Standard 115.372 - Evidentiary standards for administrative investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA does not conduct administrative investigations. All allegations of abuse are reported to FDJJ Office of the Inspector General – Central Communications Center. Staff from the Inspector General's office conducts the administrative investigation and provides a report back to HCMHTP/GA.

Standard 115.373 - Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 10-25 page 9 reads, *“At the conclusion of any investigation where a sexual abuse incident has been reported, the Facility Administrator shall notify the victim or victim's parents or legal guardians that the investigation is concluded.”*

There were no investigations completed during the past 12 months and therefore no notifications to victims, victim parents or legal guardians. During interview the PREA Compliance Manager was knowledgeable of the reporting requirement.

Standard 115.376 - Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

It is written in G4S HCMHTP/GA Policy 10-25 that sexual activity between staff, volunteers or contracted personnel and youth, as well as between youth is prohibited and subject to

administrative and criminal disciplinary sanctions. The policy also mandates that violations be reported to law enforcement. The G4S Employee Handbook makes clear that employee sexual harassment is prohibited and when an allegation is substantiated, disciplinary action up to and including termination will be imposed.

During the past 12 months no staff from HCMHTP/GA has been disciplined, terminated or resigned for violating agency sexual abuse or harassment policies. Likewise, no HCMHTP/GA staff has been reported to law enforcement or licensing boards for violating agency sexual abuse and sexual harassment policies.

Standard 115.377 - Corrective Action for contractors and volunteers

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

HCMHTP/GA Policy 10-22 requires that like staff, volunteers and contracted personnel in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies.

HCMHTP/GA reports not having any allegations of sexual abuse or harassment by contractors or volunteers therefore no reports to law enforcement or licensing bodies and no remedial measures were taken. Interviews with the Facility Administrator/PREA Compliance Manager revealed knowledge of the remedial measures that would be taken.

Standard 115.378 - Disciplinary sanctions for residents

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

HCMHTP/GA is designated as a treatment facility. During the past 12 months there has been no administrative finding of resident-on-resident sexual abuse; and no criminal finding of guilt for resident-on-resident sexual abuse at HCMHTP/GA. No residents were placed in isolation resulting from allegations of sexual abuse. Interviews with the Facility Administrator, medical, and mental health staff verified that residents are informed that in the event of a criminal finding of sexual violence, that charges could be filed. If not prosecuted, then the Treatment Team would make decision for any necessary treatment modification(s). Policy 8-1 provides guidance for staff in holding youth accountable for their behaviors.

Standard 115.381 - Medical and mental health screenings; history of sexual abuse

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the

standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 10-25 requires that if during intake screening, health/mental health screening, or health history, a resident discloses prior sexual victimization or perpetrated sexual abuse, whether it occurred in a facility setting or in the community, staff shall ensure the youth is referred for medical and mental health services within 14 day of the screening. Policy also mandates that sensitive information shall be on a need-to-know basis and shall not be exploited to the resident's detriment by staff or other residents. Classification meetings that include medical and mental health staff occur after intake allowing for immediate referrals for any necessary follow-up medical or mental health services. For youth 18 years or older the Release of Information Authorization form is completed requiring the youth's signature.

HCMHTP/GA reports no resident disclosing prior victimization during their initial screening process. Interviews with the medical and mental health staff and review of documentation review in 20 MH files and 20 medical files verified compliance with this standard.

Standard 115.382 - Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 7-30 requires that residents who are victims of sexual assault shall have immediate medical care. The Health Services Administrator verified that any sexual assault victim would be provided unimpeded access to emergency medical treatment immediately and according to the medical staff's professional judgment; the victim would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis; and that the services would be provided without cost to the victim. These services are documented in the youth's medical files. The two residents who reported sexual abuse verified when interviewed that they had a chance to see the nurse and received mental health treatment.

Standard 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

HCMHTP/GA Policy 7-30 mandates ongoing medical and mental health care for sexual abuse victims and abusers to include mental health evaluations and services as appropriate and medical health care services consistent with the community level of care. HCMHTP/GA is an all-male residential facility. Interviews with the Health Services Administrator and Clinical Director verified that there are procedures in place compliant with the requirements of this standard.

Standard 115.386 - Sexual abuse incident reviews

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

HCMHTP/GA Policy 10-25, page 8 mandates that the facility shall conduct a sexual misconduct review at the conclusion of every sexual misconduct investigation or administrative review, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The policy further mandates that the Review Team shall ordinarily conduct the incident review within 30 days of the conclusion of every sexual misconduct investigation or administrative review. Page 9 of the policy outlines the specifics of the Review Team’s duties the same as those in section (d) of the standard; and directs that Review Team recommendation must be implemented or justification provided for not implementing the recommendations. Review Team meetings and findings would be documented on the PREA Review Report. Interview with Facility Administrator/PREA Compliance Manager verified that the facility is in compliance with this standard.

Standard 115.387 - Data collection

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

HCMHTP/GA Policy 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator shall ensure that requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. FDJJ Policy 1919 requires the Department to collect uniform data in the Office of the Inspector General’s – Central Communications Center for every allegation of sexual misconduct at its facilities, both state-operated and contracted providers. Interview with the G4S Agency Head Designee verified that G4S maintains an Incident Report (IR) Tracking system and that G4S facilities such as HCMHTP/GA feed data to FDJJ and FDJJ publishes the Annual Report.

Standard 115.388 Data review for corrective action

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

FDJJ Policy 1919 requires the PREA Coordinator to review data collected and aggregated in order to assess and improve the effectiveness of the Department’s sexual misconduct prevention, detection and response policies, practices, and training. Policy also requires that FDJJ will prepare an annual report of sexual misconduct incidents, findings, and corrective actions for all facilities, state and contracted, and the Department as a whole. The report includes a comparison of the current years’ data and corrective actions with those from prior years. The report is made

available to the public through the FDJJ website.

Standard 115.389 Data storage, publication and destruction

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

HCMHTP/GA Policy 10-25 directs that the facility shall ensure records are maintained and the Facility Administrator shall ensure that requests for additional information from the FDJJ PREA Coordinator are responded to in a timely manner. Interview with the G4S Agency Head Designee verified that G4S maintains an Incident Report (IR) Tracking system and that G4S facilities such as HCMHTP/GA feed data to FDJJ and FDJJ publishes the Annual Report. FDJJ Policy 1919 established that aggregated sexual abuse data be reviewed annually and placed on the facility’s website after all personal identifiers are removed. All data collected will be maintained for at least 10 years after the date of the initial collection.

AUDITOR CERTIFICATION:

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



Auditor Signature

February 20, 2015

Date