

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** September 23, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Louis Folino			
<b>Address:</b> 168 Big Horn Rd. Pittsburgh, PA 15239			
<b>Email:</b> lsf168@verizon.net			
<b>Telephone number:</b> 412-354-1557			
<b>Date of facility visit:</b> August 14, 15, 16, 17, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Hampden County Sheriff's Department Main Institution (MI) and Pre-Release Center (PRC)			
<b>Facility physical address:</b> MI, 627 Randall Rd, Ludlow, MA 01056; PRC, 326 Alabama St. Ludlow, MA 01056			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 1-413-547-8000			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Nicholas Cocchi			
<b>Number of staff assigned to the facility in the last 12 months:</b> 883			
<b>Designed facility capacity:</b> MI-1301; PRC-146			
<b>Current population of facility:</b> 1,099			
<b>Facility security levels/inmate custody levels:</b> Maximum, Medium, Minimum, Pre-Release			
<b>Age range of the population:</b> 18-76			
<b>Name of PREA Compliance Manager:</b> MI: Colleen Molta/ PRC: Matthew Roman		<b>Title:</b> Supervisor/Standards and Training Supervisor	
<b>Email address:</b> Colleen.Molta@sdh.state.ma.us/ Matthew.Roman@sdh.state.ma.us		<b>Telephone number:</b> 413-858-0151/413-858-0817	
<b>Agency Information</b>			
<b>Name of agency:</b> Hampden County Sheriff's Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 627 Randall rd. Ludlow, MA 01056			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 413-547-8000			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Nicholas Cocchi		<b>Title:</b> Sheriff	
<b>Email address:</b> Nick.Cocchi@sdh.state.ma.us		<b>Telephone number:</b> 413-547-8000	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mary Baker		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> Mary.Baker@sdh.state.ma.us		<b>Telephone number:</b> 413-858-0914	

## AUDIT FINDINGS

### NARRATIVE

A Prison Rape Elimination Act, PREA, audit of the Hampden County Sheriff's Department, HCSD, was conducted from August 14 thru August 17, 2017. The purpose of the audit of the Stony Brook Jail and House of Correction (Main Institution, MI) and the Pre Release Center, PRC, located in Ludlow, Massachusetts, was to determine compliance with the PREA standards which became effective August 20, 2012.

The HCSD administrative staff and the auditor, Louis S. Folino, attended an introductory dinner meeting the evening of August 13, 2017, in West Springfield, Massachusetts. In attendance were Sheriff Nicholas Cocchi, Superintendent James Kelleher, Assistant Superintendent of Operations Michael Colbert, Assistant Deputy Superintendent/PREA Coordinator Mary Baker, Standards and Training Supervisor/PCM Matthew Roman, Standards Coordinator/PCM Tina Mole, 1<sup>st</sup> Residential Supervisor Benjamin Mastay, and Correctional Case Worker/PCM Andrew Adams.

The entrance meeting was conducted in the Sheriff's Conference Room the first morning of the on-site review. In addition to Sheriff Nicholas Cocchi, other staff attending were Superintendent James Kelleher, AS Mike Colbert, ADS Mary Baker, AS Connie Burke, ADS Brian Hoar, Administrative Assistant Katie Fitzgerald, Supervisor/PCM Colleen Molta, SC/PCM Tina Mole, STS/PCM Matthew Roman, 1<sup>st</sup> Residential Supervisor Benjamin Mastay, and CCW/PCM Andrew Adams. Auditor reviewed the comprehensive practice-based audit processes and the triangulation of compiling the information, Site Review observations and interview results in order to verify the agency's compliance with the PREA standards. Auditor discussed the very tentative schedule for the week, and emphasized the priorities to be targeted during the first two days, and then throughout the week.

The auditor wishes to thank Sheriff Cocchi and his PREA Team for their cooperation and assistance throughout the audit process. The organization and presentation of documentation during the pre-audit phase and the effective facilitation of the Site Review enabled auditor to conduct a very efficient and thorough audit. The auditor would like to recognize Mary Baker and her PREA Team for their dedicated efforts in preparing for the audit, functioning as PREA officials in various capacities for their agency, and in effectively working together as a team with auditor to accomplish all onsite objectives. The core PREA Team at the HCSD has effectively implemented the agency's policy (PREA PLAN 3.5.3), and strategies designed to prevent, detect and respond to sexual abuse and sexual harassment within their facilities. Buy-in by agency personnel to the Prison Rape Elimination Act was evident to auditor, and reflected in the various employee's interview responses, their observed performance and the positive results achieved by the agency since implementation.

Following the entrance meeting, auditor commenced a thorough Site Review of all facility areas, beginning in the Administrative Building, Inner Admin Area, all housing units in A, B and C Towers and PRC, Intake, Program and Education areas of MI and PRC, Maintenance Shops, Food Service Departments of MI and PRC, Health Care Services and the Evaluation Stabilization Unit (ESU), Gymnasium, Central Control, Visiting Rooms, and exterior areas (Garage, Warehouse, and Grounds Crew). During Site Review auditor greeted all staff encountered and engaged numerous inmates and staff both informally and formally. Auditor observed posted PREA signage, video monitoring cameras and CCTV control areas, and evaluated for blind spots, staff supervision presence, and inmate/resident accountability. Auditor observed appropriate inmate shower areas from ground floors and the upper tiers, and witnessed programmed and individual gender announcements being made. Auditor observed staff and inmate interaction and the culture of the MI and PRC housing units and common areas. During on-site review, auditor observed the auditor's Notice of Audit, posted prominently in all housing units and other common areas, in English and Spanish. This posting included the Visitor Lobby and Visiting Rooms. Auditor did not receive any correspondence from any inmates of the MI or residents of the PRC, prior-to or subsequent-to the audit, as of September, 22, 2017.

Auditor conducted a total of 41 interviews of randomly selected personnel, and those specialized staff required to be interviewed based upon audit protocols. Interviews included full-time, part-time/per diem, contracted staff, volunteers and an intern. In addition, auditor interviewed by telephone two officials of the West Springfield YWCA (Sexual Assault Counselor, and the Director of Community Services), and the MA Department of Public Health Regional SANE Coordinator. Interviews were conducted on all three shifts in the MI and PRC, and included a representation of various ranks/classifications. Staff responses indicate staff are highly trained and knowledgeable concerning the agency's zero tolerance policy, their first responder duties, mandatory reporting, and proper communication and search methods. Uniformed staff were professionally attired and evidence facility and agency pride. The spirit of teamwork and a strong sense of camaraderie was evident among agency personnel, to include the contracted staff, volunteers and an intern interviewed. Auditor noted that personnel were not only very familiar with their own duties and responsibilities concerning PREA, but many had acquired a considerable awareness of other employee's/department's areas of responsibility. Auditor found staff to be generally motivated to speak with auditor concerning the agency's PREA efforts and practices.

Auditor interviewed 38 inmates/residents of the MI and PRC selected by auditor. Inmate interviews consisted of 21 random; 12 LEP (Hispanic population of MI is 51%, and PRC is 55%); 3 mental health/cognitive disability; 4 LGBTI; 3 disabled; and 3 inmates who disclosed sexual victimization during risk screening. There were no inmates/residents available to interview in the facility that had reported a sexual abuse. No inmates under the age of 18 are confined to correctional facilities or jails in Massachusetts, but are referred to the Department of Youth Services (DYS). Auditor interviewed White, Black and Hispanic inmates, inmates from every housing area, including the ESU, and segregated housing. The 38 inmates interviewed consisted of pre-trial and sentenced inmates, Security Risk Group (SRG),

Potential Abusers and Victims, Known Victims and Abusers, Hampden County inmates/residents, MA DOC, and FBOP inmates/residents. Auditor also interviewed two LEP Foreign Nationals (random). Responses received from the inmate/resident population indicate that the inmates/residents feel sexually safe in the MI and PRC; they are receiving the PREA education; are being properly assessed for victimization and abusiveness; are being housed accordingly based upon their PREA Alerts; and are informed of the multiple methods of reporting available to them. Inmate interviews indicate that they have no hesitation to report such sexual abuse or sexual harassment to agency personnel, which evidences the maintenance of a quality correctional environment. Auditor found majority of inmates/residents cooperative and relaxed during interviews, with only two inmates declining to be interviewed (due to apparent peer pressure of the open dayroom, and poor interview site selection by auditor on one pod).

An Out-Brief with Sheriff Cocchi, agency Department Heads and PREA personnel was conducted the afternoon of August 17, 2017, followed by further inmate interviews into the evening hours. During Out-Brief, auditor provided a status report on the week's activities, and thanked the Administration, the PREA Team, and all staff that courteously accommodated auditor's many requests during the week. Auditor described the remaining work to be done (complete inmate interviews while on-site and several staff telephone interviews), continue with evidence review and begin to compile the report. Auditor would maintain regular contact with the agency PC and/or PCMs, in order to timely complete the report within the required 45 day timeframe. Only if areas of concern were identified that did not meet PREA standards would the agency then enter into a corrective action period. At the time of auditor exit, there were no areas identified by auditor that were not presently meeting the required standards.

Following four full, long days conducting on-site review, auditor departed the HCSD and commenced a detailed evidence review and report compilation. Agency PREA staff continued to be responsive to auditor's needs in providing additional confirming documentation, clarifying facility procedures and practices, and supplying supportive information relevant to standard's compliance.

Auditor is pleased to provide the following Final Report. With assistance and prompt facilitation by many agency personnel, auditor accomplished both on-site and post-audit tasks in an efficient manner. It has been a pleasure to work together with such a large group of dedicated corrections professionals. Agency efforts to implement PREA to enhance inmate safety were evident to auditor during policy review, staff and inmate interviews, on-site observations, review of the investigations conducted, review of the many detailed training curriculums, and observing the risk assessments and subsequent Board reviews conducted in my presence. Largely, through the maintenance of a safe, secure, orderly, humane and productive living environment, and working environment, the agency has established a harmonious culture, while maintaining all required security controls. Such a positive culture, absent institutional tension, promotes inmate/resident compliance and cooperation, and employee compliance and cooperation. Auditor notes that the standards at the Hampden County Correctional Center are extremely high, as their Standard Operating Procedure, SOP. The expectation in this exceptional adult corrections agency is to endeavor to exceed standards in all aspects of security, safety, employee recruitment and training, staff development, sanitation, inmate/resident education/training, programming, reentry, PREA, and more. Auditor has observed that the dedicated, professional and highly trained personnel of the Main Institution and the Pre Release Center consistently embody the agency's Mission Statement, Guiding Principles and the Sheriff's Message, as a Team.

Based upon auditor's thorough, objective and comprehensive audit review, auditor has found the Main Institution and Pre Release Center in compliance with all applicable PREA Standards. Audit results reflect the PREA program in place and the staff efforts at the Hampden County Sheriff's Department:

Meets - 24; Exceeds - 17; Not Applicable - 2; Does Not Meet - 0.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Hampden County Sheriff's Department (HCSD) and Correctional Center is a multi-mission institution dedicated in 1992, with the Main Institution (MI), Pre-Release Center (PRC) located adjacent to each other on the same compound in Ludlow, Massachusetts. The HCSD also operates the Western Massachusetts Womens Correctional Center, WCC, in Chicopee, MA, and a minimum security community confinement facility, in Springfield, MA, the Western Massachusetts Recovery and Wellness Center, WMRWC. The HCSD operates multiple community Re-Entry operations serving as day centers for released inmates/residents, and a program providing job training/employment experiences. These include the Day Reporting Program, the After-Incarceration Support Systems (AISS) and the Olde Armory Grille (community restaurant/job training program operated by HCSD personnel) in Springfield, MA. Authorized residents of the PRC are assigned to work at the Olde Armory Grille, as are female inmates housed at the WCC and male/female residents of WMRWC.

Custody levels include minimum, medium, maximum security, and a population of Pre-Release Center residents. General Population consists of Hampden County pre-trial and sentenced inmates, and a smaller number of federal inmates and others held for another authority, e.g. other Massachusetts county jails or Massachusetts DOC. The racial demographics of the population of the facilities audited (MI and PRC) was 51.8% Hispanic; 26.7% White; 20.8% Black; and .5% Other.

The Main Institution is comprised of seven buildings, three of which are the major housing towers (A, B and C) for pre-trial detainees and sentenced inmates (up to 2 and ½ years). A fourth housing Tower, Delta, is located on the 2<sup>nd</sup> Floor of the Health Services Building and houses the Western Massachusetts Evaluation Stabilization Unit, ESU. The population of the MI on August 14, 2017 was 995 inmates. The General Population housing units operate under a Unit Management/Direct Supervision mode of operation, with very few group line movements. Nonetheless, the MI and PRC buildings are equipped throughout with a very sophisticated and efficient CCTV and IT system. Personnel are equipped with multiple methods of communicating emergency alerts. Posted personnel utilize radio communications to coordinate, monitor and supervise all inmate individual and group movements in the Main Institution. In the MI, all inmates receive meals on their respective housing units, in unit dayrooms, with exception of the segregated housing units (C-1 and C-2), and inmates housed in the ESU, on Level 3 status. There are therefore no major inmate line movements for meals.

The PRC, consisting of 4 buildings adjacent to the MI, had 3 housing units occupied during auditor's on-site review (East, South and North). The West Unit was closed due to a reduced population. The population of the PRC on August 14, 2017 was 104 residents. Daily, approximately 75 PRC residents are processed-out to the community, which includes 6 Community Service Crews who perform janitorial, highway, parks and recreation, and forestry duties in the community. Others process in/out of the PRC daily for employment, job search, NA/AA, and other community appointments/programs. The PRC building is a large modular design 2-floor structure. The PRC is a self-contained housing unit, with resident visiting facilities, Food Service Department, recreational/dayroom areas, laundry, program spaces, Control Room and staff offices. Residents housed in PRC can be from Hampden or other counties, MA DOC, FBOP, or HOPE (Hampden County Optional Treatment and Parole Diversion for Effective Supervision), a parole violator diversion program.

The Hampden County Sheriff's Department has been continuously ACA Accredited from 1985 through 2013. This professional process was interrupted several years ago due to budgetary reasons. In addition, the MA DOC conducts annual inspections of the HCSD. The Federal Bureau of Prisons, BOP, also conducts periodic inspections, due to the HCSD housing BOP inmates. The Medical/Mental Health Department is audited every three years by the National Commission on Correctional Health Care, NCCHC, with the most recent audit conducted in February, 2017. In April the NCCHC Accreditation Committee awarded the facility Continuing Accreditation with Verification (CAV) contingent upon NCCHC receiving requested compliance verification for several standards.

The Sheriff of the HCSD, Nicholas Cocchi, is a career HCSD professional elected to the Sheriff's Office in 2016. The HCSD website quotes Sheriff Cocchi in his Inagural address, "Great things are expected of us because great achievements have been ours. That is our legacy. It is for us, always to provide hope, too often where there is none. To provide new direction for lives lost, to return those entrusted to us to society again as better fathers and mothers, sons and daughters and brothers and sisters."

Auditor reviewed the HCSD website, at: [www.hcsdma.org](http://www.hcsdma.org), which emphasizes: "Strength Reinforced With Decency - The Hampden County Correctional Center has a deserved National reputation for its innovation in Facility and Community programs. The Hampden County Correctional Center is considered a model of safe, secure, orderly, lawful, humane, and productive corrections, where inmates are challenged to pick up the tools and directions to build a law-abiding life in an atmosphere free from violence."

A portion of the HCSD agency Mission Statement advises that: "The mission of the HCSD is to empower offenders to reclaim their liberty through informed and responsible choices. This mission is accomplished through a professional, well trained and dedicated staff committed to the goals of the facility. The continuum of care, from entry to post-release, is designed to promote successful offender re-entry as socially and civically responsible citizens. In short, "Strength Reinforced with Decency; Firmness Dignified with Fairness."

The agency has individual Mission Statements for each of the 6 facilities, as required by HCSD policy, 1.1.1 Mission Statement/Goals Statutory Authority, 2017. These facility-specific mission statements are included in the respective inmate/resident handbooks. Also included in each handbook is the Sheriff's Message, where the agency head emphasizes safekeeping, growth and change, care and custody, and that "We want an environment of harmony and cooperation. Each staff and each inmate must put forth an effort to create this."



## **SUMMARY OF AUDIT FINDINGS**

Number of standards exceeded: 17

Number of standards met: 24

Number of standards not met: 0

Number of standards not applicable: 2

### Standard 115.11 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.**

Auditor has reviewed the Hampden County Sheriff's Department, HCSD, Core Policy and Protocol, 3.5.3 PREA Plan. The PREA Plan policy was recently reviewed by agency officials in March, 2017 with effective dates of April 1, 2017 thru March 31, 2018. This comprehensive policy mirrors the requirements of the PREA standards, includes definitions of prohibited behaviors and outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Protocol 1: Prevention and Planning, page 9, includes the HCSD requirement of zero tolerance of sexual abuse and sexual harassment. Auditor has reviewed the HCSD Inmate Handbook and PREA brochure, which reiterates the agency's zero tolerance policy towards sexual assault, sexual misconduct, staff sexual misconduct and sexual harassment.

In order to make a determination of compliance auditor reviewed the HCSD Organizational Chart, which places the agency-wide PREA Coordinator, PC, as directly reporting to the Assistant Superintendent of Housing. The PC's title is Assistant Deputy Superintendent. The PC was trained/certified and appointed to this position in November, 2013. The PC was involved in statewide planning for PREA, and in establishing an agency PREA Committee in preparation for the initial PREA Audit in 2015. The Main Institution, MI, and Pre-Release Center, PRC, each have an assigned PREA Compliance Manager, PCM, in compliance with agency policy. The MI and PRC PCMs have been appointed to their respective positions as PCM beginning in 2014. In addition, three additional PCMs report to the PC, and are assigned to the Women's Correctional Center, WCC; the After Incarceration Support Services, AISS; and the Western Massachusetts Recovery and Wellness Center, WMRWC.

In order to make a determination of compliance, Auditor interviewed the agency-wide PC and the PCMs of the Main Institution and the Pre-Release Center. Each PREA official advised that they have sufficient time and authority, working as a team, to coordinate the facility's efforts to comply with the PREA standards.

Based upon auditor's review of agency policy, Site Review observations, and interviews with the PC and PCMs, and an additional 80+ interviews of staff/inmates/residents, it is determined that the HCSD has effectively implemented the PREA standards within their agency. The dedication and teamwork displayed among the HCSD PREA team is evident to auditor, based upon my personal observations, staff interviews and review of agency documentation. Staff and inmate/resident awareness, training, and education evidence the unified efforts and intentions of this agency's leadership. Zero tolerance is practiced at the Hampden County Sheriff's Department, with staff buy-in being expressed to auditor by many personnel, and as observed by auditor during on-site review. During interviews with auditor, the inmates expressed confidence in staff, and relative institutional comfort for their safety, due to the facility's emphasis on zero tolerance, sexual safety, and the performance of personnel.

### Standard 115.12 Contracting with other entities for the confinement of inmates

- 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.**

Questionnaire, and interview with the agency contract administrator and PC have confirmed this standard to be NA.

### Standard 115.13 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.**

In order to make a determination of compliance, auditor reviewed the HCSD 3.5.3 PREA Plan, Protocol 1: Prevention and Planning, Section C. Supervision and Monitoring, pages 10-11. The PREA Plan requires that each facility develops, documents, and makes best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect inmates against sexual abuse. These policy requirements are consistent with the PREA standards, and require documentation to justify all deviations from the staffing plan, requires an annual staffing plan review, and the conducting of unannounced supervisory rounds to identify and deter sexual abuse and sexual harassment.

Auditor reviewed the most recent Staffing Analysis Review, conducted on June 9, 2017. Attending that meeting were the HCSD PC, the Assistant Superintendent, AS of Special Operations, the AS of Human Resources, the AS of Housing Operations and the Chief of Security. This annual review ensures that established minimums/required post positions that provide security coverage are maintained. This mandate applies to post personnel and supervisory personnel. Auditor notes that agency policy requires that weekly staffing meetings be conducted by all three shifts to review training needs, scheduled vacations and staffing levels for the following week. Correctional Supervisors are required by policy to ensure staffing levels are at or above minimum.

The PAQ reports that there were 0 instances of violation of the staffing plan during the last 12 months. The PAQ reports the average daily number of inmates at the MI during the last 12 months to be 944; at the PRC, 116. The staffing plan is predicated on those daily average numbers (944/116).

The HCSD employs a Security Staff Scheduler, who is responsible to plan with the Shift Supervisors and Administration, for agency staffing needs, in response to training requirements, vacations, special staffing needs, etc. The agency also employs seasonal help beginning in May of each year and which may last throughout the calendar year. In 2017, the HCSD hired 80 seasonal employees (Correctional Officers, Clerks, and Residential Supervisors). In order to maintain the required shift rosters, the Main Institution has the ability to trade officers with the Women's Correctional Center, WCC, while the PRC can utilize employees at the Western Massachussettes Recovery and Wellness Center, WMRWC.

Auditor interviewed the Warden/Designee, the Assistant Superintendent (AS) of Housing Operations. The AS advised that the facility staffing plan is reviewed annually, and can be adjusted due to investigative findings. The established relief factor has been developed to exceed the required staffing minimums, and the facility never goes below the minimum complement, that staff do not deviate from established minimums. Overtime is used, and staff can be frozen on-shift, if necessary, while additional staff are scheduled. In a winter weather emergency, for example, the facility dispatched vehicles to pick up employees who were unable to report to duty due to the inclement weather. All shift rosters are maintained electronically, and are reviewed by the Security Staff Scheduler and the Chief of Security, to ensure that the required shift complements are being maintained. The Assistant Deputy Superintendent, ADS, of PRC, advised auditor that staffing would never go below the required complement. He reviews the staffing plan annually with the PCM and the Security Director, to review for staffing needs or areas of concern. The unit Security Director reviews regularly the shift schedules, rosters, reports, etc., to ensure compliance with the staffing plan.

The PC advised auditor during interview that the HCSD considers generally accepted detention and correctional practices, the composition of the population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse when assessing staffing levels and the need for video monitoring. The PC advised that she meets annually with the Chief of Security, the AS of HR, the AS of Special operations and the AS of Housing Operations to review the staffing plan. A security mirror would be placed at-times, should a camera not be determined to be feasible. The PC advised auditor that the agency is inspected by the Federal Bureau of Prisons and Massachusetts DOC bi-annually, and that there are no judicial findings of inadequacy from any internal or external oversight agencies.

The PREA Plan, page 11, No. 4, requires that supervisors conduct unannounced rounds of the facility to identify and deter staff sexual

abuse and sexual harassment. Agency policy prohibits staff from alerting other staff members that such supervisory rounds are occurring. During interview with a Residential Shift Supervisor, a Sergeant, and a Unit Manager, all supervisors advised auditor that they conduct unannounced rounds, vary their routes, and ensure they document such rounds in the electronic POWS, ( Pod Officers Work Station). Auditor has reviewed random electronic reports which evidences such supervisory rounds.

Based upon auditors review of agency policy and supportive documentation, and staff interviews, auditor has concluded that the HCSD exceeds standard requirements concerning supervision and monitoring. During Site Review auditor has observed numerous security staff conducting "rings" or security rounds of their respective posts, which are automatically entered into the POWS. Auditor notes that the PRC requires 30 minute "rings" be conducted by their Residential Supervisors of the Pre-Release housing units, exceeding the one hour rounds normally required for such a general population/pre-release unit. This 30 minute security round requirement was implemented due to the linear style of the housing units in PRC, and to get more frequent Residential Advisors/checks into the resident bathrooms. Non-uniformed staff offices are also purposely placed throughout this minimum security unit, in order to enhance supervision, increase staff traffic flow, visibility and access to the resident population.

### Standard 115.14 Youthful inmates

- 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.**

NOT APPLICABLE/NA. The HCSD does not house individuals under the age of 18. The HCSD maintains a Memorandum of Understanding, MOU, with the Massachusetts Department of Youth Services, requiring DYS to coordinate services for youth under the age of 18, in compliance with state and federal law. This MOU was recently updated on July 17, 2017.

### Standard 115.15 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.**

In order to make a determination of compliance, auditor reviewed the PREA Plan, 3.5.3 Protocol 1: Prevention and Planning, Section E. Limits to Cross Gender Viewing and Searches, pages 12-14. Policy prohibits cross-gender strip or visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy prohibits cross gender pat-down searches of female inmates (auditor notes that the MI and PRC do not house female inmates/residents). Policy requires that inmates will be able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy prohibits staff from searching a transgender or intersex inmate for the sole purpose of determining that inmate's genital status. The PREA Plan requires security staff to be trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner, and in the least intrusive manner possible, consistent with security needs and policy.

The PAQ reports 0 cross-gender strip or cross-gender visual body cavity searches conducted during the last 12 months.

During random staff interviews, personnel advised auditor that they had recently received pat-down refresher training during the last two weeks. This training was in the form of a locally produced video demonstrating methods to conduct cross-gender searches and searches of transgender and intersex inmates. Auditor has personally reviewed this approximately 7 minute long production, which is considered a valuable training tool for staff. This video is also incorporated into the agency's Training Academy curriculum for new employees. Staff were aware of the prohibition of searching a transgender or intersex inmate for the sole purpose of determining that inmate's genital status.

Random interviews with inmates/residents provided auditor with consistent responses that inmates/residents are able to shower and perform bodily functions without opposite gender staff viewing. During on-site review, auditor observed all inmate/resident shower areas, and evaluated the showers from the upper tiers, to gauge staff viewing from such elevated vantage points and/or from CCTV angles. Auditor has concluded that inmates are afforded required privacy without opposite gender viewing, while still providing security personnel with the required supervision necessary, i.e. views of head/upper torso and lower legs/feet. Inmates advised auditor that female staff regularly announce their presence by activating the pod public address system, which announces "Female on the unit." According to the inmates, a female posting, or "Pink Lady" is also posted by the officer's station when a female is on the unit. In PRC, there exists a procedure for female staff to "Knock and Announce" their presence prior to entering the resident's bathrooms while conducting "rings" or 30 minute security rounds. Auditor notes the resident rooms (2 or 3 man cells) are without water/toilet/shower facilities, with residents utilizing their respective wings central bathroom facilities.

Auditor interviewed random staff who advised that inmates/residents are never naked in full view of female staff. Staff informed auditor that female entrance onto the unit is announced by staff entering their ID number into the POWS computerized program (Pod Officer's Work Station), which activates a pre-recorded "Female on the unit" announcement. Staff advised auditor that a female placard is also then posted to notify hearing impaired inmates of a female presence on the unit. This female-laminated placard is required by the PREA Plan, Section E. 6. c., providing inmates with hearing disabilities this information concerning female presence on the housing unit.

During site review, when accompanied by female personnel, auditor witnessed the gender announcements being made on every occasion upon entry into a housing unit. The same procedure noted above was utilized each time, with visiting personnel either entering their own 6-digit employee ID number, or the post officer entering the ID number for them. Staff can also scan their employee badge to enter their ID number into the POWS system. This "PREA Announcement" is then logged into the POWS system, with date/time and employees ID number. Auditor had unit Correctional Officers demonstrate this documented feature to auditor, and auditor also reviewed print-outs of this documentation evidencing these gender announcements as a common occurrence. This documented feature on the POWS is titled as Gender Announcement Log. Auditor observed uniformed and non-uniformed female staff throughout the facility, in all areas, during on-site review. Auditor notes that the PREA Plan (E. 5, page 12) requires a gender announcement be made at the beginning of each shift, reminding the inmates of female staff presence to provide care, custody and services throughout the shift. Auditor verified this announcement when on the units during new shift arrival, in MI and PRC. The announcements, both in English and Spanish, combined, total 30 seconds in duration.

#### **Standard 115.16 Inmates with disabilities and inmates 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 PREA Plan, Section F. pages 14-15, provides that the HCSD shall take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes providing access to interpreters, and providing written materials in formats or through methods that ensure effective communication with inmates with disabilities, limited reading skills, or who are blind or have low vision. The HCSD does not rely upon inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety.

Auditor reviewed Policy 4.1.8 Inmate Orientation, page 22, which provides for effective communication with inmates with disabilities and inmates who are LEP. Auditor has reviewed the HCSD Language List, which includes 43 employees that can be utilized for translation services at the MI and PRC. These languages include Spanish, Portugese, Patwah, Gealic, French, Polish, Swedish and Russian. At other nearby HCSD sites (AISS, WCC and WMRWC) another 44 staff interpreters are available for possible use at the MI and PRC. In addition to the above noted languages, the sister facility staff could be used to translate Cambodian, Sign Language, Italian and Haitian Creole.

Auditor reviewed the HCSD Purchase Order, dated August 9, 2016, for translation services contracted through Language Bridge, LLC for the period 7-1-16 through 6-30-19. Auditor reviewed two activations of the Language Bridge translation services during the last 12 months: one for Mandarin Chinese (2017) and one for Vietnamese (2016). While the HCSD has an abundance of staff translators available, it is evident that the facility utilizes all services available in order to effectively communicate with the inmate population. Auditor notes that for the two instances of use of the Language Bridge services during the last 12 months, medical staff have clearly noted written instructions within their records for staff to promptly use the Language Bridge, due to the language barriers present. Auditor has reviewed documentation confirming that a Russian inmate was previously provided a communication tool/board for use in communicating with staff as-needed. The Mandarin-Chinese inmate was also noted to be in possession of a communication board to assist in communications.

During Site Review, auditor observed the intake processing of numerous inmates. Auditor requested to see the PREA brochures provided to the inmates upon reception. The practice of the MI is to provide all inmates with both English and Spanish language PREA brochures, placed within their initial box of issued items. Both English and Spanish versions of the Inmate Handbook are also issued, during Inmate Orientation on unit B-1, within several days of reception. Auditor observed Spanish PREA posters throughout the facility, and the PREA Notice of Audit posted in Spanish, as was provided to the PC, due to the large number of hispanic inmates confined at the MI and PRC.

Auditor interviewed the Agency Head/Designee (Superintendent), who advised auditor that hard copy Spanish versions of the PREA brochure and Inmate Handbook are provided to the inmates, as appropriate. Staff will do whatever actions are necessary in order to communicate with the inmates. Random staff interviewed were knowledgeable concerning the prohibition of using inmate interpreters for reporting allegations of sexual abuse or sexual harassment. Multiple staff interviewed advised auditor that there are numerous staff available to translate, and are used regularly, as needed.

Due to the high percentage of Hispanic and Limited English Proficient, LEP, inmates, auditor interviewed 12 LEPS, using three different staff translators. LEPS interviewed were selected from 5 separate housing units within the MI, and two separate pods within the PRC. One of the LEPs is also documented as being hearing and vision impaired. Based upon inmate interview results, auditor has concluded that the MI and PRC are providing written Spanish PREA brochures (Acta de Eliminacion de Ultraje en Prison), and Spanish Handbooks, as required. The majority of LEPS interviewed recalled receiving the Spanish PREA brochure and the Spanish Inmate Handbook. Others noted the Spanish PREA posters posted by the phones, recalled the PREA orientation on B-1 (Reception Unit), and mentioned their use of staff interpreters. One inmate who stated he did not receive a Spanish Handbook was provided one by auditor. One inmate stated the video/orientation was done in English, but that he could understand it. Another stated he could understand English, but could not speak it so well, so he does not usually try to speak English. All LEP inmates interviewed stated they felt safe at the facility. Auditor noted that all three staff translators utilized were eager to assist auditor, were professional, and their interactions with the inmates interviewed was relaxed and comfortable. Auditor observed that the inmates were also comfortable and relaxed with the staff translators, displaying appreciation for such attention to them, and their needs.

Auditor attended a B-1 Unit Inmate Orientation/PREA Orientation on August 15, 2017. Auditor observed an effective facilitation by a uniformed unit Correctional Case Worker/Corporal, CCW. The CCW noted several times that anyone requiring assistance in understanding the information/video should request it. The CCW noted that Spanish versions of the Inmate Handbook are available on the unit. Included with the PAQ is documentation electronically entered by the same CCW into the TRAX system, with information concerning a staff translator request he initiated in July, 2017, to assist with communications with an LEP inmate. Auditor has reviewed documentation evidencing PREA Orientations being presented at the PRC by the Intake Coordinator, and receipted for by the PRC residents.

Based upon auditor's review of agency policy and associated documentation, observed facility practices, and staff and inmate interviews, it is determined by auditor that the agency exceeds standards. It is the expectation that staff comply with the PREA standards and agency policy and procedures. It is this auditor's observation that staff work in a unified manner in the performance of their daily duties, and as regards communicating with disabled and LEP inmates. The facility makes a genuine effort to ensure all inmates have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment.

#### **Standard 115.17 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)

**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.

Auditor reviewed the HCSD PREA Plan, 3.5.3, Protocol 1: Prevention and Planning, Section G. Hiring and Promotion Decisions, pages 15-16. The agency policy directs that all requirements of the PREA standards be met, which includes criminal record background checks, and including PREA inquiries within employment and promotional applications. Agency policy 1.3.1 Human Resource Policy Manual, Protocol 18: Personnel Actions, Section A, Recruitment and Staff Selection, pages 26-30, requires all new employees to undergo a criminal record check to ascertain whether there are criminal convictions which may have a specific relationship to job performance. This Policy Manual also requires new hires to complete and sign an Inmate Sexual Misconduct Policy, Section D, 2. j. page 30.

The PAQ reports that the HCSD has conducted 131 criminal background record checks for new hires, and 120 criminal background checks for promotional applicants in the last 12 months. The PAQ reports that 89 criminal background record checks were also conducted on contracted staff who might have contact with inmates.

Auditor interviewed the Human Resource Manager, who advised auditor that the HCSD conducted criminal background record checks on all agency employees (which includes the MI and PRC, plus other facilities) during the period May 29, 2017 thru August 3, 2017. This number totaled 1,155, which included full-time and part-time employees, contracted staff, and volunteers. In addition, 80 seasonal help employees also had criminal record checks conducted prior to their May-June employment. The HR Manager performed this task by pulling the list of all employees, and using weekend work hours at times in order to complete all criminal records checks of personnel, contractors and volunteers prior to the PREA audit, and satisfying the five year requirement. The HR Manager walked the auditor thru the record's check process, which utilizes the Criminal Justice Information Service, CJIS. The HR Manager would either enter the employees driver's license number, or name and date-of-birth or social security number if the driver's license number is from out-of-state, to start the process. The methods utilized by the HCSD result in clearance checks conducted with the MA Bureau of Probation (BOP), the III-NCIS, Warrant Management-WMS-MA, and a Driver's History, KQ. The background criminal records checks also address out-of-state employees, many of which commute from Connecticut. During this interview, auditor reviewed spreadsheets documenting successful records checks of the 2017 seasonal help, Academy spreadsheets for new hires and the promotional applicants. As a targeted selection to verify compliance, the Auditor specifically requested to view the PREA Coordinator's 2017 promotional application, to include the HCSD PREA Inquiries for Promotion form, and the successful criminal background record's check conducted. All required forms were properly processed and approved. The HR Manager confirmed that both the initial application for new hires and promotional applications must respond to the five PREA inquiries. The employees continuing affirmative duty to report is included in the Employee Handbook, and this requirement is also reviewed in new employee orientation. All new staff must receipt for the Employee Handbook. The HR Manager advised auditor that the HCSD would provide facility information about a former employee to another institution/agency, contingent upon that employee completing a consent form. The HR Manager advised that her practice is to accommodate the agency's personnel into the HCSD HR Offices to review such documentation. She stated she rarely sends out such information to requesting agencies, e.g. 99.9% enter HCSD for review. She also protects confidentiality of candidates/employees by having a private office printer, with a computer password change required every six months.

Auditor found the HR Manager to be well aware of the requirements of the applicable PREA standards and the PREA Plan. Her proactive actions evidence her dedication to this duty. Auditor found the records requested to be readily available, whether electronically or hard-copy, and the records randomly requested were accurate concerning compliance. It is evident to auditor that the extensive and thorough processing of the background checks and PREA inquiries has become firmly institutionalized at the HCSD.

### Standard 115.18 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 PREA Plan, 3.5.3, Protocol 1: Prevention and Planning, Section H, Upgrades to Facilities and Technologies, page 16 requires that: 1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the HCSD considers the effect of the design, acquisition, expansion, or modification upon the department's ability to protect inmates from sexual abuse. 2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the HCSD considers how such technology may enhance the department's ability to protect inmates from sexual abuse.

Auditor has reviewed the 26 page camera schematic report, revised July 14, 2017. This comprehensive report includes all MI housing units, including stairwells, (Towers A, B, and C), Administration Building, Visiting Room, Food Service, Multi-Purpose Bldg, Health Services, Vocations, and both floors of the PRC, which includes housing, Visiting, Food Service, program areas and dayrooms. This report includes the current locations of all facility electronic surveillance camera locations, and additional proposed Stage 4 PREA camera locations. The Stage 4 Project would constitute a further substantial expansion/upgrade of the video monitoring system, designed in order to enhance the safety of the inmate population within many areas. Funding has not yet been approved for Stage 4. The agency has established multiple remote monitoring stations for the camera system. Auditor requested the assigned Central Control Room staff explain the systems capabilities for routine monitoring and video retrieval on August 17, 2017. Staff were very knowledgeable and eager to demonstrate the security systems to auditor.

A prior substantial video monitoring expansion/upgrade was completed from 2015 thru 2016, resulting from the PREA Committee-Inmate/Resident Monitoring review. This expansion/upgrade consisted of the addition of additional cameras, and replacement of others with high-definition capability. Numerous compound Tower/Building lights were upgraded to LED to enhance the interior compound lighting and to save costs. The PREA Committee consisted of the Assistant Deputy Superintendent of Support Services, Assistant Superintendent of Special Operations, Security Manager, Primary Captain and Systems Technicians. Based upon auditor's on-site review of all facility areas, the MI and PRC have very thorough and comprehensive electronic surveillance and video monitoring systems in place. These systems are supplemented by strategic placement of security mirrors, and official posted signage serving to daily remind personnel and inmates of boundaries and security procedures.

Auditor interviewed the Agency Head/Designee (Superintendent), who informed auditor that the agency considers the effect of changes when they design or plan substantial modifications of facility areas, in order to protect inmates from sexual abuse. The Superintendent noted the 2017 WMRWC move from the Day-Reporting location to a new site on Mill Street, Springfield, MA. The agency had to plan for the design and occupation of the the new site, and camera locations were identified based upon feedback from staff. The Warden/Designee advised auditor that based upon the recommendations of personnel, the MI had purchased and installed cameras in the past, based upon determined need (PREA Risk Assessment). Presently, there are plans for the purchase and installation of additional cameras to supplement existing video monitoring capability and staff presence. If blind spots are identified, the agency can and will add cameras. Staff should be walking and talking in their areas. Signage has been posted to reinforce to staff basic security porcedures, i.e: THE DOOR MUST REMAIN LOCKED AT ALL TIMES; ONLY ONE INMATE IN ROOM; INMATE ACCESS ONLY WITH STAFF SUPERVISION; and STAFF ONLY. Such postings observed by auditor during on-site review are unavoidable, and consistently reinforce to personnel and inmates fundamental agency security practices and expectations.

#### **Standard 115.21 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)

**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.**

Auditor reviewed the PREA Plan, 3.5.3, Protocol 2: Responsive Planning, Section A, pages 16-17. This policy requires the agency to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal investigations. In compliance with the PREA standards, policy also requires access to forensic medical examinations by certified SAFE/SANE medical practitioners, where possible, without financial cost, and sevicees of a Victim Advocate.

Auditor reviewed the HCSD 3.5.3 Special Teams policy, Protocol 3: Criminal Investigative Unit (CIU), pages 8-13. This policy provides clear direction for agency investigative personnel in obtaining and preserving usable physical evidence, following a uniform evidence protocol. Policy directs that a statement be taken from the victim, and if a possible victim of sexual assault, the victim is sent to Baystate Medical Center's SANE Unit for a complete medical examination. The HCSD CIU has authority to conduct both administrative and criminal investigations. In cases where criminal prosecution may be appropriate, however, the Massachusetts State Police are notified and may be consulted or the case referred to the MSP for their investigation.

The PAQ reports one forensic examination conducted at Baystate Medical Center, BMC, 759 Chestnut Street, Springfield, MA 01199, during the last 12 months, conducted by a SAFE/SANE, resulting from an allegation of inmate-on-inmate sexual abuse. Forensic examinations by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) are conducted at BMC without financial cost to the victim. Where SAFEs/SANEs are not available, a qualified medical practitioner performs the forensic medical examinations. Victim Advocate services would be provided to the inmate victim by YWCA trained Sexual Assault Counselors. If the YWCA is unable to provide victim advocate services, a qualified agency staff member may provide such services. The HCSD maintains a

MOU with the Springfield, MA YWCA to provide Rape Crisis Hotline Services, and Victim Advocate/Emotional Support Services, and Counseling Services as necessary due to sexual abuse.

Auditor has reviewed the SANE Program Goals document/curriculum, utilized by the Western Massachusetts Regional Coordinator, MA Sexual Assault Nurse Examiners Program, as presented to HCSD personnel during a training workshop in 2015. Auditor interviewed the Department of Public Health (DPH) Regional SANE Coordinator, who has jurisdiction concerning 3 Western Massachusetts counties, including Hampden County. The Regional Coordinator confirmed that SANEs are on-call at BMC, and that there are several full-time SANEs employed there. The Emergency Room staff would notify the YWCA for Victim Advocate services as necessary, upon admission of a sexual assault victim.

Auditor interviewed the PCM of the PRC, who advised that the HCSD has an MOU with the YWCA to provide the inmates/residents with victim advocate and emotional support counseling services. The PCM advised that the YWCA is a nationally recognized Rape Crisis Center. Auditor interviewed the MI PCM, who advised auditor that all inmate communications with the YWCA are confidential. The YWCA notifies the HCSD if the inmate needs something. While on-site, auditor learned that YWCA Counselors had conducted visits at the facility during 2017 to provide such counseling services to an alleged victim of sexual assault. The MOU with the YWCA provides for up to 12 confidential counseling services visits to the HCSD (MI, PRC, WCC or WMRWC) by a trained sexual assault counselor of the YWCA. Auditor interviewed the MI Health Services Director of Nursing, who advised auditor that both health services and mental health personnel receive specialized PREA training, and that she previously had facilitated a training session for facility personnel in 2015 by the DPH Regional Coordinator of SANE Services. The Director of Nursing was herself previously a SANE certified employee of area community hospitals. She advised auditor that medical staff would immediately act to isolate and preserve evidence, following policy and protocol. The facility would send inmate to hospital for full evidence collection, anal, oral or vaginal, an interview to be conducted, and full documentation made. The YWCA counselor would provide the inmate victim a packet of information concerning services available.

Auditor interviewed the HCSD Victim Services Coordinator, and reviewed her Job Description, which includes as one of her primary duties, providing support and advocacy to incarcerated victims of sexual assault, and assisting the incarcerated victim to obtain a reasonable continuum of services throughout incarceration and following release as needed. Auditor interviewed the YWCA Sexual Assault Counselor that provides counseling support services to inmates housed at the HCSD MI, PRC, and other HCSD facilities. She stated the YWCA victim advocate services would be activated by the Emergency Room staff at Baystate Medical Center, upon admittance of an inmate victim, or the YWCA could be contacted directly by the HCSD staff. This YWCA Counselor advised auditor that she has provided counseling services to an inmate housed at the HCSD during the last 12 months due to alleged sexual abuse. The Counselor advised that under the MOU agreement, the YWCA will provide up to 12 individual counseling sessions, without financial cost. But the number of sessions could be increased, based upon the counselors findings and recommendations. The YWCA Counselor interviewed advised auditor that she provides relevant programming inside the WCC for female inmates, also.

There were no substantiated cases of sexual abuse at the MI or PRC during the last 12 months. There were no inmates/residents currently housed at the MI or PRC that had alleged sexual abuse.

During Site Review auditor examined a PREA Kit maintained in the PRC for use in the event of a sexual assault. This Kit, to include a second one maintained in the PRC, and 4 within the CIU of the MI, contains a change of clothing, evidence bags and tags, chain of custody forms, and a sheet to lay upon the floor during evidence collection/changing of clothing. The complete evidence collection procedures to be utilized are detailed within the Special Teams policy, 3.1.7.

#### **Standard 115.22 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)

**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.**

Auditor reviewed the PREA Plan, Protocol 2: Responsive Planning, Section B. Policies to Ensure Referrals of Allegations for Investigations, pages 17-18. B. Policies to Ensure Referrals of Allegations for Investigations.

1. The HCSD ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual

harassment.

2. The HCSD ensures that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility documents all such referrals.
4. Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.
5. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

Auditor interviewed the Agency Head/Designee who advised auditor that a criminal or administrative investigation is completed for all allegations of sexual abuse or sexual harassment. The CIU Commander (Lieutenant), the PC and the PCMs keep the investigations on the front burner, in order to ensure that all allegations are thoroughly investigated. We are kept informed of such matters. Auditor was advised by the Agency Head Designee that the HCSD recently hired two former MSP officers to assist the CIU with investigations of alleged sexual abuse. These MSP officers have experience in the CPAC Unit (Crime Prevention and Control Unit) of the MSP, commonly referred to as the State Police Detective Unit. These two per diem consultants will bring valuable investigative experience to this process. Auditor was able to meet the two new investigative employees on August 14th, and observe them at their work station in the Administrative Building on August 17, 2017.

Auditor reviewed HCSD Policy, 3.1.7 Special Teams, Protocol 3: Criminal Investigative Unit (CIU), pages 8-14. This policy provides the authority to the CIU to ensure the protection of the legal rights of inmates, staff and/or visitors. The CIU is created to ensure that a thorough and unhampered collection of all pertinent, factual information and the preservation of all necessary evidence is collected in an acceptable and timely manner. Detailed investigative procedures are contained within this policy for staff guidance. The CIU Commander provides information to the Assistant Superintendent of Operations, the Sheriff, and Facility/Unit Superintendent relative to the progress of investigations. Auditor reviewed the CIU Sexual Assault Investigations procedures document, which describes the units process in completing a Criminal Complaint Application and notifying the Hampden County District Attorney's Office when evidence appears to support criminal prosecution. The CIU does not conduct investigations of sexual harassment. Sexual harassment investigations are directed by the housing unit Tower Supervisor, initiating an investigation by the Tower Disciplinary Officer. If evidence supports the allegation(s), a Disciplinary Board would be convened. If at any time, sexual activity is reported, the CIU would be notified. The CIU reviews all sexual harassment cases upon completion.

The PAQ reports that during the last 12 months, 25 allegations of sexual abuse or sexual harassment were received; 24 resulted in an administrative investigation (one criminal investigation, due to the nature of the allegations, remains open or on-going from the last 12 month period); 12 were referred for criminal investigation by the CIU. During on-site review, auditor reviewed all sexual abuse investigations conducted during the last 12 months at the MI and PRC. Auditor reviewed these files with the CIU Commander, the MI PCM, the PRC PCM, and the WCC PCM. There were 0 substantiated cases of sexual abuse reported during the last 12 months. One case remains on-going. Auditor reviewed a Monthly CIU Report, for June, 2017, which documented 5 open MI PREA cases presently being investigated by the CIU.

When interviewed by auditor, the CIU Commander advised that the HCSD CIU is a criminal investigation unit, and are able and authorized to conduct criminal investigations. If an incident or allegations constitute felony level offenses, the MSP or District Attorney's Office would be consulted concerning the investigation/criminal charges. The facility may determine to work jointly with the MSP or to refer cases to the MSP.

The MI PCM, who has attended training for conducting sexual abuse and sexual harassment investigations, and is an authorized Train-The-Trainer for instructing others in investigative procedures, advised auditor during interview that the HCSD investigators have legal authority to investigate criminal offenses. If offenses or allegations are of a criminal nature, they would notify the MSP. A second MI certified PREA investigator interviewed advised auditor that the HCSD investigators typically conduct their own investigations, but that for serious or strong cases, they would have the MSP come in to assist or to lead such an investigation.

Based upon auditor's review of agency policy and procedures, the Organizational Chart, the trained team of experienced investigators, staff interviews and review of all investigative files, it is determined that the facility makes all efforts to thoroughly investigate any/all allegations of sexual abuse or sexual harassment. Auditor requested, received and reviewed random (selected by auditor) video evidence of an alleged sexual abuse, which proved to refute an inmate's allegation, and resulted in an unfounded finding. The agency has expended funds to properly train a large team of investigators, who work jointly with the PC and PCMs to thoroughly address all incidents or allegations of sexual abuse and sexual harassment.

### **Standard 115.31 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)

**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.**

Auditor reviewed the HCSD Policy, 1.4.1 Staff Training and Development Plan, Protocol, Protol 2: Orientation and Training Requirements, page 9 (PREA); Protocol 3: Training Records and Documentation, pages 15-16; Protocol 5: Annual In-Service Training, pages 17-19; and PREA: Training and Education, pages 40-42. The PAQ includes extensive training programs, records and associated documentation, to include the 2016 and 2017 Academy PREA Training program (87 pages); the 2016 and 2017 New Staff, and Summer Help PREA Training programs, both 104 pages; the 2017 In-Service, 8 Hour (In-Class), 16 Hour (Podnet) and ADA/PREA Training; 2016 and 2017 PREA Updates/Refreshers; Power Point PREA Trainings on Gender Dysphoria-Supervisor Training; 2016 PREA Annual Report; and Mandatory MI and PRC PREA Trainings. Examples of computerized employee Acknowledgement of Completion and Comprehension forms as submitted upon successful completion of the on-line trainings were reviewed, as were copies of hard-copy in-class training rosters with staff signatures, e.g. 33 personnel attended the Transgender and Intersex Inmate Searches training conducted on July 24, 2017.

Auditor interviewed random staff to determine compliance with the standard. Auditor found staff to be very knowledgeable concerning the PREA standards and their own individual responsibilities in reporting and responding to reports of sexual abuse or sexual harassment. Staff cited their attendance at the HCSD Academy (160 hours), and their attendance at 8 hour and 16 hour trainings in-service trainings. Several PREA subjects were recently presented in Roll Call, Bi-Weeklys and 16 Hour refresher trainings. Staff recalled completing such trainings on-line and in-class as presented by facility trainers and a retired consultant PREA Trainer. Many staff mentioned the opposite gender/transgender pat-search training video as recently required to be completed. All staff were familiar with the agency's zero tolerance policy, and the inmates rights to be free from sexual abuse, sexual harassment and retaliation. During staff interviews, auditor interviewed a contracted staff member (Retiree-Consultant) and a Sergeant that had facilitated PREA trainings at the HCSD Academy and during In-Service staff trainings.

During review of the multiple PREA training programs developed and utilized, auditor noted the comprehensive nature of the professionally organized programs. As examples, auditor notes the 5 Key Principles emphasized in the New Staff PREA Training Program, i.e.: 1. Staff will investigate every single report of sexual abuse or harassment (115.71); 2. Inmates will not be punished for reports made in good faith (115.78); 3. Both inmates and staff who report sexual abuse and/or harassment will be protected from retaliation (115.67); 4. No one ever deserves to be sexually abused or harassed (115.11); and 5. Sexual abuse is never the victim's fault. These 5 Key Principles, part of the Building a Culture of Zero Tolerance section, are also included in the Summer Staff Program/PREA training requirements, and the 2016 and 2017 Academy Training on PREA presented to all new agency employees. The training programs include a thorough Standards Review, Staff Responsibilities (and Do's and Don'ts), Inmate Rights, Staff/Inmate Rights-Retaliatiion, Code of Silence, Inmate Code of Silence, Dynamics of Sexual Abuse/Harassment in Confinement, High Risk Groups, Behavior Signs, Red Flags (Victims and Abusers), Responding to Signs/Threats/Abuse, Avoiding Inappropriate Relationships, Communicating Effectively, Definitions, Myths/Misconceptions, Universal Respect, Communication Points, Mandatory Reporting, Confidentiality, and a Review: "What must we do? And how? Establish a culture of dignity and safety for all.. by practicing universal respect..and understanding the subcultures within the populations we supervise...especially those most vulnerable to abuse." The high quality development of this one noted curriculum was observed by auditor to be present in all of the agency's PREA training programs reviewed, which serves to prompt staff attention, and a unified compliance with the agency's goals.

The PAQ reports 100% of staff employed at the facility received the required PREA training in 2016, and greater than 50% (579) have received the required PREA training in 2017. All staff receive refresher PREA training annually. All such trainings are documented, either with hard-copy signatures, or through electronic verification. Auditor has reviewed random hard-copy and electronic signatures to confirm staff attendance/completion of such Academy, and In-Service trainings. Auditor requested and reviewed PREA Orientation training documentation from July, 2017, for the two newly hired per diem investigative staff. Staff interviews evidence the intensive PREA training program in place at the HCSD, with the in-service training program operating effectively beginning in January 2014 for all staff. Supervisory training for PREA was initiated in June, 2013. Dedicated training staff support the agency PREA officials in this collaborative effort, and all initiatives have the full support of the Sheriff's Department Administration in order to ensure the sexual safety of the inmate/resident population.

**Standard 115.32 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)

**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.**

In order to make a determination of compliance, auditor reviewed HCSD Policy, 1.4.1 Staff Training and Development Plan, Protocol 2: Orientation and Training Requirements, Section E. Part-Time Staff, Consultants and Contractual Personnel, page 12; PREA Plan, Protocol 3: Training and Education, Section B. pages 19-20. Auditor reviewed 1.7.2 Volunteer Resource Service Handbook, which is reviewed at orientation, and issued to each Volunteer. The noted policies require a full general orientation for Volunteers, Interns and Contractors, and orientation on their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. All non-full-time staff and volunteers, interns and contractors must be notified of the agency's zero tolerance policy, with training provided based upon the level of contact they have with inmates. The department is required to maintain documentation confirming that volunteers, interns, and contractors understand the training they have received.

Auditor reviewed the HCSD Policy, 1.7.1 Volunteers/Interns, Protocol 1: Volunteer Programs, page 3; Protocol 2: Interns, pages 3-4; Protocol 6: Volunteer Application and Screening, pages 5-6. Auditor reviewed the Volunteer Resource Service Handbook, 1.7.2, with orientation instructions/PREA information, pages 14-15. This Handbook is reviewed by the trainers at initial orientation and is issued to each Volunteer. Auditor reviewed the 2016 and 2017 Contractual and Per Diem Staff PREA Updates (43 page power point); Contractual Staff PREA Refresher (33 page power point); MI Volunteer Handbook, with PREA information, pages 9-10; Contractor Facility Orientation Training (64 page power point), with Sexual Harassment, Sexual Misconduct and PREA (pages 53-60); Intern PREA Orientation power point (115 pages), and Intern Orientation Checklist w/PREA; Vendor Orientation and Education-PREA power point (24 pages).

The PAQ reports that the HCSD 635 volunteers, contractors and interns who have contact with inmates have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Auditor has thoroughly reviewed the provided extensive documentation, which evidences the HCSDs heavy reliance upon volunteers and individual contractors to supplement the efforts of the agency's full-time personnel. In addition to the aforementioned 115.32 documents noted, auditor had reviewed 28 pages of spreadsheets documenting PREA orientations conducted with volunteer and contracted staff during the period January, 2016 thru June, 2017. Auditor has reviewed 3 completed volunteer applications, to include their signed individual PREA Acknowledgement forms, and receipts for their Volunteer Resource Handbook. The Intern Orientation-PREA, is a 115 page power point program. This orientation program is considered exceptional concerning its thoroughness, in order to properly orient civilian individuals. An example is the inclusion of "The Daily Dozen," as a cautionary note and reminder for citizens new to the facility. Each orientation power point PREA program includes multiple practical and attention-grabbing examples, methods, and the professional use of attractive visual aids.

#### The Daily Dozen

1. Do you look forward to seeing a certain inmate when you get to work?
2. Have you done anything with an inmate that you would not want your family or your supervisor to know about?
3. Would you be reluctant to have a co-worker shadow your behavior for a whole day?
4. Do you talk about personal matters with inmates?
5. Do you think you can ask an inmate for a personal favor?
6. Have you ever received personal advice from an inmate?
7. Do you think you have the right to touch an inmate?
8. Do you have a feeling of not being able to share good or bad news with a particular inmate?
9. Do you think inmates are not allowed to say no to you?
10. Have you ever allowed inmates to talk about past sexual experiences or sexual fantasies, or tell sexual jokes in your presence?
11. Have you ever said anything to an inmate you wouldn't want recorded?
12. Do you have fantasies of intimately touching an inmate? Have you planned being alone with him/her?

In order to make a determination of compliance, auditor interviewed 2 contracted staff, two volunteers and one intern (college). Auditor requested and received verification of the required PREA Orientations conducted of one volunteer and one contracted staff. During interview with the intern, auditor was provided and reviewed the signed PREA Acknowledgement form, dated 5-25-17. During interviews, all individuals advised auditor that they had been trained concerning their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. Each person interviewed recalled signing for the training, which was presented on a power point program. All were aware of the agency's zero tolerance policy, and their duty to report.

### Standard 115.33 Inmate 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)

**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.**

Auditor reviewed the HCSD PREA Plan, Protocol 3, Training and Education, Section C. Inmate Education, page 20. This Core Policy and Protocol includes all requirements of the PREA standard. Auditor reviewed Policy 4.1.8 Inmate Reception, pages 22-23 (Education), and page 10 (PREA). The PAQ reports that 3,995 inmates were admitted to the HCSD MI and PRC during the last 12 months, and were provided information about the agency's zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Of those 3,995 inmates, the PAQ reports that the 2,047 inmates who stayed in the facility for 30 days or more were provided comprehensive education on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents.

Auditor has reviewed Inmate Handbooks and PREA brochures issued to every inmate upon reception. These Handbooks and PREA Brochures are also available in Spanish, in order for Limited English Proficient, LEP, inmates to be aware of all rules, regulations, services, rights, reporting methods, etc, while housed at the MI or PRC. The MI Inmate Handbook, pages 49-53, and 70-72, provide Sexual Misconduct Guidelines, Definitions, PREA information, reporting addresses, phone numbers/Hotlines, Disciplinary Sanctions for Inmates (Sexual Abuse Related), and ways to avoid becoming the victim of sexual abuse, Sexual Abuse Grievance procedures, and Inmate access to outside confidential support services. The PRC Inmate Handbook, pages 7-9 and 33-34, provide Sexual Misconduct Guidelines, Sexual Abuse and Sexual Harassment definitions and prohibitions, reporting instructions, sexual abuse grievance procedures, and resident access to outside confidential support services. During on-site review of the PRC, auditor learned that resident visitors must first complete a Visitor Orientation before being authorized to visit any resident housed at the PRC. This orientation includes emphasis on the agency's zero tolerance policy regarding sexual abuse and sexual harassment, provides reporting methods for residents or visitors, and includes the Rape Crisis Center Hotline (YWCA) numbers, in English (800-796-8711), and Spanish (800-223-5001).

During on-site review, auditor observed the issuance of inmate basic issue upon arrival at Intake. Each box issued to arriving inmates included both English and Spanish language PREA Brochures. Auditor observed the initial booking of an LEP inmate by the Booking Clerk, and attended a PREA Education session in Unit B-1 on August 16, 2017. Unit B-1 is the MI Reception Unit where all inmates are assigned upon entry into the MI. The Correctional Case Worker/Corporal primarily facilitating the orientation program inquired of the 12 inmates whether anyone required Spanish or other translation assistance. The Corporal issued everyone an Inmate Handbook, and notified the inmates that Spanish Handbooks were available at the officer's station if they needed one. The Corporal then provided one Spanish Inmate Handbook to an inmate. The Inmate Orientation/PREA Education was very informative and appropriately presented by the Corporal and other unit staff. The PREA subject matter was covered by utilizing a PREA handout (English and Spanish versions), containing recommended reporting methods, essential phone numbers/addresses, identifies the agency PC and facility PCM, and includes Sexual Misconduct Defined. A PREA confinement video was also utilized, with a Spanish language version also shown, as necessary or requested, for LEP inmates. The orientation/education time allotted to PREA was 30 minutes, and was professionally presented by all unit personnel.

Auditor interviewed random inmates, who advised auditor that they had received the PREA information the same day of arrival, the next day, within days or within 2 weeks. The majority had good recall of the location (B-1 Reception Unit) of the Inmate Orientation/PREA Education, and the content, to include the PREA video, concerning PREA. Auditor requested and reviewed confirmation of 3 PREA Education Orientations as provided to three of the inmates interviewed by auditor during on-site review, in order to confirm the presentation and attendance by the three inmates. The three inmates arrived from MA DOC, FBOP and Hampden County Courts, in 2016 and 2017. Based upon auditors interview of numerous random and targeted inmates/residents, review of facility documentation, and auditors observance of the Intake process and PREA Orientations, auditor has concluded that the HCSD is properly educating inmates/residents concerning PREA. The agency uses posters and other signage, the PREA brochures issued at Intake, the PREA Orientation conducted within days of arrival, and the inmate handbooks to educate all arriving inmates to PREA. The PREA information includes advisories on taking personal precautions to ensure their sexual safety, and informing them of facility procedures on reporting or filing a grievance.

Auditor interviewed 2 Intake staff of different classifications and duties (one a security supervisor and the other the Intake Classification Coordinator). Both employees related the process on booking incoming inmates, the initiation of Part 1 of the risk assessments, providing inmates the PREA brochures, noting the PREA posters posted throughout Intake, and the continuation of the risk assessments (Part 2) upstairs at Health Care Services the same day, followed by a PREA orientation in B-1 within several days, and issuance of an appropriate

Inmate Handbook (English or Spanish). Auditor attended a PREA orientation of B-1 during on-site review, learning that such orientations are conducted several times weekly, serving to confirm what the Intake staff and inmates interviewed had informed auditor.

### Standard 115.34 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.**

In order to make a determination of compliance, auditor reviewed the PREA Plan, Protocol 3: Training and Education, Section D. Specialized Training/Investigations, pages 20-21. This policy requires agency investigators who are tasked with investigating sexual abuse with attending/completing training in conducting investigations in confinement settings. Such training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Such mandatory training completion shall be properly documented.

Auditor has reviewed the training certificates of the designated agency investigators who are used or could be used to conduct sexual abuse investigations at the MI or PRC. All authorized investigators have received the specialized training and have training certificates in their files to confirm training completion. The dates/years of the specialized training received range from 2013 (CIU Commander) to 2017 (MI PCM). Other agency investigators had received the required training in 2014, 2016 and 2017. Several have also completed the NIC on-line course, Investigating Sexual Abuse in a Confinement Setting. The CIU Commander has extensive investigative training and experience, dating back to 2009. Auditor notes that the MI PCM has recently received training sufficient for her to serve as a Train-the-Trainer for sexual abuse investigator training. The PAQ reports that the HCSD utilizes 9 investigators who have completed the required specialized training. Auditor has verified training completion certificates of all 9 PREA investigators.

Auditor interviewed 3 investigators (the CIU Commander, the MI PCM, and a MI CCW/Corporal). All staff interviewed advised that they had previously received the required specialized investigatory training. The training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria used (preponderance of evidence) to substantiate a case for administrative or prosecution referral. The training curriculum minimally involved a 40 hour program, however, the CIU Commander has completed multiple sexual assault investigative courses, and others on interviewing techniques, Crime Scene Management, First Responders to Sexually Violent Crimes, Interpersonal Communications, and others, to include a Special State Police Class, a 12 week course, in 1998.

The agency has approved for specialized training, and utilizes a rather large cadre of key personnel to serve as PREA investigators of sexual abuse. During on-site review, auditor was able to interact with 4 investigators, interviewing three of the four. It is the auditors observation that the investigators work well together as a team. Auditor has reviewed all sexual abuse cases investigated during the last 12 months, and have concluded that staff performance evidences their specialized training and career experience.

### Standard 115.35 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.**

Auditor reviewed the PREA Plan, 3.5.3, Protocol 3: Training and Education, Section D. 2. Medical and Mental Health Care, page 21; Policy 4.5.9 Special Needs and Services, Protocol 11: Rape Prevention/PREA, and Protocol 12: Protocol in the Event of Sexual Assault, pages 16-17, and Response to Sexual Abuse, pages 36-39.

The PREA Plan requires that:

2. Medical and Mental Health Care -
  - a. The HCSD ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:
    1. How to detect and assess signs of sexual abuse and sexual harassment;
    2. How to preserve physical evidence of sexual abuse;
    3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
    4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
  - b. If medical staff employed by the department conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.
  - c. The department shall maintain documentation that medical and mental health practitioners have received the training.
  - d. Medical and mental health care practitioners shall also receive the training mandated for employees under Protocol 3:A, or for contractors, interns, and volunteers under Protocol 3:B, depending upon the practitioner's status at the facility.

Auditor reviewed the power point curriculums for PREA Medical and PREA Specialized Training for Mental Health Staff. Auditor interviewed 2 Health Care personnel (Director of Nursing and Nursing Supervisor) and 2 Mental Health personnel (MH Manager and MH Counselor). All personnel interviewed advised auditor that they had completed the specialized training program annually. The interviewed staff were very knowledgeable concerning their respective duties and responsibilities in responding to a sexual abuse or sexual harassment report or allegation. They expressed awareness of each other's respective roles in addressing such situations as a team. Auditor requested and received the 2017 Training Hours by Person documents to confirm that the Nurse Supervisor and the MH Manager randomly interviewed by auditor had completed the required specialized training for medical/mental health staff.

The PAQ reports that 127, or 100% of medical and mental health care practitioners who work regularly in its facilities have received the required specialized training required by the PREA standard and the agency PREA Plan. Agency staff do not conduct forensic medical examinations. Such forensic examinations are conducted at Baystate Medical Center (BMC) in Springfield, MA, in accordance with the MOU between BMC and the HCSD. Auditor interviewed the MA Department of Public Health Regional SANE Coordinator to confirm agency access to certified Baystate Medical Center staff to conduct forensic examinations of inmate/resident victims of sexual abuse.

### **Standard 115.41 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.**

The HCSD PREA Plan, Protocol 4: Screening For Risk Of Sexual Victimization And Abusiveness, pages 21-23, include all provisions of the PREA standard. The PAQ reports 3,065 inmates entered the facility within the last 12 months (whose length of stay was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The agency reports on the PAQ that 2,047 inmates that entered the facility within the last 12 months (whose length of stay was for 30 days or more) were reassessed for their risk of sexual victimization or sexual abusiveness.

In order to make a determination of compliance, auditor spent portions of several days in Intake observing the intake process and interviewing 3 intake/risk screening personnel (one security, one medical and one classification). Auditor also conversed with the Booking Clerk and observed her initiate the booking/screening process of multiple inmates into the HCSD. The nurse assigned to Intake initiates the PREA Screening for Victimization by asking the first 8 questions of the screening tool. Auditor observed this process being conducted, with the data received entered into the Health Care TRAX system. The Licensed Practical Nurse advised auditor during interview, (8-14-17), that for any YES response to the institutional sexual assault inquiry, the protocol is that she completes an Incident Report and notifies her Medical Supervisor and the Tower Supervisor where the inmate is going to be housed. She sends an automated Mental Health Referral (referrals can be Low, Medium, High or Urgent) so the inmate can be seen by psych. Auditor was advised that inmates reporting prior victimization during the screening process would receive an Urgent mental health referral, and likely be seen the next day by mental health personnel. The Intake nurse then prints a hard copy of the Incident Report and sends to all on the interoffice mail (CIU, PC, PCM, Medical Supervisor and Tower Supervisor). Auditor observed that this initial screening process starts within hours of an inmates arrival, and before an inmate would proceed further into the facility. The inmate is then escorted to a second nursing employee in the Health Care Department, where the PREA Risk Assessment process is continued.

Auditor interviewed the Registered Nurse assigned to complete the medical portions of the PREA Screening tool on this date (8-14-17), in the Health Care Department where the inmates are escorted from Intake. The Health Care RN described the Intake screening as a Pre-Assessment, and that her duty was to complete the remainder of the medical section of the risk assessment tool. She interviews the inmate and continues to enter data into the Health Care TRAX system. She would use and has used a staff interpreter as necessary, for LEP inmates. Both nursing staff interviewed were familiar with the entire PREA Screening risk assessment process, to include the reporting of Alerts, and the MH referrals if/when inmate responses require MH intervention. Both nursing staff interviewed advised auditor that inmates would not be disciplined in any way for refusing to respond or for not disclosing any information during the assessment process. The Intake and Health Care Department PREA Assessment process would always be conducted within hours of the first day of arrival to the facility, for all inmates.

Auditor interviewed the Intake Classification Coordinator, who advised auditor that her role is to complete the PREA Screening risk assessment the day after an inmates arrival by importing the medical information from the PREA Screening tool, and researching/adding institutional and criminal history data into the inmates respective Risk Assessments. Auditor was advised that the inmates criminal record is checked in-state, thru the Bureau of Probation, BOP, and nationally, thru the NCIC/III-QR (National Crime Information Center-Criminal Record).

Based upon auditors interview of random inmates housed in each area of the facility, MI and the PRC, auditor has concluded that the initial risk assessments are being conducted in compliance with the PREA standard. The majority of inmates recalled being asked questions concerning any prior sexual victimization/sexual abuse history, any LGBTI status, or concerns for their sexual safety at the HCSD. They recalled being asked such questions during the intake process at Intake, and by medical personnel.

The assessments are conducted using an objective screening instrument, which includes all criteria required by the PREA standard, including prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency. Auditor reviewed multiple completed 2016 assessments entered into the TRAX system, of both Known Predators and Known Victims, as examples of facility procedures and processes. One of the known predators was later interviewed by auditor, and a PREA investigation involving him was later reviewed with agency investigative personnel.

Auditor notes that the Risk Reassessments are similarly logged into the TRAX system, documenting the 30 day reassessments conducted by Unit Counselors/Correctional Case Workers (CCW). Auditor interviewed a CCW who described the 30 day reassessment review process. She advised auditor that she had just completed two 30 day reviews this date (date of interview). She would bring the inmate into the office, check-up with them that they are doing well on the unit, or if they have any concerns. She then enters the information into TRAX as a 30 day reassessment. Auditor notes that auditor had previously observed several entries by this specific CCW concerning her reassessments, i.e. " Met with inmate (redacted) for his 30 day PREA review. During our interview he appeared relaxed and verbalized no concerns since his arrival. I have had the opportunity to observe him in the unit over the last couple of weeks and he appears to have adjusted well in...."

Auditor interviewed the PC, who advised that the agency has outlined who has access to an inmate's risk assessment information. The PCMs for the MI and PRC advised auditor that such risk assessment data is restricted, and only accessible to authorized personnel, by classification. The several facility automated systems have filters for accessibility by authorized personnel. The Case Management TRAX system is therefore accessible only to Unit Counselors/CCWs, Unit Supervisors, Case Managers, and PREA officials. The Medical/Mental Health TRAX is restricted access to medical/mental health personnel, except that PREA data is loaded into the Case Management TRAX, for designated staff information and reference. Unit security staff would only see PREA, as an Alert upon an inmate's record, as notification of a PREA concern. Multiple employees interviewed emphasized to auditor that the Jail Management System/POWS prevents

placement of inmates identified as Victims with inmates identified as Predators, as an example of capability of the automated system. A CCW interviewed stated that Unit Officers do not have authority to move inmates—that the CCW, Counselor or Unit Supervisor approves inmate cell placements and moves.

Based upon auditors review of agency policy and procedures, observance of booking and intake screenings, inmate and staff interviews, and review of hard-copy and automated data, auditor has concluded that the HCSD Exceeds Standards concerning the Screening For Risk of Sexual Victimization and Abusiveness. The agency TRAX computer software system has been developed to efficiently document and communicate necessary information. Facility personnel perform a thorough and conscientious job in completing this critically important process. They do so in a unified, concerted manner, aware of their own individual duties and roles in the process.

#### **Standard 115.42 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.**

The HCSD PREA Plan, 3.5.3, pages 23-24, mirrors the requirements of the PREA standard, 115.42 (a thru g). Auditor reviewed the HCSD Classification Plan, 4.2.1, pages 7-9 and 16-18, which describes the functions of the Intake, Central and Unit Classification processes, in establishing and reviewing inmate's levels of custody, housing placements, and program participation.

Auditor reviewed multiple examples provided of electronic data entry to demonstrate use of screening information utilized by personnel in rendering determinations of inmate housing placements, custody levels, and security provisions, e.g. staff escorts. Staff make individualized determinations based upon screening information and inmate's own views. Auditor confirmed documentation of employee action to place an inmate in a more secure general population housing unit, due to fear for his personal safety. The same inmate would later request to be removed from staff escort status, as he then felt comfortable and not at-risk in population. Staff reviewed this matter and approved the inmate's request, documenting the action in the TRAX system.

Auditor interviewed the agency PC, who advised that the HCSD does not use dedicated facilities or units to segregate inmates based upon their sexual orientation, genital status or gender identity. The PCMs interviewed advised auditor that the agency is not subject to any consent decree or legal judgment/settlement requiring any dedicated facilities or units for any inmates. The PRC PCM advised auditor that housing, work and program assignments are made based upon screening information, the inmate's health and safety, and management or security concerns. Staff consider potential, but being a LGBTI by itself does not drive decision-making. Transgender or intersex residents are monitored closely for 30 days, then reassessed every 6 months. A transgender resident previously housed in PRC had been authorized to use another bathroom, at her request, following staff review and unit planning. The showering was done during resident formal counts, and this accommodation was documented in her TRAX account, and in a contract form with that transgender resident. The PCM met with the transgender resident 2-3 times per week, due to on-going retaliation monitoring, and to assess the resident's adjustment in PRC.

The MI PCM advised auditor that the facility staff consider the inmates individual needs, their wishes, and facility security issues. The PCM provided an example of an inmate being housed at the HCSD for another agency who had a history of abusiveness to such an extent that the HCSD maintained that inmate in segregated housing due to the safety concerns the inmate presented in population with other inmates. The PCM advised auditor that transgender and intersex inmates are reassessed twice yearly to consider their placement and programming assignments. It was evident to auditor, however, that facility staff have taken actions on an on-going basis when housing transgender inmates, due to individual and facility concerns. The MI PCM stated the facility has provided separate shower times and locations for a transgender resident in the PRC.

Auditor interviewed 5 personnel responsible for various aspects of screening inmates/residents for risk of victimization and abusiveness, i.e. MI LPN and RN due to Intake processing duties, the PRC Director of Classification, the MI Classification Coordinator, and a MI CCW. The personnel interviewed advised that the information obtained during risk screening is forwarded to several departments that need to know this information. For example the MH staff would get an email, as would the Tower Supervisor for cases involving known victims or known abusers. "Alerts" are incorporated into the system so that other staff that have a need-to-know are thereby notified of some degree of PREA concern. Staff interviewed were aware that transgender or intersex inmate's/resident's own views with respect to his own safety shall be given serious consideration, and whether the placement would present management or security problems.

Auditor interviewed 4 LGBTI inmates. One was transgender who advised auditor that he was asked questions about his personal safety upon intake to the HCSD. He has not been placed in a housing area only for transgender inmates, or for LGBTI inmates. He has not had a problem with regular showering areas and procedures. The other LGBTI inmates advised auditor that they were not placed in a housing area only for gay, bisexual, transgender or intersex inmates. Three of the LGBTI inmates were housed in a housing unit that offers increased scrutiny concerning housing placement and often requires staff escorts of inmates, due to their classification status. This housing unit is C-10, which is referred to as the Protective Custody unit, but is in-fact a general population unit, not an administrative segregation unit. Three of the noted LGBTI inmates interviewed are housed in C-10 due to their request, and based upon facility security needs. Auditor recognizes that the C-10 unit provides the facility a valuable housing resource providing enhanced security, and an alternative for inmates who may request or require additional supervision or control, but do not warrant placement in segregated administrative housing.

Based upon all the documentation reviewed, and staff and inmate interviews, it is concluded that the HCSD complies with and exceeds the standard due to the activation and utilization of unit C-10, and the detailed scrutiny of inmate classification status as provided by facility staff, i.e. Intake Classification, Unit Classification and Central Classification reviews, concerning inmate levels of custody, housing placements and program participation. During on-site review, auditor observed C-10 to provide secure and safe housing for those individuals requiring such a higher level of supervision and protection. The agency, both the MI and PRC, responded to a transgender inmate's/resident's concerns accordingly, in order to satisfy individual needs and facility security needs.

### Standard 115.43 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)

**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.**

In order to make a determination of compliance auditor reviewed the HCSD PREA Plan, 3.5.3 Protocol 4: Screening For Risk of Sexual Victimization and Abusiveness, Section C. Protective Custody, pages 24-25. The policy includes all provisions of the PREA Standard which requires alternative means of separation be utilized prior to the involuntary use of segregated housing. Inmates placed in segregated housing would have access to programs, privileges, education, and work opportunities to the extent possible. The facility shall justify the use of segregated housing and document what opportunities have been limited and for the duration of time. The policy includes further requirements as required by the standard in the event segregated housing is utilized as a means of separation from likely abusers.

The PAQ reports 0 inmates/residents held in involuntary segregated housing in the past 12 months who were determined to be at high risk of sexual victimization.

Auditor interviewed the Warden/designee, who advised auditor that the HCSD does not use segregated housing as a method to separate high risk inmates from likely abusers. The MI uses housing unit C-10, a Protective Custody unit providing additional security and control. C-10 and other units are used for such cases requiring separation/or protection. The facility would identify the inmates involved and take action to separate those individuals. If involunatry segregated housing would be determined to be necessary, it would be used as a last resort until alternative means of separation could be arranged. If segregated housing was used, they would get them out of seg as soon as possible. The facility can move someone within the facility, or move an inmate or inmates to another county. The HCSD exchanges quite often with the other 13 Massachusetts counties for other reasons, such as Security Risk Group, SRG, and they often accept inmates in need of separation from the MA DOC and Federal Bureau of Prisons.

Auditor interviewed a staff person who supervises inmates in segregated housing. This Sergeant advised auditor that an inmate placed in segregated housing would receive phone calls, and visits are very limited to none. Staff try to keep the seg inmates away from others. There is a hearing and review process in segregated protective custody where the inmate's case and adjustment is reviewed by a Unit Classification team (Tuesdays), weekly Captain's meetings (Mondays), and the Central Classification committee which reviews the Unit and Captain's meeting recommendations on Thursdays. The Sergeant advised that segregated housing could be used as a protective area until the inmate could be moved out ASAP to another housing unit. Unless investigation shows a serious threat, the inmate would be assigned to another unit as a separation means. The Sergeant could not recall any involuntary cases in the last 12 months, advising that unit C-10 is normally the placement location for inmates requiring additional protective measures.

There were no inmates in involuntary segregated housing (Units C-1, C-2) available to interview. Auditor did interview multiple inmates housed in C-10, a general population status, that were housed there based upon their own request and as determined by facility staff

review, i.e. Unit Classification and Central Classification reviews. The inmates interviewed retained all privileges as required by the standard and the HCSD PREA Plan. During on-site review, the security staff in C-10 noted to auditor that there were presently 24 inmates housed in C-10 that required staff escort when off of the unit, due to separation or other security concerns. The list of the 24 inmates, with photos, C-10 ESCORTS, is available at the officer's station, and was reviewed by auditor. During inmate interviews, auditor interviewed one inmate who was on staff escort status but who later requested that he no longer required staff escorts. Following staff review, the inmate was removed from this additional security requirement.

The HCSD utilizes housing assignments and unit moves as a regular means of inmate separation. Inmates requiring additional protection from others or for security reasons, but not requiring all of the security measures of involuntary segregated housing are assigned to unit C-10, a General Population housing unit designed and intended to provide additional staff control and supervision measures. Auditor determined that C-10 serves the HCSD as an effective alternative to ensure inmate safety without placement of inmates in segregated housing. The Evaluation Stabilization Unit, ESU, in D Tower/Health Care Services, also provides an alternative housing location providing additional protection and control, and has been utilized previously to house an inmate that had made sexual abuse allegations. All staff interviewed during on-site review, and all evidence indicates that the HCSD does not use involuntary segregated housing, as a matter of practice, and would only use segregated housing as a last resort, in order to protect an inmate. The agency practice is to use alternative housing assignments to safely separate inmates at high risk of sexual victimization.

### Standard 115.51 Inmate 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.**

Auditor reviewed the PREA Plan, Protocol 5: Reporting, page 25.

- A. Inmate reporting – (See MI/PRC 3.1.6/3.1.10 Reporting of Incidents and 3.3.3/PRC Inmate Handbooks)
  - 1. The HCSD provides multiple internal ways for inmates to privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
  - 2. The department provides toll free calls via the pod/unit phones for inmates to report sexual abuse or sexual harassment to the YWCA Rape Crisis Center (who will work with the inmate to report the sexual abuse/harassment to department officials).
  - 3. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.
  - 4. The department contracts with Concern/EAP of the River Valley Counseling Center to provide a method for staff to privately report sexual abuse and sexual harassment of inmates (see Form Concern/EAP Informed Consent & Limits of Confidentiality).

Auditor reviewed HCSD Policy 3.1.6 Reporting of Incidents, Protocol 2: Initiation of an Incident Report, page 4. This core policy requires that: Staff must complete Incident Reports as soon after the incident as possible, but before the end of the shift. Auditor reviewed the MI Inmate Handbook, pages 49-53, PREA; auditor reviewed several examples of verbal reports (2016 and 2017) made to security and health care staff by inmates alleging sexual abuse or sexual harassment. Staff submitted HCSD Incident Reports upon receiving such information.

The HCSD PAQ reports that the agency has established an MOU with the YWCA in Springfield, Massachusetts, to provide a reporting method for inmates to report sexual abuse or sexual harassment to a private entity. Auditor reviewed the MOU, which allows the HCSD to use the Rape Crisis Hotline number in brochures and in educational material available to all inmates. The Hotline numbers are 1-800-796-8711 or 413-733-7100. Auditor successfully tested the Hotline number on 8-30-17. Auditor spoke by telephone with a YWCA Sexual Assault Counselor, who advised auditor that the same YWCA representative on duty would answer either the toll-free number or the local telephone number for the Domestic Violence Sexual Assault Hotline. The PAQ reports, as did the PC to auditor, that the HCSD does not detain inmates solely for civil immigration purposes.

Auditor reviewed the English and Spanish language PREA brochures, which include the Rape Crisis Center Hotline number, 413-555-1212 (413-555-1212 is actually Directory Assistance number which is internally programmed to be forwarded to the YWCA Hotline) and the Spanish Hotline number, 413-555-1213. The MI Inmate Handbook includes the YWCA Hotline number, 1-800-796-8711/413-733-7100; the 24-hr Spanish Language Helpline, 1-800-223-5001; the National Sexual Assault Hotline (RAINN-Rape, Abuse, and Incest National Network), 800-656-HOPE; and the Massachusetts State Police, 413-736-8390. On September 10, 2017, auditor successfully tested the MSP Hotline; the YWCA Spanish 24 Hour Domestic Violence and Sexual Assault Hotline; and the National Sexual Assault Hotline/RAINN.

During Site Review, auditor observed PREA posters visible throughout the MI and PRC, in all housing units, departmental areas, Visitor Lobby and Visiting Rooms. Toll-Free phone numbers to the YWCA Hotline are included in the posted PREA posters.

Random staff interviewed by auditor were very knowledgeable concerning inmate reporting methods. Some of the various methods to report as related by many staff were: Inmates/residents can call Toll-Free to the PREA Hotline to report sexual abuse or sexual harassment; can submit inmate requests to staff; can verbally contact any staff member; can submit anonymously or thru third party; by filing a grievance; their family can file a grievance; notify shift Supervisor; notify any staff; use blue phone (inmate phones); report it any way to staff; report to nurse in Health Care; and tell CO. The random staff interviewed stated they would report any such information immediately; almost instantly; as soon as possible; as soon as it happens; or before the end of the shift. Any such information received would be documented. Random staff interviewed were familiar with the Employee Assistance Program (EAP)/River Valley Counseling, as a method for confidential employee reporting of the sexual abuse or sexual harassment of inmates/residents. Auditor reviewed the EAP-River Valley Counseling Center, Inc., Informed Consent and Limits of Confidentiality form for HCSD Employees. Other private methods to report by staff interviewed were: tell Supervisor in office verbally; notify Major or Human Resources; call YWCA Hotline; call Supervisor or write to Supervisor; or I can go to HR.

Random inmates interviewed by auditor evidenced familiarity with the multiple reporting methods available to them, e.g. notify family; filing a report; report to staff I am comfortable with; use the Hotline; inform friends or family; tell the CO or Supervisor; wait till I saw someone I knew (staff); go to white shirt (Commissioned Officers); tell staff member if feel threatened; or tell Counselor or CO right away. The interviews conducted of inmates/residents verified that that staff had thoroughly educated the population concerning reporting methods. None of the inmates expressed hesitation in reporting such conduct to personnel, and the vast majority mentioned the Hotline as a method of reporting always available to them.

#### **Standard 115.52 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.**

Auditor reviewed the PREA Plan, Protocol 5: Reporting, Exhaustion of Administrative Remedies, pages 26-27. HCSD Policy 3.3.3 Inmate Handbook, Section 11.09.03 Grievances Regarding Sexual Abuse, pages 70-71; PRC Resident Handbook, Section 16.01.03 Grievance regarding sexual abuse, pages 33-34; HCSD Policy 3.5.2 Inmate Grievances, pages 5-8. Based upon auditor review, the agency complies with all provisions of this PREA standard (a)-1 thru (g)-2. Agency policy includes the required provisions for the submission and response timelines, extensions, third party filing ability, submission of a grievance and the filing of emergency sexual abuse grievances alleging that an inmate/resident is subject to substantial risk of imminent sexual abuse, and the conditions under which the agency may discipline an inmate/resident for filing a grievance in bad faith.

The PAQ reports that there were 0 grievances filed in the last 12 months that alleged sexual abuse or that reported imminent risk of sexual abuse. The PAQ reports there were no inmates disciplined in the last 12 months for filing a grievance in bad faith. There were no inmates available to interview that had reported a sexual abuse during the last 12 months. The one inmate that had verbally reported an alleged inmate-on-inmate sexual abuse to staff, and then filed an official grievance concerning a delay in official response, is no longer housed at the MI or PRC. That investigation is on-going by the CIU and MSP. The PAQ reports one case where the 70 day extension was exceeded. The reason for the extension and delay is that the investigation is ongoing and awaiting lab results. The inmate has been informed of the reason for the delay.

Agency documentation is extensive and thorough concerning administrative remedies available to the inmates/residents. The Grievance Procedures are clearly described in the MI Inmate Handbook and the PRC Resident Handbook.

### **Standard 115.53 Inmate 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.**

In order to make a determination of compliance, auditor reviewed the PREA Plan, Protocol 5: Reporting, Section C. Inmate Access to Outside Confidential Support Services, pages 27-28; Auditor reviewed agency Policy 3.3.3 Inmate Handbook, PREA information, page 52; PRC Resident Handbook, Resident access to outside confidential support services, page 34. Both handbooks reviewed by auditor instruct inmates/residents on contacting the YWCA for confidential counseling services.

Auditor reviewed the MOU entered into by and between the HCSD and the YWCA of Western Massachusetts. This MOU details the services available to the inmates of the MI and PRC, concerning rape crisis counseling, counseling and information services providing Medical Advocacy to victims, free confidential counseling (up to 12 sessions), and the utilization and distribution of the the Domestic Violence and Sexual Assault Hotline phone line number. Auditor observed numerous Hotline posters with phone numbers throughout MI and PRC during on-site review.

During Site Review, auditor interviewed the HCSD Victim Services Coordinator. This agency employee had regular meetings with a resident who had verbally reported sexual abuse by another inmate in the last 12 months. Auditor also interviewed by telephone the YWCA Sexual Assault Counselor that primarily services the MI and PRC. This YWCA employee had also conducted several counseling sessions with the same resident, when the resident was housed in the PRC. During interview with the YWCA employee, she advised auditor that she continues to see the resident at the resident's present facility (not MI or PRC).

Auditor interviewed a random sampling of inmates/residents. Based upon these interviews, auditor has concluded that the HCSD is properly educating the inmates/residents concerning emotional support services available to them. The great majority of inmates/residents were familiar with the services, identified the YWCA as the provider, and could name the types of services available. Others were generally aware of some type of services available, while several stated they were not aware. Auditor educated the ones that advised they were not aware, or only had a general idea of such services available. One inmate stated he could find the numbers or addresses to call if he had to. Another stated that the facility was not the type of jail that inmates had to be concerned about, so most inmates do not pay much attention to the details about such services unless they would have a need. Such a statement appeared credible, as no inmates interviewed or engaged informally during on-site review expressed concern for their sexual safety at the MI or PRC. The inmates understood the confidential nature of a telephone conversation with Hotline representatives or YWCA officials, but many were unaware that such telephone conversations would not be monitored/recorded as part of the routine security monitoring of telephones. Auditor explained to those inmates/residents that such conversations are not monitored/recorded.

There were no inmates/residents available to interview currently housed at the facility that had reported a sexual abuse. The one inmate that had reported an alleged sexual abuse by another inmate had been escorted to BMC for a forensic examination, and an investigation was initiated and is on-going. CIU interviews were conducted of inmate making the report, and other inmates, to include the alleged abuser and others. The alleged victim had subsequent frequent counseling sessions on-site with the agency Victim Services Coordinator and YWCA Sexual Assault Counselor (as outlined in the MOU with the YWCA), at the resident's request. The resident also frequently met with the PCM/Unit Shift Supervisor due to on-going needs and requests.

### **Standard 115.54 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.**

Auditor reviewed the PREA Plan, Protocol 5: Reporting, Section D. page 28, which states:

D. Third-Party Reporting.

1. The HCSD has established a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly (via the website) information on how to report sexual abuse and sexual harassment on behalf of an inmate.

The Hampden County Sheriff's Department website, [www.hcsdma.org](http://www.hcsdma.org), includes all pertinent PREA information and the agency's emphasis on zero tolerance concerning sexual abuse and sexual harassment. The posted information includes instructions on reporting incidents or suspicions of abuse that may have happened at one of the HCSD facilities. The public is encouraged to call the agency PREA Coordinator at (413) 858-0914, or by calling the Massachusetts State Police. The mailing address to the PC is also posted, as: 627 Randall Road, Ludlow, Ma. 01056. The public can also contact the Hampden County Rape Crisis Center at: YWCA of Western Mass. 1 Clough Street, Springfield, MA 01118. The YWCA Hotline is included: (800) 796-8711; Office (413) 732-3121; TTY: (413) 733-7100; and the 24 Hour Llamanos Spanish Language Helpline, at: (800) 223-5001 c/o YWCA of Western Mass.

The agency website also has a link to Text-A-Tip, a tool that allows people to send anonymous tips to police over any cell phone that allows text messaging. Text-A-Tip is a joint operation of the HCSD, the Hampden County District Attorney's Office and the Springfield and Holyoke Police Departments. The public needs only to text to: 274637 and enter SOLVE, and then message.

#### **Standard 115.61 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.**

Auditor reviewed the PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section A. Staff and Department Reporting Duties, pages 28-29. Agency policy requirements are identical to the requirements of the PREA standard.

In order to make a determination of compliance, auditor interviewed the Warden/Designee, who advised auditor that all allegations of sexual abuse or sexual harassment are reported directly to designated agency investigators. The Warden/Designee advised that the reporting and investigative process is the same when an allegation is made by a vulnerable adult, e.g. do everything, isolate, preserve evidence-same.

The PC advised auditor during interview that she would contact the respective PCM to ensure that everything that needs to happen, happens, no different than any other report or allegation received.

Auditor interviewed medical and mental health staff. All four staff members (2 medical and 2 mental health) advised auditor that they disclose the limitations of confidentiality and their duty to report at the initiation of services to an inmate/resident. The staff interviewed stated that all agency employees are mandatory reporters; would absolutely report any knowledge, suspicion or information; overreporting is better than underreporting; would report anonymous, direct, or third party. Two of the staff interviewed had previously received information or had been aware of such information in the past. Appropriate action was taken by the one staff member interviewed due to a report received in the last 12 months, i.e. notified Supervisor, initiated first responder actions and filed report.

Based upon interviews conducted with random staff, auditor has concluded that personnel understand their mandatory reporting obligations, and their duty to report immediately (ASAP, before the end of shift, right away, immediately, as soon as it happens, almost instantly), any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Staff were aware of the same reporting requirements for retaliation against inmates or staff, and the requirement to report staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff responses indicate staff have received training and understand the confidential nature of addressing and reporting such information.

### **Standard 115.62 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 PREA Plan requires that immediate action be taken when the HCSD learns that an inmate is subject to a substantial risk of imminent sexual abuse. Auditor reviewed this requirement in the PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section B. HCSD Protection Duties, page 29. Auditor reviewed multiple PREA New Admission Screening hard-copy documents evidencing the computerized procedure for Intake personnel to properly communicate protection needs to mental health and authorized housing unit personnel. The priorities utilized in the computer program are Low, Medium, High and Urgent. The priorities would be different for past victim, known victim, expressed fear of confinement, requested segregated housing, known abuser, etc.

During the last 12 months, the PAQ reports that there were 0 number of times the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

In order to make a determination of compliance, auditor interviewed the Warden/Designee, who advised auditor that the facility uses unit C-10 as a general housing unit alternative to separate inmates and to provide additional protection for inmates. The staff would remove the inmate from areas of risk, away from a potential or alleged perpetrator. The staff would get input from the inmate, and place in Protective Custody if was necessary to protect them. The Agency Head/Designee during interview advised auditor that facility staff would separate inmate from potential risk immediately, and protect him. An investigation would then be conducted.

Auditor interviewed a random sampling of staff. Based upon staff interviews, auditor has concluded that staff have been properly trained in responding to a situation should they learn that an inmate is at risk of imminent sexual abuse. Staff responses included: move to safe place, take necessary precautions, notify Supervisor, keep visual, gather information, secure them to protect them, anything necessary immediately, get him out of there, separate immediately, secure him in safe area-maybe seg until figure out the facts, isolate-contact supervisor-write report.

### **Standard 115.63 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.**

The HCSD PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section C. Reporting to Other Confinement Facilities, page 29, is as follows, including the requirements of the standard:

C. Reporting to Other Confinement Facilities -

1. Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.
2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.
3. The department shall document that it has provided such notification.
4. The facility/department head that receives such notification will ensure that the allegation is investigated in accordance with these standards.

The HCSD PAQ reports that there were 12 occasions during the last 12 months where the facility received allegations from an inmate that he was abused while confined at another facility. In the last 12 months the facility received 2 allegations of sexual abuse from inmates confined at other facilities, that had allegedly occurred while confined at the HCSD. During on-site review, auditor reviewed all PREA sexual abuse investigations conducted in the last 12 months, to include allegations received from inmates allegedly abused at other facilities, and those reportedly abused at the HCSD previously, and now confined at other facilities. Auditor reviewed random letters to other facilities/agencies notifying them of the information received. The HCSD has developed a 2-page PREA Notification Report form, C.F.R Part 115.63, for use in notifying external facilities/agency's of such information received. Auditor reviewed the 14 total cases with the CIU Commander, the MI PCM, the PRC PCM and the WCC PCM.

Auditor interviewed the Agency Head/designee who advised auditor that there was recently a case where an inmate at another agency alleged that he was sexually abused while confined at the HCSD. Such reports are forwarded to the PC and our investigative staff look into it and determine how to address. We may already have records on the matter. The Warden/Designee advised auditor that HCSD would conduct a standard investigation if information was received from another facility that sexual abuse had occurred at the HCSD, regardless of the date of reported occurrence.

Based upon auditor review of agency policy, interviews with administrative leadership and review of 2016-2017 investigative documents, it is determined that the MI and PRC are in compliance with the standard. It is concluded that the agency responds to all reports received in the same consistent manner, whether allegations are received internally in writing, verbally, anonymously, from third parties, or externally from other facilities. Auditor has observed that the administrative leadership, PREA officials, CIU/Investigative staff and department personnel are all on the same page, i.e. that the agency treats all reports or allegations as credible, and pursues a systematic and thorough investigation, in accordance with their own agency protocols. Auditor has reviewed HCSD letters to outside agency officials concerning agency staff receiving such information, and notifications to inmates informing them of HCSD investigative results of such internal investigations.

**Standard 115.64 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.**

Auditor reviewed the PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section D. Staff First Responder Duties, pages 29-30. The HCSD core policy mirrors the requirements of the PREA Standard. The PAQ reports that during the last 12 months the facility received 12 allegations of sexual abuse. On 2 occasions the first security staff member to respond separated the alleged victim and abuser. One allegation where staff were notified within a time period allowed for the preservation and collection of evidence. There were 0 occasions during the last 12 months during which a non-security staff member was the first responder.

Auditor received and reviewed a 2017 calendar year HCSD Pocket Planner (provided annually to all employees). This Pocket Planner (3.5" x 5.5") includes PREA Staff First Responder Duties for both security and non-security personnel. This serves as a valuable tool and resource for staff members, with essential first responder duties emphasized, e.g. separate the victim and abuser, secure the scene and preserve/protect evidence, and to notify medical/mental health practitioners for emergency treatment and crisis intervention services. Also contained within this Pocket Planner are the Bi-Weekly Training Schedules/Logs, Emergency Phone Numbers and Departmental extensions, misconduct violations, inmate Alert Codes, Suicide Prevention Risk Factors and Warning Signs, Suicide Reporting, the Agency Mission Statement and Emergency Response First Aid.

Auditor interviewed a security staff member first responder who advised auditor that he would immediately separate the inmate, as could be staff or inmates involved. He would start the interview process and evidence collection, activating the PREA Kit. Have inmate undress on the blanket contained within all of the PREA Kits, placing clothing in evidence bags. Take photographs. Inmates would not be allowed to shower. He would notify his Supervisor. Start a data base review, as incident could constitute a criminal investigation. Pull camera footage for review. Determine whether the alleged perpetrator should go to the hospital. The non-security staff member first responder informed auditor that he would get details of the allegation: Notify his supervisor, the Shift Supervisor or the PCM. Don't let the person out of my sight. Try to make him comfortable to talk. If in a room (cell), separate the inmates and lock down the scene to secure evidence. Try to get as much information as possible. Try to keep evidence as fresh as possible. Shift Supervisor would notify medical if it was a case that required that notification. Pretty much do all this simultaneously.

Random staff interviewed evidenced having received first responder training concerning first responder duties in addressing incident or allegations of sexual abuse. Staff responses included: Separate, move to safe place/keep safe, secure the cell, no shower-washing-brushing teeth, escort to medical right away, take necessary precautions, preserve evidence, contain/isolate, start Chain-of-Custody, notify supervisor, use Distress Pen if necessary, use rape crisis kit, search inmate on sheet, collect clothes, call a Code Blue (Emergency/Distress Alarm), gather information, write report, get verbal statements, CIU person would be on-site, if a hospital escort was conducted, MSP notified and evidence collected.

Auditor reviewed a PREA investigative case from the last 12 months which alleged sexual abuse by another inmate. Based upon a verbal report to a staff member, the employee immediately notified key personnel, the State Police were notified by CIU Commander, and arrived on-scene and collected possible evidence. Staff first responder actions, and subsequent investigative actions by MSP and CIU personnel, retaliation monitoring, counseling sessions and Incident Review were implemented in accordance with agency policy and the PREA standards.

There were no inmates available for interview during on-site review that were housed at the MI or PRC that had reported a sexual abuse.

### Standard 115.65 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.**

The PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section E. Coordinated Response, page 30 states that: The facility has written institutional plans to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, inmate advocate, and facility leadership. This language is in compliance with the standard. The PAQ provides a Disorder Flow Chart which describes the flow of information/notifications, and facility response to incidents, including sexual abuse incidents. This Disorder Flow Chart includes Crisis Intervention Services, as needed, e.g. Health Services, CIU, ambulance/hospital, etc.

Auditor interviewed the Warden/Designee, who advised auditor that the Central Classification Board reviews all incidents and debriefs.

Auditor reviewed the Sexual Assault Victim Advocate, SAVA, document, which requires that the SAVA provide support and advocacy to an identified victim of sexual assault and to assure access to a reasonable continuum of services throughout incarceration and following release as needed. A sexual assault of an inmate/resident would activate SAVA responder(s) to advocate for the victim. During on-site

review, auditor interviewed the HCSD Victim Services Coordinator. The Coordinator, who functions as SAVA, advised auditor that she has coordinated YWCA Sexual Assault Counselor visits into the facility in the last 12 months in order to conduct counseling sessions with an alleged sexual abuse victim. Auditor received a YWCA handout/card from the Victim Services Coordinator, which is provided to inmate victims for ease of contacting the YWCA staff. The pocket/wallet card, in English and Spanish, contains YWCA phone numbers for free and confidential assistance, in English and Spanish languages.

### **Standard 115.66 Preservation of ability to protect inmates 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.**

Auditor reviewed the PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section F. Preservation of Ability to Protect Inmates from Contact with Abusers, pages 30-31. The agency policy is consistent with the PREA standards, with the objective being to retain management's rights to assign personnel, to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Auditor reviewed the PAQ which advises that the agency has entered into or renewed collective bargaining agreements or other agreements since August 20, 2012. Auditor reviewed the language of the two bargaining unit agreements to confirm existence of language protecting management's rights. An example is the clear language of the Hampden County Superior Correctional Officers Association contract, with effective dates of July 1, 2014-June 30, 2017, Article 6, Disciplinary Action, page 11: The Sheriff or his designee shall have the right to remove, dismiss, discharge, suspend or discipline a unit member, provided that no such action shall be taken except for just cause. The National Correctional Employees Union contract, effective July 1, 2014 thru June 30, 2017, has the exact same language within Article 7, Disciplinary Action, page 7. Auditor notes that each contract has a duration clause which provides that contractual language and provisions continue in force until a new agreement is in place.

Auditor interviewed the Agency Head/Designee, who advised auditor that the agency is presently in contract negotiations with the two unions, the officer's union and the uniformed supervisor's union. The issues being discussed are increased camera coverage, increased supervision, and co-ed supervision (female supervisor's in male facilities and male supervisors in the female facilities).

Auditor's review of the two existing Collective Bargaining Unit agreements confirms that there exists no language, or intent, to restrict the agency's right to direct their workforce, or to reassign personnel, discipline staff, etc., pending the outcome of an investigation.

### **Standard 115.67 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.**

The PREA Plan includes all provisions of this PREA standard, Protocol 6: Official Response Following An Inmate Report, Section G. Department Protection Against Retaliation, pages 31-32.

Auditor reviewed PREA investigations conducted during the last 12 months which resulted in retaliation monitoring by staff, and others that were determined not to require retaliation monitoring. Such retaliation monitoring is conducted by the inmates housing/program staff (Counselor or Correctional Case Worker, CCW), and documented in the TRAX system.

Auditor interviewed the Agency Head/Designee, who advised auditor that retaliation is always a consideration. Staff put together a plan to monitor and reduce risk to the inmate. Staff use housing placements as part of a retaliation plan, as necessary. The agency can even relocate inmates to another county as an alternative to protect them. We want them to use the Hotline as a reporting method also, for any retaliation concerns. The Warden/Designee advised auditor during interview that inmates can be effectively separated from others within the facility. Staff use PREA Alerts to inform staff of PREA concerns. The Alerts prevent inmates from being housed with potential abusers. We monitor for retaliation, can initiate an administrative investigation if retaliation is suspected or reported, and can take disciplinary action or possibly file criminal charges, as necessary.

Auditor interviewed two staff members charged with monitoring retaliation. A Correctional Counselor advised auditor that retaliation is not acceptable. If is a staff situation, we should make both the staff and inmates feel safe. We can possibly move the inmate or reassign staff to another unit or post, to protect both sides. As a monitor, he would watch inmate for small signs, like a change of behavior is a good indicator that something may be wrong, to watch for non-verbal cues. Retaliation monitoring can be conducted for up to 90 days, or longer. Staff would make entries in the inmate's case notes (TRAX). Our job is to separate inmates, preserve evidence and be aware of retaliation. Auditor notes that this randomly selected employee has not been assigned to conduct retaliation monitoring to-date.

Auditor interviewed a Shift Supervisor who has tasked unit Counselors with monitoring retaliation, and then monitors their performance and TRAX entries concerning the assigned retaliation monitoring. The Supervisor would also meet with the resident at times to check in with him, and then make appropriate case files entries. The Supervisor advised that the facility ensures that the residents receive all services necessary. Retaliation monitoring would be for a minimum of 90 days and can be extended, indefinite. This action would be documented and reviewed/approved by the PRC PCM. In PRC, the Assistant Deputy Superintendent, the Security Director and the PCM serve as the reviewing authority for retaliation monitoring. In the MI, the Central Classification Board reviews any active or recommended retaliation monitoring, weekly. The PRC Security Director also sits on the MI Central Classification Board. Staff would monitor for a spike in inmate disciplinary reports, monitor inmate work performance reviews, let the inmates know we are here for support and to provide emotional support. The facility can move the residents or reassign staff as necessary. Staff can use EAP to report retaliation or for emotional support.

There were no inmates available who were in segregated housing or had been in segregated housing for risk of sexual victimization. One inmate who had reported a sexual abuse by another inmate during the last 12 months was no longer housed at the facility. Auditor reviewed this inmates' allegations, and the subsequent and on-going investigation with agency PREA officials and the CIU Commander. Retaliation monitoring was initiated in this case, with the case notes reviewed by auditor to confirm this action. A second retaliation monitoring, PREA Retaliation Monitoring Assessment, was reviewed by auditor, with staff recommending cessation of the retaliation monitoring at the conclusion of the investigation, based upon investigative findings (Not PREA and no justification to continue).

The PAQ reports that there were 0 incidents of retaliation at the MI or PRC during the last 12 months. Retaliation monitoring was conducted, however, with auditor reviewing the staff member's notes documented in a report recommending cessation of retaliation monitoring. Auditor discussed the absence of a structured protocol for personnel to document regular inmate/resident contacts during a retaliation monitoring period with the Acting PC/PCM. Implementation of a form, whether hard-copy or incorporated into the Case Management TRAX system, would serve to prompt such contacts, by adding a compulsory contact, e.g. weekly. Such a form would be more appropriate for supervisory review and/or Central Classification Review, becoming part of the documented record. Auditor downloaded a form from the PREA Resource Center as an example for the HCSD, and provided it to the PC/PCM. Auditor notes that the facility's very low number of incidents and allegations of sexual abuse result in few retaliation monitoring periods, and therefore, staff may be somewhat unfamiliar with the documentation expectations, as auditor experienced during one interview of a retaliation monitor. At auditor's suggestion, a Retaliation Monitoring Form was being developed by agency PREA officials in order to enhance such monitoring practices and to provide verifiable documentation.

#### **Standard 115.68 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)

**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 PREA Plan, Protocol 6: Official Response Following An Inmate Report, Section H. Post-Allegation Protective Custody, page 32: Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of Protocol 4: C. (Protective Custody). Policy 4.2.1 Classification Plan, page 2, states: the Classification Plan requires the establishment of a Central and Unit Classification Board. Unit Classification monitors and reviews all inmate issues related to the living units. Central Classification has the responsibility for the review and monitoring of all inmate related activities throughout the Sheriff's Department. This policy provides for weekly review of anyone who has alleged sexual abuse and is held in involuntary segregated housing by the the weekly Unit Classification Board (Tuesdays) and the weekly Central Classification Board (Thursdays). In the segregated housing units, a weekly Captains Meeting (Mondays) would also review such involuntary segregated housing cases, prior to the weekly Unit Class and Central Class Boards reviews.

Auditor reviewed the PAQ which reports 0 inmates held in involuntary segregated housing in the last 12 months.

In order to make a determination of compliance, auditor interviewed the Warden/Designee. This administrator advised auditor that the HCSD does not use involuntary segregated housing to house inmates that have alleged to have suffered sexual abuse. Such segregated housing would be utilized only as a last resort, and inmates removed ASAP if it was used. Staff would identify the inmates and separate, can reassign/move inmates, and C-10 Unit is often utilized for this purpose, in order to provide protection and increased supervision and control. Most times, inmates can be moved, to another unit, or we can move to another county. The Warden/Designee advised auditor that the HCSD exchanges inmates often for other reasons, with the 13 other MA counties, e.g. Security Risk Group inmates.

Auditor interviewed a staff member who supervises inmates in segregated housing. This Sergeant advised auditor that inmates in segregated housing have very limited to no movement or privileges, due to the need to separate them from others. There is a hearing and review process consisting of Captain's meetings, Unit Classification meetings and Central Classification meetings. An inmate could be placed in involuntary segregated housing if necessary. He would be moved out ASAP. When an investigation starts, we push them out unless is serious risk. The committees make these decisions based upon staff input. The Sergeant could not recall any inmates involuntarily confined to segregated housing (C-1 or C-2 units) in the last 12 months. He stated that unit C-10 is usually used for such separation and security purposes.

There were no inmates available to interview for risk of sexual victimization who were involuntarily housed in segregated housing, or had been so housed in the last 12 months. Auditor reviewed one investigative case in the last 12 months, where an inmate was housed in the Evaluation Stabilization Unit, ESU, as a respite case, due to sexual abuse allegations made against another inmate. The ESU provides the agency and other Western Massachusetts counties, with a valuable alternative to segregated housing for cases in need of increased supervision or separation concerns. The ESU, established in 2013, is part of the Health Services Department and provides an increased medical, mental health and security presence, without the restrictions of movement and privileges of the segregated housing units, i.e. C-1 and C-2.

**Standard 115.71 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.**

Protocol 7: Investigations, Section A. Criminal and Administrative Department Investigations, pages 32-33, of the agency PREA Plan, include all provisions of the PREA standard. The PAQ reports 0 substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012.

In order to make a determination of compliance, auditor interviewed the Warden/Designee, who advised auditor that the agency remains informed of the progress of outside agency investigations of sexual abuse through the PREA Coordinator and the PCMs. The PREA Coordinator advised auditor that the agency would be kept informed of the MSP investigations through the CIU. The MI PCM advised auditor that the MSP would talk directly with the CIU Commander who has a direct line both ways with the MSP. They communicate by e mail and phone calls. The PRC PCM advised auditor that the CIU Commander is the point of contact with the MSP. All agency

investigations, to include MI, PRC, WCC and WMRWC goes thru the CIU Commander.

Auditor interviewed three agency PREA investigators, which included the CIU Commander/Lieutenant, the MI PCM and a MI CCW/Corporal. All investigators, to include those interviewed by auditor, have received the specialized training, which has been verified by review of training certificates by auditor. Investigators have asserted that they conduct objective and thorough investigations, which has been confirmed by auditors review of all agency sexual abuse investigations conducted in the last 12 months. Credibility of an alleged suspect, victim or witness is determined based upon the evidence; polygraphs are not considered as a condition for proceeding with an investigation. During interview with the CIU Commander, he advised auditor that all interviewee statements are audio-video recorded. Auditor reviewed Policy 3.1.7 Section 13, Interviewee Statements - The CIU investigating officer will: a. Make the audio-video recording of the statement and, as soon as possible, transcribe the statement into writing. The completed statement is reviewed and signed by the interviewee.

Substantiated allegations of sexual abuse that appear to be criminal would be referred for prosecution, per Policy 3.1.7 Section 14, which states: Based on the severity of the incident and at the direction of the Assistant Superintendent of Special Operations, the Criminal Investigative Unit Commander will confer with the Assistant District Attorney. While the agency has the authority to investigate criminal conduct and refer directly to the District Attorney's Office, the investigators advised auditor that the MSP are frequently consulted concerning criminal matters, and at-times the MSP may conduct their own MSP investigations, and can proceed with prosecution.

The investigators interviewed informed auditor that they consider whether staff actions or failures to act contributed to an incident of sexual abuse. Physical, testimonial and documentary evidence is thoroughly described in the investigative reports, with copies of all investigative documents attached. The investigators informed auditor that the MSP would continue an investigation of sexual abuse if criminal and probable cause exists, in the event that an alleged abuser or victim departed employment or control of the agency.

Auditor reviewed all sexual abuse investigations conducted during the last 12 months, finding reports to be well-organized, evidencing the thorough investigations conducted. Associated documentation is included, providing reviewing authorities a thorough description of the allegations, statements, physical evidence, documentary and electronic evidence, and staff findings. Auditor notes that all inmate/resident interviews are video-recorded, in accordance with agency policy. The addition of two per diem MSP retirees to support the CIU investigative team should serve to further contribute to the agency's effective response to sexual abuse incidents and allegations.

#### **Standard 115.72 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.**

Agency Policy, 3.5.3. PREA Plan, Protocol 7: Investigations, Section B. Evidentiary Standard for Administrative Investigations, pages 33-34, requires that: The department imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

During interview with three agency investigators, all staff were familiar with the evidentiary standard, or burden of proof required to determine whether allegations of sexual abuse or sexual harassment are substantiated. All staff advised auditor that a preponderance of evidence is the evidentiary standard.

Auditor's review of sexual abuse and sexual harassment administrative investigations conducted during the last 12 months has confirmed that the agency investigators utilize the required burden of proof.

#### **Standard 115.73 Reporting to inmates**

- 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 PREA Plan, Protocol 7: Investigations, Section C. Reporting to Inmates, pages 34-35, includes all provisions of the PREA standard.

The PAQ reports that 12 criminal/administrative investigations of alleged sexual abuse were completed by the agency during the last 12 months. In the last 12 months 12 inmates were notified, verbally or in writing of the results of the investigation. All 12 notifications made to inmates were documented. There were 0 investigations reportedly conducted by an outside agency in the last 12 months-one by MSP is presently ongoing.

Auditor interviewed the Warden/Designee, who advised auditor that the agency notifies inmates following investigations whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Three investigative staff interviewed advised auditor that inmates are informed following an investigation whether their allegations have been determined to be substantiated, unsubstantiated or unfounded. The CIU Commander, who conducts the majority of the notifications, advised auditor that the inmates are informed verbally, they sign the document, and it is placed in their file. If the inmate/resident has since been released, the notification is sent via US Mail, Certified, to their address of record. Auditor, during review of the PREA investigative files, observed numerous notification documents with inmate signatures and dates of notifications documented.

#### **Standard 115.76 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.**

The PREA Plan, Protocol 8: Discipline, Section A. page 35. includes possible disciplinary sanctions for personnel who have engaged in sexual abuse or sexual harassment, commensurate with the nature and circumstances of the acts committed, the employees disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Actions taken could include being reported to law enforcement authorities and to relevant licensing bodies, and employee discipline up to and including termination.

The PAQ reports that 0 staff have violated sexual abuse or sexual harassment policies in the last 12 months. There were therefore no staff disciplined, terminated, reported to law enforcement authorities or licensing bodies.

#### **Standard 115.77 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)

**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 PREA Plan, 3.5.3, Protocol 8: Discipline, Section B. Corrective Action for Contractors, Interns, and Volunteers, states:

B. Corrective Action for Contractors, Interns, and Volunteers -

1. Any contractor, intern, or volunteer who engages in sexual abuse will be prohibited from contact with inmates and will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.
2. The facility will take appropriate remedial measures, and will consider whether to prohibit further contact with inmates, in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor, volunteer, or intern.

The PAQ reports that in the last 12 months 0 contractors or volunteers have been reported to law enforcement for engaging in sexual abuse of inmates.

Auditor interviewed the Warden/Designee who advised auditor that in case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures to prevent further contact with inmates, pending an investigation. The agency would disallow entrance until such time as the investigation is completed.

**Standard 115.78 Disciplinary sanctions for inmates**

- 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.**

In order to make a determination of compliance, auditor reviewed the PREA Plan, Protocol 8: Discipline, Section C. Disciplinary Sanctions for Inmates, pages 35-36. This policy subjects inmates/residents to disciplinary sanctions following an administrative finding that the inmate/resident engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Sanctions imposed would be commensurate with the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process shall also consider an inmate's mental disabilities or mental illness when determining what type of sanction, if any, should be imposed.

In accordance with policy, the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Discipline may also be imposed for allegations determined to be made in bad faith. Agency policy prohibits all sexual activity between inmates and will discipline inmates for such activity.

The agency PAQ reports that during the last 12 months, there was 1 administrative finding of inmate-on-inmate sexual abuse. There were 0 criminal findings of inmate-on-inmate sexual abuse in the last 12 months. Auditor reviewed the Disciplinary procedures in the MI and PRC Inmate/Resident handbooks. Both handbooks document major Sexual Misconducts, subject to discipline from 3 to 10 days disciplinary detention, and minor Sexual Misconducts, which can result in sanctions from a Reprimand to 3 days of disciplinary detention.

Auditor interviewed the Warden/Designee, who advised auditor that inmates would be subject to the Disciplinary Board process, and possible criminal prosecution, depending upon the nature of the inmate-on-inmate sexual abuse perpetrated. A full investigation would be conducted by the CIU. The inmate abuser would possibly be reclassified. Staff would look at all incidents on a case by case basis. Specialized housing would be considered for both inmates. Mental disabilities or mental illness would be a consideration during the D-Board process, as well as a review of the inmate's criminal and institutional adjustment history.

Auditor interviewed medical and mental health staff, who advised auditor that both the victim and perpetrator would receive a mental health referral resulting from an incident of sexual abuse. Such interventions are not offered/provided conditionally based upon the inmates willingness to cooperate with an investigation or to receive other benefits.

During on-site review, auditor reviewed all PREA sexual abuse investigations conducted in the last 12 months. Of these cases, two inmates were disciplined for having consensual sex resulting from a sexual abuse investigation. Another inmate had misconduct charges filed against him for having submitted false allegations, as a result of an investigation into his allegations. Video footage had reportedly refuted inmate's allegations, resulting in an unfounded determination. Auditor requested video footage and confirmed that the video clearly refutes all inmate claims as made against personnel. As a matter of protocol, the CIU investigators routinely pull available video recordings in an effort to obtain recorded evidence during agency investigations.

Based upon auditors' review of agency policy, interview of the Warden/Designee and medical/mental health personnel, and review of the PREA investigations conducted in the last 12 months, auditor has determined that the agency is in compliance with the standard. Agency staff have appropriately disciplined inmates for having consensual sex, which is prohibited by agency policy, and for making an allegation in bad faith, i.e. unfounded and refuted by evidence.

### **Standard 115.81 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)

**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.**

Auditor reviewed the PREA Plan, Protocol 9: Medical and Mental Health Care, Section A. Medical and Mental Health Screenings; History of Sexual Abuse, pages 36-37. The policy language is consistent with the PREA standard:

#### A. Medical and Mental Health Screenings; History of Sexual Abuse.

1. If the screening pursuant to Protocol 4:A (Screening for Risk of Sexual Victimization and Abusiveness) indicates that an inmate has experienced prior sexual victimization and/or has previously perpetrated sexual abuse (whether it occurred in an institutional setting or in the community), staff will ensure that the inmate is referred for a follow-up meeting with a medical and mental health practitioner within 14 days of the intake screening.
2. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or Local law.
3. Medical and mental health practitioners will obtain informed consent from the inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18 years.

The PAQ reports that 100% of inmates who disclosed prior victimization and who had perpetrated sexual abuse during screening were offered a follow-up meeting with a medical or mental health practitioner. If screening provides information that an inmate had previously perpetrated sexual abuse, a follow-up meeting with a mental health practitioner would be offered.

Auditor interviewed medical and mental health personnel (Director of Nursing, Nursing Supervisor, Mental Health Manager, Mental Health Counselor, and Forensic Mental Health Technician). All staff stated that informed consent is obtained if the inmate wants to address a prior victimization. Auditor interviewed staff responsible for risk screening (Intake LPN, Medical RN, PRC Director of Classification, Intake Classification Coordinator). The two nursing staff are involved in the first two phases of the initial risk screening conducted with individuals upon arrival at intake area. Both employees demonstrated to auditor the automated drop down box which prioritizes referrals required by facility protocol. Inmates that disclose a prior victimization are given a High priority, which generates an mail to mental health personnel, noting the priority assigned. The two mental health staff interviewed advised auditor that those prior

victims that agree to a follow-up meeting with mental health are seen the next day or the next working day. Those that have previously perpetrated sexual abuse are usually seen within a week. Both mental health personnel stated that the abusers were also seen within several days, but were not the same priority as those that had reported victimization.

During on-site review, auditor viewed multiple TRAX entries made by mental health personnel confirming follow-up visits conducted with prior victims and those with a prior abusive history. During on-site review, auditor interviewed a random inmate who disclosed to auditor a prior sexual victimization from many years ago at another correctional agency. The inmate was asked whether he wanted to see someone to discuss this matter. He indicated he did want to see a mental health staff person. Auditor informed the PC of this request, and asked that the facility arrange this meeting, and to follow-up to ensure it was conducted. Auditor subsequently received verification from the PC, and reviewed the case file TRAX entry confirming that this follow-up MH meeting was conducted by the respective mental health technician assigned to that unit. Auditor notes that appropriate Unit and MH staff were familiar with this inmate and his reported history of prior victimization. Auditor reviewed multiple TRAX entries to confirm the prior tracking of this inmate. Auditor further notes that the TRAX system is divided into distinct sections, with those staff without a need-to-know being restricted thru programmed filters for accessibility from specific departmental program access, e.g. Unit Counselor would not have access into the (medical/mental health) Health TRAX of one of their unit inmates, but could access their Risk Assessment information entered by medical staff and filed within the Case Management TRAX.

### **Standard 115.82 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.**

Auditor reviewed the PREA Plan, Protocol 9, Medical and Mental Care, Section B. Access to Emergency and Mental Health Services, page 37. Policy language is identical to that of the language and requirements of the PREA standard:

#### **B. Access to Emergency Medical and Mental Health Services -**

1. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders will take preliminary steps to protect the victim pursuant Protocol 6:B (HCSD Protection Duties) and will immediately notify the appropriate medical and mental health practitioners.
3. Inmate victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
4. Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

In order to make a determination of compliance auditor interviewed medical and mental health staff. Responses indicate that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately. One medical employee advised auditor the occurrence of such an incident trumps everything else that is going on. All personnel stated that the nature and scope of services rendered is determined based upon policy, protocol and training. Inmate victims are offered timely information about access to sexually transmitted infection prophylaxis. One employee noted that emergency contraception information is only offered at the facilities that house female inmates/residents. During on-site review, auditor confirmed that the one allegation received during the last 12 months that resulted in a forensic evaluation at Baystate Medical Center, BMC, information was provided and sexually transmitted infection prophylaxis treatment was initiated upon return of the inmate to the HCSD. One medical employee interviewed stated that the inmate would usually return from BMC with results and instructions to follow. The MI has an Infectious Disease Nurse who would

handle and follow such cases, according to the medical staffer.

Auditor interviewed a security staff first responder and a non-security staff first responder. The security employee advised auditor that if he was notified of a report of recent abuse, he would immediately separate the inmate (could be staff or inmates), start the interview process and evidence collection, notify Shift Supervisor/CIU Commander and treat like criminal investigation, take photographs and start data base entries, and determine whether victim and perpetrator goes to hospital based upon circumstances. The non-security staff member advised auditor that he would obtain details of the allegation and notify the Shift Supervisor or PCM, to get them involved. Don't let the person out of my sight, try to make him comfortable to talk. Separate him from others if in a room (cell), lock down scene to secure evidence, and try to get as much information as possible. Try to keep evidence as fresh as possible. Shift Supervisor would notify medical if it was a case that required that. All done pretty much simultaneously.

There were no inmates available to interview that had reported a sexual abuse. The one allegation received in the last 12 months that resulted in a BMC escort and forensic evaluation was received verbally by a staff member. The nurse receiving the staff report immediately notified the Nursing Supervisor on duty, and reviewed the Health Trax PREA screening information on file for the victim. Essential medical exam was conducted of vitals by nurse at the MI prior to transport to hospital. The inmate was transported to BMC ER via HCSD cruiser for SANE evaluation. The MI reporting nurse called BMC and notified them of the need for SANE upon inmate's arrival to BMC. The hospital conducted labs, with prophylactic therapy to be offered upon return to the facility and based upon lab results. Upon return to MI, the inmate was housed in the Evaluation Services Unit, ESU, for a respite period, in accordance with policy. Facility documents confirm inmate was subsequently seen by a mental health staff person within 24 hours of the allegation presented to medical staff. Inmate later received regular counseling sessions with the YWCA Sexual Assault Counselor, the agency Victim Services Coordinator, and had regular meetings with the PCM. Auditor reviewed inmates Case Management and Health Care TRAX in order to confirm documentation of aforementioned first responder, medical and mental health attention to this allegation.

Auditor reviewed the medical, mental health and security department's response to an allegation of sexual abuse in the last 12 months with numerous personnel. This case was thoroughly reviewed by the CIU and Central Classification Board. Auditor reviewed this on-going agency and MSP investigation with the respective agency investigators, PC, PCMs and CIU Commander. Auditor's findings are that the facility has responded in accordance with agency written policy and protocols which are consistent with the National standards of the PREA of 2003.

### **Standard 115.83 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.**

Auditor reviewed the PREA Plan, Protocol 9: Medical and Mental Care, Section C. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers, pages 37-38. Policy language is consistent with the PREA standards, requiring appropriate medical and mental health evaluation, treatment services, and diagnostic tests consistent with the community level of care, without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The agency will attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. Services are provided consistent with the community level of care and without financial cost to the victim.

Auditor reviewed 4.5.9. Special Needs and Services policy, Protocol 12: Protocol In The Event Of Sexual Assault, Sections A-E, pages 16-17. This policy requires a referral to a community facility for examination, treatment, and gathering of evidence, offering of prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases, and referral to mental health professionals for crisis intervention and long-term follow-up. A criminal investigation is immediately begun and actions taken to effectively separate the victim from his assailant in housing assignments.

Auditor interviewed agency medical and mental health personnel. Staff responses assert that the services provided are consistent with the community level of care, and "we have medical and mental health providers set up so we have a seamless transition to community." Such treatment entails immediate, emergent treatment, meeting first aid needs, escorting them to hospital ASAP, which is 15 minutes from facility. Hospital evaluation and treatment involves full evidence collection, anal oral or vaginal, with interview and full documentation. If

alleged abuse is over 120 hours or 5 days, facility staff do testing and provide required information here at the facility. Several staffers advised that that facility response is faster, more immediate than can be obtained in the community. (Auditor notes that agency policy requires a 4 minute response time to facility incidents). Staff advised that mental health staff see the inmates within 3 days, although 14 days is the requirement to be seen by MH staff. Abusers are given a High Referral to mental health for a meeting, and would be seen right away. "We do ASAP if a PREA issue. Usually that day if possible." Evaluation and treatment of inmates who have been victimized entails medical treatment, a mental health referral, providing information, and continued care upon release, possibly.

There were no inmates available to interview that had reported a sexual abuse.

Auditor review of agency policy and protocols, documentation concerning medical and mental health review of referrals and inmate allegations, and interviews conducted has evidenced that the agency personnel are highly trained and work cohesively as a team to respond to incidents and allegations of sexual abuse. Staff are knowledgeable, and display and express a professional care and concern for their inmates and inmate patients. Auditor interviews/interaction with three community representatives (YWCA Director of Community Services, YWCA Sexual Assault Counselor and the MA Department of Public Health Regional SANE Coordinator) has served to confirm the effective working relationships and continuity of care available and provided to the inmates/residents of the HCSD MI and PRC. The agency PC and HSCD Victim Services Coordinator contribute to this process in ensuring the required and necessary services are available and provided to sexual abuse victims, and available and offered to sexual abusers.

### Standard 115.86 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.**

Auditor reviewed Protocol 10: Data Collection and Review, of the PREA Plan, 3.5.3. Section A, pages 38-39. The policy includes all requirements of the standard. The PAQ reports that sexual abuse incident reviews are conducted within 30 days of the conclusion of a sexual abuse investigation. The PAQ reports that there were 0 sexual abuse criminal and/or administrative investigations completed in the last 12 months. One report of inmate-on-inmate sexual abuse is ongoing and awaiting lab results and MSP further investigation.

Auditor reviewed the PREA Post Incident Checklist completed by the respective PCM, of either the MI or PRC. This comprehensive form includes victim/predator/witness identifying information, response and treatment services rendered, to include use of PREA Kits, escort to SANE at BMC, first responder/crime scene secured w/evidence collection, listing of staff reports submitted, investigator assigned, MSP notification, mental health referrals, investigative findings (Substantiated, Unsubstantiated or Unfounded), notifications to victims, PREA reassessments completed, 30 day Incident Review completed, retaliation monitoring implemented w/completion date, activation of Victim Advocacy Services (as requested), MH evaluation of abuser(s)/perpetrator(s) to be completed within 60 days of the outcome of the investigation, updating of PREA Monitoring List (with PREA Alerts), and Final Report completed and submitted to Facility Head and Agency Assistant Superintendent of Operations.

Auditor reviewed the HCSD PREA Incident Review form. The PREA Incident Review forms are completed by the respective PCM, reporting alleged incidents with a synopsis, Policy and Practice review, Area Review, Staffing Review, Motivating Factors, Suggested Actions, and Staff Signature (PCM). Cases reviewed and forms completed by the PCMs are forwarded to the PC for review, signature and further action. The Unit Superintendent's Meeting would review the incident and the Central Classification Board would review the Incident Review and conduct a complete, detailed review of the investigation, actions, inmate classification and housing changes, etc. The Incident Review (PCM) and the Central Class review are completed within 30 days of completion of an investigation, in compliance with the PREA Plan and the PREA standard.

Auditor interviewed the Warden/Designee, who advised auditor that the Central Classification Board reviews all incidents of sexual abuses. This Central Class Board oversees all Unit Classification Boards, and reviews the PCM and CIU investigator findings. They look at everything, e.g. maybe train and retrain staff, how can we do better? All information is available to them and identified areas of concern (staffing, any LGBTI motivating factors, or areas of the facility needing increased supervision or electronic monitoring) would be changed. The Warden/Designee advised that the Incident Reviews and Central Classification Board reviews are then reviewed by the Executive Team, for Board findings and recommended actions to improve conditions, response, training, etc.

Auditor interviewed the MI PCM and the PRC PCM. The PRC PCM advised that there were not any Incident Review Team reports compiled, as there were no sexual abuse allegations or incidents in the last 12 months. The PCM compiles the IRT report and submits to the PC and Central Classification Board, in the event an incident occurs or an allegation is received. The PCM would review policy/protocol, trends/areas where more reports are received, motivating factors, need for increased mounting of security mirrors, cameras, review staffing levels, door signage, and physical plant review. The MI PCM advised auditor that the completed PREA Incident Review Checklist is used by the Central Classification Board to review all MI and PRC Incident Reviews. The PCM advised that the Central Classification Board review is a further, very detailed review of the Incident Review and CIU investigative findings.

An Incident Review Team member interviewed advised auditor that every single sexual abuse incident is reviewed to determine whether LGBTI status was a factor in an incident. Staff have considered and made shower/bathroom changes, procedures and practices in the past, based upon reports received. Staff escort status is considered to address certain inmate issues. Areas are evaluated to review inmate access, and camera placements. An example provided by the employee was that camera locations have been altered in the last year based upon a PREA investigation conducted at another facility. The PREA investigation determined that the conduct was not sexual abuse but consensual conduct. Auditor had previously reviewed this investigation with the CIU Commander and PRC PCM, and interviewed the subject inmate. The auditor notes that administrative classification changes were subsequently taken in regards to this inmate, and a PREA Alert implemented due to his inappropriate conduct.

During Site Review, auditor attended a weekly Central Classification Board on August 17, 2017. There were 18 agency staff members participating on the committee. The Board reviewed 63 inmate cases concerning facility classification issues this date, including PREA issues, gang management or SRG (Security Risk Group), problematic segregation or behavioral cases, inmate separations, etc. Auditor was familiar with several of the inmates discussed, due to having interviewed the inmates, and/or having reviewed their investigative cases with the CIU investigators. Auditor noted that appropriate departmental staff, e.g. mental health, security, unit housing, etc., were called-upon for staff input by the Assistant Deputy Superintendent that chairs the Board. Auditor provided pertinent input to the assembled committee concerning one case discussed, as auditor's interview findings were found to be very consistent with the Board's findings and intended direction with one PREA case being monitored. Auditor observed the Board providing the highest degree of scrutiny and staff discussion possible, concerning those inmate's requiring a higher degree of control, supervision, treatment, protection, segregation, etc. Auditor requested and was provided prior Central Class Board minutes and Unit Classification Board minutes for personal review and information, and in order to confirm the consistent and thorough review being conducted by facility staff at multiple levels.

#### **Standard 115.87 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.**

Auditor reviewed the PREA Plan, Protocol 10: Data Collection and Review, Section B. Data Collection, pages 39-40:

Policy language mirrors that of the PREA standard, requiring annual collection of incident-based data, and the providing of such data annually to the US Department of Justice. The PAQ reports that such data is derived from incident-based documents, including reports, investigation files and sexual abuse incident reviews.

Auditor reviewed the 2016 Survey of Sexual Victimization, SSV-3, compiled by the HCSD PREA Coordinator. This aggregated data includes all agency facilities (MI, PRC, WCC and WMRWC). The HCSD does not contract any private facilities for the confinement of its inmates. Auditor reviewed the HCSD website, at: [www.hcsdma.org](http://www.hcsdma.org). This website, under Public Information tab, provides extensive PREA information to the public, including the PREA Audit Reports of 2015 (MI and PRC), and the WCC (2016). The agency Annual PREA Reports for 2014 and 2015 are available thru links. These Annual Reports contain the aggregated data required by the SSV, and include Inmate on Inmate Incident Data and Staff on Inmate Incident Data.

Auditor reviewed the recently compiled and comprehensive 2016 Annual PREA Report, which contains aggregated data for the entire agency (4 confinement facilities-MI, PRC, WCC and WMRWC). This report documents 22 allegations of inmate-on-inmate sexual abuse in calendar year 2016, with 2 cases substantiated. One case of inmate-on-inmate sexual harassment in 2016 was substantiated, of the 11 allegations received. There were no substantiated cases of staff-on-inmate sexual abuse or sexual harassment in calendar year 2016. The 2016 Annual PREA Report notes the continuing decrease in the number of inmate-on-inmate allegations and substantiated investigations, with 13 cases substantiated in 2014, and 4 cases substantiated in 2015.

Auditor visited the Bureau of Justice Statistics website at: [www.bjs.gov](http://www.bjs.gov), and the Office of Justice Programs, [www.OJP.USDOJ.gov](http://www.OJP.USDOJ.gov), to review the 2016 SSV3. The 2016 SSV reports were not posted/published as of September 16, 2017. A BJS representative (1-202-307-0765) advised auditor that the compilation of the SSVs was presently underway, with agency reports due in August 2017, for the reporting period of calendar year 2016.

### **Standard 115.88 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.**

The PREA Plan, Protocol 10: Data Review for Corrective Action, Section C. Data Review for Corrective Action, page 40, requires that aggregated data be reviewed in order to improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. The agency is to use data to identify problem areas, take corrective action on an ongoing basis and prepare annual reports. Annual reports compiled will be reviewed by the Sheriff or designee and made available to the public through its website. Reports will include a comparison of data of the current year with prior years, providing an assessment of the agency's progress in addressing sexual abuse. The department will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the HCSD's facilities, but must indicate the nature of the material redacted.

In order to make a determination of compliance, auditor interviewed the Agency Head/Designee, who advised auditor that review of incident based data provides staff an indication where focus needs to be placed, which Towers (housing unit buildings) where incidents may occur, hotspots, or where there are patterns. Annual reports compiled by the PC are approved by the Sheriff's Office prior to posting on agency website.

The PC advised auditor that the agency uses the data collected to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, response policies and training. The data is securely retained in the agency's data base. The agency takes corrective action on an ongoing basis based upon the incident based data. the agency compiles annual reports which are posted on the HCSD website.

Auditor interviewed the MI PCM, who advised auditor that the facility reviews collected data in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The PCM gave an example that if the data suggests, we try to ensure that LGBTI inmates are comfortable and feel safe. The facility takes seriously such data.

The PRC PCM advised auditor that the facility uses such data to identify problems, and to take corrective action. Such data is reviewed, aggregated into annual report and published on the agency website.

Auditor reviewed the 2015 and 2016 Annual PREA Reports posted on the agency website: [www.hcsdma.org](http://www.hcsdma.org). These Annual Reports review and report aggregated agency data, i.e. MI, PRC, WCC and WMRWC, for the prior calendar year. The reports provide PREA Background information, with an agency update, review and discuss the SSV reports, Inmate on Inmate and Staff on Inmate Sexual Victimization Data, Definitions, Data Analysis, Corrective Action, Accomplishments, and Conclusion. The Annual Reports contain no personally identifying information and are approved by the Agency Head/Designee prior to posting on website.

### **Standard 115.89 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.**

The PREA Plan, Protocol 10: Data Collection and Review, Section D. Data Storage, Publication, and Destruction, pages 40-41, includes all provisions of the PREA standard concerning data retention, the storage for at least 10 years, the removal of personal identifiers, and making the data publicly available.

In order to make a determination of compliance, auditor reviewed the PAQ, the HCSD 2016 Annual PREA Report, and the SSV3 for 2016. Auditor observed no personally identifying information. The agency does not contract private facilities for the confinement of its inmates, and does not publish any data other than its own.

Auditor interviewed the PC, who advised auditor that aggregated sexual abuse incident based data is securely retained in the agency data base. The aggregated data does not contain personally identifying information. Published reports are available for the public to view on agency website, www.hcsdma.org.

Auditor viewed agency website and reviewed the last three years of Annual PREA Reports. There are no personal identifiers contained within any of the annual reports published on the agency's website. The agency is in compliance with the standard and the PREA Plan.

#### **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.

Louis S. Folino  
Auditor Signature

September 23, 2017  
Date