Frontier Health PREA Annual Report

The Prison Rape Elimination Act (PREA) of 2003 was enacted to address sexual abuse, sexual assault, and sexual harassment in confinement youth centers. The goal of PREA is to prevent, detect and respond to sexual abuse and sexual harassment in confinement facilities. On August 20, 2012, the U.S. Department of Justice (DOJ) published mandatory standards for the detection, prevention, and punishment of sexual abuse and sexual harassment.

The four sets of standards correspond to different types of confinement facilities:

1) Adult prisons and jails
2) Lockups
3) Community confinement facilities
4) Juvenile facilities.

Link House and Sullivan House, Frontier Health community group homes, provide for the care and supervision of youth between the ages of 13-18 who are in the custody of Tennessee DCS or are non-custodial placements through Bristol Tennessee City Court, Kingsport City Courts, or Sullivan County Juvenile Courts. Link House also provides placement for “Runaway and Throwaway Youth” as part of Safe Place Program.

PREA POLICY AND PROCEDURES/DIVISION OF CHILDREN'S CONTINUUM SERVICES

Purpose:

The purpose of this policy is to provide guidelines for Frontier Health’s Division of Children’s Continuum Services zero-tolerance for all forms of sexual abuse and sexual harassment, and the implementation of the Prison Rape Elimination Act (PREA) to provide a safe, humane and appropriately secure environment free from threat of sexual abuse/assault/misconduct/harassment or rape provided for all residents living in congregate care settings.

Procedures:

Assessment process for children/youth placed in a Frontier Health Adolescent Residential facility.

a. During the Intake process, DCS form CS-0946 Assessment, Checklist, and Protocol for behavior and risk victimization will be administered within seventy-two (72) hours of admission.

b. The “At-Risk Protocol” section of form CS-0946 will be initiated and completed by each facilities’ respective PREA Compliance Manager or their designee on residents identified as vulnerable for at risk sexual victimization or identified as having the
potential to victimize/ perpetrate, especially in regards to sexually aggressive behavior. Bed and room assignments will be made accordingly on a case by case basis.

c. Each resident will be assigned a mental health therapist who will develop treatment interventions, determine if further screenings or assessments are indicated and for youth who have experienced prior sexual victimization, the assigned therapist will begin treatment within (14) fourteen days of the intake screening.

d. If the victimization occurred while the resident was confined at another facility/agency, Frontier Health’s PREA Coordinator will notify the head of the facility/agency where the alleged abuse occurred no later than 72 hours of receiving the allegation and will report the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004. Such contacts will be documented.

e. If the screening indicates that a child/youth has previously perpetrated sexual abuse/assault/misconduct/harassment, whether it occurred in an institutional setting or in the community, the assigned therapist/mental health practitioner will facilitate a session with the youth within (14) days of the intake screening.

f. Placing lesbian, gay, bisexual, transgender or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status is prohibited.

g. Considering lesbian, gay, bisexual, transgender or intersex identification or status as an indicator of the likelihood of being sexually active is prohibited.

h. Each resident will be reassessed annually or at any point of significant change in his or her situation.

Resident Education

i. During the intake process, each resident will receive information explaining, in an age and developmentally appropriate fashion; the agencies zero tolerance policy regarding sexual abuse/assault/misconduct/harassment and how to report incidence or suspicions of sexual abuse or sexual harassment.

j. Written and verbal information on PREA will be provided and explained to each resident within (24) twenty–four hours of arrival at the facility, and will include, but not limited to:

   i. Frontier Health’s zero tolerance policy regarding PREA
   ii. Prevention/Intervention
   iii. Self-protection and how to avoid risk situations
   iv. Consequences for engaging in any type of sexual activity while at the facility
   v. How to safely report sexual abuse such as:

   1. Reporting the abuse incident directly to DCS Child Abuse Hotline at 1-877 237-0004
   2. Report abuse incident to facility/agency personnel (e.g., House Manager, Assistant Manager, direct care staff, therapist, teacher, physician)
   3. File a grievance using a grievance form provided in the client handbook and place grievance in locked grievance box accessible to all youth located at each facility.
4. Formally or informally. Residents are not required to use any informal process or attempt to resolve an alleged incident of sexual abuse with staff.

5. Residents may submit grievances without submitting to a staff member who is the subject of the complaint.

6. Report the abuse to their case manager, parent or Guardian ad Litem

vi. How to obtain medical and mental health treatment and counseling.

k. PREA information will be covered in the client handbook provided to each resident upon intake.

l. Appropriate provisions will be made as necessary for children/youth who are limited English proficient (also see RI113), have disabilities (including those who are deaf, or hard of hearing, those who are blind or have low vision), and those with low intellectual, psychiatric, or speech disabilities. Each facility will not rely on interpreters with in the facilities, except in extreme circumstances where safety may be compromised.

m. Each resident will be required to sign DCS form **CS-0939, Youth Acknowledgement and Notification of Prison Rape Elimination Act (PREA)** to acknowledge they have been notified and informed of PREA and how to report incidence of sexual abuse/assault/misconduct/harassment.

   i. For residents in DCS custody, copies of signed form will be sent to their parent(s) or guardians, family service worker, and

   ii. The original signed form will be maintained in the resident’s case file.

n. If a resident request to consult with their attorney, the resident’s case manager will contact youth’s attorney and request the consultation.

o. Each facility will maintain documentation of youth participation in PREA education sessions.

p. With-in the initial 10 days of placement, residents will receive a more comprehension training on PREA. Completion of this training will be documented on the Training of Residents for Emergency Procedures and Orientation form filed in each resident’s case file.

**Staff Education**

q. All staff assigned to work in adolescent residential facilities will receive training in compliance with PREA standards.

   i. Staff having contact with residents will receive training during the orientation phase of employment.

   ii. Teachers and Aides of the local school system stationed on site in the facilities having direct contact with youth will receive training by the on-site PREA Compliance Manager.
 iii. Mental Health outpatient therapist working on site in the facilities will receive PREA training.

 r. All facility staff, teachers and therapists having contact with residents in the facilities, will sign form CS-9040, Employees Acknowledgement and Notification of Prison Rape Elimination Act (PREA) to acknowledge they have read and understand the zero tolerance policy and the training they have received. Copies of CS-9040 will be forwarded to HR and filed in each staffs personnel file, and names of those receiving training will be maintained on the PREA training log. CS-9040 signed by non-employees receiving training (such as teaching staff stationed on site by the local school system) will be filed in the facilities on-site PREA notebook.

 s. Staff will answer 4 key questions regarding accusations/convictions regarding sexual abuse and harassment at the time of hire, annually and if/when promoted.

F. Reporting allegations

 a. Duty to Report-Tennessee Code Annotated 37-1-403 and 37-1-605 Pursuant to TCA 37-1-403 and 37-1-605, any person who has knowledge of or is called upon to render aid to any child/youth that is being sexually abused or sexually harassed has the duty to report such abuse.

 b. All allegations of sexual abuse must be reported to the DCS Child Abuse Hotline 1-877-237-0004.

 c. Any report that is called into the hotline has to be entered into TFACTS as a serious incident. The entry into TFACTS triggers this as a potential PREA incident and notifies those responsible at the state level for monitoring same.

 d. Failure to comply with the “duty to report” requirements will result in disciplinary action up to and including termination and/or criminal charges.

 e. Children/Youth may report allegations of sexual abuse/assault/misconduct/harassment to local law enforcement agencies and remain anonymous upon request.

 f. Staff shall accept reports made verbally, in writing, anonymously, and from third parties with no time limit should the grievance involve a PREA violation. Such reports shall be documented on a client contact form.

 g. Apart from reporting to designated supervisors/House Managers, DCS and local law enforcement agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone, other than to the extent necessary, to make treatment, investigation and other security and management decisions.

 h. Frontier Health will ensure that the name of the person or persons reporting the allegation is kept confidential.

 i. Retaliation or negative consequences for reporting sexual abuse/harassment or cooperating with sexual abuse/harassment investigations will not be tolerated and may result in disciplinary action up to and including termination.

 i. For a period of ninety (90) days following a report, the PREA Coordinator, along with the respective PREA Compliance Manager, will monitor the treatment of residents or staff that made a report and the resident who were reported to be abused to identify attempts at retaliation or negative consequences and will act immediately to remedy any such actions. Monitoring will include, but no be limited to:
• Resident disciplinary reports (Behavioral Reviews)
• Negative staff reviews or requests for transfers
• Periodic status checks of residents

ii. Monitoring will continue beyond 90 days if evidence indicates a continued need.
iii. If any individual involved in a report expresses fear of retaliation, appropriate measures will be taken to protect that individual.

iv. Responsibility to monitor will terminate if the allegation is found to be unfounded.

j. Pursuant TCA 37-1-413, any person who either verbally or by written/printed communication reports false accusations of sexual abuse commits a Class E felony. A report made in good faith upon reasonable belief of the alleged incident will not constitute a false report and may not be used as grounds for disciplinary action.

k. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, staff will immediately report the incident to the Child Abuse Hotline:

i. Staff reporting immediately notifies:
   • Facility House Manager/ PREA Compliance Manager
   • Compliance Manager notifies PREA Coordinator
   • Local Police Department
   • Youths Family Service Worker (FSW) if applicable
   • Parents/ Guardians

ii. Immediate corrective action may be taken as needed, with an initial response within 48 hours. A final decision will be provided within 5 days. The initial response and final agency decision will be documented on a client contact note documenting the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Response to allegations of sexual abuse

l. Upon receiving notice of an incident of sexual abuse by a resident, or if an employee witnesses or unexpectedly encounters an assault taking place, the employee will ensure the resident is kept safe and kept separated from the perpetrator, immediately notifying the House Manager or Manager on call, and:

i. Ensure resident does not change clothes, shower, wash, brush teeth, rinse mouth, eat, drink, or use the toilet until all physical evidence is obtained in connection with the violation; and

ii. Secure the incident area and treat it as a crime scene.

m. Refer to Protocol- First Responder Guidelines for Sexual Assault for guidelines on responding to sexual assaults. Protocol reviewed with each staff upon hire during orientation and maintained in the tech staff office of each residential facility.

n. For those sexual abuse incidence alleged to have occurred within seventy two (72) hours, staff will offer to take the child/youth to the local emergency room for examination, collection and preservation of evidence, and treatment (without financial cost to the
resident). Staff will request that the examination be performed by Sexual Assault Forensic Examiners (SAFE’s) or Sexual Assault Nurse Examiners (SANE’s) if possible. If SAFE’s or SANE’s can not be made available, the examination can be performed by other qualified medical professionals. Program staff accompanying youth to the hospital will document efforts to provide SAFE’s or SANE’s. If the child/youth refuses medical treatment, document on form CS-0991 PREA Refusal of Medical Treatment that medical treatment was offered to the resident and if the offer for medical treatment was:
   i. Refused by the resident, or
   ii. Accepted by the resident but refused to be examined after arriving at the medical facility.

   o. If the alleged sexual abuse incident occurred beyond seventy-two (72) hours, facility staff will seek the advice of a hospital regarding a forensic exam.

   p. Residents who are the victim of sexual abuse will be provided prompt and appropriate medical treatment and counseling, to include but not limited to:
      i. Facility staff provides emotional support to the resident through the forensic medical exam process and investigation interviews.
      ii. The development of a safety plan that includes a review / adjustment (if necessary), of bed and bedroom assignments, or possible facility/placement reassignment to keep the resident safe and free from sexual abuse.
      iii. An assessment by a mental health professional.
      iv. Mental health counseling as needed considering the preferences of the resident. Services will be provided by mental health professionals with-in Frontier Health or an outside provider. The resident’s preferences will be documented.
      v. Follow-up services and referrals, as appropriate for continued care, should the resident be transferred to, or placed in another Frontier Health facility.
      vi. Information about timely access to emergency contraception, lawful pregnancy related medical services and sexually transmitted infections prophylaxis will be provided.

   q. Following an investigation into a resident’s allegation of sexual abuse occurring in a Frontier Health facility, the resident will be informed as to whether the allegation has been determined to be substantiated or unsubstantiated. Such information will be requested from the investigative agency (DCS) in order to inform the resident.

   r. Following a residents allegation of sexual abuse by a staff member that is investigated, determined to be substantiated and the resident is still residing in a Frontier Health facility, the PREA Compliance Manager will inform the resident if the staff member is no longer working at the facility, no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented on a client contact note.

   s. Following a resident’s allegation of sexual abuse by another resident that is investigated, determined to be substantiated and the alleged resident victim is still residing in a Frontier Health facility, the PREA Compliance Manager will inform the resident if the alleged abuser has been indicted on a charge related to sexual abuse within the facility or convicted on a charge related to sexual abuse within the facility. This notification will be documented on a client contact note.

   t. It is the policy of the Division of Children’s Continuum services that residents will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding that the resident engaged in resident on resident sexual abuse/
harassment. Therapy, counseling and case management services will be provided to address and correct the underlying reasons or motivations for abuse.

u. Residents will be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact.

**Supervision and Monitoring**

v. Supervisory staff will conduct unannounced day and night shift rounds to all adolescent residential facilities on a regular basis and document rounds in each facilities PREA notebook. The purpose of these visits is to ensure the safety of residents, the security of the facilities and deter any form of sexual abuse or sexual harassment. Staff is prohibited from alerting other staff members or staff at other facilities that unannounced rounds are occurring or may be occurring. Alerting other staff of unannounced rounds by supervisors will result in disciplinary action.

w. Random, unannounced day rounds will be conducted by the Division Director of Children’s Continuum Services (PREA Coordinator), as well as the Utilization Manager and Training Specialist. These rounds will be documented in each sites PREA notebook.

x. Random, unannounced night and or graveyard rounds will be conducted by staff on-call for residential services and documented in each sites PREA notebook.

y. During staff orientation, facility staff will be made aware that alerting any other staff member of unannounced rounds will result in disciplinary action (see staff orientation checklist).

z. Each adolescent residential location will maintain a staffing plan to insure adequate staffing levels consistent with PREA and licensing standards. Annually, the House Manager/ PREA Compliance Manager in consultation with the PREA Coordinator will assess and document needed adjustments to staffing plans or patterns, video monitoring systems and resources available to commit to ensure adherence to the staffing plan. Documentation of any deviation from the staffing plan will be maintained in each sites PREA notebook.

**Sexual Abuse Incident reviews**

a sexual Abuse Incident review will occur within 30 days of the conclusion of every sexual abuse investigation, unless the incident has been determined to be unfounded.

b The review team will consist of management level staff present at the Division of Children’s Continuum Services monthly Quality Improvement (QI) meeting. The review team will:

i. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse.
ii. Consider whether the incident or allegation was motivated by:
   - Race
   - Ethnicity
   - Gender Identity
   - Lesbian, gay, bisexual, transgender (GLBT) or intersexual identification, status or perceived status, or
   - Gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.

iii. Meet at the facility where the alleged incident occurred, examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse

iv. Assess the adequacy of staffing patterns during certain shifts

v. Assess monitoring technology adequacy and:

vi. Document any recommendations for improvement, or reasons for not doing so. The report will then be sent to the Performance Improvement (PI) team for review and approval.

Data Collection

aa. Data will be provided to DCS as instructed by the DCS PREA Coordinator utilizing a standard instrument provided by DCS to contracted providers.

bb. Data will also be sent to Frontier Health’s Director of Quality Improvement to collect and aggregate in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response to policies, practices and training including by:
   i. Preparing an annual report of findings and corrective actions for each facility, as well as the agency as a whole.
   ii. A comparison of the current years data and corrective actions with those from prior years and shall provide an assessment of the agencies progress in addressing sexual abuse.
   iii. The report will be approved by the agencies Performance Improvement Committee and annually by the Board of Directors and made available to the public through the web-site or other means as applicable.

   iv. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety, and security of a specific facility, but will indicate the nature of the material redacted.

cc. Data will be retained for a minimum of 10 years after the date of initial collection unless otherwise dictated by Federal, State or local law.

Res: PREA: PREA POLICY & PROCEDURES 0620

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<td>Abusive sexual contacts:</td>
<td>Contact of any person without his or her consent, or of a person who is unable to consent or refuse; and intentional touching, either directly or through clothing, of the genitalia, anus, groin, breast, inner thigh or buttocks of any person.</td>
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<td>Congregate care:</td>
<td>Congregate care is designed to meet the needs of children/youth who are unable to live at home or in a Resource Family and require temporary care in a group or residential setting. Congregate care provides structure, counseling/therapy, behavioral intervention and other services identified in a child's permanency plan for children with moderate to severe clinical needs.</td>
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<td>Contractors:</td>
<td>Any person or corporation, other than an employee, providing any services to the YDC (i.e., food services, medical, dental and mental health, etc.) for an agreed upon form of compensation.</td>
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<td>Hostile work environment:</td>
<td>Harassment, speech or conduct that is, based on the judgment of a reasonable person, severe or pervasive enough to create a hostile or abusive work environment, based on race, religion, sex, national origin, age, disability, veteran status, or, in some jurisdictions, sexual orientation, political affiliation, citizenship status, marital status, or personal appearance.</td>
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<td>Lesbian, Gay, Bisexual, Transgender, or Questioning (LGBTQ):</td>
<td>A person who identifies as Lesbian, gay, bisexual, transgender or questioning.</td>
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<td>Non-consensual sex acts:</td>
<td>Contact of any person without his or her consent, or of a person who is unable to consent or refuse; and contact between the penis and the vagina or the penis and the anus including penetration, however slight; or contact between the mouth and penis, vagina, or anus; or penetration of the anal or genital opening of another person by hand, finger, or other object.</td>
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<td>PREA Coordinator:</td>
<td>The PREA Coordinator is the staff person designated with the responsibilities of developing, implementing, and overseeing compliance with PREA standards.</td>
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**Glossary:**

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### Prison Rape Elimination Act (PREA) 2003:

**PREA** is the first United States federal law passed dealing with the sexual assault of prisoners. The bill was signed into law on September 4, 2003. PREA covers all adult, as well as juvenile detention facilities; the definition of prison for the purposes of the act includes "any juvenile facility used for the custody or care of juvenile inmates." U.S. Congress, within the text of PREA, noted that young first-time offenders are at an increased risk of sexually motivated crimes. Juveniles held in adult facilities are five times more likely to be sexually assaulted than juveniles held in juvenile facilities.

**PREA** directed the attorney general to promulgate standards for all confinement facilities including, but not limited to, local jails, police lockups, and juvenile facilities. See 42 U.S.C. § 15609(7). DOJ has promulgated standards for prisons and jails (28 C.F.R. §§ 115.11 - 115.93), lockups (28 C.F.R. §§ 115.211 - 115.293), and juvenile facilities (28 C.F.R. §§ 115.311 - 115.393). The Act applies to all public and private institutions that house adult or juvenile offenders and is also relevant to community-based agencies. It addresses both inmate-on-inmate sexual abuse and staff sexual misconduct.

Additionally, on May 17, 2012, the President directed "all agencies with federal confinement facilities that are not already subject to the Department of Justice's final rule "to develop rules or procedures that comply with PREA."

A public agency that contract for the confinement of its residents with private agencies or other entities, including other government agencies, will include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Any new contract or contract renewal will provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

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PREA standard §115.387 requires data be collected and aggregated on sexual abuse and sexual harassment incidents in DYS and its contracted residential youth centers.

PREA standard §115.388 requires the Division to review data collected and produce an annual report. In addition, the U.S. Bureau of Justice Statistics (BJS) requires confinement facilities to collect, and report detailed information regarding the sexual victimization of residents. Factors such as race, ethnicity, sexual orientation, gender identity, gang affiliation, group dynamics and other possible contributing elements are reported when available. This report contains information provided to TN DCs report also includes comparisons from 2020, 2021, 2022. There is no personal identifying information included in this report.

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### Summary of PREA incidents in calendar Year 2020

**Link House**

No reports of PREA incidents (sexual abuse, sexual assault, or sexual harassment) by residents.
Sullivan House

One youth-on-youth incident of sexual harassment was reported to Tennessee DCS.

The referral was initially screened out but was investigated by Tennessee DCS Internal Affairs. The overall investigation ended with an unsubstantiated finding.

Summary of PREA incidents in calendar Year 2021

Link House

No reports of PREA incidents (sexual abuse, sexual assault, or sexual harassment) by residents.

Sullivan House

No reports of PREA incidents (sexual abuse, sexual assault, or sexual harassment) by residents.

Summary of PREA incidents in calendar year 2022

Link House

No reports of PREA incidents (sexual abuse, sexual assault, or sexual harassment) by residents.

Sullivan House

No reports of PREA incidents (sexual abuse, sexual assault, or sexual harassment) by residents.

Senior Vice President Signature: [Signature]

Date: 10-13-23