

**Prison Rape Elimination Act (PREA) Audit Report  
Juvenile Facilities**

Interim       Final

**Date of Report**    December 13, 2019

**Auditor Information**

<b>Name:</b> Brandon Weber	<b>Email:</b> <a href="mailto:brandon@rapidesi.com">brandon@rapidesi.com</a>
<b>Company Name:</b> Effective System Innovations, LLC	
<b>Mailing Address:</b> P.O. Box 134	<b>City, State, Zip:</b> Tarrytown, NY 10591
<b>Telephone:</b> 212-677-5093	<b>Date of Facility Visit:</b> April 24th, April 25th and April 26th, 2019

**Agency Information**

<b>Name of Agency</b> Oregon Youth Authority (OYA)		<b>Governing Authority or Parent Agency:</b> State of Oregon	
<b>Physical Address:</b> 530 Center Street, Suite 500		<b>City, State, Zip:</b> Salem, OR 97301	
<b>Mailing Address:</b> SAME AS ABOVE		<b>City, State, Zip:</b> SAME AS ABOVE	
<b>Telephone:</b> 503-373-7212		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:**    “To protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments.”

**Agency Website with PREA Information:**    <https://www.oregon.gov/OYA/pages/index.aspx>

**Agency Chief Executive Officer/Director**

<b>Name:</b> Joe O’Leary	<b>Title:</b> Agency Director
<b>Email:</b> <a href="mailto:joe.oleary@oya.state.or.us">joe.oleary@oya.state.or.us</a>	<b>Telephone:</b> 503-373-7212

**Agency-Wide PREA Coordinator**

<b>Name:</b> Lynn Oliver	<b>Title:</b> Agency PREA Coordinator
<b>Email:</b> <a href="mailto:Lynn.Oliver@oya.state.or.us">Lynn.Oliver@oya.state.or.us</a>	<b>Telephone:</b> 971-701-5847

<b>PREA Coordinator Reports to:</b> Chief Investigator of the OYA Professional Standards Office	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 7
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**Facility Information**

**Name of Facility:** Young Women’s Transition Program (YWTP)

**Physical Address:** 4400 Lockner RD SE, Albany, OR 97322

**Mailing Address (if different than above):** SAME AS ABOVE

**Telephone Number:** 541-791-5900

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input type="checkbox"/> Other - Residential
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**Facility Mission:** To protect the public and reduce crime by holding youth accountable and providing opportunities for reformation in safe environments.

**Facility Website with PREA Information:** <https://www.oregon.gov/oya/Pages/pso.aspx>

**Is this facility accredited by any other organization?**  Yes  No

**Facility Administrator/Superintendent**

**Name:** Mike Riggan **Title:** Superintendent

**Email:** mike.riggan@oya.state.or.us **Telephone:** 541-791-5906

**Facility PREA Compliance Manager**

**Name:** Mike Riggan **Title:** Superintendent

**Email:** mike.riggan@oya.state.or.us **Telephone:** 541-791-5906

**Facility Health Service Administrator**

**Name:** Dr. Marcia Adams **Title:** Medical Director

**Email:** Marcia.adams@oya.state.or.us **Telephone:** 503-373-7597

**Facility Characteristics**

**Designated Facility Capacity:** 14 **Current Population of Facility:** 14

**Number of residents admitted to facility during the past 12 months** 40

**Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:** 38

**Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:** 40

**Number of residents on date of audit who were admitted to facility prior to August 20, 2012:** 0

**Age Range of Population:** 15 – 24 years old

**Average length of stay or time under supervision:** 6 months

<b>Facility Security Level:</b>	Staff-secure
<b>Resident Custody Levels:</b>	Close custody
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	18
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	2
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	1
<b>Physical Plant</b>	
<b>Number of Buildings: 1</b>	<b>Number of Single Cell Housing Units: 0</b>
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0
<b>Number of Open Bay/Dorm Housing Units:</b>	6
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	0
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> There are over 50 surveillance cameras throughout the Program – including living unit, classroom, conference rooms, offices, cafeteria and outside of the facility.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	None (use adjacent OYA facility)
<b>Forensic sexual assault medical exams are conducted at:</b>	Albany General Hospital
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	3
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	3

### Audit Narrative

The Oregon Youth Authority (OYA) contracted with an independent company, Effective System Innovations (ESI), LLC in March 2019 to conduct an audit of the Department of Justice Prison Rape Eliminate Act (PREA) standards. This audit included three programs housing justice involved youth. These programs include Camp Riverbend Youth Transitional Facility (CRYTF), MacLaren Youth Correctional Facility (MYCF), and the Young Women’s Transition Program (YWTP). Sharon Pette and Brandon Weber, both certified Department of Justice (DOJ) PREA auditors, conducted the pre-audit document compliance review and each of the three onsite visits. The purpose of these audits was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. This interim report specifically details the results of the audit of Young Women’s Transition Facility (YWTP), the first PREA audit for this facility. Brandon Weber was the lead auditor for this audit. All interviews were conducted jointly with the exception of the Registered Nurse (RN), Qualified Mental Health Professional, random youth and random staff interviews. This report is based on information obtained from the pre-audit document review; the initial onsite visit (April 24<sup>th</sup>, 25<sup>th</sup>, and 26<sup>th</sup>). A one hour debriefing meeting was held with facility leadership on April 26<sup>th</sup>. This report also provides required

actions the program will need to take during the corrective action period in order to achieve 100% compliance with federal PREA standards.

As required by PREA standards, prior to six weeks before the onsite audit, posters were hung throughout the facility announcing the audit. Photos of the posted pictures were received via email on March 8<sup>th</sup>. These posters explained the purpose of the audit and provided youth and staff with the auditor's contact information. The program provided pictures of six posters hanging throughout the program. These posters were hung in the youth day room, youth class room, youth dining room, administration building, staff breakroom and staff office area on the unit. These posters were still posted during the onsite portion of the audit. The content of the posters included contact information, that correspondence would be confidential, and the dates of the onsite audit.

One month before the onsite review the PREA auditor held a conference call with the Agency PREA Coordinator, the three Facility Superintendents/Camp Directors, Facility PREA Compliance Managers (PCM), Sexual Assault Rapid Response Coordinators (SARRC), and other team members to discuss expectations and to answer any questions they had. No correspondence was received from anyone at the facility, staff or youth.

On March February 28<sup>th</sup>, the Pre-Audit Questionnaire was initiated by the Agency PREA Coordinator, through the PREA Online Audit System (OAS). On April 1<sup>st</sup>, the Pre-Audit Questionnaire along with supporting documentation was completed and ready for review. A comprehensive evaluation of agency policies, program procedures, agency mission statement, tracking forms, and other relevant materials was conducted prior to the onsite visit. In addition to the information provided through the OAS, relevant information was gathered as to the number of staff, volunteers, contractors and their specific roles. In addition, the number of PREA related allegations and associated investigations was also requested and subsequently provided. At the auditor's request and to better ensure confidentiality, no investigative reports, youth case files, or personnel records were sent prior to the onsite visit.

The second day of the on-site portion of the audit was performed at the facility. The first and third days took place at OYA's Central Office. At the program, the auditor conducted an extensive program tour which included visual inspection of the YWTP building. This included a walk-through of the living area, classroom, dining room, administrative offices, and areas outside the building that youth would be. Prior to and during the tour, the auditor gathered relevant information about programming, supervision, treatment philosophy and approach, and daily operations through conversations with Superintendent/PREA Compliance Manager, Mr. Mike Riggan and YWTP Program Director Fabian Casarez. More detailed information about the program and programming relevant to PREA standards is provided in the body of this report.

While onsite, the auditor conducted interviews with managers, agency leadership, staff, and youth/residents. The requisite interviews were conducted consistent with DOJ expectations in content and approach, as well as the method for selecting individuals to be interviewed (i.e. specialized staff, random staff, contractors, volunteers, etc.). The auditor used a list of staff who have contact with residents (organized by title, cottage, and shift). Using a random sampling process the auditor selected 10 staff that worked on all living units and during all shifts, including weekends and week days.

Over the three-day program visit and through phone interviews occurring after the onsite visit, a total of 41 interviews were conducted. More specifically, the audit process included interviews with:

- OYA Agency Director

- Chief of Operations Facility Services
- Chief Professional Standards Office (PSO) Investigator
- OYA Medical Director
- OYA Agency PREA Coordinator
- PSO Administrative Assistant
- YWTP Superintendent who also serves as the Facility PREA Compliance Manager
- 10 Group Life Coordinators
- YWTP Program Director
- 1 Qualified Mental Health Practitioner (QMHP)
- 1 Volunteer Coordinator
- 1 Registered Nurse
- 1 Grievance Coordinator
- 1 Teacher
- 1 Representative from local community advocacy organization
- 1 PSO Investigator
- PSO Administrative Assistant (responsible for tracking all PSO hotline calls)
- OYA Human Resources Director
- 1 OYA Human Resources Analyst
- 13 randomly selected youth (note interviews were requested with all youth, one declined).

All youth were selected for (14 selected, with one youth declining to be interviewed) . One youth met the criteria for the targeted interviews (i.e. Limited English Proficient, Disability, transgender, etc.) but chose not to be interviewed. In addition, the audit process included reviewing 10 youth files that were randomly selected and included both current and discharged youth. The auditors were provided access to youth paper case files and medical files to perform these reviews.

As part of the onsite audit process, the auditors reviewed reports related to sexual harassment and sexual abuse allegations made in the previous 12 months prior to the onsite review. There was a total of 1 allegation of sexual abuse and no allegations of sexual harassment made between April 2018 through March 2019. Comprehensive investigations revealed one allegation was unsubstantiated. The allegation had been referred to law enforcement, but they determined it was not criminal in nature. There were no allegations that involved staff, contractors, or volunteers.

As part of the file review process the auditor also reviewed sample training records for YWTP staff. Approximately 50% of staff personnel records (10 employees) were randomly selected and reviewed to determine whether requisite criminal background checks and abuse registry checks were conducted consistent with PREA standards. Staff records were selected randomly from a staff roster. The facility did not have any volunteers or contractors. However, there were two contracted teachers through the local school district. Employee records were maintained by the school district and were not available during the site visit. After the onsite visit, applicable records were requested for the contracted teachers and at the time of the interim report, these records had yet to be supplied.

Throughout the audit review process, as well as in the debriefing meeting, agency and program leadership were made aware of next steps. The conversation included, but was not limited to, describing expectations for 60 days following the onsite visit and reminding leadership of the federal requirement that the final PREA audit report must be made publicly available. A one-hour debriefing meeting was held on the final day of the site visit to summarize preliminary audit findings. Participants included the Chief PSO Investigator, OYA Agency PREA Coordinator, OYA Chief of Operations Facility

Services, and the YWTP Facility Superintendent/PREA Compliance Manager. The auditor provided feedback regarding program strengths and areas identified as needing corrective action. The auditor explained the corrective action period, expectations, and how he will help support the program in achieving 100% compliance with PREA standards (i.e. assisting in developing a detailed corrective action plan, reviewing documents and providing feedback, etc.).

Due to time limitations, the local victim advocate and hospital that provides SANE examinations were contacted after the onsite portion of the audit. The response from the local victim advocate is incorporated with this report. No response had been received from the hospital at the time of the writing of this report.

The interim PREA audit report was submitted to the Agency PREA Coordinator and Facility Superintendent on June 25, 2019. At this time, YWTP entered into the corrective action period. Throughout the six-month period, phone calls and email communications took place with the Agency PREA Coordinator to discuss the detailed approach for achieving 100% compliance with standards; provide feedback on the corrective action plan and clarify evidence needed for compliance; and provide auditor guidance on PREA standard interpretation. In addition, a second onsite visit to the OYA Central Office took place on November 7, 2019 to gather additional documents and information. The majority of documents (i.e. revised policies and forms, training records, etc.) were submitted to the auditor for review via email and prompt feedback was provided to ensure corrective action timelines were met. This regular document review and ongoing communication increased the likelihood YWTP would successfully achieve compliance with PREA standards by the end of the corrective action period of December 22, 2019.

## Facility Characteristics

The Oregon Youth Authority's mission is "to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments." OYA's vision is that youth who leave OYA go on to lead productive, crime-free lives. The agency operates from a set of core values that provide the foundation for the decisions, actions and practices that make up the agency's daily work. These core values are:

- *Professionalism* - We practice unwavering adherence to professional standards and perform our work competently and responsibly.
- *Accountability* - We conduct our jobs in an open and inclusive manner, and take responsibility for the outcomes of our performance
- *Integrity* - As stewards of the public trust, we display ethical and honest behavior in all that we do.
- *Respect* - We treat others with fairness, dignity and compassion, and are responsive to their needs.

The Young Women's Transition Program (YWTP) is a Staff Secure program operated by the State of Oregon's, Oregon Youth Authority (OYA) located in Albany, OR. The facility houses females ages 14 to 24 who are placed in the care of the state through a court order. All program youth have been convicted of a serious crime and have been determined to need a higher and more intensive level of services and supervision. The program has the physical capacity to serve 14 youth. At the time of the onsite audit there were 14 youth in the program. Over the past 12 months from April 2018 through March 2019 the average daily population was 13. The average length of stay is 6 months.

The YWTP campus is a single structure that does not have a perimeter fence. The building contains a living unit with a large day room and staff workstation that can visually see the entire area. Surrounding the day room are rooms that house either three or four youth. These youth sleep on bunk beds. Connected to the day room, through a secure door, is a hallway that provides access to the classroom. The walls have windows which allow clear line of site to the classroom and the day room for youth, staff and teachers. As you move down the hallway that separates the classroom and youth day room you come to conferences rooms and individuals offices in the other half of the building. These contain numerous offices for staff. In addition, connected to the hallway is the dining room and kitchen. To aid in supervision, there are over cameras throughout the program, including staff conference rooms and staff offices that youth may occasional occupy. During the program tour the auditors noted that all cameras have been positioned in such a way to virtually eliminate any blind spots.

Consistent with the OYA Mission Statement of “reformation”, the YWTP staff interact with youth from a Positive Youth Development (PYD) framework and provide skills training, trauma-informed care, and behavior management to help youth be success while at YWTP.

### **Programming**

The YWTP is an OYA transition program for female youth ages 14-24. It is specifically designed for young women moving from a youth correctional facility back into the community. While youth learn independent living skills, the focus is not on that. Rather, the transition program focuses on issues that young women face. These include: continuing treatment, ongoing social skill building, continuing education and social skills.

Youth are selected from the program because they have shown progress at a youth correctional facility. As such, youth are expected to increase their level of engagement in their treatment program so that they can learn the skills that will help them be successful back in the community.

YWTP has four program levels. Attached to each of these levels are an increasing level of responsibility, expectations, and privileges. These levels include:

- Orientation
- On Program
- Advanced
- Transition

During a youth’s program, the following represents some of the aspects of their program:

- Outings
- Library
- Shopping
- Community jobs/ volunteer positions
- Money and budgeting
- Laundry

## **Summary of Audit Findings**

The on-site audit provided significant evidence that YWTP has a solid infrastructure that supports effective program functioning. Numerous program policies and forms have been developed to support the agency’s commitment to closely aligning with federal PREA standards.

The success of any initiative depends on a variety of factors and requires support from executive level managers. Interviews with OYA agency and YWTP leaders demonstrated they are fully committed to keeping youth safe and free from sexual abuse and harassment. There is sufficient evidence that OYA and YWTP have created a solid infrastructure to support and demonstrate its dedication to zero tolerance and effective crisis response. This includes agency policies that specifically addresses preventing, detecting, and responding to allegations of sexual abuse as well as a detailed investigative policy. In addition, onsite interviews, file reviews, and observations verified the majority of PREA expectations have been institutionalized at the local level.

Information gathered from program staff suggests there is exceptionally strong leadership at YWTP. The Facility Superintendent, Mike Riggan, has operated multiple facilities for OYA over years and has been in his current position for about five years. Additionally, many staff and youth provided unsolicited comments about Mr. Riggan's leadership stating that he is a good leader and is committed to helping the youth at YWTP be successful

The OYA PREA Coordinator is Lynn Oliver. She has been with OYA 16 years and in her current position as PREA Coordinator for approximately nine months. Prior to the onsite visit as well as during the onsite visit Ms. Oliver demonstrated she is knowledgeable about the PREA standards, understands the importance of implementing practices to ensure the safety of youth and staff, and approaches her work with an attitude of continuous learning. Ms. Oliver provided the auditors access to the requested documents in a timely manner prior to and during the onsite visit.

A summary of the degree of compliance with the federal standards is displayed in the following chart. An explanation of the findings related to each standard is provided below as well as actions the facility took during the corrective action period to achieve compliance with the standard. This detailed information is also provided to the reader within each of the standards that were identified as needing corrective action.

For those PREA standards that had not been successfully met at the time of the onsite visit, YWTP was required to take actions to address the identified deficiencies. As previously stated, YWTP entered into the formal corrective action period on June 25, 2019 at the time the interim PREA audit report was submitted. The auditor worked closely with the OYA Agency PREA Coordinator and program leadership during the 180-day corrective action period to ensure YWTP had the greatest likelihood of achieving full compliance with PREA standards. At the time the interim report was submitted, the auditors had determined there was no need for a second onsite visit – i.e. evidence for compliance would be shared electronically and through follow-up interviews as needed. However, prior to the end of the corrective action phase and to gather additional evidence to verify practices and documentation has been consistently implemented, an ESI auditor, decided to make a second onsite visit to the OYA Central Office on November 7, 2019. During this time, the auditor worked with the OYA PREA Coordinator to review unannounced rounds logs, investigative files, tracking charts used for monitoring PREA-related activities, and other information related to the corrective actions for each of the three facilities audited. This information was considered along with the additional documents provided, allowing the auditors to verify compliance with PREA standards.

<b>Category</b>	<b>Total Standards PRIOR to the Corrective Action Period</b>	<b>Total Standards at the END of Corrective Action Period</b>
<b>Number of Standards Exceeded</b>	0	0



Number of Standards <b>Met</b>	34	43
Number of Standards <b>Not Met</b>	9 (Standards: 313, 317, 332, 341, 361, 367, 371, 373, and 386)	0

**Agency/Facility Response to Corrective Actions:**

**115.313 “Supervision and monitoring”**

Corrective Actions Required:

- Document a staffing plan that includes how the facility considered the required elements from Standard 115.313(a).
- Develop a routine monitoring process to ensure unannounced rounds occur on all living units and that there is adequate documentation of these rounds in JJIS. Unannounced rounds must be conducted during sleeping hours and weekends. Documentation should include a brief description of what was observed and action items resulting from the walk-through, if applicable.

Corrective Actions Completed:

Prior to the onsite visit, YWTP had not developed a staffing plan that incorporated the required elements from Standard 115.313(a). During the corrective action period, YWTP developed a staffing plan to address the requirements of this standard. All the elements of Standard 115.313(a) were incorporated into the plan. This plan was supplied and reviewed on September 10, 2019. Based on the development of the plan, no changes will be made to the already PREA compliant staffing ratios.

During the onsite file review unannounced rounds logs indicated a need to conduct these rounds on weekend and overnight shifts and a need to increase the quality of documentation (i.e. many of the log entries were not specific to what was observed or action that needed to be taken). To clearly communicate these expectations, the OYA Agency PREA Coordinator shared this information in a SARRT/PREA Compliance Manager meeting held on September 12, 2019. Meeting minutes were submitted to the auditor for verification. Documentation verified the revised PREA Walkthrough Checklist was reviewed and expectations for unannounced rounds were discussed in detail. During the corrective action period the auditors also reviewed a sample of completed SARRC logs during the second onsite visit. This review further confirmed unannounced rounds have been integrated into standard practice and are now occurring consistent with PREA expectations. The auditor notes that SARRC log entries now indicate a description of what was observed, areas of deficiency, and specific actions that were taken in response to identified issues. Expectations related to unannounced rounds were also communicated during the Facility Management Team Meeting held on September 11, 2019. Meeting participants included the MYCF Superintendent, Camp Riverbend Director, and Young Women’s Transition Facility Superintendent.

During the corrective action period, the Agency PREA Coordinator created a color-coded tracking chart to track unannounced rounds at all OYA facilities. Each month the OYA PREA Coordinator aggregates the data to ensure rounds are conducted across all days and shifts. She notifies the program’s PREA Compliance Manager via email if any gaps are identified. In addition, following the initial onsite visit, OYA enhanced the online SARRC tracking log with a fail-proof system that requires the person

conducting and documenting unannounced rounds to enter comments into the log. This added feature better ensures individuals are not just checking boxes but rather providing a quality assessment of what they observed, and actions taken during these rounds. At the time this final report was issued, this enhancement was in the development process.

To further support this expectation, the OYA Policy 3.0 Interactive Supervision of Youth Policy was updated to include specific language that now states, "Each facility must have a local operating protocol that ensures rounds are conducted at least twice each month. Over a calendar year, rounds must be completed on each day of the week and each shift." Following the initial onsite review, YWTP also revised the PREA Walkthrough Checklist to more clearly convey unannounced rounds expectations. The form now directs supervisors and managers to conduct rounds "...no less than twice a month and be conducted on every shift (and every day of the week over the course of one year)." The form also instructs the individual completing the form to draft a narrative explaining any follow-up needed. The auditors commend OYA for formalizing and tightening the unannounced rounds process by setting clear expectations and by creating formal mechanisms to ensure rounds are conducted consistent with their intended purpose (i.e. to deter and prevent incidents of sexual abuse).

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in Standard 115.313.

#### **115.317 "Hiring and promotion decisions"**

##### Corrective Actions Required:

- Develop a system to ensure criminal background and abuse registry checks are conducted on all staff, teachers, contractors, and volunteers who work in the facility. YWTP must request documentation of criminal background checks of all contractors, including teachers. OYA may choose to conduct these checks themselves. If OYA chooses to obtain verification from the school district, OYA will need to establish a formal process for tracking and ensuring criminal background checks are conducted every five years consistent with PREA standards.
- Conduct abuse registry checks on all staff hired since 2012 who have not had an abuse registry check.
- Obtain documentation or other reasonable assurance that teachers are asked to respond to the 3 questions required in provision (a) before hire.
- Revise the MOU with the local school district to change the language regarding when background checks are required for contracted teachers to state "before having any contact with youth."
- Update agency policy to state the agency/facility will not hire or promote anyone, including contractors who "Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse."
- Revise the PREA Acknowledgement Form as part of the PREA Introduction Training and PREA Refresher trainings to reflect the information in the above bullet.
- Enhance the current hiring process to include gathering information from potential employees about previous acts of sexual harassment.

##### Corrective Actions Completed:

During the corrective action period, OYA added language to the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment policy and to the PREA

Questionnaire to better meet PREA expectations. The policy and PREA Questionnaire now requires applicants and contractors to divulge if s/he "...has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse." In addition, the PREA Acknowledgement Form staff complete during the annual PREA Refresher Training was updated in I-Learn to include more specific PREA language as required by PREA standards - i.e. "...has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse." Following the onsite audit, a sample of these completed forms were submitted to the auditors to verify this practice has been implemented.

In September 2019 the OYA Education and Vocation Coordinator sent a formal communication to DOE and each school that operates in an OYA facility explaining the federal PREA requirements impacting their work. The email was submitted to the auditors to verify this communication took place. The email clearly explains that PREA standards require:

- 1) All educational staff will have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts);
- 2) All educational staff will complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility. This form will also be part of the staff mandated online training;
- 3) All educational staff will be required to complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically); and
- 4) Schools will provide documentation regarding items 1 and 2 to the OYA Educational Coordinator for tracking purposes for the PREA audits.

To further support provisions in this standard, during the corrective action period, the OYA Education and VESoy staff worked closely with the Oregon Department of Education (ODE) to revise existing contract language. At the time of this final audit report the revised contract was in draft form and was expected to be executed in the coming weeks (by the end of 2019). The new OYA /ODE contract now states:

*"Contractor shall ensure that any person having direct contact with OYA youth under this Contract has passed a criminal history and child abuse registry check and meets the OYA's criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095 before the person provides services under this Contract. Contractor shall ensure that criminal records checks are updated at least every five years....Any person who has failed a criminal history check...is prohibited from serving as a contracted service provider."*

In addition, the contract now explains the agency's zero tolerance policy and instructs that all contractors are required to report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred while in OYA custody. The agreement also directs, "Before services under this Contract can begin, any Contractor staff having direct contract with OYA youth shall complete the Agency's PREA Questionnaire (YA8037) and return completed questionnaire to the Agency's Contract Administrator." The auditors applaud OYA for ensuring all contractors understand their responsibilities and for memorializing expectations in a formal contract.

During the corrective action period, YWTP submitted evidence that abuse registry check and the background check had been conducted on the teacher who works at YWTP. In addition, the five staff that had not received the child abuse registry check have now had this completed.

A follow-up interview with the Agency PREA Coordinator indicated that the new practice will now include teachers completing a hard copy of the PREA Acknowledgement Form. This form will be stored in the school personnel file. In addition, as previously stated all teachers will be required to complete the online PREA training prior to working with youth. The Agency PREA Coordinator is able to track training completion through the I-Learn reporting system.

During the corrective action period the OYA Human Resources department enhanced the hiring process to include gathering information from potential employees about previous acts of sexual harassment. The Reference Check Form (YA 8905) was revised and now includes the OYA HR department asking the applicant's references additional questions. These include:

- *“To your knowledge has the applicant ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution? YES/NO (and explain)*
- *To your knowledge has the applicant ever been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES/NO (and explain)*
- *To your knowledge has the applicant ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES/NO (and explain)*
- *To your knowledge has the applicant had any history of substantiated sexually harassment issues? YES/NO (and explain)”*

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **115.332 “Volunteer and contractor training”**

#### Corrective Actions Required:

- Enhance Volunteer training to include specifically how to report within the facility, immediate first responder duties, and other practical pieces of the agency policies as it relates to the level of services they provide.
- Enhance the admission form for volunteers to clearly state the contents of the training (i.e. I am a mandatory reporter, understand how to report incidents of sexual abuse and/or sexual harassment within YWTP, understand first responder duties, etc.)
- Ensure that all contractors (i.e. all contracted teachers) have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response procedures. In accordance with provision (b) this training must be commensurate based on the services contractors provide.
- Maintain documentation of the PREA training received by contracted teachers, contractors, and volunteers.

#### Corrective Actions Completed:

At the time of the onsite visit, teachers at YWTP had not received the OYA PREA training. During the corrective action phase, all teachers completed the required training. These training records were reviewed by the auditor to verify compliance. To supplement the training completion reports generated

from I-Learn, the OYA PREA Coordinator recently created a formal Excel tracking sheet to better ensure the required PREA training is completed and tracked for all teachers. This spreadsheet is reviewed and updated on a quarterly basis. In addition, as previously stated in Standard 115.317 of this audit report, during the post onsite visit phase, the PREA Coordinator worked closely with the OYA Education and VESYOY Coordinator to revise the contract language to better support this standard. The contract now requires all teachers to have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts); complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility; and complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically)

During the corrective action period, OYA enhanced the OYA Facility Access – Level 2 attestation form (YA 4014) which informs volunteers and contractors of the agency's zero policy for sexual abuse and sexual harassment. The form now clearly states that volunteers and interns are required to notify the OYA contact person or the Oregon State Police if a youth alleges abuse or harassment has occurred and/or if they observe or suspect youth are/have been abused while in the care of OYA. During the corrective action phase, OYA submitted a sample of completed attestation forms (n=2) to verify the new form and practice has been implemented.

During the corrective action period, OYA enhanced its training curriculum (Power Point presentation and facilitator notes) to include specific information such as how to ensure appropriate boundaries with youth; who to report to if a youth alleges sexual abuse and/or harassment; and what to expect as a volunteer during a PREA audit.

To further ensure volunteers understand their responsibilities in response to an event of a sexual abuse and/or sexual harassment allegation, OYA revised the Volunteer Training Acknowledgement Form (YA 1406) to clearly state, "<I, Volunteer Name> acknowledge that I participated and understand the contents of the OYA volunteer training at <Location> on <Date>." The form specifically lists out topics covered in the training including: Boundaries (recognizing boundaries and boundary violations, PREA and mandatory reporting requirements); Sexual abuse and sexual harassment (responsibility to report and who to report to and making sure the youth is safe); and other important safety topics. Following the onsite audit, the auditors reviewed additional volunteer training records and signature forms to ensure the new Volunteer Training Acknowledgement form had been implemented.

In addition, to better ensure volunteers understand their responsibilities related to sexual safety of youth, OYA created a Volunteer Training Quiz that volunteers must complete once they have finished the PREA training. At each OYA facility the OYA Volunteer Coordinator is responsible for providing the training quiz to ensure that all volunteers understand the training.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **115.341 "Screening for risk of victimization and abusiveness"**

#### Corrective Actions Required:

- Update the SVAT to include the requirements in provision (c) from this standard. Specifically include the level of emotional and cognitive development, mental illness, cognitive impairment,

and physical disabilities. Alternatively, YWTP could consider using another available tool, such as the Colorado that captures all the requirements from provision (c) to achieve compliance.

- Alternatively, if OYA chooses to not update the SVAT, it will be required to determine how the information from the SVAT, Form 4408, and Form 4409 are used to reduce the risk of sexual abuse by or on a youth.

Corrective Actions Completed:

During the corrective action period, YWTP created a formal process and set clear expectations for ensuring vulnerability risk information is consistently gathered and sent to the appropriate parties. YWTP created the OYA YWTP Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening. This tool provides a step-by-step outline of what to do when a new youth enters the facility, specifically related to screening for sexual vulnerability and aggressiveness. The checklist also directs the QMHP to consider the SVAT and other screening information to determine special housing needs, additional staff supervision, and programming assignments. The QMHP is responsible for entering this information into JJIS case notes. During the corrective action period, the auditor reviewed a sample of case notes demonstrating that discussion of vulnerability risk factors regularly occurs during placement Multi-Disciplinary Team (MDT) meetings as well as throughout the youth's stay.

To verify compliance with this standard, during the corrective action period the auditor reviewed meeting minutes from a weekly QMHP call that took place in October 2019. The meeting participants included all QMHPs responsible for conducting the SVAT. Meeting minutes indicated the OYA YWTP Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening was introduced and discussed. The discussion included that information from the risk vulnerability tool must be discussed and documented in the Multi-Disciplinary Team (MDT) meetings.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

**115.361 “Staff & agency reporting duties”**

Corrective Actions Required:

- Update the OYA policy and the associated response protocol to require documentation of notification to the parents or legal guardians when a youth alleges to be a victim of sexual abuse.
- Enhance OYA Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan and the OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959) to indicate when family members and legal guardians will be informed and who is responsible for making this notification.

Corrective Actions Completed:

Following the issuance of the interim audit findings report, OYA shared an additional policy that supported compliance with this standard. The OYA Policy I-E-5.0 Notification to Parents requires parents/guardians of youth in OYA custody to be notified of significant incidents. Included in these incidents is provide notification when there is any form of abuse. More specifically, the policy requires the Living Unit Manager or Officer of the Day to make these abuse notifications to parents/guardians.

As previously mentioned, while onsite a review of investigation records and interviews with YWTP leaders indicated there was a need to clarify who is responsible for making notification to families. Therefore, during the corrective action period, the OYA YWTP enhanced the Facility Services Procedure Statement Youth Incident Report (YIR) FAC 1-E-4.0. The procedure now states that the Manager or Officer of the Day (OD) will “verbally notify a youth’s involved family in these youth incidents: Death, including suicide...victim of abuse; and victim of alleged sexual abuse (notify parent or legal guardian only).” The process requires the facility’s Officer of the Day or designated manager to make said notification and to document this in a Youth Incident Report. A follow-up conversation with the OYA PREA Coordinator clarified that the state police must be consulted prior to parent/legal guardian notification (as dictated in the MOU with Oregon State Police). A reminder of this requirement was provided by the OYA Agency PREA Coordinator during the October 10<sup>th</sup>, 2019 Facility Management Team meeting. Meeting minutes were sent to the auditor for review as evidence that this communication has been made. During this meeting OYA Facility Superintendents were directed to discuss revisions to the existing procedure in their regular meetings with staff (Living Unit Managers, QMHPs, Case Coordinators, direct care staff, etc.).

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **115.367 “Agency protection against retaliation”**

#### Corrective Actions Required:

- Clearly define when youth will be monitored for retaliation when they report sexual abuse or sexual harassment or cooperate with an investigation.
- Ensure that monitoring for retaliation is routinely monitored and documented by the PREA Facility Compliance Manager. Monitoring for retaliation must occur for both substantiated and unsubstantiated incidences (not only instances of substantiated cases)
- Clarify what the collaboration and involvement look like for the PREA Facility Compliance Manager and the Agency PREA Coordinator as it relates to monitoring retaliation.

#### Corrective Actions Completed:

During the corrective action period YWTP developed a local operating process checklist to set clear expectations regarding monitoring retaliation. The YWTP Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist details the monitoring process and includes periodic check-ins with youth who have reported abuse. More specifically, the checklist identifies the PREA Coordinator as responsible for emailing the facility PCM and SARRC when retaliation monitoring is required and with 30/60/90-day calendar reminders. The new practice requires the QMHP to check-in with youth within one week of reporting abuse and to document these check-ins in the youth’s JJIS case notes. In addition, the procedure direct QMHPs to continue monitoring for retaliation via periodic check-ins over the next 90 days or beyond this timeframe as needed. The facility SARRC is responsible for documenting the check-in dates in the SARRC log. The OYA Agency PREA Coordinator performs regular quality assurance checks on the SARRC log and corresponding youth case notes to ensure compliance with PREA standards (i.e. verifying check-ins occurred). The new local procedure clearly defines roles and expectations as it relates to monitoring retaliation against youth. During the corrective action period the auditor reviewed examples from SARRC logs providing evidence that this practice has been implemented.

OYA has also developed a protocol to document the process for monitoring staff for retaliation. The protocol is entitled, "Retaliation Monitoring for Staff Who Report Sexual Abuse or Sexual Harassment." This protocol identifies the personnel responsible for monitoring retaliation, the steps to monitor retaliation, and the requirements for documentation. In addition, the protocol ensures that staff who cooperate with an investigation and express fear of retaliation are also monitored. YWTP leaders and the Agency PREA Coordinator completed a training for staff on this new protocol in December 2019. The protocol will be implemented immediately for all new allegations of sexual abuse and harassment going forward.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **115.371 "Criminal & administrative agency investigations"**

#### Corrective Actions Required:

- Ensure that all administrative investigation reports for allegations of sexual abuse and sexual harassment provide descriptions of and efforts to determine if staff actions or failures that contributed to the abuse.

#### Corrective Actions Completed:

During the second onsite visit (during the corrective action period) no investigation reports were completed during the corrective action period for YWTP. To verify that corrective action had been implemented the auditor reviewed three investigation reports of sexual abuse and sexual harassment allegations from MYCF. Review of these investigation reports and supporting documentation indicated a deeper understanding on behalf of the investigators of what is required in standard 115.371. This was evidenced by detailed descriptions of physical and testimonial evidence from the alleged victims, perpetrators, and witnesses in the investigative report narratives. In addition, these reports clearly addressed whether staff's actions may have contributed to the event and the investigation conclusion. For examples one report stated, "...lack of supervision, performance issue....staff allowing serious horseplay" while another stated "staff were in direct line of sight and properly supervising..." Review of transcriptions from youth and staff interviews during the second onsite visit verified that investigators are conducting thorough investigations and documenting investigation activities consistent with PREA standards.

During the corrective action period, OYA hired two new investigators. This has facilitated investigations being completed in a more timely manner. A sample of screen shots from the PSO AIM system were provided (n=3) to auditors to verify investigations were completed within an appropriate timeframe. Review of this information indicated the sample of investigations were closed between one day to six weeks.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **115.373 "Reporting to residents"**

#### Corrective Actions Required:



- Develop a clear process for who is responsible for notifying youth regarding the outcome of the investigation and how this notification will be made.
- Consider enhancing the SARRC log to be able to track the time and date of the entry. An Excel spreadsheet does not serve as the strongest evidence to verify these notifications were made consistent with PREA expectations. OYA may consider documenting this notification in a clinical folder or restricted area in JJIS.

Corrective Actions Completed:

In order to better ensure victims (youth in OYA custody) are notified of the outcome of the investigation, OYA created a field in the PSO AIM database to track when this notification was made and by whom. Once the investigation has been completed and the case is closed, the Agency PREA Coordinator emails the appropriate facility Superintendent and PREA Compliance Manager to inform them of the investigation outcome. In this email, the recipient is prompted to:

- 1) Notify the youth of the investigation results and indicate the notification date in the SARRC log
- 2) Email the Agency PREA Coordinator when this notification has been made
- 3) Continue monitoring youth for retaliation including updating SARRC log with related activities and information (as it relates to retaliation)
- 4) Conduct the Administrative Incident Review in cases of sexual abuse within 30 days of completion of the investigation

A sample email was sent to the auditor as well as sample screen shots (n=4) showing completed fields in the PSO AIM database (those indicating the date youth had been notified and by whom). Follow-up interviews with the OYA Agency PREA Coordinator and other staff verified this practice has been fully implemented and expectations clearly conveyed to all relevant staff.

During the SARRC/PCM meeting held on September 12, 2019 the OYA Agency PREA Coordinator reminded all individuals that they must notify the victim (i.e. a youth in OYA custody) of the outcome of the investigation whether substantiated, unsubstantiated, or unfounded. PCMs and/or SARRCS from MYCF, CYTF, and YWTP were among those individuals present. Meeting minutes were submitted to and reviewed by the auditors to verify compliance.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

**115.386 “Sexual abuse incident reviews”**

Corrective Actions Required:

- Revise the current AIRR form to include the topics outlined in PREA provision (d) of this standard. It is important that details of the discussion be documented to ensure a comprehensive review is conducted and to achieve compliance with this standard.
- Revise agency policies and program policies to support the incident review requirements set forth in this PREA standard.
- Ensure sexual abuse incident reviews occur for all instances of substantiated and unsubstantiated incidents of sexual abuse and the AIR is conducted within the 30-day expectation (OYA policy and federal PREA standards). This may involve creating a spreadsheet, an automated report, or other avenue for tracking this information.

Corrective Actions Completed:

During the corrective action period, OYA updated the Administrative Incident Review Report (AIRR) to include the date the incident review took place. During the corrective action period the auditor reviewed two examples of completed forms verifying that the revised form is now being used to document information discussed during the administrative review process. A follow-up interview with the Agency PREA Coordinator verified that she has a method for tracking when these AIRRs are due and her process for ensuring these AIRRs are completed and sent to her within 30 days of investigation completion.

During the corrective action phase OYA also created additional fields in the PSO AIM system to better ensure that sexual abuse incidents are reviewed in a timely manner. The OYA PREA Coordinator now enters a date in the "AIRR Requested" and an email is automatically sent to the SARRC and PCM. This will better ensure AIRRs are completed in a timely manner.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

This final PREA audit report reflects YWTP's compliance with 100% of federal PREA provisions.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one program, has each program designated a Program Director/PREA Compliance Manager? (N/A if agency operates only one program.)  
 Yes  No  NA

- Does the Program Director/PREA Compliance Manager have sufficient time and authority to coordinate the program's efforts to comply with the PREA standards? (N/A if agency operates only one program.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### *Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- YWTP Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan
- Professional Standards Office (PSO) organizational chart listing Agency PREA Coordinator
- YWTP organization chart indicating PREA Compliance Manager (PCM) and Sexual Assault Response Coordinator (SARRC)
- OYA Facility Access – Level 2 Admission Form (YA 4014)
- OYA Agency PREA Coordinator interview
- OYA PREA Compliance Manager interview (also serves as the YWTP Superintendent)

OYA has an agency policy that addresses zero tolerance for sexual abuse and sexual harassment. OYA policy I-A-10.0 Preventing Youth Sexual Abuse and Harassment states that, "OYA has a zero-tolerance standard toward all forms of youth sexual abuse and sexual harassment. This policy provides uniform guidelines and procedures to reduce the risk of sexual abuse and sexual harassment in OYA facilities, field offices, and community residential programs." In addition, this policy outlines OYA approach to preventing, detecting, and responding to responding to such conduct. This approach includes staff training, youth education, supervision of youth, identification of warning signs, and responding to allegations of suspected abuse. This policy also provides definitions for staff, contractor, and/or volunteer abuse and harassment to youth consistent with PREA standards.

In addition to the policies referenced above, information obtained during the onsite review verified the zero tolerance "tone" which permeates the program. Supportive evidence gathered during the program tour includes posters that declare zero tolerance and several bulletin boards throughout campus that displays PREA information and the OYA Professional Standards Office (PSO) hotline number. Interviews with agency and program leaders and direct care staff while onsite verified the zero-tolerance policy is intrinsic to the program culture and agency principles.

All employees, volunteers, contractors, and interns conducting business within an OYA facility are required to sign the OYA Facility Access – Level 2 Admission Form (YA 4014). This form directs individuals to "Notify my OYA contact person or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender in OYA custody. OYA has a zero-tolerance policy for any kind of offender abuse or harassment."

In addition, the facility also has a specific Sexual Abuse Response Plan, Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan indicating a PREA Compliance Manager (PCM) and a Sexual

Assault Response Coordinator (SARC). This plan outlines specific roles and responsibilities that will occur when there is a report or a suspicion that a sexual abuse or harassment has occurred. The plan also details documentation expectations.

OYA has designated an agency wide PREA Coordinator, Ms. Lynn Oliver. This position is a full-time position and the PREA Coordinator does not have any other core responsibilities outside of developing, implementing, and overseeing the agency efforts to comply with the PREA standards in OYA's nine close custody facilities/camps. According to interviews with OYA personnel and supported by the organizational chart. The Agency PREA Coordinator reports to the Chief Investigator/Professional Standards Office (PSO) Administrator. The Chief Investigator / PSO Office Administrator reports to the Agency Director. This reporting line ensures that the agency PREA Coordinator has direct access to OYA's Director.

Similarly, YWTP has a designated Facility PREA Compliance Manager, Mr. Mike Riggan, who also serves as the YWTP Superintendent. Interviews indicate he has a clear understanding of his role as it relates to PREA and with the support of Program Directors has sufficient time and authority to develop, implement, and oversee agency efforts to comply with federal PREA standards. Mr. Riggan reports directly to the Assistant Director of Facility Services.

An interview with the OYA Agency Director, Mr. Joe O'Leary, provided additional evidence of the agency's commitment to maintaining a safe environment for youth and staff. Mr. O'Leary provided several examples of the agency reducing the youth population on units to better comply with PREA staff-to-youth ratios. During the interview, the Mr. O'Leary emphasized that that keeping youth and staff safe while in the care of OYA is a top agency priority and the core of the agency's mission. The evidence described above allows the auditor to conclude that OYA and YWTP is in full compliance with this PREA standard.

**Standard 115.312: Contracting with other entities for the confinement of residents**

**115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No  NA

**115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312 (a)-1 is "NO".)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The Oregon Youth Authority and YWTP do not contract with private entities for the confinement of youth. Interviews with the PREA Coordinator, Superintendent, and the Agency Director confirmed this information.

### Standard 115.313: Supervision and monitoring

#### 115.313 (a)

- Does the agency ensure that each program has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each program has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each program has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  
 Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?  
 Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the program's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?  Yes  No

- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?  Yes  No
- Does the agency ensure that each program's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?  Yes  No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the program document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### 115.313 (c)

- Does the program maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the program maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  
 Yes  No  NA
- Does the program fully document any limited and discrete exigent circumstances during which the program did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the program ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the program obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The program's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the program, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the program has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the program implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the program have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the program? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Form YA 4037 Facility Staffing Plan (PREA Review 6/19/2018)
- OYA Policy II-A-3.0 Interactive Supervision of Youth
- YWTP Local Operating Protocol II-A-3.0 Interactive Supervision of Youth
- Facility Superintendent/PREA Compliance Manager interview

- Interviews with managers who conduct unannounced rounds
- Agency PREA Coordinator interview
- Review of unannounced rounds logs in JJIS
- Observations during facility tour
- YWTP Staffing Plan dated September 10, 2019

YWTP has implemented consistent staffing patterns and video monitoring to protect residents from sexual abuse. Interviews with the Superintendent/PREA Compliance Manager indicate that staffing levels during the daytime hours are adequate to protect youth from sexual abuse. The facility ensures during waking hours (7 AM – 11 PM) there is a minimum of two Group Life Coordinators (GLCs) on shift to supervise up to 14 youth. Many days there are 3 staff to 14 youth. These ratios are exceed the required PREA ratios of 1:8 staff-to-youth ratios.

Although it appears there is adequate staffing at YWTP through the staffing patterns and use of on-call staff, these staffing patterns are not documented in a formal staffing plan. Specifically, the facility has not documented the following factors as part of a formal staffing plan:

- All components of the facilities physical plant
- The composition of the resident population
- The number and placement of supervisory (direct care) staff
- Programs occurring on a particular shift;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- Any other relevant factors.

No deviations from the planned staffing patterns occurred in the past year and therefore no deviations have been documented in the past year.

On June 19, 2018 the facility performed a review to determine whether adjustments were needed to the staffing plan, prevailing staffing patters, deployment of video monitoring, and the resources available to ensure adherence to the staffing plan. The Superintendent/PREA compliance manager and PREA coordinator were all involved in this review. OYA has a specific form to document the review, YA 4037. The form requires that the review consider the factors identified in provision (d). However, the form does not, and the review did not document details regarding what was considered pertaining to the required factors.

OYA policy II-A-3.0 Interactive Supervision of Youth prescribes facility expectations for conducting unannounced rounds. Specifically, the policy requires:

- Facility management staff must conduct unannounced rounds to every living unit and program area of the facility to enhance youth supervision and identify and deter safety and security issues. The rounds must be conducted on differing shifts.
- Staff must not alert other staff members that the management staff rounds are occurring, unless such announcement is related to the operational functions of the facility.
- The management staff must document their rounds in JJIS Unit Logs (e.g., keyword "walkthrough")

YWTP management periodically conduct unannounced rounds to assess the safety of the living units. Those responsible for conducting these rounds include the YWTP Superintendent, the Program Director and management staff from the Oak Creek Youth Correctional Facility that provide on call services to the program. There is no set schedule or frequency when these unannounced rounds will occur and



interviews confirmed that managers are prohibited from alerting staff. During the onsite review the auditors reviewed 180 days of unannounced rounds logs stored in OYA's Juvenile Justice Information System (JJIS). During this time period 22 unannounced rounds occurred. The majority of these rounds were conducted Monday through Friday between the hours of 8 AM to 9 PM. There was one round conducted during the graveyard shift and few occurred on the weekends. The quality of documentation also varied with some entries stating, "compliant" while others described what was observed – i.e. "PREA walkthrough conducted no problems or concerns noted."

**Corrective Actions:**

- Document a staffing plan that includes how the facility considered the required elements from Standard 115.313(a).
- Develop a routine monitoring process to ensure unannounced rounds occur on all living units and that there is adequate documentation of these rounds in JJIS. Unannounced rounds must be conducted during sleeping hours and weekends. Documentation should include a brief description of what was observed and action items resulting from the walk-through, if applicable.

Corrective Actions Completed:

Prior to the onsite visit, YWTP had not developed a staffing plan that incorporated the required elements from Standard 115.313(a). During the corrective action period, YWTP developed a staffing plan to address the requirements of this standard. All the elements of Standard 115.313(a) were incorporated into the plan. This plan was supplied and reviewed on September 10, 2019. Based on the development of the plan, no changes will be made to the already PREA compliant staffing ratios.

During the onsite file review unannounced rounds logs indicated a need to conduct these rounds on weekend and overnight shifts and a need to increase the quality of documentation (i.e. many of the log entries were not specific as to what was observed or action that needed to be taken). To clearly communicate these expectations, the OYA Agency PREA Coordinator shared this information in a SARRT/PREA Compliance Manager meeting held on September 12, 2019. Meeting minutes were submitted to the auditor for verification. Documentation verified the revised PREA Walkthrough Checklist was reviewed and expectations for unannounced rounds were discussed in detail. During the corrective action period the auditors also reviewed a sample of completed SARRC logs during the second onsite visit. This review further confirmed unannounced rounds have been integrated into standard practice and are now occurring consistent with PREA expectations. The auditor notes that SARRC log entries now indicate a description of what was observed, areas of deficiency, and specific actions that were taken in response to identified issues. Expectations related to unannounced rounds were also communicated during the Facility Management Team Meeting held on September 11, 2019. Meeting participants included the MYCF Superintendent, Camp Riverbend Director, and Young Women's Transition Facility Superintendent.

During the corrective action period, the Agency PREA Coordinator created a color-coded tracking chart to track unannounced rounds at all OYA facilities. Each month the OYA PREA Coordinator aggregates the data to ensure rounds are conducted across all days and shifts. She notifies the program's PREA Compliance Manager via email if any gaps are identified. In addition, following the initial onsite visit, OYA enhanced the online SARRC tracking log with a fail-proof system that requires the person conducting and documenting unannounced rounds to enter comments into the log. This added feature better ensures individuals are not just checking boxes but rather providing a quality assessment of what

they observed, and actions taken during these rounds. At the time this final report was issued, this enhancement was in the development process.

To further support this expectation, the OYA Policy 3.0 Interactive Supervision of Youth Policy was updated to include specific language that now states, "Each facility must have a local operating protocol that ensures rounds are conducted at least twice each month. Over a calendar year, rounds must be completed on each day of the week and each shift." Following the initial onsite review, YWTP also revised the PREA Walkthrough Checklist to more clearly convey unannounced rounds expectations. The form now directs supervisors and managers to conduct rounds "...no less than twice a month and be conducted on every shift (and every day of the week over the course of one year)." The form also instructs the individual completing the form to draft a narrative explaining any follow-up needed. The auditors commend OYA for formalizing and tightening the unannounced rounds process by setting clear expectations and by creating formal mechanisms to ensure rounds are conducted consistent with their intended purpose (i.e. to deter and prevent incidents of sexual abuse).

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in Standard 115.313.

### **Standard 115.315: Limits to cross-gender viewing and searches**

#### **115.315 (a)**

- Does the program always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

#### **115.315 (b)**

- Does the program always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?  Yes  No  NA

#### **115.315 (c)**

- Does the program document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the program document all cross-gender pat-down searches?  Yes  No

#### **115.315 (d)**

- Does the program implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the program require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No

- In facilities (such as group homes) that do not contain discrete housing units, does the program require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)  Yes  No  NA

#### 115.315 (e)

- Does the program always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the program determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.315 (f)

- Does the program/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the program/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities
- Review of OYA training syllabus 2470 "Contraband and Searches for Facilities"
- Review of OYA training syllabus 3150 "Staff Search refresher Training 2018"
- Review of OYA training records indicating all staff have been trained on conducting proper searches, including those for transgender and intersex youth
- Interviews with randomly selected direct care staff
- Interviews with randomly selected youth

OYA provides training to staff on cross gender and transgender searches. Interviews with youth and staff confirmed that male youth were not being searched by female staff. The facility did not have any youth that identified as transgender.

OYA policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities describes standards to conducting pat down and strip and visual body cavity searches. According to policy, strip searches (referred to as compressive searches) and pat down searches are permitted in certain circumstances but may only be conducted by staff of the same gender as the youth. In instances of transgender youth, the youth may request that opposite gender staff may conduct the search. The policy specifically states, "Physical body cavity searches are prohibited within OYA facilities." Policy dictates that if staff must perform a cross-gender search in exigent circumstances or because a transgender or intersex youth prefers such search, staff are required to document these cross-gender searches in the JJIS Unit Log. Interviews with staff and youth verified the facility prohibits cross-gender searches, except in situations of transgender and intersex youth and that all staff are following this expectation.

OYA policy II-A-2.0 Searches of Youth and Youth Property in OYA Facilities also prohibits the search or physical examination of youth for the sole purpose of determining the resident's gender. The policy states, "If the biological gender of a youth is unknown and this information is needed for purposes of appropriate placement, staff must refer to a health care provider to obtain this information." This policy also upholds: "All searches must be conducted in a professional manner, using techniques that avoid unnecessary force or indignity to persons involved in the search, while maintaining the integrity of the search."

When staff were asked about conducting a search to determine the genital status of youth, they indicated that they did not and would not do this. Additionally, most staff were aware of the agency policy that prohibits searching a youth to determine their genital status.

YWTP has implemented policies and procedures that allow privacy when residents shower, toilet, and change clothes. OYA policy II-A-3.0 Interactive Supervision of Youth requires opposite gender staff to announce their presence "when entering an area where youth are likely to be performing bodily functions; or revealing their genitalia, breasts, or buttocks while changing clothes or showering." In addition, "opposite-gender staff must announce their presence when entering a living unit dormitory or sleeping area." Male staff can fulfill this requirement by either ringing the doorbell which sends off chimes inside the living unit or verbally announce themselves as they enter the unit. Interviews with youth and staff confirmed that this was taking place consistently. Interviews with staff and youth indicated that the privacy of youth was respected by opposite gender staff. When male staff are working on the unit they strategically position themselves so that they cannot view the places where youth are unclothed. Specifically, male staff position themselves so that they cannot view the areas where youth would be showering or using the restroom.

During the year prior to the onsite portion of the audit there were no cross gender searches and therefore no documentation related to this. Interviews with staff and youth indicated that they had never observed a male staff search a female youth.

The facility has implemented policies and procedures that enable residents to shower, perform bodily functions and change clothing have privacy from being viewed by non-medical staff. Interviews with staff and youth indicated that the privacy of youth was respected by opposite gender staff. Specifically, opposite gender staff announced their presence when entering a resident housing unit. When female staff are working on the unit they strategically position themselves so that they cannot view the places where youth are unclothed. Interviews with youth and staff confirmed that this was taking place.

When staff were asked about conducting a search to determine the genital status of youth, they indicated that they did not and would not do this. Additionally, most staff were aware of the agency policy that prohibits searching a youth to determine their genital status.

OYA provides formal training to staff on cross gender and transgender searches. Review of OYA training syllabus 2470 “Contraband and Searches for Facilities” states staff are not permitted to perform cross-gender frisk (pat-down) or comprehensive (strip searches) of youth. In addition, the training also requires trainees to “demonstrate how to search both males and female” youth. Trainees are also required to articulate the OYA policy on same gender searches in facilities. Review of a random sample of training records verified that direct care staff (Group Life Coordinators) have been formally trained on how to conduct cross gender searches and searches of transgender and intersex youth. Review of OYA 3150 training syllabus “Staff Search refresher Training 2018” also provides instructions to staff on how to conduct searches of transgender and intersex residents. Both trainings address the importance of performing these searches in a professional and respectful manner and in the least intrusive way.

OYA policy and practice is to determine a youth’s preference (transgender and intersex) at intake.

Based on the policies, procedures, training curriculum and interviews as referenced above, YWTP meets all provisions within this standard.

### **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?  
 Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-2.1 Use of Language Services
- OYA Policy II-E-2.4 English Plus – Youth (Facility)
- Oregon Deaf and Hard of Hearing Services Program
- OYA 2018 PREA Refresher Training
- YWTP Language Interpreter Services Process Checklist
- OYA Youth Safety Guide (English and Spanish versions)
- Review of contract amendment between OYA and the Immigrant and Refugee Community Organization (IRCO) for oral interpretation services (through June 30, 2020)
- Review of the executed purchase order for translation services provided by the Immigrant and Refugee Community Organization (IRCO)
- Interviews with youth
- Interviews with direct care staff
- OYA Agency Director interview

OYA has a policy and process for identifying staff who may provide translation services for youth and families. OYA Policy I-D-2.1 Use of Language Services states, “staff will determine who requires language services based on: 1. Results of hearing screenings; 2. A request is made for language services by a youth or the youth’s family members; 3. Considering whether there was a need for language services in court or during a youth’s previous placement with OYA; 4. Using a bilingual staff or language services to conduct a youth’s initial intake; and 5. Communicating with a youth or the youth’s family members is hindered by limited English comprehension.” According to OYA Policy II-E-2.4 English Plus - Youth, “Bilingual staff who have been identified by OYA Human Resources Office as fluent in languages in addition to English must be readily available to facilitate communication between staff and youth (or youth families) who are Limited English Proficient (LEP), non-English-speaking, or hearing impaired.” Additionally, this policy requires that language e services be used in the following scenarios:

- Notifying a youth of the youth’s rights, responsibilities, and OYA’s youth grievance process;
- Communications involving medical, psychological, or technical information;
- Investigations and disciplinary procedures; and
- Collection of evidence or other sensitive situations, except temporarily in unforeseen emergency circumstances.

At the time of the onsite visit, YWTP did not have youth with physical disabilities or who were Limited English Proficient (LEP). Interviews with the Program Director, Qualified Mental Health Practitioner (QMHP), and direct care staff (GLCs) verified staff understood the process for obtaining appropriate interpreters for youth when needed. Interviews with youth and staff indicated a clear understanding that youth interpreters are not to be used except in exigent circumstances. Staff reported that they could use other staff who have been approved by OYA to be interpreters to assist with LEP youth. During youth interviews, youth stated that they did not think that staff would allow youth to interpret for staff or other youth.

YWTP has a formal Language Interpreter Services Process Checklist that serves as a guide for staff to navigate situations that arise with youth who might need an interpreter. Specifically, the checklist instructs staff that in emergency situations when an onsite bilingual staff or contracted interpreter is not available,

staff who are fluent in the required language may interpret until a professional interpreter or bilingual staff is available. If no fluent staff are available staff are directed to:

- Notify the Officer on Duty (OD) that you are going to call the language interpreter phone service.
- Call the interpreter phone service
- Only allow youth, youth visitors, or facility volunteers to temporarily interpret during an emergency while you are arranging for authorized interpreter services. Stop using them as an interpreter once a bilingual staff, contracted interpreter, or the phone service is available.

Information on how best to handle a situation with LEP youth, particularly in an emergency, is also provided in the 2018 PREA Refresher training that all staff are required to complete.

OYA policy I-A-10.00 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Provisions of youth education includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).” OYA has developed the OYA Youth Safety Guide (English and Spanish versions) to provide education to youth on their rights and responsibilities related to sexual safety. This Guide is written in English, but it is written in a style and format that would be understandable for youth who have an intellectual disability or limited reading ability. Additionally, this same guide has been translated into Spanish to assist those youth who are LEP.

The QMHP who is responsible for youth PREA education at intake knew how to adjust education information for residents with disabilities and those who are LEP. In addition, the QMHP was aware of state-wide interpretation resources and how to access in-house interpreters. The statewide resource OYA currently uses for translation services for individuals who are deaf and hard of hearing is the Oregon Deaf and Hard of Hearing Services Program (<https://www.oregon.gov/dhs/business-services/odhhs/pages/index.aspx>).

Based on the policies, procedures, forms, and interviews as referenced above, YWTP meets all provisions within this standard.

### **Standard 115.317: Hiring and promotion decisions**

#### **115.317 (a)**

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No



- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement program, juvenile program, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Interagency Agreement between the OYA and Oregon Department of Education (includes language that incorporates registry checks and background checks).
- OYA 2008 PREA Refresher Acknowledgment Form (online)
- Interviews with Human Resources staff (HR Analyst and HR Assistant Director)
- Review of sample HR records of persons who were hired or promoted (including contractors and volunteers) in the past 12 months verifying criminal background checks and abuse registry checks have been conducted consistent with PREA expectations
- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment (revised)
- OYA PREA Questionnaire for contractors and staff applicants (revised)
- Sample of completed OYA PREA Training/Refresher Acknowledgment Forms (revised)

- Email communication from the OYA Education and Vocation Coordinator to Department of Education Principal and teachers (September 2019)
- Draft OYA and Oregon Department of Education contract (revised November 2019)
- Review of documents confirming abuse registry checks for YWTP for employees hired after 2012
- OYA Reference Check Form (YA 8905) – revised September 2019

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states that OYA will “not hire, promote, or enlist services of any person who may have direct contact with youth who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in a confinement setting.” To accomplish this end, the policy further states that OYA will do the following:

- Conduct both a criminal record check and child abuse registry check on every applicant staff member or contractor who may have direct contact with youth hired ;
- Conduct follow-up criminal record checks on the people listed in paragraph 1 above at least every five years;
- Ensure a criminal record check was completed no more than a year prior to any promotion of a staff member;
- When hiring, makes the best effort to contact all previous institutional employers to obtain information on substantiated allegations of sexual abuse and sexual harassment;
- Consider any incidents of substantiated sexual harassment in determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with youth;
- In written applications and through a yearly signed disclosure form, affirm the duty to disclose any such actions;
- Consider omissions regarding such conduct or the provision of false information as grounds for termination; and
- Provide information on substantiated allegations of sexual abuse or sexual harassment involving a former staff member upon receiving a request from an institutional employer, as laws allow.

Interviews with Human Resources staff and the PREA Coordinator confirmed that the agency does not hire, promote, or contract with persons who answer “yes” to any of the questions on the PREA Questionnaire, which is required at the time of application. These questions are:

- Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?
- Have you EVER been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you EVER been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Please list all prison, lockup, community confinement facility, or other institutions (as defined in 42 U.S.C. 1997) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the space below

Staff are required to answer these same questions on an annual basis when completing the online annual PREA Refresher Training and accompanying PREA Acknowledgement Form. Applicants and employees have a duty to disclose any misconduct. The PREA Acknowledgement Form states:

*“By signing this document, I hereby certify every statement I have made in this document is true and complete to the best of my knowledge. I understand any false or incomplete answer may result in denial of employment, dismissal from state service if discovered after employment and, in some circumstances, prosecution for a crime may be grounds for not employing me or for dismissing me after I begin work. Criminal records will be checked in accordance with applicable laws and rules. I understand I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand I may be required to verify any and all information given on this document. I understand this completed document is the property of the state of Oregon and will not be returned. I authorize the state of Oregon to contact prior employers, educational institutions, law enforcement agencies and other relevant individuals and agencies. I understand I must update this document if I have any changes in my name, address, or phone number. I have read and understand the above information.”*

While onsite, Human Resources staff reported that all employees receive criminal background checks annually, exceeding the PREA standard requirements. Review of a random sample of staff records (N=10) and interviews with Human Resources staff confirmed that criminal background checks are conducted consistent with the OYA policy. Additionally, interviews supported that incidents of sexual harassment are considered as part of the decision to hire, promote, or enlist the services of any contractor that may have contact with residents.

Interviews indicated that YWTP also conducts abuse registry checks through the state database (“Oregon Kids”) prior to hiring employees. OYA adopted this practice approximately two years ago. Review of a random selection of employee files (N=10) revealed that only 5 employees (50%) had an Oregon Kids abuse registry check sometime during their employment with OYA. Most of the staff members who have not had an abuse registry check had been employed by OYA for more than five years.

While child abuse registry checks now performed upon hire (meeting the PREA standard) OYA has an MOU with State of Oregon Department of Human Services (DHS) that requires DHS to notify OYA in the event an OYA employee is substantiated on a case of child abuse. OYA Human Resource staff confirmed that in the event a current employee has been substantiated for child abuse, the employee is terminated. Additionally, interviews with HR staff confirmed that all prior institutional employers are contacted to gather information about prior sexual abuse or resignations during an investigation related to sexual abuse.

Provision (b) of this standard requires the agency to consider incidents of sexual harassment in determining whether to hire or promote anyone or when enlisting the services of contractors who may have contact with youth. Currently, OYA is not formally gathering this information.

Interviews with human resource staff confirmed that the agency provides information to other employers about substantiated allegations of sexual abuse or sexual harassment involving former employees. This information is shared once the requestor provides the appropriate release of information.

YWTP has teachers who provide services in the program who are contracted through the local school district. These teachers have not had criminal background checks conducted by OYA. However, the contract between YWTP and the local school district requires that background checks and abuse registry checks be conducted before hire and that background checks be performed at least every five years. The agency does not receive documentation confirming that these background or abuse registry checks are conducted nor does OYA perform any periodic monitoring. In addition, background checks are

required only before unsupervised contact with youth. The auditors remind OYA that these checks should occur before *any* contact with youth (whether supervised or unsupervised).

#### **Corrective Actions:**

- Develop a system to ensure criminal background and abuse registry checks are conducted on all staff, teachers, contractors, and volunteers who work in the facility. YWTP must request documentation of criminal background checks of all contractors, including teachers. OYA may choose to conduct these checks themselves. If OYA chooses to obtain verification from the school district, OYA will need to establish a formal process for tracking and ensuring criminal background checks are conducted every five years consistent with PREA standards.
- Conduct abuse registry checks on all current staff hired after 2012 who have not had an child abuse registry check.
- Obtain documentation or other reasonable assurance that teachers are asked to respond to the 3 questions required in provision (a) before hire.
- Revise the MOU with the local school district to change the language regarding when background checks are required for contracted teachers to state “before having any contact with youth.”
- Update agency policy to state the agency/facility will not hire or promote anyone, including contractors who “Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.”
- Revise the PREA Acknowledgement Form as part of the PREA Introduction Training and PREA Refresher trainings to reflect the information in the above bullet.
- Enhance the current hiring process to include gathering information from potential employees about previous acts of sexual harassment. For example, this should involve adding questions to the PREA Questionnaire such as:
  - Have you ever had a substantiated sexual abuse complaint against you?
  - Have you ever had a sexual harassment complaint against you?
  - Did the investigation substantiate this complaint (i.e. stating that the incident did indeed occur)?
  - Have you ever resigned during a pending investigation of alleged sexual abuse or sexual harassment?

#### **Corrective Actions Completed:**

During the corrective action period, OYA added language to the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment policy and to the PREA Questionnaire to better meet PREA expectations. The policy and PREA Questionnaire now requires applicants and contractors to divulge if s/he “...has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse.” In addition, the PREA Acknowledgement Form staff complete during the annual PREA Refresher Training was updated in I-Learn to include more specific PREA language as required by PREA standards - i.e. “...has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion or if the victim did not consent or was unable to consent or refuse.” Following the onsite audit, a sample of these completed forms were submitted to the auditors to verify this practice has been implemented.

In September 2019 the OYA Education and Vocation Coordinator sent a formal communication to DOE and each school that operates inside an OYA facility explaining the federal PREA requirements

impacting their work. The email was submitted to the auditors to verify this communication took place. The email clearly explains that PREA standards require:

- 1) All educational staff will have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts);
- 2) All educational staff will complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility. This form will also be part of the staff mandated online training;
- 3) All educational staff will be required to complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will added to the staff's I-Learn account automatically); and
- 4) Schools will provide documentation regarding items 1 and 2 to the OYA Educational Coordinator for tracking purposes for the PREA audits.

To further support provisions in this standard, during the corrective action period, the OYA Education and VESoy staff worked closely with the Oregon Department of Education (ODE) to revise existing contract language. At the time of this final audit report the revised contract was in draft form and was expected to be executed in the coming weeks (by the end of 2019). The new OYA /ODE contract now states:

*“Contractor shall ensure that any person having direct contact with OYA youth under this Contract has passed a criminal history and child abuse registry check and meets the OYA’s criminal history records check standards as set forth in OAR 416-800-0000 to 416-800-0095 before the person provides services under this Contract. Contractor shall ensure that criminal records checks are updated at least every five years....Any person who has failed a criminal history check...is prohibited from serving as a contracted service provider.”*

In addition, the contract now explains the agency’s zero tolerance policy and instructs that all contractors are required to report any knowledge, suspicion, or information about an incident of sexual abuse or sexual harassment that occurred while in OYA custody. The agreement also directs, “Before services under this Contract can begin, any Contractor staff having direct contract with OYA youth shall complete the Agency’s PREA Questionnaire (YA8037) and return completed questionnaire to the Agency’s Contract Administrator.” The auditors applaud OYA for ensuring all contractors understand their responsibilities and for memorializing expectations in a formal contract.

During the corrective action period, YWTP submitted evidence that abuse registry check and the background check had been conducted on the teacher who works at YWTP. In addition, the five staff that had not received the child abuse registry check have now had this completed.

A follow-up interview with the Agency PREA Coordinator indicated that the new practice will now include teachers completing a hard copy of the PREA Acknowledgement Form. This form will be stored in the school personnel file. In addition, as previously stated all teachers will be required to complete the online PREA training prior to working with youth. The Agency PREA Coordinator is able to track training completion through the I-Learn reporting system.

During the corrective action period the OYA Human Resources department enhanced the hiring process to include gathering information from potential employees about previous acts of sexual harassment. The Reference Check Form (YA 8905) was revised and now includes the OYA HR department asking the applicant’s references additional questions. These include:

- *“To your knowledge has the applicant ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, or other institution? YES/NO (and explain)*

- *To your knowledge has the applicant ever been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES/NO (and explain)*
- *To your knowledge has the applicant ever been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? YES/NO (and explain)*
- *To your knowledge has the applicant had any history of substantiated sexually harassment issues? YES/NO (and explain)”*

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **Standard 115.318: Upgrades to facilities and technologies**

#### **115.318 (a)**

- If the agency designed or acquired any new program or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/program has not acquired a new program or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### **115.318 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/program has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### *Evidence Used in Compliance Determination:*

- 10 Year Strategic Plan for Close Custody – Final Report (issued August 2014)
- Interview with the OYA Agency Director
- Interview with the Agency PREA Coordinator
- Interview with the Superintendent
- Observations during program audit tour

- OYA 2016 PREA Compliance Status Report

During the facility tour cameras were observed both inside and outside of the buildings. The Superintendent pointed out cameras and how they were positioned to minimize blind spots.

The Superintendent, Program Director, and Agency Director interview confirmed that there have not been any substantial expansion or modification of existing facilities. However, it was clear that there was significant awareness of the importance of being able to supervise youth to ensure their safety.

In 2014 OYA conducted an extensive assessment of its facilities to determine physical plant renovations needed. The results are detailed in the “10 Year Strategic Plan for Close Custody – Final Report” (issued August 2014). The report provides information on three key issues that were affecting OYA facilities: 1) physical (age and condition of facilities); 2) environmental (access to daylight, views, appropriate finishes, and safety provided by seismic upgrades) and 3) programmatic (access to the right types and configuration of spaces for programs such as treatment, recreation, housing, visitation, education and vocational programs). The “10 Year Strategic Plan for Close Custody – Final Report” details specific renovations and construction projects that will better ensure youth safety and create a Positive Youth Development (PYD) environment. This ten-year plan is reviewed by OYA Facility Services and the Superintendent a minimum of annually to ensure these projects are completed according to the desired timeframes.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

#### 115.321 (a)

If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)

Yes    No    NA

**\* The Oregon State Police is responsible for conducting criminal sexual abuse investigations**

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA
  
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes    No    NA



#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside program, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/program is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### *Evidence Used in Compliance Determination:*

- OYA Policy I-D-4.0 Professional Standards Office Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- OYA Health Services Procedure HS I-A-10.0 Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault
- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Executed MOU between OYA and Center Against Abuse and Domestic Violence (CARDV)
- Interview with Superintendent
- Interview with Program Director
- Interview with OYA Medical Director
- Interview with OYA Registered Nurse
- Interviews with random sample of direct care staff

The Oregon State Police (OSP) is responsible for conducting criminal investigations within OYA facilities. The OYA Professional Standards Office (PSO) is responsible for conducting administrative investigations. The responsibilities between OSP and OYA are outlined in an interagency agreement. This interagency agreement between OSP and OYA states, “For Crimes committed within a state institution evidence will be collected, documented, packaged and stored according to current OSP and OYA policy to ensure the integrity of the item and its proper chain of custody. The scene of an alleged crime will be preserved pending notification and arrival of OSP. Relevant evidence will be stored and submitted to an OSP Forensics Laboratory for appropriate testing and legal destruction when authorized and/or appropriate. Staff will provide reports and pertinent information to OSP.” The agreement further states, “sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by the Oregon statute and best practices.”

Consistent with the OYA/OSP interagency agreement, the OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959 provides guidance to maximize the potential for obtaining usable physical evidence. Specifically this checklist provides instructions such as, “Make sure the victim is safe and separated from the alleged perpetrator; seek a medical evaluation and treatment for the victim and alleged perpetrator, if needed; do not interview the alleged perpetrator unless authorized by the Oregon

State Police (OSP) or someone from the Professional Standards Office (PSO) and; sexually abusive penetration incidents that occurred within 96 hours: Coordinate with facility management for immediate transport of both victim and alleged perpetrator to a designated health care facility for collection of forensic evidence.”

Similar directives regarding evidence preservation are provided on the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958. This form states for incidents of sexually abusive penetration that has occurred within 96 hours, first responders are to:

- Preserve the crime scene.
- Do not allow anyone to move anything in/out of the area.
- Do not allow anyone in the area, unless needed.
- Keep a log of everyone who enters/exits area.
- Do not let the victim out of sight.
- Request that the victim to not change clothes, wash body, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Ensure that the alleged abuser does not change clothes, wash, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Verbally notify a facility SARRT staff member, officer-of-the-day (OD), and the Professional Standards Office Chief Investigator.
- Call medical staff if victim or alleged abuser is injured or requires a forensic exam.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that following a sexual abuse incident, “The superintendent, camp director, SARRC or PCM, must ensure the sexual abuse victim is reminded of victim rights and advocacy information, and that a qualified victim advocate is available to the sexual abuse victim. The qualified victim advocate may be a qualified agency staff member, or an advocate from a community-based organization.” Interviews with the Superintendent, Program Director and SARRC verified that contacting the local advocacy center is part of the first responder protocol.

OYA has established an MOU with Center Against Abuse and Domestic Violence (CARDV), a sexual assault victim advocacy agency. The Executed MOU between OYA and CARDV outlines roles and responsibilities between both parties. OYA will specifically, “make the involve of CARDV by telephone a standard response to a report of sexual abuse or request help form a survivor of sexual abuse.” CARDV will, “Provide a victim advocate upon request from YWTP who will receive a forensic medical examination as a result of suffering sexual violence. Upon the victim’s request, the victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.”

During the onsite visit, the auditors interviewed the Registered Nurse (RN). These individuals are not SANE certified. Interviews indicated that in the event of alleged sexual abuse, a youth would be taken to Grande Ronde Hospital for a forensic examination by a certified SANE. While attempts were made by this auditor to contact Albany General Hospital, at the time of this report, the auditor had not received a call back. However in review of Albany General’s website, it showed that they have SANEs on staff.

OYA Health Services Procedure HS I-A-10.0 Preventing, Responding to and Monitoring Youth Sexual Abuse/Assault requires health care services be provided at no cost to the sexually assault/abuse victim. The procedure specifically states health services “must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.” This procedure explains if the abuse occurred within the last 96 hours staff must, “Ensure the youth is medically stable, without compromising

forensic evidence” and also must “Arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse/assault.” This procedure also requires that, “The medical provider refer the youth to a mental health practitioner for crisis intervention, assessment for suicide risk and counseling. The mental health practitioner must meet with the youth within 24 hours of the medical examination.” An interview with the OYA Medical Director and an interview with the YWTP RN provides further support that practices are aligned with PREA expectations.

Based on the above policies, procedures, forms, and interviews, YWTP meets all the provisions required by this standard.

### **Standard 115.322: Policies to ensure referrals of allegations for investigations**

#### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### **115.322 (b)**

- Does the agency have a policy and practice in place to ensure 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?  
 Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### **115.322 (c)**

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/program is responsible for criminal investigations. See 115.321(a).]  
 Yes  No  NA

#### **115.322 (d)**

- Auditor is not required to audit this provision.

#### **115.322 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with OYA Agency Director
- Review of investigation files and reports
- <https://www.oregon.gov/oia/Pages/psa.aspx>
- Interview with PSO investigator
- Interview with the Chief PSO Investigator

The OYA Policy I-D-4.0 Professional Standards Office of Investigations states that, “PSO must investigate each allegation/complaint it receives or refer the investigation to the appropriate agency, OYA Human Resources, or the appropriate supervisor/manager or designee.” When the complaint involves potentially criminal activity, “PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA’s liaison with any law enforcement agency investigating OYA staff or nonstaff.” Interviews with the Chief PSO Investigator and a PSO Investigator and other supporting documentation verified PSO investigates all reports and complaints received and refers cases to local law enforcement consistent with OYA policies.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations describes the PSO Case Management System. Specifically, it requires PSO to maintain a database that has an, “inventory of complaints and investigation cases for case history and data analysis.” The policy also states, “PSO staff must record all complaints and allegations described in this policy in the database. Entries must record the basic information on each case, including alleged subjects, allegations, complainant information, date complaint received, investigator assigned, disposition and disposition date for each complaint. A unique case number must be assigned to each complaint or allegation to simplify case tracking.” During the onsite audit the Agency PREA Coordinator explained how the PSO AIM system works and shared her process for ensuring PREA data requirements are met. All PSO calls are returned within 24 hours of listening to the voicemail, even if the complaint/grievance is not sexual abuse, assault, or harassment.

During the onsite visit, the PSO Administrative Assistant showed the auditors an extensive tracking spreadsheet she uses to carefully track when a complaint/grievance is received through the PSO hotline. The tracking sheet provides important information such as when the initial follow-up call was placed to the person reporting, the initial response from PSO, and the investigator to which the case was referred, to name a few. The auditors applaud OYA for carefully tracking this important information and ensuring all complaints/grievances are fully investigated (not only those of sexual assault, abuse, or harassment).

OYA Policy I-D-4.0 Professional Standards Office of Investigations is posted on OYA’s website at: [https://www.oregon.gov/oia/pages/policies/policy\\_list.aspx](https://www.oregon.gov/oia/pages/policies/policy_list.aspx). This policy outlines OYA’s responsibilities as it pertains to investigations. In addition, the Executed Interagency Agreement Between Oregon State Police (OSP) and OYA describes responsibilities of both parties pertaining to criminal investigations and is also posted on the OYA website. The auditor checked the website link and the link is in working order.

Based on the above policies, practices and interviews, YWTP meets all the provisions required by this standard.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
 Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
 Yes  No
- Is such training tailored to the gender of the residents at the employee's program?  
 Yes  No
- Have employees received additional training if reassigned from a program that houses only male residents to a program that houses only female residents, or vice versa?  Yes  No

### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
 Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Employee PREA training Power Point
- OYA PREA Training 3325 PREA Scenarios (classroom)
- OYA online training course 1325: PREA Introduction training
- OYA online training course: (1330) 2018 PREA Refresher training
- OYA online PREA Acknowledgment Form
- Review of all facility PREA training records between January 1, 2018 – April 22, 2019
- OYA Facility Access – Level 2 Admission Form (YA 4014)
- Interviews with direct care and specialized staff

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines required training for all staff. The initial training is the OYA PREA Training 1325 that all new employees must complete. OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires: "All staff receive instruction related to the prevention, detection, reporting, and investigation of youth sexual abuse and sexual harassment during New Employee Orientation (NEO)... The training must include the following topics:

- a) OYA's zero-tolerance for sexual abuse and sexual harassment;
- b) How staff must prevent, detect, report, and respond to youth sexual abuse and sexual harassment;
- c) A youth's right to be free from sexual abuse and sexual harassment;
- d) A staff member's and youth's right to be free from retaliation for reporting sexual abuse and sexual harassment incidents;
- e) The dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs;
- f) The common reactions of juvenile victims of sexual abuse and sexual harassment;
- g) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth;
- h) How to avoid inappropriate relationships with youth;
- i) How to communicate effectively and professionally with youth, including LGBTQQI, and gender nonconforming youth; and
- j) Relevant laws regarding the applicable age of sexual consent."

Following New Employee Orientation, all facility employees are required to complete the Advanced Training Academy. At this time, these employees are required to complete the OYA 3325 PREA Scenarios training. This is a classroom training in which the instructor uses 10 or more behavioral scenarios to educate new employees on what constitutes sexual harassment and sexual abuse; their responsibilities as a first responder; how personal biases and perceptions can alter how staff see and interpret events; and how unhealthy boundaries with youth can occur, to name a few. The auditors applaud OYA for using behavior-based scenarios and experiential learning exercises to better ensure staff understand PREA-related expectations.

OYA also requires refresher trainings every other year. The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "staff who have direct contact with OYA youth will receive in-service training on preventing, detecting, reporting, and responding to youth sexual abuse and harassment during annual staff updates according to their job classifications. In-service training must be tailored to the gender of youth the staff member has contact with."

OYA requires employees to complete the OYA PREA Acknowledgement Form on an annual basis. This form asks questions relevant to standard 115.317. These are:

- Have you EVER engaged in sexual assault and/or sexual harassment in a prison, jail, lockup, community confinement facility, or other institution (as defined in 42 U.S.C. 1997)?
- Have you EVER been convicted of engaging, or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you EVER been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?



- Please list all prison, lockup, community confinement facility, or other institutions (as defined in 42 U.S.C. 1997) you have worked/volunteered at and be sure to include the city and state it is located in. If you have not worked for any of the above described organizations/businesses, put N/A in the space below

According to YWTP staff training records (January 1, 2018 – April 22, 2019) employees completed the PREA Acknowledgement Form required annually in 2018 or 2019. This represents the vast majority of YWTP employees at the time of the onsite review.

Review of a sample of 10 YWTP staff training records indicates that all 10 employees had completed a refresher training in the past year.

Both the PREA Introduction Training and the PREA 2018 Refresher Training are interactive and trainees are required to answer questions throughout the training in order to advance to the next slide/training section. The trainee receives a total score at the end of the training and must score 100% in order to obtain a training certificate. PREA standard 115.331 require employees to attest via electronic signature that they understand the PREA training (i.e. they are a mandatory reporter, know how to report, etc.). Since trainees must demonstrate understanding of the concepts throughout the training, OYA complies with provision (d) requiring an electronic signature demonstrating understanding of the training.

Based on the above policies, practices, interviews, and documentation, YWTP meets all the provisions required by this standard.

### **Standard 115.332: Volunteer and contractor training**

#### **115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

#### **115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

#### **115.332 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Employee PREA training Power Point
- OYA online training courses: PREA Introduction training and 2008 PREA Refresher training
- OYA online PREA Acknowledgment Form
- Volunteer training: Contraband Power Point
- Volunteer training: Boundaries Power Point
- OYA Facility Access – Level 2 Admission Form (YA 4014)
- Interviews with contractors and volunteers who have contact with residents
- Review of volunteer and contractor training records
- OYA Facility Access – Level 2 attestation form (YA 4014) - revised
- Volunteer Training Acknowledgement Form (YA 1406) – revised

OYA Facility Access – Level 2 Admission Form (YA 4014) informs volunteers and contractors of the agency’s zero policy for all forms of sexual abuse and sexual harassment. This form is required to be signed before OYA will allow individuals access to an OYA facility.

YWTP has seven volunteers who regularly visit campus to provide a variety of services to youth including providing religious services, mentoring, and substance use support. OYA has a fulltime Religious Services/Volunteer Coordinator who is responsible for training all volunteers and ensuring criminal background checks are conducted prior to these individuals having contact with youth. The Religious Services/Volunteer Coordinator has created two Power Point presentations that he uses to facilitate these trainings (“Contraband” and “Boundaries” training). During the onsite visit, the auditors reviewed these presentations are noted that topics covered are pertinent to PREA. Some of these include: Healthy boundaries/relationships with youth, zero tolerance for sexual abuse and sexual harassment, and mandatory reporting laws. Volunteers are taught to contact a supervisor immediately if a youth reports sexual abuse. Although this training meets the minimum requirements, this training will need to be enhanced to include specifically how to report within the program, immediate first responder duties to include ensuring youth is safe, and other practical pieces of the agency policies as it relates to the level of services they provide

Although teachers at YWTP are employees of the local school district, these individuals are contracted by OYA. Teachers at YWTP have not received the OYA PREA training.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment does not address the required training that volunteers or contractors must receive.

**Corrective Actions:**

- Enhance Volunteer training to include specifically how to report within the facility, immediate first responder duties, and other practical pieces of the agency policies as it relates to the level of services they provide.
- Enhance the admission form for volunteers to clearly state the contents of the training (i.e. I am

- a mandatory reporter, understand how to report incidents of sexual abuse and/or sexual harassment within YWTP, understand first responder duties, etc.)
- Ensure that all contractors (i.e. all contracted teachers) have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response procedures. In accordance with provision (b) this training must be commensurate based on the services contractors provide.
  - Maintain documentation of the PREA training received by contracted teachers, contractors, and volunteers.

### Corrective Actions Completed:

At the time of the onsite visit, teachers at YWTP had not received the OYA PREA training. During the corrective action phase, all teachers completed the required training. These training records were reviewed by the auditor to verify compliance. To supplement the training completion reports generated from I-Learn, the OYA PREA Coordinator recently created a formal Excel tracking sheet to better ensure the requisite PREA training is completed and tracked for all teachers. This spreadsheet is reviewed and updated on a quarterly basis. In addition, as previously stated in Standard 115.317 of this audit report, during the post onsite visit phase, the PREA Coordinator worked closely with the OYA Education and VESQY Coordinator to revise the contract language to better support this standard. The contract now requires all teachers to have a child abuse registry check prior to working with youth at the OYA facility (to be conducted by the ESDs and school districts); complete the PREA Acknowledgement Questionnaire prior to hire at the OYA facility; and complete the OYA Introductory PREA training in I-Learn (this has been added into the group of mandatory online trainings and will be added to the staff's I-Learn account automatically)

During the corrective action period, OYA enhanced the OYA Facility Access – Level 2 attestation form (YA 4014) which informs volunteers and contractors of the agency's zero policy for sexual abuse and sexual harassment. The form now clearly states that volunteers and interns are required to notify the OYA contact person or the Oregon State Police if a youth alleges abuse or harassment has occurred and/or if they observe or suspect youth are/have been abused while in the care of OYA. During the corrective action phase, OYA submitted a sample of completed attestation forms (n=2) to verify the new form and practice has been implemented.

During the corrective action period, OYA enhanced its training curriculum (Power Point presentation and facilitator notes) to include specific information such as how to ensure appropriate boundaries with youth; who to report to if a youth alleges sexual abuse and/or harassment; and what to expect as a volunteer during a PREA audit.

To further ensure volunteers understand their responsibilities in response to an event of a sexual abuse and/or sexual harassment allegation, OYA revised the Volunteer Training Acknowledgement Form (YA 1406) to clearly state, "<I, Volunteer Name> acknowledge that I participated and understand the contents of the OYA volunteer training at <Location> on <Date>." The form specifically lists out topics covered in the training including: Boundaries (recognizing boundaries and boundary violations, PREA and mandatory reporting requirements); Sexual abuse and sexual harassment (responsibility to report and who to report to and making sure the youth is safe); and other important safety topics. Following the onsite audit, the auditors reviewed additional volunteer training records and signature forms to ensure the new Volunteer Training Acknowledgement form had been implemented.

In addition, to better ensure volunteers understand their responsibilities related to sexual safety of youth, OYA created a Volunteer Training Quiz that volunteers must complete once they have finished the PREA training. At each OYA facility the OYA Volunteer Coordinator is responsible for providing the training quiz to ensure that all volunteers understand the training.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### **Standard 115.333: Resident education**

#### **115.333 (a)**

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

#### **115.333 (b)**

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### **115.333 (c)**

- Have all residents received such education?  Yes  No
- Do residents receive education upon transfer to a different program to the extent that the policies and procedures of the resident's new program differ from those of the previous program?  Yes  No

#### **115.333 (d)**

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Form YA 4034 Youth Sexual Safety Education
- OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation
- Youth Safety Contact Card (English and Spanish versions)
- OYA Youth Safety Guide (English and Spanish versions)
- “No Excuse Report Abuse” posters provide the avenues to report and the OYA Hotline phone number (in English and Spanish)
- OYA Policy I-D-2.1 Use of Language Services
- OYA Policy II-E-2.4 English Plus – Youth (Facility)
- Review of contract amendment between OYA and the Immigrant and Refugee Community Organization (IRCO) for oral interpretation services (through June 30, 2020)
- Review of the executed purchase order for translation services provided by the Immigrant and Refugee Community Organization (IRCO)
- YWTP Language Interpreter Services Process Checklist
- Interviews with intake staff who provide youth education
- Interviews with random sample of residents

- Review of a sample of signature forms (OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation) indicating youth understand the training
- Review of random set of youth files indicating they received the PREA education training within 10 days of intake
- Facility tour observations (zero tolerance posters and reporting information)

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Staff also must provide each facility youth a comprehensive age appropriate presentation (in-person or electronic) regarding the youth's right to be free from sexual abuse and harassment, free from retaliation for reporting incidents, and how OYA must respond to such incidents.” More specifically, this policy requires that, “Upon a youth’s commitment to OYA custody and any subsequent transfer between close-custody facilities, staff must give the youth the Youth Safety Guide and Hotline card. The Youth Safety Guide identifies abuse; gives guidelines on how to stay safe; how to report abuse; and what to do if abused. The OYA Youth Safety guide is available in both English and Spanish. It is written in an age appropriate fashion and includes among other topics, the agency’s zero tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The Hotline card provides direct contact information to the Professional Standards Office.”

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires youth PREA education be completed within 10 days of the youth’s initial commitment and any subsequent transfers between close-custody facilities. This PREA education completion must be documented on OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation. This form is a comprehensive form comprised of 16 individual statements that youth must read and initial indicating this information was reviewed with them and they understand the statements. These statements include providing specific examples of sexual abuse and sexual harassment. Additional information provided on this form include, but are not limited to:

- OYA has a zero-tolerance policy against sexual abuse/sexual harassment (explain what zero tolerance is).
- There are multiple ways to report sexual abuse or sexual harassment, including telling: a trusted staff; QMHP; probation/parole officer; treatment manager, nurse, teacher, volunteer, attorney, parent, chaplain/minister, OYA hotline, grievance, sexual assault advocate, or any trusted adult.
- OYA is required to provide a way for youth to report sexual abuse or sexual harassment to a public entity that is not a part of OYA. OYA’s outside reporting agency is the Governor’s Office for Constituent Services. The address is posted on the living unit.
- Retaliation against a victim or the person who reported sexual abuse or sexual harassment will NOT be tolerated. REPORT ALL RETALIATION so OYA can investigate and keep you safe.
- Report all known or suspected sexual abuse or sexual harassment, even if another youth tells you about it but you did not see it.
- You will not get in trouble or get consequence for making a report in good faith, even if it turns out to be false. (Explain “good faith.”) If you knowingly make a false report of sexual abuse or sexual harassment, you will be held accountable.
- All reports of sexual abuse or sexual harassment will be reviewed for investigation by OYA’s Professional Standards Office. Reports of sexual abuse will also be reported to law enforcement to review for investigation and criminal charges. Staff can avoid sharing your name with the abuser or any other person who does not need to know what happened, if you want them to.
- OYA provides youth with outside victim advocates for emotional support services related to sexual abuse. Local advocacy agency phone numbers and addresses are posted on every living unit.

Each statement is initialed by youth and staff. In addition, the bottom of the form requires staff and youth to sign and date that this youth PREA education/training has been completed. Specifically, the OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation states:

- “By my signature, I state that I understand the above information that was explained to me; have received the OYA Youth Safety Guide; a staff member reviewed the guide with me, and I understand the information.” <youth signature required>
- By my signature, I state that I explained and answered questions on the above information until the youth certified his/her understanding. By my signature, I state that I explained and answered questions on the above information until the youth certified his/her understanding.” <staff signature required>

Interviews with intake staff, a random sample of youth, and review of a sample of completed OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation forms, verified this education is occurring consistent with PREA standards. In addition, during the facility tour, auditors noted “No Excuse, Report Abuse” posters posted throughout the facility, which provides avenues for reporting and the OYA Hotline phone number (in English and Spanish).

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that, “youth education includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).” To ensure this expectation is met, the OYA Form YA 4033 Intake/Close Custody Youth Safety Orientation provides a space for staff to document any accommodations provided for youth who are limited English proficient, hearing impaired, visually impaired, otherwise disabled, or who have limited reading skills. Additional evidence for YWTP accommodating youth with special needs can be found in standard 115.316 of this audit report.

As noted above, OYA has developed numerous resources to make youth aware of the right to be free from sexual abuse and sexual harassment and how to report these incidents. These resources are written in a developmentally appropriate manner. Youth are provided with this comprehensive PREA education immediately after they arrive to the program. Review of youth PREA education records and interviews with youth confirmed that youth are receiving this information at intake. Youth interviews verified youth received the training and understood how to report sexual abuse and sexual harassment, zero tolerance, and that they would not be punished or retaliated against for reporting.

There were no youth at the facility who were identified as limited English proficient, as having a physical disability, or as low-cognitive functioning. However, during an interview with the intake staff, it was explained how it is ensured that youth understand the PREA information. This included reading slowly, simplifying the language, and asking questions to confirm understanding. It was also reported that there was awareness of the OYA interpreters who could be used to translate the material as well as the external language line that could be used.

Based on the above policies, practices and interviews, YWTP meets all the provisions required by this standard.

## **Standard 115.334: Specialized training: Investigations**

### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment



- NICIC.gov – “Specialized Training: Investigating Sexual Abuse in Confinement Settings” description
- OYA/PREA Interviewing Training” agenda (10/30/2013)
- Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training outline (11/05/2014)
- Review of training records for investigation staff (Professional Standards Office – PSO)
- Interviews with PSO investigative staff

As previously mentioned, OYA Professional Standards Office (PSO) is not responsible for conducting criminal sexual abuse investigations. These investigations are conducted by the Oregon State Police (OSP). However, PSO is responsible for conducting administrative investigations of sexual abuse and sexual harassment alleged to have occurred in any OYA facility.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires staff who conduct sexual abuse investigations receive training in conducting such investigations in confinement settings. The policy specifically states, “Professional Standards Office (PSO) investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings.” OYA requires investigators to at a minimum, complete the NICIC.gov – “Specialized Training: Investigating Sexual Abuse in Confinement Settings.”

Review of training records confirmed both PSO staff who conduct administrative investigations of sexual abuse have completed the required NCIC specialized investigation training. Both investigators had also completed additional trainings including:

- Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training (11/05/2014). This training is designed to help investigators to recognize and effectively gather evidence necessary to successfully prosecute these offenders. This course is developed pursuant to PREA standards 115.34 & 115.71. It includes among other topics the use and application of Miranda and Garrity warnings, reports that win cases, PREA Considerations, and how to get your prosecutor onboard.
- OYA/PREA Interviewing Training” (10/30/2013). Training topics include definitions of abuse, process of disclosure, phases of the investigatory interview, adolescent development, and interviewing adolescents.

Interviews with investigators demonstrated their awareness of the agency investigation policy and their expertise in interviewing youth, Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case.

Based on the above policies, practices, training curricula, and interviews, YWTP meets all the provisions required by this standard.

**Standard 115.335: Specialized training: Medical and mental health care**

**115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the program do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- NIC Medical Health PREA training description
- Interview with RN
- Interview with QMHP
- Review of training records for medical and mental health staff

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines requirements for the specialized training that must be completed by all medical and mental health practitioners. The policy specifically requires training on the following topics, “(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 juvenile victims of sexual abuse and sexual harassment; and (4) How and where to report allegations or suspicions of sexual abuse or sexual harassment.”

Review of training records verified that the RN and Qualified Mental Health Professional have received the NIC Medical Health PREA Training. Training records also indicate that these individuals have completed the mandatory online OYA PREA Introduction Training (1325) which also covers the topics required in provision (a) of this standard.

Interviews with the RN and QMHP verified that YWTP does not conduct forensic medical examinations onsite. Individuals who have been sexually abused or sexually assaulted would be transported to the local hospital (Albany General).

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

**Standard 115.341: Screening for risk of victimization and abusiveness**

**115.341 (a)**

- Within 72 hours of the resident’s arrival at the program, does the agency obtain and use information about each resident’s personal history and behavior to reduce risk of sexual abuse by or upon a resident?  Yes  No
- Does the agency also obtain this information periodically throughout a resident’s confinement?  Yes  No

**115.341 (b)**

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

**115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?  Yes  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, program behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the program of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Sexual Violence Assessment Tool
- Interviews with random sample of residents
- Interview with the QMHP responsible for vulnerability risk screening
- Interview with Superintendent/PREA Facility Compliance Manager
- Interview with Agency PREA Coordinator
- Review of youth files indicating risk screening was completed within 72 hours
- OYA YWTP Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening
- Sample of youth case notes indicating vulnerability information is considered in placement and programming decisions

YWTP uses an objective screening instrument called the Sexual Violence Assessment Tool (SVAT) when youth arrive at the facility. This is completed by the Qualified Mental Health Professional (QMHP) on the day arrival. Prior to arrival, starting when the facility receives a referral for placement, prior history is reviewed to determine the appropriateness of placement and to gather information to complete the screening instrument. On the day of arrival, the QMHP interviews the youth using the screening instrument.

Files of 5 current and 5 discharged youth were reviewed to verify the information provided by the QMHP above and required by the policy excerpt below. This review confirmed that the objective screener was being completed on the date the youth arrived. Of the 10 files reviewed, one SVAT could not be located. Of the 9 SVATs that could be located, all were completed on the day of arrival. Twelve of the thirteen youth randomly interviewed reported that they were asked questions from the screening instrument upon arrival. One youth could not recall whether they had been asked questions from the SVAT.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the required information that must be obtained from residents within the first 72 hours. Specifically the policy requires, "A mental health practitioner will evaluate a youth within 72 hours of the youth's initial intake to close custody, transfer to another OYA facility and annually, specifically to determine the youth's vulnerability to sexual abuse or sexual harassment as indicated by the following risk factors:

- a) Age;
- b) Physical size and stature;
- c) Intellectual or developmental disabilities;
- d) Level of emotional and cognitive development;
- e) Mental illness or mental disability;
- f) Physical disabilities;
- g) Current charges and offense history including sexual offenses;
- h) First-time-youth status (first time in OYA custody);
- i) Past history of victimization;

- j) Any gender nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, queer, questioning, or intersex (LGBTQQI);
- k) The youth's own perception of vulnerability; and
- l) Any other specific information about the youth that may require an increase in supervision, additional safety precautions, or separation from certain other youth.

The OYA Sexual Violence Assessment Tool is the objective screening instrument that is completed by the Qualified Mental Health Professional. This information is used to assess both risk of victimization and perpetration. In instances where the risk is high for either victimization or perpetration, key members of the treatment team are notified.

The QMHP, Program Director, and PREA Facility Compliance Manager all reported that when a youth was elevated in either risk or vulnerability, the treatment team was notified via email so that appropriate actions could be taken. However, this information was limited to key members of the treatment team, in accordance with agency policy.

Review of the SVAT showed that some of the required elements from provision (c) were missing. Specifically the tool did not include the level of emotional and cognitive development, mental illness, cognitive impairment, or physical disabilities. However, physical disabilities is captured in the OYA Form 4408 "Youth Correctional Facility Initial Health Screen." In addition, mental illness and cognitive delays are captured in the Youth Correctional Facility Initial Mental Status Assessment (OYA Form 4409). While OYA may be capturing this information, provision (a) of this standard requires that this information to be used. It is unclear how this information is integrated into the SVAT to inform the risk of vulnerability or perpetration.

**Corrective Action:**

- Update the SVAT to include the requirements in provision (c) from this standard. Specifically include the level of emotional and cognitive development, mental illness, cognitive impairment, and physical disabilities. Alternatively, YWTP could consider using another available tool, such as the Colorado that captures all the requirements from provision (c) to achieve compliance.
- Alternatively, if OYA chooses to not update the SVAT, it will be required to determine how the information from the SVAT, Form 4408, and Form 4409 are used to reduce the risk of sexual abuse by or on a youth.

**Corrective Actions Completed:**

During the corrective action period, YWTP created a formal process and set clear expectations for ensuring vulnerability risk information is consistently gathered and sent to the appropriate parties. YWTP created the OYA YWTP Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening. This tool provides a step-by-step outline of what to do when a new youth enters the facility, specifically related to screening for sexual vulnerability and aggressiveness. The checklist also directs the QMHP to consider SVAT and other screening information to determine special housing needs, additional staff supervision, and programming assignments. The QMHP is responsible for entering this information into JJIS case notes. During the corrective action period, the auditor reviewed a sample of case notes demonstrating that discussion of vulnerability risk factors regularly occurs during placement Multi-Disciplinary Team (MDT) meetings as well as throughout the youth's stay.

To verify compliance with this standard, during the corrective action period the auditor reviewed meeting minutes from a weekly QMHP call that took place in October 2019. The meeting participants included all QMHPs responsible for conducting the SVAT. Meeting minutes indicated the OYA YWTP Youth Correctional Facility Process Checklist: Sexual Vulnerability and Aggressiveness Screening was introduced and discussed. The discussion included that information from the risk vulnerability tool must be discussed and documented in the Multi-Disciplinary Team (MDT) meetings.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

## **Standard 115.342: Use of screening information**

### **115.342 (a)**

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?  Yes  No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?  Yes  No

### **115.342 (b)**

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?

Yes  No

- Do residents also have access to other programs and work opportunities to the extent possible?  
 Yes  No

#### 115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
 Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  
 Yes  No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a program for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female program on the basis of anatomy alone, that agency is not in compliance with this standard)?  
 Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  
 Yes  No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
 Yes  No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making program and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)



- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the program clearly document: The basis for the program’s concern for the resident’s safety? (N/A for h and I if program doesn’t use isolation?)  Yes  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the program clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if program doesn’t use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the program afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- OYA Policy II-F-1.0 Youth Rights (Facility)
- Interview with Superintendent/PREA Compliance Manager
- Interview with QMHP responsible for vulnerability risk screening
- Interview with Program Director
- Interview with Agency PREA Coordinator
- Interview with Facility Services Chief of Operations
- Review of completed vulnerability risk screening tools
- Facility tour observations

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes how information from Standard 115.341 is used in placement and programming decisions for youth. The policy states that, “OYA will provide safe program, education, work, housing unit, and bed assignments for every youth to reduce the likelihood of sexual abuse while a youth is in close custody.” According to Policy OYA will accomplish by, “considering vulnerability to sexual abuse

or sexual aggressiveness of each youth at the time of the youth's admission to close custody and prior to assigning the youth a program, education, work, housing unit, or bed. Sexual abuse vulnerability and aggressiveness will be reviewed during the youth's regularly-scheduled Multidisciplinary Team (MDT) meetings."

All youth who come to YWTP are assessed for health issues, mental health issues, and vulnerability to be sexually victimized and/or perpetrate the day they arrive. The QMHP is responsible for conducting the agency's Sexual Violence Assessment Tool (SVAT). If a youth score high on risk for sexual victimization or perpetration, the QMHP would send this information to the Program Director so the information could be considered for bed assignments. However, due the youth coming from another OYA facility that the Superintendent also oversees, there is a high level of awareness of the risks to vulnerability or perpetration.

OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities address OYA's policy on the use of isolation. The policy states, "Isolation must only be used to manage a youth's crisis behavior when the youth is in danger of physically harming others, where a serious threat of violence is present, or violence has occurred." Additionally, "Staff must use other less restrictive interventions when appropriate, considering the youth's behavior and its effect on others in the area where the behavior occurred or is occurring." During periods of isolation OYA requires that a staff begin working with the youth within 2 hours of becoming isolated to assess the youth's emotional regulation and engage in problem analysis and reintegration planning. This must continue every two hours while the youth is awake.

Once a youth is ready to engage in problem analysis and reintegration planning, OYA's policy requires, "The youth's unit leadership team or designated staff will develop a reintegration plan for the youth to ultimately rejoin the youth's peers. The youth must spend as much time out of the isolation room as possible during waking hours. The development of the plan must begin as soon as possible, but no longer than one hour after it is determined the youth is ready to engage (during the youth's waking hours)."

According to the same policy, "Youth in time-out, isolation, or safety programs must be afforded the same opportunity to maintain health and dignity as their peers consistent with their program requirements. Service delivery may differ according to the youth's individual program." These "basic living conditions" include:

- Daily opportunity for large muscle exercise outside or in a gym. Youth must not be restricted from this activity unless they pose a danger to themselves or others.
- Educational opportunities.
- Medical services: Youth must be provided with medical care as afforded to other youth in the facility. Health Services staff will determine the delivery of services depending on the location of the youth and the youth's amenability to medical treatment.
- Religious Services
- Treatment Services
- Daily Showers
- Visitors

While OYA policy addresses the use of isolation generally, YWTP does not isolate youth. The Program Director and PREA Facility Compliance Manager reported that they would never isolate a youth for their

sexual safety. If a situation arose that resulted in a specific youth being at high risk for victimization, the facility would remove any youth that presented that level of risk from the facility immediately.

OYA Policy II-F-1.0 Youth Rights (Facility) states youth have the right, "To not be placed in a particular housing, bed, or other assignment solely on the basis of race, ethnicity, religious beliefs, national origin, physical or mental disabilities, sexual orientation, gender identity, or intersex status (LGBTQQI)."

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "LGBTQQI identification or status may not be considered as an indicator of likelihood of being sexually aggressive." In review of the SVAT screening instrument, it was confirmed that LGBTQQI status is not used as a factor to determine risk to be sexually aggressive.

The Superintendent/PREA Facility Compliance Manager and Program Director reported that none of the factors from provision (b) would be solely used for placement in a dorm, bed, or other assignments. Nothing from the review of documentation or interviews with staff and youth contradicted these statements.

YWTP has received referrals for placement of transgender or intersex resident. They consider the referral just like any other youth. There is one youth currently at the facility that identifies as transgender. The appropriateness of the placement is evaluated at the quarterly MDT meeting.

OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities describes documentation necessary when a youth is placed in isolation as well as additional reviews that are required to continue to place that youth in isolation. Specifically, the policy requires, "Staff complete a Youth Incident Report (YIR) for every isolation intervention; a manager not directly involved in the intervention must review each isolation intervention for appropriateness." Additionally, for any youth placed in isolation for three days, "the superintendent must review and approve or deny continuation of the isolation intervention prior to the end of the third day."

As the facility does not isolate youth for their own sexual safety, there is no documentation related to isolation used for this purpose, alternative means considered, or documentation every 30 days affording the opportunity to determine whether there is still a continuing need.

Based on interviews, observations from the facility tour, and review of documentation, the facility complies with all provisions from this standard.

## REPORTING

### Standard 115.351: Resident reporting

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  
 Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.351 (d)

- Does the program provide residents with access to tools necessary to make a written report?  
 Yes  No

#### 115.351 (e)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment

- OYA Policy II-F-3.6 Youth Legal Assistance (Facility)
- OYA Policy II-F-3.4 Youth Use of Telephones
- OYA Policy II-F-1.1 Youth Grievance Process (Facility)
- OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse
- OYA Facility Services Procedure Statement (FAC 1-E-4.0) Youth Incident Report (YIR)
- Youth Safety Contact Card
- OYA Youth Safety Guide (English and Spanish versions)
- OYA Family Safety Guide
- OYA Form YA 1300 – Youth Grievance Form
- Access to OYA Hotline number and PSO Complaint Form:  
<https://www.oregon.gov/oia/pages/onlinecomplaints.aspx>
- PREA advocacy flier providing contact information about local advocacy center
- Interview with Program Director
- Interview Superintendent/ PREA Compliance Manager
- Interviews with random sample of direct care staff (Group Life Coordinators)
- Interviews with random sample of residents
- Review of PSO hotline call tracking sheet indicating all complaints/allegations received and the agency's response
- Observations from facility tour

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes the ways that residents can both internally and externally report sexual abuse, sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. These avenues include: The youth written grievance process, the confidential OYA hotline, regular safety surveys, confidential access to agencies that provide legal services, and confidential access to the Governor's Constituency Services Office which receives and forwards reports of sexual abuse and sexual harassment to OYA officials. Youth who report abuse to the Governor's Constituency Services Office and/or who report abuse using the PSO hotline are allowed to remain anonymous upon request.

Additionally, youth at YWTP have access to calling and mailing their local advocacy agency, Center Against Rape and Domestic Violence (CARDV). During the facility tour, the auditors noted information regarding how to contact CARDV posted on the living unit. Contact information for the Governor's Constituency Services Office is also posted on that same poster.

Youth and staff interviews verified that the Professional Standards Office hotline number is well known. Youth understood this as an avenue for reporting sexual abuse and sexual harassment and youth stated they are afforded privacy when using the hotline number. The OYA Youth Safety Guide (English and Spanish versions) and the Youth Safety Contact Card which are provided to youth at intake, contains information about how to report and to whom youth may report abuse. All youth interviewed cited various ways to report including telling a trusted staff member or calling someone outside of the facility, such as a family member. However, several youth also mentioned that staff sometimes ask youth to wait 24 hours before making a call to the hotline or encourage them to wait to call the hotline.

OYA Policy II-F-3.6 Youth Legal Assistance (Facility) protects the rights to send and receive confidential correspondence to an attorney through mail and phone. OYA Policy II-F-3.4 Youth Use of Telephones requires that, "staff allow youth to access a telephone to call the OYA Hotline regarding safety, abuse, or youth rights as soon as possible from the youth's request to call, and prior to the end of the staff member's shift." Additionally, staff "are to give the youth as much privacy as possible within the limitations of the

facility's physical design, not ask the purpose of the call, not document the call in JJIS, or deliberately listen to the youth's conversation." Interviews with youth who have used the hotline number, confirmed youth are affording privacy when making these calls.

OYA Policy II-F-1.1 Youth Grievance Process describes the filing of grievances. The policy requires grievance forms and the associated locked boxes to be located in common areas in the facility. According to this policy, "when a grievance concerns a civil rights violation or criminal matter (e.g., abuse, harassment, neglect), staff must notify the Professional Standards Office and follow the Emergency Grievance." The emergency grievance process requires, "staff must immediately notify the superintendent/camp director, or officer-of-the-day (OD) of the matter. The Emergency Grievance must be reviewed and responded to as soon as possible but no longer than 24 hours from receipt. The superintendent/camp director or OD will take appropriate action to assure the welfare of the youth." The timeframe to collect the grievances from the locked boxes varies. The policy specifically states that designated staff who do not have routine contact with youth "must collect all forms from the locked boxes no less than once a day, except on weekends and holidays."

During the facility tour, auditors observed a locked grievance box on the unit. An interview with the Program Director that there is a formal process for gathering information on written grievances and for responding to these complaints.

OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse requires staff to accept verbal reports. Specifically the policy states, "Once a staff member becomes aware of suspected, observed, or alleged abuse of a youth that occurred while in OYA custody, the staff member must ensure the youth's safety and verbally report the incident to the staff member's supervisor, or officer-of-the-day (OD). If the alleged perpetrator of the abuse is an OYA staff member or nonstaff, staff must also verbally report the incident to the Professional Standards Office (PSO)." If a youth alleges to have been sexually victimized or perpetrated, the OYA Facility Services Procedure Statement (FAC 1-E-4.0) Youth Incident Report (YIR) requires staff to create a Youth Incident Report (YIR) in JJIS.

OYA has established a mechanism for staff to privately report sexual abuse and sexual harassment. Staff can access the OYA Hotline number and PSO Complaint Form on OYA's website at: <https://www.oregon.gov/oia/pages/onlinecomplaints.aspx>. Interviews with staff all confirmed that they knew they could call the hotline to make an anonymous report. Staff also understood they are mandatory reporters and that they could file a report on behalf of a youth. All staff also understood they are required to report all anonymous and third-party reports of abuse to their supervisor.

The OYA Family Safety Guide informs family members they can make reports of sexual abuse and sexual harassment through the grievance process and the OYA PSO hotline.

## **Standard 115.352: Exhaustion of administrative remedies**

### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  
 Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the program may require as a condition of processing the request that the alleged victim agree to have the

request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (g)



- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy II-F-1.1 Youth Grievance Process (Facility)
- OYA Youth Safety Guide (English and Spanish versions)
- OYA Family Guide - Youth In Custody: Top Things for Families to Know
- Interview with Program Director
- Interview with Superintendent/PREA Compliance Manager
- Interviews with random sample of residents
- Interviews with residents who reported sexual abuse
- Access to OYA Hotline number and PSO Complaint Form: <https://www.oregon.gov/oya/pages/onlinecomplaints.aspx>
- Review grievance logs to determine initial response within 48 hours and final decisions (all grievances received between January 1, 2019 – April 22, 2019)
- Review of complaints log indicating third-party reports taken and responded to (PSO Complaint Hotline Tracking Sheet)

The OYA Policy II-F-1.1 Youth Grievance Policy supports several provisions in this standard. The policy states:

*“OYA recognizes all youth have a right to review any action or decision affecting them and initiate a grievance without fear of reprisal. Youth who believe they have been dealt with unjustly by OYA may file a grievance using the process described below. They are not required to discuss the nature of their grievance with staff; however, staff and youth are encouraged to handle questions and complaints at the lowest level possible....Grievances may also be filed on behalf of a youth by the youth’s representative when the youth agrees on the filing. Staff must document a youth’s declination of a representative’s offer to file a grievance on behalf of the youth. Grievances filed by a youth’s parent or legal guardian involving possible civil rights violations or criminal matters are not conditioned on the youth agreeing to have the grievance filed on the youth’s behalf....There is no time limit on when a youth may file a grievance.”*

The OYA Policy II-F-1.1 Youth Grievance Policy directs for informal grievances (non-emergent), the staff assigned as the grievance responder to review the grievance within seven working days and provide youth with a written resolution. Youth are allowed to file a formal grievance if they are dissatisfied with the outcome of an informal grievance review. The policy specifically states that youth may have a representative act on their behalf (including presenting testimony). In addition, the policy directs staff that they will, at the youth’s request, help the youth prepare for the formal grievance review. The policy also states a formal grievance review must be held within 30 calendar days of the formal grievance filing date and all parties must be notified in writing of the date and time of the review. PREA expectations allow for

a 90-day review (from the date of the initial filing of the grievance) when sexual abuse is alleged. These policy requirements exceed PREA expectations.

The OYA Policy II-F-1.1 Youth Grievance Policy also explains the emergency grievance process. More specifically the policy states, "When a grievance concerns an emergency matter where life, health, or safety may be threatened (e.g., imminent danger, abuse, injury, sexual vulnerability), staff must immediately notify the superintendent/camp director, or officer-of-the-day (OD) of the matter. The Emergency Grievance must be reviewed and responded to as soon as possible but no longer than 24 hours from receipt." This time frame exceeds the PREA requirement of 48 hours.

An interview with the Program Director verified that the program has a formal process for gathering information on written grievances and for responding to these complaints. The current requires the Program Director gathering the grievances from the living unit daily and taking them to the grievance coordinator. If it were for an area that involved sexual safety, the program would respond immediately to address the concern.

Youth interviews who had previously used the grievance process stated that agency staff were very responsive to their needs and addressed their safety concerns quickly.

Consistent with PREA standards the OYA Policy II-F-1.1 Youth Grievance Policy requires the youth grievance form be made available on the OYA website. This allows for third party reporting. In addition, the OYA Youth Safety Guides informs youth, "You will not get in trouble if you make an honest report. However, if you knowingly make a false report, you will be held accountable." This supports the PREA standard provision allowing youth to be disciplined only when a grievance related to alleged sexual abuse is made in bad faith.

Based on the above policies, practices, and interviews, YWTP meets all the provisions required by this standard.

### **Standard 115.353: Resident access to outside confidential support services and legal representation**

#### **115.353 (a)**

- Does the program provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the program provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the program enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### **115.353 (b)**

- Does the program inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

#### 115.353 (d)

- Does the program provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the program provide residents with reasonable access to parents or legal guardians?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-F-3.6 Youth Legal Assistance (Facility)
- OYA Policy II-F-3.4 Youth Use of Telephones
- OYA Policy II-F-3.0 Youth Mail in OYA Facilities
- OYA policy II E-2.5 Visits with Youth
- OYA Youth Safety Guide (English and Spanish versions)
- Youth Safety Contact Card (English and Spanish versions)
- OYA PREA Advocacy Flier (contact information for local advocacy organization – Shelter From the Storm)
- OYA “No Excuse Report Abuse” posters with avenues to report and the OYA Hotline phone number (in English and Spanish)
- Executed MOU between OYA and Center Against Rape and Domestic Violence (CARDV)
- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- Interview with Superintendent/ PREA Compliance Manager
- Interview with Program Director
- Interview with representative from Center Against Rape and Domestic Violence (CARDV)
- Interviews with random sample of residents

- Observations during facility tour

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires “All OYA facilities and field offices must provide youth with, or display in an accessible area, mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.”

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment also requires that when an alleged abuse incident has occurred, “The superintendent, camp director, SARRC or PCM, must ensure the sexual abuse victim is reminded of victim rights and advocacy information, and that a qualified victim advocate is available to the sexual abuse victim. The qualified victim advocate may be a qualified agency staff member, or an advocate from a community-based organization.” This expectation is formalized on the OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959). The form specifically states, “inform the victim of available victim advocate services (contact information should be listed in your facility’s Sexual Abuse Response local operating protocol) and ask if he/she would like to contact the victim advocate.” Interviews with the YWTP Superintendent, Program Director and QMHP staff verified offering victim advocacy services is part of the established protocol.

YWTP posts flyers that show the number and mailing address for their local victim advocacy agency, Center Against Rape and Domestic Violence (CARDV) throughout the facility. These fliers were observed in the main living area and other common areas throughout the facility. These posters inform youth “Your local advocate may contact OYA or another agency about your safety only if you give them permission.”

OYA has established an Memorandum of Understanding (MOU) with CARDV, a sexual assault victim advocacy agency who employs advocates who youth can speak with who are not mandatory reporters. The executed MOU between OYA YWTP and CARDV outlines roles and responsibilities between both parties. The agreement states that OYA will “make the involvement of CARDV by telephone a standard response to a report of sexual abuse or request help from a survivor of sexual abuse.” The MOU also upholds that CARDV will “provide a victim advocate upon request from YWTP or a youth who will receive a forensic medical examination as a result of suffering sexual violence. Upon the victim’s request, the victim advocate shall accompany and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals.”

In conversation with personnel from CARDV it was confirmed that they provide a 24-hour hotline and access to victim advocates that are not mandatory reporters. They stated that they would be available to provide support to victims both in the facility and also in the community.

OYA Policy II-F-3.6 Youth Legal Assistance (Facility) protects the rights to send and receive confidential correspondence to an attorney through mail and phone. Interviews with management, staff, and youth indicated that they have reasonable privacy when contacting family, legal representation, and the Professional Standards Office (PSO) hotline. These same interviews confirmed that there was good knowledge of the CARDV, what they provide, and that CARDV personnel are not mandatory reporters. Further, several youth reported that they had used the victim advocate and found the support helpful.

OYA policy II E-2.5 Visits with Youth states, “OYA recognizes the positive impact of youth visits with family and community members on youth reformation. OYA encourages visits with family and others who have a positive influence on a youth’s life. Visits also give youth opportunities to maintain prosocial relationships which promote a successful reentry into communities.” Additionally, this policy identifies

people who are integral to the youth's case plan including parents, siblings, children of youth, legal guardians, members of stepfamilies, surrogate parents, or grandparents; and the youth's attorney. While OYA policy does not provide confidential access to youth family members, it does allow for confidential access to attorneys and other legal representation. Onsite interviews with youth verified they are afforded privacy when speaking with their lawyers.

The agency does not house youth who are detained solely for civil immigration purposes.

Based on the above policies, practices, and interviews, YWTP meets all the provisions required by this standard.

### Standard 115.354: Third-party reporting

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA PREA Advocacy Flier (contact information from local advocacy organization)
- OYA Final Safety Survey - Client YA 1952
- OYA Final Safety Survey – Family YA 1951
- OYA Family Guide - Youth In Custody: Top Things for Families to Know [available in English, Spanish, and Russian]
- Issue Brief: Keeping Youth Safe While in OYA's Care and Custody (March 2014)
- OYA Complaint Form
- <https://www.oregon.gov/oya/pages/ps/prea.aspx>

The Oregon Youth Authority website (<https://www.oregon.gov/oya/pages/ps/prea.aspx>) has a link on its front page to "Keeping Youth Safe." The Keeping Youth Safe link provides access to the professional standards office and guidance on the ways OYA receives third party reports of sexual abuse and harassment. These avenues include the PSO hotline, the OYA Complaint Form, emailing the PSO, and

completing a youth grievance form. OYA makes it clear that a report can be made on behalf of a youth and that reports can be filed anonymously.

In addition, OYA distributes the OYA Family Guide - Youth In Custody: Top Things for Families to Know to parents and legal guardians. These guides are available on the OYA website and are available in English, Spanish and Russian. This guide provides multiples avenues for families to report sexual abuse and sexual harassment. Reports can be made through the following avenues:

- Call our Hotline: 1-800-315-5440.
- Tell and OYA staff member. All staff are required to report abuse.
- Pick up a grievance form in any of our field offices.
- File a report online: [bit.ly/oyacomplaint](http://bit.ly/oyacomplaint)
- Email PSO: [professionalstandards@oya.state.or.us](mailto:professionalstandards@oya.state.or.us)

On Saturday April 20<sup>th</sup> the OYA hotline was called and a message was left requesting a call back. On Monday April 22<sup>nd</sup> at 8:30 AM, a call was received from the Professional Standards Office. During the call it was explained that messages are reviewed in the morning each business day and then assigned to an investigator for follow-up. PSO follows up on all calls, regardless of the stated reason for the call.

Onsite interviews with PSO investigators verified all reports are investigated, including third-party and anonymous reports alleging sexual abuse or sexual harassment.

**OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

**Standard 115.361: Staff and agency reporting duties**

**115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a program, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

**115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?  Yes  No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the program head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the program head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the program has official documentation showing the parents or legal guardians should not be notified?  
 Yes  No
- If the alleged victim is under the guardianship of the child welfare system, does the program head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the program head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the program report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the program's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- OYA Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan
- OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959)
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interviews with random selection of direct care staff
- Interviews with medical staff (OYA Medical Director and RN)
- Interview with QMHP
- Review of the one investigation report from the prior year
- Review sample of investigation reports ensuring all allegations were investigated and proper notifications were made
- OYA Policy I-E-5.0 Notification to Parents (revised)
- YWTP Facility Services Procedure Statement: Youth Incident Report (YIR) FAC 1-E-4.0 – revised
- Meeting minutes from the Facility Management Team meeting held on October 10<sup>th</sup>, 2019

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines staff and agency reporting duties. The policy requires that staff immediately report any knowledge, suspicion or information related to an incident of sexual abuse or sexual harassment that has occurred in a facility. The policy specifically requires the following:

- Staff must notify his/her supervisor or officer-of-day (who then notifies the superintendent or camp director, the PCM, and the PSO Chief Investigator).
- Staff must follow mandatory reporting laws regarding child abuse if the victim is less than 18 years old.
- If the abuse occurred in another facility, the superintendent/camp director who received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation:
  - The head of the facility or appropriate office of the agency where the alleged abuse occurred;
  - The other facility's or office's investigative agency; and
  - PSO who must document the notification in its case management system.
- Any sexual abuse information received by any staff member must only be disclosed on a need-to-know basis. Information must be shared according to state and federal privacy laws, professional licensure, and ethical standards.
- Medical and mental health practitioners must notify youth at the initiation of services of their duty to report and the limitations of confidentiality and obtain informed consent from youth who are 18 years old or older before reporting information about the youth' prior sexual victimization that did not happen in an institutional setting.
- If the victim is under the guardianship of the child welfare system (Department of Human Services - DHS), the PREA Coordinator must ensure DHS is notified of the incident.
- If the victim was committed to OYA through a juvenile court and has an attorney or legal representative on record, the PREA Coordinator must ensure that person is notified within 14 days of the sexual abuse allegation.

OYA Policy 0-2.3 Mandatory Reporting of Youth Abuse and Child Abuse informs staff of their responsibility as mandatory reports and their obligation to report all forms of abuse whether inside or



outside of the facility. Specifically the policy states, "Oregon law requires certain professionals and employees of certain state agencies to report to law enforcement or the Department of Human Services/Child Protective Services (DHS-CPS) any instance where the professional or employee becomes aware of or has reasonable cause to believe child abuse has occurred. OYA staff are designated and mandated by law to report any alleged or suspected child abuse occurring on the job and in their private lives." As previously mentioned, staff interviews confirmed staff are aware of their responsibilities to report any knowledge, suspicion, or information that a youth was abused, whether the youth resides in an OYA facility or in the community. Interviews with the RN and QMHP verified that they follow the same requirements as mandatory reporters. When OYA medical and mental health professionals first meet with youth they disclose they are mandatory reporters. At this time, youth are also required to sign release of information forms. Specialized staff reported that although they are not required by Oregon Statute to report sexual abuse for youth over the age of 18, they are required to report these incidents while these youth are in the custody of OYA. Interviews with youth indicated that youth are aware that all YWTP staff are mandatory reporters and what "mandatory reporter" means.

The Superintendent/ PREA Compliance Manager and Program Director verified that if they were made aware of an allegation of sexual abuse, they would immediately make a report to the OYA Professional Standards Office as well as Oregon State Police.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the requirements to notify legal guardians. More specifically, the policy states, "If the victim is under the guardianship of the child welfare system (Department of Human Services - DHS), the PREA Coordinator must ensure DHS is notified of the incident. If the victim was committed to OYA through a juvenile court and has an attorney or legal representative on record, the PREA Coordinator must ensure that person is notified within 14 days of the sexual abuse allegation." The policy does not address when to notify family members. The executed Interagency Agreement Between Oregon State Police (OSP) and OYA states, "Upon conclusion of the youth interview, the policy investigator (or person designated by the investigator) will contact and advise the legal guardians of the complaint. Facility/field office personnel should NOT contact the parents or legal guardians/agency prior to consulting with the policy investigator." Interviews with YWTP leaders indicated there is a need to clarify who is responsible for making notification to families.

OYA policy does not address the requirement that immediately and according to agency policy report retaliation against residents or staff who report an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation as required by provision (a).

Further, as required (e)(1) the facility did not have documentation of communication to parents or guardians for the one allegation of sexual abuse that was made and investigated for the year prior to the onsite audit.

#### **Corrective Actions:**

- Update the OYA policy and the associated training to require employees to immediately report retaliation against residents or staff who report an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- Update the OYA policy and the associated response protocol to require documentation of notification to the parents or legal guardians when a youth alleges to be a victim of sexual abuse.

- Enhance OYA Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan and the OYA Facility SARRT Sexual Abuse Incident Checklist (YA 1959) to indicate when family members and legal guardians will be informed and who is responsible for making this notification.

Corrective Actions Completed:

Following the issuance of the interim audit findings report, OYA shared an additional policy that supported compliance with this standard. The OYA Policy I-E-5.0 Notification to Parents requires parents/guardians of youth in OYA custody to be notified of significant incidents. Along with other events, parents/guardians must be notified when there is any form of abuse. More specifically, the policy requires the Living Unit Manager or Officer of the Day to make these abuse notifications to parents/guardians.

As previously mentioned, while onsite a review of investigation records and interviews with YWTP leaders indicated there was a need to clarify who is responsible for making notification to families. Therefore, during the corrective action period, YWTP enhanced the Facility Services Procedure Statement Youth Incident Report (YIR) FAC 1-E-4.0. The procedure now states the Manager or Officer of the Day (OD) will “verbally notify a youth’s involved family in these youth incidents: Death, including suicide....victim of abuse; and victim of alleged sexual abuse (notify parent or legal guardian only).” The process requires the facility’s Officer of the Day or designated manager to make the notification and to document this in a Youth Incident Report. A follow-up conversation with the OYA PREA Coordinator clarified that the state police must be consulted prior to parent/legal guardian notification (as dictated in the MOU with Oregon State Police). A reminder of this requirement was provided by the OYA Agency PREA Coordinator during the October 10<sup>th</sup>, 2019 Facility Management Team meeting. Meeting minutes were sent to the auditor for review as evidence that this communication has been made. During this meeting OYA Facility Superintendents were directed to discuss revisions to the existing procedure in their regular meetings with staff (Living Unit Managers, QMHPs, Case Coordinators, direct care staff, etc.).

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

**Standard 115.362: Agency protection duties**

**115.362 (a)**

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Online OYA PREA Introduction Training (1325)
- OYA PREA Scenarios Training (classroom)
- OYA PREA Employee Training Power Point
- Interview with OYA Agency Director
- Interview with Assistant Chief of Facility Operations
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interview with random sample of direct care staff

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958, the OYA PREA Introduction Training, and the OYA PREA Refresher 2018 Training provide clear direction on how to respond immediately in the event a youth alleges sexual abuse. Specifically, OYA requires staff to “ensure the victim is safe and kept separated from the perpetrator” upon learning or suspecting sexual abuse.

During onsite interviews, YWTP direct care staff verified they are formally trained how to keep youth safe in the event a youth is at imminent risk for sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim and contacting their immediate supervisor and/or Officer of the Day. Interviews with the OYA Agency Director, Superintendent/PREA Compliance Manager, Program Director, Agency PREA Coordinator, Director of Human Resources, and Assistant Chief of Facility Operations confirmed that in the event a staff member was alleged to have sexually abused a youth, the staff member would be immediately placed on “duty station at home” until the conclusion of the investigation.

### Standard 115.363: Reporting to other confinement facilities

#### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another program, does the head of the program that received the allegation notify the head of the program or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the program that received the allegation also notify the appropriate investigative agency?  Yes  No

#### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

#### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

## 115.363 (d)

- Does the program head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with PSO Chief Investigator
- Interview with PSO investigative staff
- Interview with OYA Agency Director
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Manager
- Interview with OYA Human Resources Director
- Interview with OYA Human Resource Analyst

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines staff and agency reporting duties. The policy states that, "If the abuse occurred in another facility, the superintendent/camp director that received the allegation must notify the following entities as soon as possible, but no longer than 72 hours after receiving the allegation:

- The head of the facility or appropriate office of the agency where the alleged abuse occurred;
- The other facility's or office's investigative agency; and
- PSO, who must document the notification in its case management system."

In addition, the OYA Policy I-D-4.0 Professional Standards Office of Investigations provides further guidance on reporting to other confinement facilities. It states, "If PSO receives an abuse complaint that allegedly occurred while a youth was placed in the physical custody of another agency, PSO must notify that agency of the allegation within 24 hours of having received the allegation." The policy also states, "PSO staff must record all complaints and allegations described in this policy in the database. Entries must record the basic information on each case, including alleged subjects, allegations, complainant information, date complaint received, investigator assigned, disposition and disposition date for each complaint. A unique case number must be assigned to each complaint or allegation to simplify case tracking."

Interviews with OYA leaders (i.e. Agency Director, HR Director, Agency PREA Coordinator) and with YWTP leaders revealed they are required to report allegations of sexual abuse that occurred in previous placements. This call would be made by the PSO Chief and/or PSO investigator assigned to the case. This information is also documented in the PSO AIM database where investigation information is housed.

The Agency PREA Coordinator provided an example of such notification as further evidence of this routine practice.

Interviews also confirmed that if the Superintendent, Program Manager, PSO staff, or any OYA employee received notification from another facility or provider, the incident would be fully investigated consistent with OYA policies and federal PREA standards.

### Standard 115.364: Staff first responder duties

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment

- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958)
- OYA PREA Introduction Employee Training Power Point
- OYA online PREA Introduction Training (1325)
- Interviews with staff who served as First Responders (security and non-security)
- Interview with SARRC
- Interviews with random sample of staff

OYA provides consistent guidance to staff regarding first responder duties. The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment, the OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959), and the online OYA PREA Introduction Training (1325) all clearly explain what steps to take if a youth alleges they have been sexually abused or assaulted. The instructions include, upon learning of an allegation of sexual abuse, the staff member must, in the following order, immediately:

- Ensure the victim is safe and kept separated from the perpetrator.
- If the incident occurred within 96 hours, secure the incident area(s) and treat it as a crime scene(s) in accordance with OYA policy II-A-1.2 (Preserving Chain of Evidence) until released.
  - Request that the alleged victim not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating.
  - Ensure that the alleged abuser (if a youth) does not take any action that could destroy physical evidence to include brushing teeth, changing clothes, showering, washing, urinating, defecating, drinking, or eating.

Similarly, the OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958) directs staff to:

- Ensure the victim is safe and kept separated from the alleged abuser.
- Preserve the crime scene.
- Do not allow anyone to move anything in/out of the area.
- Do not allow anyone in the area, unless needed.
- Keep a log of everyone who enters/exits area.
- Do not let the victim out of sight.
- Request that the victim to not change clothes, wash body, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Ensure that the alleged abuser does not change clothes, wash, defecate, urinate, eat, drink, or brush teeth until after a forensic exam is completed.
- Verbally notify a facility SARRT staff member, officer-of-the-day (OD), and the Professional Standards Office Chief Investigator [503-508-4813 or 503-559-8408].
- Call medical staff if victim or alleged abuser is injured or requires a forensic exam.

There have been no allegations of sexual abuse that involved penetration at the YWTP. Interviews with youth and review of investigation reports (i.e. allegations of youth-to-youth sexual abuse that involved inappropriate unwanted touching above the clothes) confirm that staff adhere to agency policy and are compliant with this PREA standard. Interviews with staff who could be first responders were able to explain the actions they would take as a first responder, consistent with agency policy and procedures.

## **Standard 115.365: Coordinated response**

### **115.365 (a)**

- Has the program developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and program leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- YWTP Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan
- OYA Facility SARRT Sexual Abuse Incident Checklist Forms (YA 1959)
- OYA Facility First Responders to Sexual Abuse Checklist Forms (YA 1958)
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interview with medical staff
- Interview with QMHP
- Interviews with random sample of staff
- Interview with Agency PREA Coordinator

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires that each OYA facility have sexual abuse response plan that outlines the roles and responsibilities in response to a sexual abuse incident. The same policy also states that the superintendent, camp director, Officer of the Day, and the facility SARRC are responsible for ensuring local operating protocol is followed.

YWTP has a written coordinated response plan for responding to incidents of sexual abuse and incidents of sexual harassment (YWTP Local Operating Protocol YWTP 1-A-10.0 Sexual Abuse Response Plan). This local operating procedure describes the roles and responsibilities in response to an incident of sexual abuse for all involved parties – i.e. the first responder, Supervisor or OD, PSO Chief Investigator, Facility RN, SARRT Members, SARRC, Living Unit Manager (LUM), JPPO, QMHP, and Facility RN. Onsite interviews with YWTP leaders and direct care staff verified they have been formally trained on their responsibilities and are aware of their roles related to responding to incidents of sexual abuse or assault.

### Standard 115.366: Preservation of ability to protect residents from contact with abusers

#### 115.366 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from

contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### 115.366 (b)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidenced Used in Compliance Determination:

- DAS Collective Bargaining Agreement Institution Collections 2015-2019 - Article 20, Section 3
- Interview with OYA Agency Director
- Interview with HR Director
- Interview with HR Analysis
- Interview with Superintendent
- Interview with Agency PREA Coordinator
- Review of documents demonstrating situation in which staff were placed on “duty station at home” in response to allegations

DAS Collective Bargaining Agreement Institution Collections 2015-2019 - Article 20, Section 3 outlines the ability of OYA to remove staff pending the outcome of an investigation. There is nothing in the agreement that would prohibit the removal of staff in the event of an allegation of sexual abuse or assault. When an employee is suspended with pay or duty stationed at home, OYA is required to do the following:

- The employee shall be notified in writing of the initial reason for the action within seven (7) calendar days of the effective date of the action.
- The Agency will conduct the initial interview with the employee within thirty (30) calendar days of notification of the action.
- The investigation shall be completed within one-hundred twenty (120) calendar days. However, if the investigation is not concluded within the timeline, the Agency will notify DAS and the Union of the specific reason(s) and the amount of additional time needed which shall be no more than thirty (30) days at a time.

Interviews with agency and facility leaders verified they can prohibit contact between staff and youth in the event a sexual abuse allegation. The auditors reviewed documentation (i.e. emails, formal letters, etc.) confirming that the agency responds appropriately and timely to these situations.

#### Standard 115.367: Agency protection against retaliation

#### 115.367 (a)



- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

#### 115.367 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  Yes  No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interview with QMHP
- Interview with OYA Agency Director
- Interview with SARRC (responsible for monitoring retaliation)
- Review of youth files indicating how agency monitored retaliation (i.e. includes face-to-face check-ins, duration a minimum of 90 days, etc.)
- YWTP Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment outlines the protections that OYA has to protect youth and staff who report sexual abuse

and sexual harassment or cooperate with an investigation. The policy explains the PREA Compliance Manager (PCM) is responsible for ensuring youth are protected from retaliation. Protection may include a housing change; facility transfer; and/or emotional support. The policy also requires the PCM or designee to monitor the youth's conduct or treatment for at least 90 days to see if there is possible retaliation by other youth or staff. If retaliation is detected the PCM or designee is directed to act promptly to remedy any such retaliation. The PCM or designee is required to continue "monitoring beyond 90 days if the initial monitoring indicates continued need."

Furthermore, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment describes that monitoring may include reviewing youth behavior violations, incident reports (YIRs), housing or other program changes, unit log entries, and periodic face-to-face check-ins with the youth. Staff may only refocus a youth for a behavior violation regarding an unfounded allegation if it can be determined that the youth made the allegation in bad faith. This policy also directs that monitoring of retaliation must be documented in the SARRC Log.

In situations in which staff report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, OYA provides several protections. OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires these protections for staff, "Protection may include workplace changes, ensuring the subject(s) of the investigation cannot contact the staff member, and emotional support. For at least 90 days following a report of sexual abuse or sexual harassment, the PREA Coordinator, in collaboration with the facility's PCM, must monitor the staff's conduct to see if there are changes that may suggest possible retaliation by youth or other staff and must act promptly to remedy any such retaliation." The policy also states that, "Monitoring must be documented in the PSO case management system database. Monitoring may include reviewing for negative performance reviews, unwarranted reassignments, and periodic face-to-face check-ins with the staff member. The PREA Coordinator, in collaboration with the facility's PCM, must continue such monitoring beyond 90 days if the initial monitoring indicates continued need."

The executed Interagency Agreement Between Oregon State Police (OSP) and OYA also upholds how victims of sexual abuse will be protected from the alleged perpetrator. More specifically, the interagency agreement describes, "In circumstances involving the report of abuse or suspected abuse, the youth/victim shall be protected from the suspect. During the duration of the investigation, this may require a) Reassignment of the suspect to other duties; b) Placing the suspect on leave; and/or c) Relocating the victim away from the suspect."

Interviews with the Superintendent/PREA Compliance Manager, Program Director, PREA Coordinator, and QMHP revealed there is some confusion as to who is responsible for monitoring retaliation and what this monitoring is supposed to look like for staff. In addition, interviews revealed that it is unclear exactly when a youth or staff would be identified as someone who needed to be monitored. Interviews with YWTP leaders and QMHP revealed youth would be monitored at least 90 days but there were inconsistencies as to where this information is supposed to be documented (i.e. JJIS case note, SARRC log, etc.). Additionally, for the one allegation that was unsubstantiated, there was not documentation of monitoring for retaliation for either youth or staff.

#### **Corrective Actions:**

- Clearly define when youth will be monitored for retaliation when they report sexual abuse or sexual harassment or cooperate with an investigation.

- Ensure that monitoring for retaliation is routinely monitored and documented by the PREA Facility Compliance Manager. Monitoring for retaliation must occur for both substantiated and unsubstantiated incidences (not only instances of substantiated cases)
- Clarify what the collaboration and involvement look like for the PREA Facility Compliance Manager and the Agency PREA Coordinator as it relates to monitoring retaliation.

Corrective Actions Completed:

During the corrective action period YWTP developed a local operating process checklist to set clear expectations regarding monitoring retaliation. The YWTP Monitoring Retaliation for Sexually Abused or Sexually Harassed Youth Process Checklist details the monitoring process and involves periodic check-ins with youth who have reported abuse. More specifically, the checklist identifies the PREA Coordinator as responsible for emailing the facility PCM and SARRC when retaliation monitoring is required and with 30/60/90-day calendar reminders. The new practice requires the QMHP to check-in with youth within one week of reporting abuse and to document these check-ins in the youth’s JJIS case notes. In addition, the procedure direct QMHPs to continue monitoring for retaliation via periodic check-ins over the next 90 days or beyond this timeframe as needed. The facility SARRC is responsible for documenting the check-in dates in the SARRC log. The OYA Agency PREA Coordinator performs regular quality assurance checks on the SARRC log and corresponding youth case notes to ensure compliance with PREA standards (i.e. verifying check-ins occurred). The new local procedure clearly defines roles and expectations as it relates to monitoring retaliation against youth. During the corrective action period the auditor reviewed examples from SARRC logs providing evidence that this practice has been implemented.

OYA has also developed a protocol to document the process for monitoring staff for retaliation. The protocol is entitled, “Retaliation Monitoring for Staff Who Report Sexual Abuse or Sexual Harassment.” This protocol identifies the personnel responsible for monitoring retaliation, the steps to monitor retaliation, and the requirements for documentation. In addition, the protocol ensures that staff who cooperate with an investigation and express fear of retaliation are also monitored. YWTP leaders and the Agency PREA Coordinator completed a training for staff on this new protocol in December 2019. The protocol will be implemented immediately for all new allegations of sexual abuse and harassment going forward.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

**Standard 115.368: Post-allegation protective custody**

**115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interview with QMHP
- Interview with nurse
- Interviews with random sample of youth
- Observations from facility tour

As previously described in this report, OYA does not use isolation or segregated housing for residents who have alleged sexual abuse. This practice was confirmed through interviews with staff and youth during the onsite visit. Although YWTP does not house sexual victims separately for their safety, the OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities describes that the use of isolation must be approved by the Superintendent if youth are kept in isolation beyond three days.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/program is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?

Yes  No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
 Yes  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- When an outside entity investigates sexual abuse, does the program cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Executed Interagency Agreement Between Oregon State Police (OSP) and OYA
- Interview with Superintendent/PREA Compliance Manager
- Interview with OYA Agency PREA Coordinator
- Interview with PSO Chief Investigator
- Interview with PSO investigator
- Review of training records verifying specialized training in investigations
- Review of training curricula:
  - NICIC.gov – National Institute of Corrections “Specialized Training: Investigating Sexual Abuse in Confinement Settings” description
  - OYA/PREA Interviewing Training” agenda (10/30/2013)
  - Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training outline (11/05/2014)
- Review of one investigative report for allegation of sexual abuse
- Three sexual abuse and sexual harassment investigation reports during the second onsite visit

- Screen shots of AIM database verifying timely investigations (start and conclusion)

While onsite, auditors interviewed the PSO Chief Investigator, a PSO investigator, and the PSO Administrative Assistant. As previously mentioned, PSO is responsible for conducting administrative investigations related to sexual abuse and sexual harassment (as well as other non-PREA related grievances). The Oregon State Police (OSP) is responsible for conducting investigations that allege sexual abuse between youth or between staff and youth. Although the auditors were not able to interview a representative from the Oregon State Police, they conducted a detailed review of the one investigation report from the last year.

The OYA Professional Standards Office is responsible for responding to and resolving complaints and allegations of staff misconduct. OYA Policy I-D-4.0 Professional Standards Office Investigations policy requires, "PSO must investigate each allegation/complaint it receives or refer the investigation to the appropriate agency, OYA Human Resources, or the appropriate supervisor/manager or designee." The policy dictates "PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA's liaison with any law enforcement agency investigating OYA staff or nonstaff."

OYA Policy I-D-4.0 Professional Standards Office Investigations specifies that PSO conducts administrative investigations and Oregon State Police conducts criminal investigation (PSO does not conduct criminal investigations). The agency policy directs, "PSO must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as OYA's liaison with any law enforcement agency investigating OYA staff or nonstaff." In addition, an executed Interagency Agreement Between Oregon State Police (OSP) and OYA further clarifies the role of PSO and OSP and how investigations will be conducted. More specifically, the Executed Interagency Agreement Between Oregon State Police (OSP) and OYA clarifies the roles when conducting interviews, including conducting interviews that may impact criminal prosecution. The agreement states, "Crimes committed within State of Oregon institutions are the responsibility of OSP in regard to conducting criminal investigations. If OSP determines the reported wrongful activity does not involve criminal conduct, OSP will refer the case to the OYA Professional Standards Office and/or respective OYA facility/field office administrator." Onsite interviews with OYA PSO personnel verified that if PSO begins their investigation and there appears to be evidence or potential evidence that the incident may involve criminal activity, the PSO administrative investigation is put on hold. At this time, OSP assumes responsibility for the criminal investigation. Once the criminal investigation is completed and PSO is notified by OSP of the outcome of the investigation, PSO conducts an Administrative Incident Review (AIR) to determine if factors within the facility's and agency's control could have prevented the incident from occurring.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations explains that joint investigations may be conducted. The policy explains, "Investigations by PSO may, when appropriate, be done in cooperation with law enforcement agencies, the Department of Human Services, Oregon Health Authority, or OYA Human Resources to ensure compliance with state and federal law, Department of Administrative Services (DAS) and OYA policy, and, if applicable, collective bargaining agreements with Service Employees International Union (SEIU) and American Federation of State, County, and Municipal Employees (AFSCME)."

OYA Policy I-D-4.0 Professional Standards Office Investigations clearly outlines the types of incidents the OYA Professional Standards Office (PSO) must investigate. The policy directs PSO to "coordinate and assist OYA's complaint process by receiving, tracking, or investigating these types of allegations: a) Violation of youth rights; b) Sexual abuse or sexual harassment; c) Boundary issues, inappropriate



contact, or relationships with youth; d) Excessive force or abusive discipline of youth; e) On- or off-duty criminal activity by staff; f) Criminal activity by nonstaff when the activity may affect fitness to provide services to OYA; and g) Any investigation requested by the director, or designee.” In addition, the agency policy specifically states that PSO must respond to all hotline calls within 24 hours of retrieval and must complete an investigation within 60 days of receipt of an allegation. Interviews with PSO Chief and other PSO staff verified that PSO formally tracks all hotline calls and indicates the date of the follow-up call (and next steps). OYA PSO tracks their response time and PSO staff reported that 96% of PSO hotline calls are answered within 24-hour of retrieving the message. If the message is left on a weekend, the time begins on Monday when the message is retrieved from the PSO hotline number voicemail box.

OYA Policy I-D-4.0 Professional Standards Office Investigations explains that PSO must respond to all complaints. This includes third party reports including, but is not limited to, staff, nonstaff, youth, families, the general public, and other agencies. As per policy PSO is required to resolve the complaint and advise the complainant whether an investigation will be conducted by PSO or referred for follow-up. Interviews with OYA investigation personnel verified that PSO also investigates anonymous reports but also cited challenges with conducting a comprehensive investigation in these situations (i.e. not having a lead as to who specifically is being targeted, key witnesses, etc.).

According to OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment PSO investigators must complete specialized training specific to conducting sexual abuse investigations in juvenile justice settings. Review of training records onsite verified that the PSO Chief and PSO investigators have all received the online training through National Institute of Corrections “Specialized Training: Investigating Sexual Abuse in Confinement Settings.” In addition, the PSO Chief has extensive professional experience as a police officer. Other PSO investigators have received additional trainings such as the “OYA/PREA Interviewing Training” (10/30/2013) and the Washington County Sheriff’s Office and Training Force “Prison Rape and Sex Assault Investigations Inside Correctional Facilities” training (11/05/2014). These trainings provide information consistent with PREA expectations.

In further support of this standard, the executed Interagency Agreement Between Oregon State Police (OSP) and OYA details how investigations should be conducted. The agreement states, “Sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon statute and best practices.” In addition, this agreement describes how evidence will be collected and how interviews will be conducted. The agreement requires:

- “Evidence will be collected, documented, packaged and stored according to current OSP and OYA policy to ensure the integrity of the item and its proper chain of custody. The scene of an alleged crime will be preserved pending notification and arrival of OSP. Relevant evidence will be stored and submitted to an OSP Forensics Laboratory for appropriate testing and legal destruction when authorized and/or appropriate. Staff will provide reports and pertinent information to OSP.”
- “The suspect shall be interviewed in private by a police investigator. The interview shall not be in the presence of other staff members or supervisors. The criminal investigation shall remain separate from any administrative investigation OYA deems necessary.”

When determining the credibility of witnesses, the OYA Policy I-D-4.0 Professional Standards Office Investigations specifically instructs, “the credibility of an alleged victim, subject, or witness must be assessed on an individual basis. Credibility must never be determined by the person's status as a youth, staff, or nonstaff.”

The OYA Policy I-D-4.0 Professional Standards Office Investigations outlines what is expected in terms of documentation of investigatory activities. This policy states, "PSO investigations must include an effort to determine whether staff/nonstaff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings." This policy also requires PSO investigators to complete a comprehensive report at the conclusion of each investigation. More specifically, the policy directs "PSO staff must create a PSO investigation record for all investigated complaints received. The PSO investigation record must contain the entire work product of the investigation. This may include but is not be limited to: (1) Investigator reports; (2) Transcripts of statements; (3) Copies of all documentation relevant to the investigation; and (4) All related material from other agency incidents as may be applicable." The Interagency Agreement Between Oregon State Police (OSP) and OYA also requires OSP to send copies of all OSP completed criminal investigation reports to OYA PSO.

In review of the one investigative report completed at the facility, there was no mention about whether staff actions contributed to the abuse.

The OYA Policy I-D-4.0 Professional Standards Office of Investigations explains that investigation reports are classified as restricted information and must be handled according to OYA Policy I-E-3.2 Information Asset Classification and Protection. The PSO investigator is required to review the report with the PSO Chief Investigator. Following this review, the PSO investigator finalizes the report and submits the report to the PSO Chief Investigator for review and approval. This policy also clearly states, that PSO investigative records related to a particular OYA staff must be retained for the career of that staff, plus 20 years. This exceeds the PREA standard which requires these records to be retained for the length a staff member is employed plus five years. Youth in OYA can be committed to the custody of OYA at the age of 12 and OYA is permitted to keep youth through their 24<sup>th</sup> birthday. Therefore, if a youth committed a sexual assault while in custody the youth would only be "incarcerated by the agency" for a maximum of 12 years. Therefore, YWTP complies with provisions in this standard.

In further support of federal PREA standards the OYA Policy I-D-4.0 Professional Standards Office Investigations prohibits PSO from terminating "...an investigation based on the departure of a complaint's alleged victim or perpetrator from OYA's employment or control, or if the source of the allegation recants." All PSO personnel confirmed that the investigation would continue in all situations until the investigation was concluded.

As required by PREA standards, review of investigative files provided documentation that PSO investigators maintain contact with Oregon State Police throughout the course of an investigation. Auditors noted PSO investigators consistently reaching out via email to OSP for an update on the investigation.

Although the OYA policies do not specifically state that polygraphs or other truth telling devices are prohibited from being used as a condition for proceeding with the investigation of a sexual abuse, all PSO personnel verified they do not use these practices with youth.

#### **Corrective Actions:**

- Ensure that all administrative investigation reports for allegations of sexual abuse and sexual harassment provide descriptions of and efforts to determine if staff actions or failures that contributed to the abuse.

Corrective Actions Completed:

During the second onsite visit (during the corrective action period) no investigation reports were completed during the corrective action period for YWTP. To verify that corrective action had been implemented the auditor reviewed three investigation reports of sexual abuse and sexual harassment allegations from MYCF. Review of these investigation reports and supporting documentation indicated a deeper understanding on behalf of the investigators of what is required in standard 115.371. This was evidenced by detailed descriptions of physical and testimonial evidence from the alleged victims, perpetrators, and witnesses in the investigative report narratives. In addition, these reports clearly addressed whether staff's actions may have contributed to the event and the investigation conclusion. For examples one report stated, "...lack of supervision, performance issue....staff allowing serious horseplay" while another stated "staff were in direct line of sight and properly supervising..." Review of transcriptions from youth and staff interviews during the second onsite visit verified that investigators are conducting thorough investigations and documenting investigation activities consistent with PREA standards.

During the corrective action period, OYA hired two new investigators. This has facilitated investigations being completed in a more timely manner. A sample of screen shots from the PSO AIM system were provided (n=3) to auditors to verify investigations were completed within an appropriate timeframe. Review of this information indicated the sample of investigations were closed between one day to six weeks.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

**Standard 115.372: Evidentiary standard for administrative investigations**

**115.372 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  
 Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interviews with OYA PSO investigative staff
- Review of investigation reports and records

The OYA Policy I-D-4.0 Professional Standards Office of Investigations states, “PSO investigators must impose a preponderance of evidence standard when determining whether any youth sexual abuse or sexual harassment complaint or allegation is substantiated.” Interviews with the PSO Chief Investigator and the PSO Investigator verified that when determining when to start an investigation they use a “reasonable suspicion” standard. On the contrary, when determining the outcome of a sexual abuse or sexual harassment allegation investigation, OYA investigators use a “pre-ponderance of evidence” criteria, meaning that it is more likely than not that the incident occurred. Review of investigation reports also provided additional evidence that thorough investigations are conducted and that these definitions are used when determining the outcome of an investigation.

### **Standard 115.373: Reporting to residents**

#### **115.373 (a)**

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency program, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### **115.373 (b)**

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency program, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/program is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### **115.373 (c)**

- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?  Yes  No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the program?  Yes  No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the program?  Yes  No
- Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the program?  Yes  No

### 115.373 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the program?  
 Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the program?  
 Yes  No

### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.373 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with Superintendent/PREA Compliance Manager
- Program Director
- Interviews with PSO investigative staff
- Review of SARRC logs verifying residents who alleged sexual abuse were notified of the investigation outcome
- Screen shots of PSO AIM database tracking youth notification of investigation outcome
- Sample of email communications from OYA PREA Coordinator to MYCF PREA Compliance Manager regarding notifications
- Meeting minutes from SARRT/PREA Compliance Manager meeting held on September 11, 2019

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment declares, "After responding to a facility youth's report of sexual abuse or sexual harassment, the facility's PCM must ensure the youth is notified whether the allegation has been substantiated, unsubstantiated, or unfounded." As per this policy, once an investigation has concluded PSO staff are

required to forward the factual findings to the appropriate assistant director, superintendent, camp director, field supervisor, Human Resources, manager, and others as appropriate to the investigation. The Agency PREA Coordinator fulfills this requirement by sending an email to the required recipients. The PREA Facility PREA Compliance Manager would be responsible for ensuring that the youth is informed of the outcome and document this notification in the SAARC log (Excel spreadsheet). The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment holds the PSO Chief Investigator responsible for ensuring a youth who is a victim of an abuse complaint or allegation is notified of the results of the investigation.

It was requested that the PREA Coordinator provide documentation that the youth that was subject to the abuse investigation was notified as to the outcome. This documentation was not able to be obtained at the time of the writing of this report. The auditors encourage OYA to continue to improve its documentation and tracking in this area. This may require follow-up from the Agency PREA Coordinator or establishing a quality assurance check of SARRC logs.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "If the allegation is substantiated and the perpetrator is a staff member, the PCM or designee must inform the youth of the following when known: (1) The staff member is no longer assigned to work in the youth's housing unit; (2) The staff member is no longer employed at the facility where the youth is residing; (3) The agency learns that the staff member has been indicted on a charge related to the allegation; or The agency learns that the staff member has been convicted on a charge related to the allegation" The policy also requires notification to the victim in situations of youth-to-youth sexual abuse allegations. More specifically this same policy states, "If the allegation is substantiated and the perpetrator is another youth, the PCM or designee must inform the youth who reported the incident of the following when known: (1) The agency learns that the alleged perpetrator has been indicted on a charge related to the allegation; or (2) The agency learns that the alleged perpetrator has been convicted on a charge related to the allegation."

#### **Corrective Actions:**

- Develop a clear process for who is responsible for notifying youth regarding the outcome of the investigation and how this notification will be made.
- Consider enhancing the SARRC log to be able to track the time and date of the entry. An Excel spreadsheet does not serve as the strongest evidence to verify these notifications were made consistent with PREA expectations. OYA may consider documenting this notification in a clinical folder or restricted area in JJIS.

#### **Corrective Actions Completed:**

In order to better ensure victims (youth in OYA custody) are notified of the outcome of the investigation, OYA created a field in the PSO AIM database to track when this notification was made and by whom. Once the investigation has been completed and the case is closed, the Agency PREA Coordinator emails the appropriate facility Superintendent and PREA Compliance Manager to inform them of the investigation outcome. In this email, the recipient is prompted to:

- 1) Notify the youth of the investigation results and indicate the notification date in the SARRC log
- 2) Email the Agency PREA Coordinator when this notification has been made
- 3) Continue monitoring youth for retaliation including updating SARRC log with related activities and information (as it relates to retaliation)

- 4) Conduct the Administrative Incident Review in cases of sexual abuse within 30 days of completion of the investigation

A sample email was sent to the auditor as well as sample screen shots (n=4) showing completed fields in the PSO AIM database (those indicating the date youth had been notified and by whom). Follow-up interviews with the OYA Agency PREA Coordinator and other staff verified this practice has been fully implemented and expectations clearly conveyed to all relevant staff.

During the SARRC/PCM meeting held on September 12, 2019 the OYA Agency PREA Coordinator reminded all individuals that they must notify the victim (i.e. a youth in OYA custody) of the outcome of the investigation whether substantiated, unsubstantiated, or unfounded. PCMs and/or SARRCS from MYCF, CYTF, and YWTP were among those individuals present. Meeting minutes were submitted to and reviewed by the auditors to verify compliance.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with Superintendent
- Interview with Agency Director
- Interviews with HR staff
- Interviews with PSO (investigative) staff

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Any sexual behavior or act between staff and youth, volunteers and youth, or contractors and youth, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary sanctions. Termination is the presumptive disciplinary sanction for staff, contractors, or volunteers, who have engaged in sexual abuse.” Interviews with the HR Director, HR Analyst, Superintendent and OYA Agency Director verified that the in the event of an allegation of sexual abuse by a staff member, they would immediately be placed on “duty station at home” until the investigation was concluded. If the investigation determined the allegation was substantiated, all interviews verified the staff member would be immediately terminated.

In the 12-month period, there were no incidents of alleged sexual misconduct between staff and youth.

The agency OYA Policy I-D-4.0 Professional Standards Office of Investigations holds PSO responsible for reporting the findings of an investigation to specific state agencies and relevant licensing bodies as required by law. Consistent with PREA standards, interviews with PSO personnel indicated they were aware of this responsibility. YWTP has not had a substantiated allegation of sexual abuse that involved a staff member and therefore PSO has not had to make this notification.

**Standard 115.377: Corrective action for contractors and volunteers**

**115.377 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

**115.377 (b)**



- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the program take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- Interview with OYA Director
- Interview with Superintendent
- Interviews with HR staff
- Interviews with PSO (investigative) staff

PSO is responsible for responding to and resolving complaints and allegations of misconduct for staff and “nonstaff” as per agency policies. Contractors, volunteers, and interns would qualify as “nonstaff” and therefore, be subject to investigation. As previously state, the OYA Policy I-D-4.0 Professional Standards Office of Investigations holds PSO responsible for reporting the findings of an investigation to specific state agencies and relevant licensing bodies as required by law. Consistent with PREA standards, interviews with PSO personnel indicated they were aware of this responsibility to notify state agencies and licensing bodies. YWTP has not had an allegation of sexual abuse that involved a contractor or volunteer, and therefore PSO has not had to make this notification.

Interviews with the OYA HR Director, HR Analyst, Superintendent, and OYA Agency Director verified in the event of an allegation of sexual abuse by a contractor, volunteer, or intern, they would not be allowed back on campus until the investigation was concluded. If the investigation determined the allegation was substantiated, these individuals would not be allowed to return to YWTP or another OYA program/facility and the proper notifications would be made.

### Standard 115.378: Interventions and disciplinary sanctions for residents

#### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the program offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the program consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
  - Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-B-2.1 Behavior Management – Youth Refocus Options
- OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities
- OYA Youth Safety Guide (English and Spanish versions)
- Interview with Superintendent/PREA Compliance Manager
- Interview with Program Director
- Interview with QMHP
- Interview with RN
- Interviews with random sample of youth

Interviews with the Superintendent/PREA Compliance Manager, Program Director, and QMHP indicated that incidents of sexual harassment and/or sexual abuse would be viewed as a lapse in treatment and would be addressed by re-assessing youth needs and delivering interventions to address youth-specific issues (i.e. increasing the frequency of individual counseling sessions). If the incident was egregious and the facility did not feel equipped to handle a perpetrator, they would transfer the perpetrator to another OYA facility. Interviews also supported that mental health factors are consistently considered when developing the youth’s case plan and would also be heavily considered after an incident of sexual abuse. These discussions would occur during the quarterly MDT meeting. Other factors the QMHP considers when developing a treatment plan are cognitive functioning/capacity, response to previous treatment modalities, and motivation for sexual offending, to name a few.

OYA does not use isolation to discipline or punish youth. The OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities states, “Isolation must only be used to manage a youth’s crisis behavior when the youth is in danger of physically harming others, where a serious threat of violence is present, or violence has occurred. Staff must use other less restrictive interventions when appropriate, considering the youth’s behavior and its effect on others in the area where the behavior occurred or is occurring. A staff member not involved in the incident must try to help the youth with regulation and problem-solving prior to using an isolation intervention.” This policy also requires a QMHP or mental health clinician to assess the mental health of youth within one hour of being placed in isolation and that youth be monitored every 15 minutes. The policy also requires “Youth in time-out, isolation, or safety programs must be afforded the same opportunity to maintain health and dignity as their peers consistent with their program requirements. Service delivery may differ according to the

youth's individual program." This policy also declares that youth in isolation must be provided with basic services and specifically states, "Each youth must be allowed daily opportunity for large muscle exercise outside or in a gym. Youth must not be restricted from this activity unless they pose a danger to themselves or others." This policy also requires that if a "literacy or language barrier prevents a youth from understanding the facility rules or behavior refocus options, a bilingual staff member or interpreter must help the youth achieve understanding." This further provides support that isolation is used as an absolute last resort to manage dangerous youth behaviors, not for disciplinary reasons.

In further support of these standards, the OYA Policy II-B-2.1 Behavior Management – Youth Refocus Options upholds, "When a youth engages in a behavior violation, OYA staff must follow established guidelines to refocus the youth's negative behavior. The refocus options and processes described herein focus on staff response to youth behavior that may cause imminent danger or harm to self or others, or represents an imminent threat to the safety, security and good order of the facility (major behavior violations). Refocus options are graduated according to the severity of the behavior violation and the youth's individual developmental needs." This policy also explains, "When a youth exhibits any of the major behavior violations listed in the matrix, at least one of the listed refocus options must be used. Any deviation from the matrix must be authorized by the facility superintendent, camp director, living unit manager, or designated staff for substantial reasons and documented in JJIS. Changes to any behavior refocus option already used must be approved by a supervisor up to the level of superintendent/camp director. The change must be documented in the youth's case notes. Changes must only be made at the level that the original refocus option would have been used. The change must be agreed upon by the staff who used the original behavior refocus option (if available), the youth, living unit manager, superintendent/camp director or designee."

Interviews with a random sample of youth indicate that isolation is not used at YWTP.

Additional evidence that isolation is used for the shortest duration possible can also be found in the OYA Policy II-B-2.1 Use of Time Out, Room Lock Other, Isolation, and Safety Programs in OYA Facilities. This policy explains, "the skill development coordinator (SDC), member of the youth's unit leadership team, QMHP, onsite manager, or OD must assess the youth's emotional regulation, and readiness to engage in problem analysis and reintegration planning, within two hours of the isolation intervention, and at least every two hours thereafter during the youth's waking hours. The results of the assessment must be documented in a YIR."

The OYA Youth Safety Guide (English and Spanish versions) states, "You will not get in trouble if you make an honest report. However, if you knowingly make a false report, you will be held accountable."

Based on the above policies, practices, and interviews, YWTP meets all the provisions required by this standard.

## MEDICAL AND MENTAL CARE

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

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Informed Consent and Awareness of Information Sharing Form
- OYA Youth Correctional Facility Initial Health Screen (Form 4408)
- OYA document "Asking for Health Care and Mental Health Services"
- Interview with QMHP
- Interview with RN
- Observations during facility tour

All youth at YWTP are assessed for health issues, mental health issues, and vulnerability to be sexually victimized and/or perpetrate the day they arrive. The QMHP is responsible for conducting the agency's Sexual Violence Assessment Tool (SVAT). If a youth discloses previous sexual abuse or perpetration, the QMHP would ensure that they follow-up within 14 days. However, generally this would occur in less than a week. The QMHP reported that all sessions with youth are formally documented.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment supports provisions in this standard. More specifically the policy states, “A youth who discloses any previously unknown sexual victimization or perpetration must be offered an individual meeting with a mental health practitioner to further assess related treatment and placement needs within 14 days of the disclosure.” This policy also requires staff to inform youth at intake that any report of sexual abuse will be reported to law enforcement or Department of Human Services, Child Protective Services. In addition, as per agency policy “OYA facility medical and mental health practitioners: a) Must notify youth at the initiation of services of their duty to report and the limitations of confidentiality. b) Must obtain informed consent from youth who are 18 years old or older before reporting information about the youth’s prior sexual victimization that did not happen in an institutional setting.” Interviews with the QMHP and the RN all verified they inform youth of mandatory reporting requirements and the limits of confidentiality. They also confirmed they would obtain informed consent from those youth who were 18 or older before reporting prior sexual victimization (unless it happened inside an institution/program).

In further support of this provision, the OYA requires all youth to sign the OYA Informed Consent and Awareness of Information Sharing Form indicating they understand the limits to confidentiality. The form explains that mental health staff (i.e. QMHPs, Psychologists, and/or Psychiatrists) are mandatory reporters. The form also explains, “It is important for youth to feel safe providing honest information and to understand who may hear/read about the information you share during these meetings. Some of the information you share may remain private between you and the professional. Some information may be shared with members of your multidisciplinary team (MDT), such as Psychologists, Psychiatrists, Doctors, Nurses, QMHPs, Superintendents, Program Directors, Treatment Managers, Parole and Probation Officers, and/or parents/identified family. Information critical to the safety of you/others may be shared with additional individuals... Some information obtained during assessments/evaluations with QMHPs, Psychiatrists, and/or Psychologists will be shared verbally with your MDT for purposes of appropriate safety and treatment planning. These documents are also available to select members of your MDT for viewing (QMHP, TM, JPPO), in which case these professionals would have access to all of the information. Some/all of this information may also be shared with other treatment providers, for purposes such as transition placement/planning. If such documents are released outside of OYA, your QMHP/TM/JPPO will inform you of what information is being released, and to whom, and will have you sign below to document your awareness that this information is being shared.”

OYA uses the Youth Correctional Facility Initial Health Screen (Form 4408) to gather important medical information upon arrival. Youth are required to initial by several statements on the form including that the disclosure of limitations of confidentiality and duty to report was given verbally and that this disclosure was also provided to youth in writing. Additionally, youth are required to sign the bottom of the form which states, “I acknowledge that I have answered truthfully and that I have been told and shown in writing how to obtain medical services.”

This information is also provided to youth in the OYA document “Asking for Health Care and Mental Health Services.” The document explains, “All Oregon Youth Authority staff, including medical and mental health staff, are mandatory reporters. This means they are required by law to report when you tell them or when they see or suspect you have been physically injured or sexually abused while in OYA’s custody. They also may have to report child abuse that happened to or by you even if it was before you came to OYA. This duty to report supersedes medical confidentiality...By signing, you state that you have been informed that OYA staff are required to report all abuse they see or suspect.”

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Any sexual abuse information received by any staff member must only be disclosed

on a need-to-know basis. Information must be shared according to state and federal privacy laws, professional licensure, and ethical standards.” The policy also directs staff to document the mental health practitioner’s meeting and recommendations about the youth's treatment and placement needs in a case note restricted to the "OYA MH Full Access" group in JJIS. Interviews with the QMHP, Superintendent/PREA Compliance Manager and Program Director verified that sensitive information related to past sexual abuse or perpetration is shared only with select individuals.

### Standard 115.382: Access to emergency medical and mental health services

#### 115.382 (a)

- Do resident victims of sexual abuse 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?  
 Yes  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.382 (c)

- Are resident victims of sexual abuse 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?  Yes  No

#### 115.382 (d)

- Are treatment services 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?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-D-1.0 Facility Health Services
- OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Interview with QMHP
- Interview with RN
- Interview with OYA Medical Director
- Interviews with first responders (security and non-security staff)
- Interview with representative from Center Against Rape and Domestic Violence (CARDV)
- Observations during facility tour

OYA requires youth to receive immediate access to emergency medical treatment and crisis intervention services. OYA Policy II-D-1.0 Facility Health Services directs, “If a youth may have been sexually abused and the abuse may have occurred within 96 hours, Health Services staff must arrange for the youth to be transported to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse....Staff must schedule the youth to see a physician or nurse practitioner upon the youth's return to an OYA facility.” In addition, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “Under no circumstances may access to treatment resources be denied a youth who is a victim of sexual abuse because the youth refuses to disclose sexual abuse incident details...If the reported incident was a sexually abusive penetration that occurred within 96 hours, Health Services staff (if available) must assist in arranging the youth’s medical examination in the local community at a facility equipped to evaluate and treat sexual abuse victims.”

Onsite interviews confirmed staff understand the steps to take as a first responder. Among these steps is to protect the victim. The OYA Facility SARRT Sexual Abuse Incident Checklist Form YA 1959 and the OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958 both direct the first responder to take the immediate steps to protect the victim and to notify the supervisor or officer-of-the-day (OD). The Facility SARRT checklist specifically states, “Seek a medical evaluation and treatment for the victim and alleged perpetrator, if needed.” In addition, the checklist also lists “Health Services Staff” among the immediate notifications.

In further support of these standards, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment specifically states, “If Health Services staff are not available, facility staff will arrange the medical examination in the community.” Interviews with the SARRC, QMHP, OYA Medical Director, and RN verified this process is followed in situations of sexual abuse allegations. It is important to note that the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment specifically states, “Health care services must be provided at no cost to the youth who has been sexually assaulted or abused and must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.”

At the time of the writing of this report, we were unable to speak with a SANE from Samaritan Albany General Hospital. However from reviewing the website the following was learned, “Sarah’s Place is a regional sexual assault nurse examiner (SANE) center created to provide a safe place for victims to receive resources and care. Designed to emphasize privacy and security for patients, Sarah’s Place is located in its own area at Samaritan Albany General Hospital, away from the emergency department.



Sarah's Place is open to patients twenty-four hours a day, seven days a week. Most services are free, funded in part by Oregon State Crime Victim's Compensation, and the annual Samaritan Employee Caring Campaign, and Samaritan Health Services. Staffed by nurses with specialized training, the SANE center provides immediate medical treatment to patients who have experienced sexual assault. Additional counseling and patient support is also available. Non-emergency transportation resources for patients from the coast can be arranged as needed."

OYA is required to provide appropriate follow-up medical treatment to victims of sexual abuse. OYA Policy II-D-1.0 Facility Health Services states, "The physician or nurse practitioner must determine if all necessary prophylactic treatment has been given to the youth. If not, the physician or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate)." More specifically, the OYA Facility SARRT Sexual Abuse Incident Checklist (Form YA 1959) specifically directs if the victim is NOT willing to undergo a forensic exam the youth must sign the bottom of the checklist documenting this refusal decision. The checklist also directs the appropriate staff to "Provide education of risk of sexually transmitted infections and pregnancy (if appropriate) and advise the victim on the availability of medical care while at OYA." Interviews with the RN and OYA Medical Director verified this practice.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires health care services be provided at no cost to the youth who has been sexually assaulted or abused. This same policy states these services must be provided regardless of whether or not the youth names the abuser or cooperates with the investigation.

### **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

#### **115.383 (a)**

- Does the program offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile program?  Yes  No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.383 (c)**

- Does the program provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male program.)  Yes  No  NA

#### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male program.)  Yes  No  NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.383 (g)

- Are treatment services 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?  
 Yes  No

#### 115.383 (h)

- Does the program attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidenced Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy II-D-1.0 Facility Health Services
- OYA Facility First Responders to Sexual Abuse Checklist Form YA 1958
- Interview with QMHP
- Interviews with RN
- Interview with Director of OYA Health Services
- Observations during facility audit tour

Following a medical or forensic exam of a youth who alleges sexual assault or abuse, OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires, “A mental health practitioner must evaluate the victim for crisis intervention counseling and long-term follow-up within 24 hours of the medical examination.” The policy specifically requires the evaluation to include “an assessment for potential for suicide and anxiety disorders, and appropriate treatment needs to address victimization.” Onsite interviews with OYA medical and mental health staff verified this protocol is closely followed.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires, “Prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases must be offered to the victim, as appropriate, and documented.”

As noted previously, Sarah’s place within Samaritan Albany General Hospital is, “Staffed by nurses with specialized training, the SANE center provides immediate medical treatment to patients who have experienced sexual assault. Additional counseling and patient support is also available.”

OYA is required to provide appropriate follow-up medical treatment to victims of sexual abuse. OYA Policy II-D-1.0 Facility Health Services states, “The physician or nurse practitioner must determine if all necessary prophylactic treatment has been given to the youth. If not, the physician or nurse practitioner must administer all necessary prophylaxis (including follow-up care for sexually transmitted diseases or other communicable diseases as appropriate).” More specifically, the OYA Facility SARRT Sexual Abuse Incident Checklist (Form YA 1959) specifically directs if the victim is NOT willing to undergo a forensic exam the youth must sign the bottom of the checklist documenting this refusal decision. The checklist also directs the appropriate staff to “provide education of risk of sexually transmitted infections and pregnancy (if appropriate) and advise the victim on the availability of medical care while at OYA.” Interviews with the RN and OYA Medical Director verified this practice.

As previously stated, the OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires health care services must be provided at no cost to the youth who has been sexually assaulted or abused.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, “A mental health practitioner must conduct an evaluation of a youth who allegedly perpetrated a sexual abuse against another youth to assess related treatment needs within 60 days of the mental health practitioner learning of the alleged sexual abuse....The evaluation must be documented in the following manner and include specific recommendations about the youth's treatment and placement needs: a) A case note restricted to the "OYA MH Full Access" group in JJIS; b) A YA 4452 (Psychology Progress Report) if completed by a psychologist; or c) A YA 4453 (Psychiatric Progress Report) if completed by a psychiatrist or psychiatric mental health nurse practitioner.”

Interviews with YWTP leaders, OYA medical staff, and QMHP reported that they are dedicated to the health and well-being of YWTP youth. These staff reported they would ensure youth receive the necessary treatment, including referrals for continued care if youth was discharged to the community or transferred to another program. Although there have been no sexual abuse allegations that involved penetration, the auditors conclude that there is enough evidence to conclude YWTP offers victims the medical and mental health services they need consistent with the community level of care.

**DATA COLLECTION AND REVIEW**

**Standard 115.386: Sexual abuse incident reviews**

**115.386 (a)**

- Does the program conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
 Yes  No

### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the program?  Yes  No
- Does the review team: Examine the area in the program where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  
 Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the program head and Program Director/PREA Compliance Manager?  Yes  No

### 115.386 (e)

- Does the program implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

*Evidence Used in Compliance Determination:*

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-E-4.0 Incident Reviews
- Review of a sample of completed OYA Administrative Incident Review Reports (Form YA 0024)
- Interview with Superintendent/PREA Compliance Manager
- OYA Administrative Incident Review Report (AIRR) – revised
- Completed OYA AIRRs

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment requires, “the superintendent, camp director, or PCM, must ensure an Administrative Incident Review Report (YA 0024) is completed within 30 calendar days after the conclusion of a sexual abuse investigation whenever the allegation is unsubstantiated or substantiated.” In addition, OYA Policy I-E-4.0 Incident Reviews requires a formal administrative review process for all substantiated or unsubstantiated allegations/incidents of youth sexual abuse occurring in OYA facilities. This policy explains, “all facility incidents listed in section IV. B. and community incidents determined by the Community Services assistant director require an Administrative Incident Review within seven calendar days of when staff became aware of the incident, or within 30 days of the conclusion of a substantiated or unsubstantiated sexual abuse incident investigation.”

The OYA Administrative Incident Review Report (Form YA 0024) (AIRRs) assists the Administrative Incident Review Committee with ensuring important topics are covered during the review. The OYA Policy I-E-4.0 Incident Reviews explains, “the Administrative Incident Review requires the accumulation of all relevant information, such as reports and documents of involved persons and witnesses (e.g., Youth Incident Reports). Interviews may be necessary to clarify or obtain relevant information.” This policy describes the information discussed during this review process. All information must be documented in the Administrative Incident Review Report (YA 0024). This report is then submitted to the applicable superintendent/camp director and assistant director for review. The Administrative Incident Review Report (YA 0024) includes check boxes indicating:

- The type of incident (i.e. substantiated or unsubstantiated sexual abuse investigation, youth-on-staff assault, serious injury due to physical intervention, etc.);
- Types of supporting documents attached to the completed Administrative Incident Review Report
- To whom the final report was sent (i.e. Deputy Director, Superintendent, Assistant Director or Chief of Operations, etc.);
- A summary of the incident; acknowledgement of what went well during the incident; whether the action/response to the incident was in or not in compliance with applicable OYA rules and policies and procedures; and what corrective actions were taken or are still needed to improve outcomes in future similar incidents.

As part of the audit, the auditors selected to review the one AIRR that they expected to be completed following the one allegation that was substantiated. Documentation of the AIRR was requested, but was unable to be located.

The OYA Policy I-E-4.0 Incident Reviews directs, “The superintendent/camp director or field supervisor must designate at least two staff to conduct the review who were not involved in the incident and have the appropriate experience, training, and knowledge of agency policies, procedures and practices necessary to conduct the review. The superintendent/camp director or field supervisor may designate themselves, other managers, program staff, Health Services staff, Community Services staff, or other staff.”

### Corrective Actions:

- Revise the current AIRR form to include the topics outlined in PREA provision (d) of this standard. It is important that details of the discussion be documented to ensure a comprehensive review is conducted and to achieve compliance with this standard.
- Revise agency policies and program policies to support the incident review requirements set forth in this PREA standard.
- Ensure sexual abuse incident reviews occur for all instances of substantiated and unsubstantiated incidents of sexual abuse and the AIR is conducted within the 30-day expectation (OYA policy and federal PREA standards). This may involve creating a spreadsheet, an automated report, or other avenue for tracking this information.

### Corrective Actions Completed:

During the corrective action period, OYA updated the Administrative Incident Review Report (AIRR) to include the date the incident review took place. During the corrective action period the auditor reviewed two examples of completed forms verifying that the revised form is now being used to document information discussed during the administrative review process. A follow-up interview with the Agency PREA Coordinator verified that she has a method for tracking when these AIRR are due and her process for ensuring these AIRRs are completed and sent to her within 30 days of investigation completion.

During the corrective action phase OYA also created additional fields in the PSO AIM system to better ensure the sexual abuse incidents are reviewed in a timely manner. The OYA PREA Coordinator now enters a date in the "AIRR Requested" and an email is automatically sent to the SARRC and PCM. This will better ensure AIRRs are completed in a timely manner.

Actions taken on behalf of OYA and YWTP during the corrective action phase allow the auditor to confidently determine YWTP is now in compliance with all provisions in this standard.

### Standard 115.387: Data collection

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
 Yes  No

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private program with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Determining Compliance:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- Completed U.S. Department of Justice Survey of Sexual Victimization State Juvenile Systems Summary Form (SSV – 5) (version published 9/25/2018)
- Completed U.S. Department of Justice Survey of Sexual Victimization Substantiated Incident Form -Juvenile (SSVI-J) (version published 9/20/2018)
- Review of PSO AIM system where investigation information is housed and from which PREA related data is extracted
- OYA 2017 PREA Compliance Status Report
- Interview with Superintendent/ PREA Compliance Manager
- Interview with Agency PREA Coordinator

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment supports provisions in this standard. More specifically, the policy states:

- “OYA will collect related data and review all sexual abuse and sexual harassment incidents to assist in improving sexual abuse and sexual harassment prevention practices.”
- The Agency PREA Coordinator is responsible for coordinating OYA’s PREA data collection and generating any reports needed to comply with national PREA Standards.

Interviews with the Agency PREA Coordinator indicated that she is responsible for gathering facility-specific and aggregated agency data. She demonstrated her process for methodically tracking this

information using the OYA incident tracking system, PSO hotline complaint database/tracking sheet, and the PSO AIM systems. Within the past year, DOJ has requested sexual victimization data and OYA has supplied this information to DOJ consistent with PREA expectations. The auditors reviewed examples of completed DOJ forms for verification.

OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment states, "BRS Placements are not subject to the PREA regulations because youth are admitted to BRS programs 'pursuant to a social service system, or for medical purposes, and is beyond the scope of these regulations.' (28 CFR Part 115 § 115.5 General Definitions "juvenile facility."). However, DHS and OYA remain committed to the safety of the youth in these programs through licensing and review for compliance with Oregon Administrative Rules and contracts. Therefore, OYA requires: 1. Sexual abuse reporting. 2. Zero tolerance of sexual abuse. 3. Criminal record checks required and updated every five years.

### **Standard 115.388: Data review for corrective action**

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  
 Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each program, as well as the agency as a whole?  Yes  No

#### **115.388 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### **115.388 (c)**

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### **115.388 (d)**



- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a program?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Evidence Used in Compliance Determination:

- OYA 2017 PREA Compliance Status Report
- Interview with OYA Agency Director
- Interview with Agency PREA Coordinator
- Interview with Superintendent/PREA Compliance Manager

Review of the agency’s website verifies OYA has annual PREA compliance status reports dating back to 2013. These reports include comparison data from all previous years dating back to 2011 and provide an assessment of the agency’s progress in addressing sexual abuse. For example, the 2017 PREA Compliance Status Report explains that during 2017, OYA:

- Had three facilities audited by DOJ certified auditors
- Increased training for staff to identify sexual harassment which increased the number of reported and investigated allegations of sexual harassment.

Each of the OYA PREA Compliance Reports are reviewed by the OYA Agency Director. The initial page of each annual report shows the Agency Director’s signature with a statement attesting that he certifies “...the information contained in this report is accurate and complete.” An interview with the OYA Agency Director verified that he must review the report annually and sign and date the report.

The auditors have reviewed a sample of previous OYA PREA Compliance Reports and have verified all sensitive information has been redacted as required by federal PREA standards. In addition, as required by PREA standards, the OYA annual compliance reports are made available to the public through its website - [https://www.oregon.gov/oya/Pages/rpts\\_pubs.aspx#OYA\\_Reports](https://www.oregon.gov/oya/Pages/rpts_pubs.aspx#OYA_Reports). The auditor has tested the link and the link is in working order.

### Standard 115.389: Data storage, publication, and destruction

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Evidence Used in Compliance Determination:

- OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment
- OYA Policy I-D-4.0 Professional Standards Office of Investigations
- OYA Policy I-E-3.2 Information Asset Classification and Protection
- OYA Information Handling Guidelines
- Link to sexual abuse data in annual PREA progress reports: <https://www.oregon.gov/oya/pages/psa/prea.aspx>
- Interview with Agency PREA Coordinator

As previously mentioned, the OYA has annual PREA compliance status reports dating back to 2013. These reports include sexual abuse and sexual harassment comparison data from all previous years from 2011. These data are made available through the annual reports posted at [https://www.oregon.gov/oya/Pages/rpts\\_pubs.aspx#OYA\\_Reports](https://www.oregon.gov/oya/Pages/rpts_pubs.aspx#OYA_Reports). A review of a sample of OYA PREA Compliance Status Reports indicate that all personal identifiers have been removed prior to making these reports publicly available.

The OYA Policy 1-A-10.0 Preventing, Detecting, and Responding to Youth Sexual Abuse and Sexual Harassment explain, “data will be retained for 20 years after investigations are completed. The PREA Coordinator is responsible for monitoring the PREA data and alerting the OYA Cabinet of any notable trends.”

In addition, OYA Policy I-E-3.2 Information Asset Classification and Protection sets forth the requirements for classification levels of data and documents (either generated by OYA or received from external sources). Level 3, “Restricted” is described as “Sensitive information intended for limited business use that may be exempt from public disclosure because, among other reasons, such disclosure will jeopardize the privacy or security of agency employees, clients, partners or individuals who otherwise qualify for an exemption. Information in this category may be accessed and used by internal parties only

when specifically authorized to do so in the performance of their duties. External parties requesting this information for authorized agency business must be under contractual obligation of confidentiality with the agency prior to receiving it.” Interviews with the Agency PREA Coordinator verified that all information related to PREA (i.e. investigations, youth vulnerability risk assessments, etc.) is restricted to designated individuals.

The OYA Information Handling Guidelines document describes that electronic documents classified as “Restricted” and contain personally identifiable information (employee or youth records) must be stored on the network file system. These guidelines clearly state, “Access is limited to as few persons as possible on a need-to-know basis.” In addition, when the retention period has expired, designated personnel are required to shred paper documents and the OYA Information System department is responsible for destroying any mobile data storage devices. These OYA Information Handline Guidelines also direct that “Restricted” paper documents must be stored in locked cabinet, drawer, or secured (locked) room when not in use.

Interviews, review of databases, and other documents provide sufficient evidence to conclude OYA complies with this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each program operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each program type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited program?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

All close custody facilities and transition camps operated by OYA are required to be PREA compliant. This audit represents the first PREA audit for OYA YWTP. The audit was conducted consistent with Department of Justice PREA expectations. Some of the highlights demonstrating compliance in this area include conducting extensive review of program materials, protocols, agency policies, forms, staff training records, youth files, personnel files, various internal/external reports, and conducting a facility campus tour. The process also included interviews with agency and program leadership, direct care staff, the local victim advocate, and YWTP youth.

### Standard 115.403: Audit contents and findings

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single program agencies, the auditor shall ensure that the program's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single program agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

The auditor is a federal PREA auditor certified by the Department of Justice. He has not received any other financial compensation from the agency being audited. There are no other conflicts of interest, as defined by Standard 115.402 and 115.403, between the auditor and the Oregon Youth Authority (OYA) or the OYA operated Young Women's Youth Transitional Program (YWTP).

All personally identifiable information about any resident or staff member have been removed, except administrative personnel.

*Brandon Weber*

Brandon Weber, Certified PREA Auditor

December 13, 2019

**Auditor Signature**

**Date**