CONGREGATE CARE, BEHAVIORAL STABILIZATION, & RESIDENTIAL PROTOCOL

Organizational Readiness Assessment: Residential Treatment Settings

Institutional Self-Audit for Serving Youth & Adults Impacted by Sex or Labor Trafficking

KLASEY CONSULTING

> **Residential Treatment Scope:** Congregate residential treatment centers (RTCs, group homes, and inpatient behavioral/SUD programs) frequently serve persons impacted by trafficking—and are also actively targeted by external recruiters and peer-recruitment networks. Readiness requires balancing physical perimeter security with relational safety, non-punitive absence/runaway responses, and individualized milieu care without recreating coercive confinement **(SAMHSA, 2014; ACF, 2019)**.

Residential Facility / Program Name & License Type: _____	**Assessment Date / Review Cycle:** _____
Clinical Director / Residential Program Lead: _____	**Population Served (Youth/Adult, Gender, Bed Capacity):** _____

Part 1: Residential Self-Audit Standards & Milieu Principles

1. **Audit Across All Shifts & Roles:** Include clinical therapists, direct-care milieu staff (including overnight/weekend shifts), nursing, security/reception, and consultants with lived experience of residential care or trafficking.
2. **Prevent Institutional Re-Traumatization:** Evaluate room searches, physical restraints, seclusion, and rigid point-and-level systems that can replicate trafficker coercion and trigger flight responses.
3. **Address Both External Predation & Internal Peer Recruitment:** Ensure milieu supervision and visitor/communication policies protect residents without resorting to blanket isolation.

Part 2: Residential Treatment Readiness Indicators

Mark **Met** (consistent facility-wide implementation), **Dev** (developing / inconsistent across shifts), **Gap** (priority institutional gap), or **N/A**.

Residential Readiness Standard & Verification Focus	Met	Dev	Gap	N/A
Domain 1: Milieu Safety, Visitor Vetting, & Perimeter Security				
1.1 Visitor, Call, & Perimeter Vetting: Front-desk and milieu staff enforce verified visitor/contact lists, monitor suspicious loitering near campus boundaries, and protect resident confidentiality from unauthorized callers. Prevents traffickers or recruiters from locating, contacting, or extracting residents from the facility.	☐	☐	☐	☐

Residential Readiness Standard & Verification Focus	Met	Dev	Gap	N/A
1.2 Non-Punitive Absence / Runaway Re-Entry Protocol: When a resident leaves without authorization (AWOL/elopement), staff execute immediate safety outreach, preserve the resident's bed whenever permitted, and conduct a non-punitive trauma-informed return debriefing rather than punitive discharge. Recognizes that trauma bonds and coercion drive cyclical elopement; punitive discharge increases vulnerability.	☐	☐	☐	☐
Domain 2: Trauma-Informed Milieu Practices & Clinical Care				
2.1 Restraint Reduction & Non-Coercive Behavior Management: Facility policies minimize seclusion and physical restraints, require trauma-informed de-escalation, and ensure room/belonging checks are conducted respectfully with clear explanation. Prevents sensory and relational triggers associated with physical confinement and loss of bodily autonomy.	☐	☐	☐	☐
2.2 Integrated Clinical & Peer-Dynamics Assessment: Intake and treatment planning assess both sex and labor trafficking indicators, monitor peer-to-peer recruitment dynamics gently, and provide specialized somatic/trauma therapy and independent interpreters. Ensures individualized treatment and protects vulnerable peers without stigmatizing residents impacted by trafficking.	☐	☐	☐	☐
Domain 3: Discharge Continuity & 24/7 Direct-Care Workforce Support				
3.1 Warm Step-Down & Safe Housing Transition: Discharge planning begins at admission, securing safe step-down housing, legal/immigration advocacy, and outpatient clinical continuity prior to exit—never discharging to homelessness or unsafe contacts. Closes the post-discharge vulnerability window where re-exploitation most frequently occurs.	☐	☐	☐	☐
3.2 All-Shift Direct-Care Training & Reflective Supervision: Day, evening, and overnight residential counselors complete annual training on grooming, trauma bonding, and de-escalation, supported by regular shift debriefings. Equips 24/7 milieu staff—who spend the most hours with residents—to respond consistently and prevent vicarious trauma.	☐	☐	☐	☐

Part 3: Residential Treatment Priority Action Matrix

Residential Readiness Domain	Readiness Tier (1–4)	Key Milieu / Policy Gap	Lead Owner & Target Date
1. Visitor Vetting & Non-Punitive Runaway Re-Entry			
2. Non-Coercive Milieu & Clinical Screening			
3. Safe Step-Down Discharge & 24/7 Shift Training			

Residential Facility Findings & 90-Day Action Plan

Practice Standards & References

1. Administration for Children and Families (ACF), Office on Trafficking in Persons. (2019). *Public Health Response to Human Trafficking: Organizational Readiness & Screening Guidance*. U.S. Department of Health and Human Services (Public Domain).
2. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services (Public Domain).
3. Trafficking Victims Protection Act of 2000 (TVPA), Pub. L. No. 106-386, 114 Stat. 1464 (2000) (codified as amended at 22 U.S.C. § 7102).

Originality & Usage Notice: *All organizational readiness indicators and action matrices in this tool are original institutional self-audit prompts informed by public federal guidance (ACF, 2019; SAMHSA, 2014). No copyrighted or proprietary third-party assessment instruments are reproduced herein. © 2026 Klasey Consulting. All rights reserved.*

Partner with Klasey Consulting

Interested in sector-specific organizational readiness audits, residential milieu policy consultation, or trauma-informed workforce trainings? Contact us at **info@klaseyconsulting.com** to learn more about our trainings and consultation services.

KLASEY KC CONSULTING