

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Juvenile Facilities



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Muskegon River Pathway of Hope		
Physical address:	8835 Oak Rd., Ewart, MI. 49631		
Date report submitted:	1/27/2015		
Auditor Information	James L. Roland Jr. – The Nakamoto Group		
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Telephone number:	419-610-5668		
Date of facility visit:	March 14, 2017		
Facility Information			
Telephone number:	231-629-6393		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
Name of PREA Compliance Manager:	Lisa Salisbury	Title:	PREA Compliance Manager
Email address:	mrpathway@gmail.com	Telephone number:	231-734-3787
Agency Information			
Name of agency	Michigan Department of Human Services (DHS)		
Governing authority or parent agency:	Department of Human Services State of Michigan		
Physical address:	Juvenile Justice Programs 235 S. Grand Ave. Lansing, Michigan 48933		
Telephone number:	517-335-3489		
Agency Chief Executive Officer			
Name:	Nick Lyon	Title:	MDHHS Director

Email address:	GrijalvaN@michigan.gov	Telephone number:	517-241-1193
Agency-Wide PREA Coordinator			
Name:	Patrick Sussex	Title:	PREA Juvenile Coordinator
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AUDIT FINDINGS

NARRATIVE:

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Muskegon River Pathway of Hope (MRPOH) was conducted March 14, 2017. The complex consists of a 14 bed facility for juvenile females.

The standards used for this audit became effective August 20, 2012. The auditor discussed the data contained in the Pre-Audit Questionnaire with the PREA Coordinator prior to the on-site visit. As part of the audit, a review of all PREA policy and a tour of the facility was completed.

At the time of this audit the facility had a total population of seven (7) females. All seven (7) were interviewed. Of that population, two (2) self identified themselves as being bisexual. They were interviewed more extensively. Eleven facility staff were interviewed from all three eight-hour shifts, to include the PREA Manager, two (2) Assistant Directors, PREA Coordinator, Staff Member assigned to all Human Resource Functions, Lead Staff Intake, two (2) Lead Staff Direct Care, Direct Care staff, Case Manager, Lead Staff Life Skills and Lead Staff Night Shift.

When the auditor first arrived at the facility, an "in-briefing" meeting was held with the PREA Coordinator to explain the audit process.

DESCRIPTION OF FACILITY CHARACTERISTICS:

With their commitment and moral compass, Staff at the Muskegon River Pathway of Hope are poised to utilize their foundation to make a positive impact on the lives of Families & Children whom they are entrusted. The goals of Muskegon River Pathway of Hope are to serve with love and compassion, be committed to excellence and use mentoring as a source of strength. Muskegon River Pathway of Hope looks to faith, hope and love to meet life's challenges. The girls entrusted in their care, are treated with honor, dignity and respect.

MRPOH provides quality programs which advocate, restore and enhance strong and healthy family relationships. The facility treatment options include individual counseling, group counseling, life skills, faith based programs, and education.

MRPOH provides a safe, challenging and rewarding atmosphere, promoting moral excellence and accountability for its employees.

The facility is a group home setting. The housing consists of one living unit with bedrooms holding four residents each. The living unit also contains showers, and restrooms to accommodate the population of the unit. The home includes classrooms for education and group therapy, a food service area and an administration area. The buildings at this facility are connected by enclosed hallways.

The auditor found the staff and residents to be well aware of the PREA. The staff were very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. All staff have had extensive training on how to identify signs of sexual assault/harassment and how to deal with and treat victims of sexual assault and/or sexual harassment. There have been five allegations of sexual harassment or abuse from staff, residents, or volunteers.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held with the following persons in attendance: the Director, PREA Agency Compliance Coordinator, Assistant Director/ PREA Compliance Manager.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Not Applicable: 0

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The Agency meets the standard with their policies and practice. MRPOH Prevention of Resident Sexual Assault/Rape policy clearly meets this standard. The facility PREA Plan meets the zero tolerance mandate as required by the standard. In addition to the facility PREA Manager, the Agency also employs a fulltime PREA Juvenile Compliance officer to ensure all the PREA standards are in compliance.

§115.312 - Contracting with other entities for the confinement of residents

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

The agency (MI Department of Human Services) has entered into or renewed the contracts for the confinement of juvenile justice residents with private providers since Aug. 20, 2012. All contracts include the requirement that the facility(s) adopt and comply with the PREA standards. There are approximately 52 contracted juvenile justice residential programs operating in 34 facilities, and three publicly-operated facilities. MRPOH is a contracted juvenile justice residential program.

§115.313 – Supervision and Monitoring

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

The Assistant Director completes an annual review of the post audits and staffing plan. MRPOH Prevention of Resident Sexual Assault/Rape policy states that they will adhere to direct care staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours. Population logs for the last twelve months were reviewed. The facility operated within the 1:8 ratios during waking hours and the 1:10 ratio during sleeping hours. Minimum ratios were met at all times except in the case of unforeseen and temporary circumstances. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facility's phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed for compliance. Four (4) video cameras were added to the facility in the last twelve months for a total of thirty-two (32) cameras.

§115.315 – Limits to Cross-Gender Viewing and Searches

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

There are no male direct care staff employed at this facility. This was documented during interviews with staff and juveniles, as well as recorded in housing unit log books. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained on conducting pat-down searches of transgender and intersex residents in a professional manner.

§115.316 – Residents with Disabilities and residents who are Limited English Proficient

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets this standard. The information is provided verbally and in written form, and the information is in a language and format that the youth can understand. The facility has not had residents with limited English proficiency severe enough to require special accommodations to fully benefit from PREA.

§115.317 – Hiring and Promotion Decisions

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets all the components of this standard. All employees have had their criminal background check completed before being hired and are required to have them done again every 5 years. Vendors do not have criminal background checks completed, but are escorted and supervised when on the grounds. A tracking system is in place to ensure criminal background checks are completed every five years.

§115.318 – Upgrades to Facilities and Technology

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

Video camera monitoring systems were upgraded in 2016 to include four (4) additional cameras to cover blind spots. These blind spots were identified by the incident review committee.

§115.321 – Evidence Protocol and Forensic Medical Examinations

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets this standard. All staff have been trained in evidence protocol. The facility has one trained forensic investigator. In the event of a sexual assault the shift supervisor and Director of MRPOH are called, respectively. The Director determines when the resident should be transported to Spectrum Hospital in Reed City, Michigan or Cadillac Mercy Hospital, Cadillac, Michigan for a SAFE/SANE examination. The Memorandum of Understanding (MOU) with Women's Information Services Inc. (WISE) would provide for victim advocate services. The number is posted in the housing unit. All criminal investigations are conducted by the Osceola County Sheriff's Office.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

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

MRPOH Prevention of Resident Sexual Assault/Rape policy was reviewed during on-site inspection to verify the components were met. All criminal investigations are done by the Osceola County Sheriff's Office. There have been five (5) allegations of sexual abuse or sexual harassment in the past twelve months. All cases involved resident on resident harassment. One (1) case was substantiated and four (4) were unfounded.

§115.331 – Employee Training

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

MRPOH Prevention of Resident Sexual Assault/Rape policy has been trained in its entirety to all staff. MRPOH policy covers all training required by this standard. All staff interviewed indicated that they received the required PREA training. All training records were reviewed for compliance. These records also included employee signatures and dates of training.

§115.332– Volunteer and Contractor Training

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the requirements of this standard. Contractor and volunteer sign-in sheets were reviewed to confirm the training received. A staff member has the responsibilities of training and conducts the required PREA training for volunteers and contractors.

§115.333 – Resident Education

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the requirements of this standard. At intake, juveniles receive PREA information in the resident orientation packet and also during their orientation to the facility by their counselor. Intake packets were reviewed for compliance. There are posters throughout the facility with the phone number to call to report an incident. These notices are also posted in the housing units.

§115.334 – Specialized Training: Investigations

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the requirements of this standard. Preliminary gathering of information of suspected incidents are conducted by a trained facility forensic investigator. The facility forensic investigator's certification was reviewed by the auditor. Criminal investigations are conducted outside of the facility by the Osceola County Sheriff's Office.

§115.335 – Specialized training: Medical and mental health care

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

All medical services are provided off-site at to Spectrum Hospital, Reed City, Michigan or Cadillac Mercy Hospital, Cadillac, Michigan. All mental health staff have had received specialized training on victim identification, interviewing, reporting, and interventions.

§115.341 – Screening for Risk of Victimization and Abusiveness

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all components required by this standard. Interviews with the Assistant Director and a Case Manager Lead for treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.

§115.342 – Use of Screening Information

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

MRPOH Prevention of Resident Sexual Assault/Rape policy include all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening tool is used to ensure the safety of each resident. The facility does not have or use Isolation for sexual victimization.

§115.351 – Resident Reporting

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all components required by this standard. Staff and juvenile interviews were clearly documented. The procedures for reporting are clearly stated in the resident orientation packet, on facility posters and through MRPOH policy.

§115.352 – Exhaustion of Administrative Remedies

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

MRPOH Prevention of Resident Sexual Assault/Rape policy covers the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that the prevention sexual assault in this facility is a responsibility that the personnel at MRPOH take extremely seriously.

§115.353 – Resident Access to Outside Confidential Support Services

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

MRPOH Prevention of Resident Sexual Assault/Rape policy covers all components of this standard. Residents are provided emergency services and support through the free Hotline phone call services that the residents are allowed to make. The number is posted in each housing unit. Youth residents also can have private conversations with their legal service provider, their parents on visitation and during their three phone calls permitted per week.

§115.354 – Third-Party Reporting

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

Information is made available through posters located throughout the building with the Child Protective Services (CPS) toll-free number and other reporting options. Additionally, the information is included in the Youth PREA Orientation and is listed on the DHS Website at http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

§115.361 – Staff and Agency Reporting Duties

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

The Michigan Mandated Reporting Law and MRPOH Prevention of Resident Sexual Assault/Rape policy include all the components of this standard. The Mandated Reporter's Resource Guide that includes a copy of the Child Protection Law is available online at: http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf. This was also verified through interviews with random staff.

§115.362 – Agency Protection Duties

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another bedroom and/or transferred to another facility. There have been no residents placed in this status in the past twelve months. This was also verified through interviews with random staff.

§115.363 – Reporting to Other Confinement Facilities

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets all the components of this standard. This was also verified through interviews with the Assistant Director and PREA Coordinator. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other facility within 72 hours. All incident reports must be completed before the end of the employees shift. The facility has not received any allegation of sexual abuse or harassment from another facility in the past twelve months.

§115.364 – Staff First Responder Duties

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all the components of this standard. All staff are trained in first responder duties. This was also verified through interviews with random staff and training records.

§115.365 – Coordinated Response

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. This was verified through interviews with administrators and facility staff.

§115.366 – Preservation of ability to protect residents from contact with abusers

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

MRPOH employees are not represented by any Union.

§115.367 – Agency protection against retaliation

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all components of this standard. The Administrative Assistant is the designated staff member assigned to monitor for possible retaliation.

§115.368 – Post-Allegation Protective Custody

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Residents could temporarily be placed in another bedroom or transferred to another facility, but only as a last resort when other restrictive measures are inadequate to keep the youth safe from other youth, and only until an alternate means of keeping all youth can be arranged. Staff may not deny a youth resident otherwise under control, access to daily large-muscle exercise, legally-required educational programming or special education services. The facility does not use isolation.

§115.371 – Criminal and Administrative Agency Investigations

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets all of the components of this standard. During the last 12 months there have been five (5) allegations. The Osceola County Sheriff's Office conducts all criminal investigations. Internal investigations are initiated by the supervisor, and then sent to the Administrative Assistant for additional investigation, if it is so warranted.

§115.372 – Evidentiary Standard for Administrative Investigations

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. There have been five (5) administrative investigations within the last twelve months. The files were reviewed to ensure compliance.

§115.373 – Reporting to Residents

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets all of the components of this standard. There have been five (5) allegations within the last twelve months. The facility has an MOU with the Osceola County Sheriff's Office for investigative services. Residents are informed of the investigative process. Youth and Family Grievances require that all grievances have a written response, including the rationale for the decision, to the youth or family member within five calendar days. Copies of all grievances must be maintained in a chronological file, in addition to the grievance log, along with any return receipts or confirmations, in accordance with the Record Retention Schedule.

§115.376 – Disciplinary sanctions for staff

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all the components of this standard. There have been zero administrative investigations involving staff within the last twelve months. Disciplinary sanctions for rule violations are located in the Michigan Employee Handbook. The Handbook was reviewed for compliance to the standard.

§115.377 – Corrective action for contractors and volunteers

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

MRPOH Prevention of Resident Sexual Assault/Rape policy includes all the components of this standard. Contractors are subject to all expectations as employees relative to contact with youth. Contractors may not continue to have contact with youth and will have their contracts terminated upon any finding of child abuse or sexual abuse. There have been no incidents in the last twelve months.

§115.378 – Disciplinary sanctions for residents

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets all of the components of this standard. Appropriate measures must be taken to protect the due process rights of youth who are, or who may be, subject to discipline, isolation, or confinement. This policy ensures youth are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors. The orientation packet addresses all disciplinary sanctions for juvenile residents. No youth are isolated for sexual abuse infractions.

§115.381 – Medical and mental health screenings; history of sexual abuse

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Youth are required to meet with medical and mental health practitioners per standard operating protocol for treatment. Treatment plans must be based on the youth's assessed risk and assessment of the youth and her family's strengths and needs. The treatment needs of youth are identified and prioritized. Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No resident disclosed prior victimization during screening. Additional screening is conducted by the group leader/therapist with the use of the Massachusetts Youth Screening Instrument (MAYSI) version 2, the Estimate of Risk of Addressed Sexual Offense Recidivism (ERASOR), and the Michigan Juvenile Justice Assessment System (MJJAS). All screening is kept in the resident's permanent treatment file.

§115.382 – Access to emergency medical and mental health services

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Services are provided at no cost to the residents. The facility provides timely, unimpeded access to free emergency medical and crisis intervention services.

§115.383 – Ongoing medical and mental health care for sexual abuse victims and abusers

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. The victim of sexual assault or attempted sexual assault must be provided appropriate mental health assistance and counseling as deemed necessary. Victims and perpetrators of a substantiated sexual assault must be encouraged to complete an HIV test. The perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the facility Director or his designee may seek a court order compelling the test.

§115.386 – Sexual abuse incident reviews

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

MRPOH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Facility management staff review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for the prevention and implementation of the required remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The team includes the both Assistant Directors, and the PREA Coordinator. There have been five (5) incidents in the last twelve months.

§115.387 – Data Collection

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

Agency policy on data collection and MRYH Prevention of Resident Sexual Assault/Rape policy cover all components of the standard. The standardized instrument used is the Survey of Sexual Violence as developed and utilized by the Bureau of Justice Assistance and conducted by the U.S. Census Bureau. Data is collected, aggregated, and published on the agency (DHS) Website for all public residential facilities and all private facilities that contract with the state to provide juvenile justice residential services. The most recent data published is from calendar year 2014. Data from calendar year 2015 will be collected and published. See: http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

§115.388 – Data Review for Corrective Action

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

Data was collected for 2012 calendar year, aggregated and posted to the public. In addition to that, data information of activities and compliance status was included in that report. This report was prepared for the Director of DHS to move forward with PREA. This report recommended that the governor sign for assurance and also listed general recommendations for achieving full compliance. Specifically, the 2015 data is being collected to compare with the 2014 data. Once this is collected, it will be analyzed and compared with the previous year's data. Recommendations will be made from this data. This information was obtained through an interview with the agency PREA Coordinator and a review of the data in the March 2014 report to the Governor on PREA.

§§115.389 – Data Storage, Publication, and Destruction

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

On an annual basis, data is collected, aggregated and published on the DHS Website. See link:

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

AUDITOR CERTIFICATION:

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

James L. Roland

03/17/2017

Auditor Signature

Date