

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Juvenile Facilities



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

<b>Name of facility:</b>	Muskegon River Pathway of Hope		
<b>Physical address:</b>	8835 Oak Rd. Ewart, MI 49631		
<b>Date report submitted:</b>	1/27/2015		
<b>Auditor Information</b>	<b>James L. Roland Jr. – The Nakamoto Group</b>		
<b>Address:</b>	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
<b>Email:</b>	james.roland@nakamotogroup.com		
<b>Telephone number:</b>	419-610-5668		
<b>Date of facility visit:</b>	January 19-21, 2014		
<b>Facility Information</b>			
<b>Facility mailing address: (if different from above)</b>			
<b>Telephone number:</b>	231-734-3787		
<b>The facility is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
<b>Name of PREA Compliance Manager:</b>	Angela Montgomery	<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> mrpathwat@gmail.com		<b>Telephone number:</b>	231-734-3787
<b>Agency Information</b>			
Name of agency: Juvenile Justice Programs (JJP) Michigan Department of Human Services (DHS)			
<b>Governing authority or parent agency:</b>	Department of Human Services State of Michigan		

<b>Physical address:</b>	Juvenile Justice Programs 120 N. Washington Square, Suite 300 PNC Building Lansing, Michigan 48933		
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	517-335-3489		
<b>Agency Chief Executive Officer</b>			
<b>Name:</b>	Maura Corrigan	<b>Title:</b>	Director
<b>Email address:</b>		<b>Telephone number:</b>	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b>	Patrick Sussex	<b>Title:</b>	PREA Juvenile Coordinator
<b>Email address:</b>	<a href="mailto:SussexP@Michigan.gov">SussexP@Michigan.gov</a>	<b>Telephone number:</b>	517-648-6503

## 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 January 19-21, 2015. The complex consists of a 14 bed facility for juvenile females.

The facility mission is: With our commitment and moral compass, we are poised to utilize our foundation to make a positive impact on the lives of Families & Children whom we are entrusted. Their goal is to Serve with Love and Compassion, Commitment to Excellence, Use Mentoring as a Source of Strength and Accountability. Muskegon River Pathway of Hope (MRPOH) looks to faith, hope and love to meet life's challenges. The girls entrusted in there care, are treated with honor, dignity and respect.

MRPOH provides quality programs which advocate, restore and enhance strong and healthy family relationships.

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

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.

Fourteen facility staff were interviewed including all three eight hour shifts. Those interviewed included the PREA manager, Director, Asst. Director, PREA Coordinator, Human Resource Administrator, Transport Officer, Lead Staff Intake, two (2) Lead Staff Direct Care, Direct Care staff, Lead Staff Medication, Food Service staff, Case Manager, Lead Staff Life Skills, Lead Staff Night Shift,

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

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The facility treatment options include individual counseling, group counseling, life skills, faith based programs, and education.

The facility is a group home setting. The housing consists of one living unit with bedrooms housing four residents each. The living unit also contains showers, and restrooms to accommodate the population of the unit. The homes 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 inmates to be very well aware of PREA. The staff was 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. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or sexual harassment. There have been zero 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: Director Dawn Kruthoff, PREA Agency Compliance Coordinator Patrick Sussex, Assistant Director/ PREA Compliance.

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 policy Prevention of resident Sexual Assault/Rape clearly meets this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, the Agency also employs a fulltime PREA Juvenile Compliance officer to ensure they are meeting all the PREA standards.

### **§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)

Director Kruihoff completes an annual review of the post audits and staffing plan. MRPOH policy Prevention of resident Sexual Assault/Rape states that they will adhere to direct care staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours. After reviewing population logs for the last twelve months the facility operated within the 1:8 ratio 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 facilities' 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. New video cameras were added to the facility in the last twelve months.

### **§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 has been trained on conducting pat-down searches of transgender and intersex inmates 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 policy Prevention of resident Sexual Assault/Rape 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 policy Prevention of resident Sexual Assault/Rape meets all the components of this standard. All employees have had their criminal background check completed before hiring and are required to have them done again every 5 years. Vendors do not have criminal background checks but are escorted and supervised when on the grounds. A tracking system is in place to ensure they will be 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; cameras were added to cover blind spots and additional cameras installed.

### **§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 policy Prevention of resident Sexual Assault/Rape meets this standard. All other medical services are conducted by the Artesian Spring Medical Center outside of the facility. All staff has been trained in evidence protocol. The facility has one trained forensic investigator. In the event of a sexual assault the shift supervisor is called, then the Director of MRPOH. The Director determines when the resident should be transported to Spectrum Hospital in Reed City, Michigan for SAFE/SANE exam. The MOU with River House Shelter 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 policy Prevention of resident Sexual Assault/Rape was reviewed during on-site inspection to verify the components were met. All investigations are done by the Osceola County Sheriff's Department. There have been one allegations of sexual abuse or sexual harassment in the past twelve months. The case involved an employee and was ruled substantiated, the employee was terminated.

### **§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 policy Prevention of resident Sexual Assault/Rape 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. All included employee signatures and dates.

### **§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 policy Prevention of resident Sexual Assault/Rape meets the requirements of this standard. Contractor and volunteer sign-in sheets were reviewed for training received. A staff member has the responsibilities for 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 policy Prevention of resident Sexual Assault/Rape 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 unit.

### **§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 policy Prevention of resident Sexual Assault/Rape meets the requirements of this standard. Preliminary gathering of information of suspected incidents are conducted by a trained forensic investigator located at the facility. The auditor reviewed the certification of that forensic investigator for the facility. 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 done off-site at Artesian Spring Medical Center. The mental health staff has all 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 policy Prevention of resident Sexual Assault/Rape includes all components required by this standard. Interviews with the Director and a Case Manager Leader 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 policy Prevention of resident Sexual Assault/Rape include all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening is used to ensure safety of each resident. There have been zero uses of isolation for sexual victimization in the last twelve months.

### **§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 policy Prevention of resident Sexual Assault/Rape include 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 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 policy Prevention of resident Sexual Assault/Rape covers the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that preventing 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 policy Prevention of resident Sexual Assault/Rape cover 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. They also can have private conversations with their legal service provider and to the parents on visitation, and during the three allowed phone calls 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 posted throughout the building with the Child Protective Services (CPS) toll-free number and other reporting options, the information is included in the Youth PREA Orientation, and the information is listed on the DHS Website at [http://michigan.gov/documents/dhs/PREA\\_Website\\_Info\\_Final\\_445753\\_7.pdf?20140211132725](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 policy Prevention of resident Sexual Assault/Rape includes 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](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 policy Prevention of resident Sexual Assault/Rape 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 policy Prevention of resident Sexual Assault/Rape meets all the components of this standard. This was also verified through interviews with 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 policy Prevention of resident Sexual Assault/Rape 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 policy Prevention of resident Sexual Assault/Rape meets the components of this standard.

### **§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 policy Prevention of resident Sexual Assault/Rape includes all components of this standard. Angela Montgomery, Assistant Director is the designated staff member 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 policy Prevention of resident Sexual Assault/Rape meets the components of this standard. Residents could temporarily be placed in the other 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 otherwise under control, access to daily large-muscle exercise and 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 policy Prevention of resident Sexual Assault/Rape meets all of the components of this standard. During the last 12 months there have been one allegation. The Osceola County Sheriff's Office conduct all criminal investigations. Internal investigations are started by the supervisor, and then sent to the Director 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 policy Prevention of resident Sexual Assault/Rape meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. There has been one administrative Investigation within the last twelve months. The file was reviewed for 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 policy Prevention of resident Sexual Assault/Rape meets all of the components of this standard. There have been zero 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 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 policy Prevention of resident Sexual Assault/Rape includes all the components of this standard. There have been one administrative investigation within the last twelve months. Disciplinary sanctions for rule violations are located in the Michigan Employee Handbook. The Handbook was reviewed for compliance of 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 policy Prevention of resident Sexual Assault/Rape include 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 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 policy Prevention of resident Sexual Assault/Rape 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 policy Prevention of resident Sexual Assault/Rape 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 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 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 policy Prevention of resident Sexual Assault/Rape meets the components of this standard. Services are provided to the residents at no cost to them. 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 policy Prevention of resident Sexual Assault/Rape meets standards of this component. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. 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 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 policy Prevention of resident Sexual Assault/Rape meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The team includes the Director, PREA coordinator, and Treatment Program Manager. There have been zero 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)

Data collection is an agency policy and MRPOH policy Prevention of resident Sexual Assault/Rape. All components of the standard are covered in those two policies. 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. Most recent data published is from calendar year 2012. Data from calendar year 2013 will be collected and published summer, 2014. See:

[http://michigan.gov/documents/dhs/PREA\\_Website\\_Info\\_Final\\_445753\\_7.pdf?20140211132725](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 2013 data is being collected to compare with the 2012 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 by an interview with the agency PREA coordinator and a review of the 2012 data, the March 2013 report to the Governor on PREA.

### **§§115.389 – Data Storage, Publication, and Destruction**

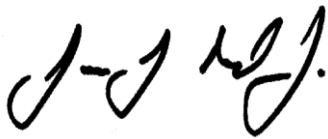
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

This occurs annually as administered by the agency (DHS). Data collected is aggregated and published on the DHS Website. See link

[http://michigan.gov/documents/dhs/PREA\\_Website\\_Info\\_Final\\_445753\\_7.pdf?20140211132725](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 Jr.

Auditor Signature

01/28/2015

Date