

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## Juvenile Facilities



Auditor Information			
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<b>Date of facility visit:</b>	March 19, 2017		
Facility Information			
<b>Facility Name:</b>	Muskegon River Youth Home		
<b>Facility Address:</b>	3030 Long Lane, Evart, MI 49631		
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b>	231-734-6254		
<b>The facility is:</b>	<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		
<b>Facility Type:</b>	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
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Agency Information			
<b>Name of Agency:</b>	Juvenile Justice Program – Department of Human Services		
<b>Physical Address:</b>	120 N. Washington Square, Suite 300, Lansing, MI 48933		
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Agency-Wide PREA 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 Youth Home (MRYH) was conducted March 15, 2017. 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.

When the auditor first arrived at the facility, an “in-briefing” meeting was held with the Director to explain the audit process.

The facility mission is to provide intervention services to at-risk youth by using a behavior modification approach.

The Muskegon River Youth Home (MRYH) opened in 1996. The facility consists of six secure buildings with a new 16 bed, 10,000 sq. ft. building added in 2016. MYRH is licensed for 98 youth and has three secure buildings (56 beds total) and three open residential, non-secure, buildings (42 beds total) for 79 males and females, ages 10-17, with the average age range of 15.6 years. They treat delinquent and abused males and females. At the time of this audit the facility population consisted of 74 residents and a staff complement of eighty-four (84).

## **Treatment Programs**

### **Specialized Treatment Program (STU) - Secure**

The specialized treatment program is specific to sexual offender treatment. The sex offender treatment program is currently for males or females that have been determined to need sex offender treatment and are deemed a moderate to high risk.

### **Non-Secure Girls and Boys Program**

Youth that have substance abuse issues, as well as issues such as anger management, grief and loss, may be placed in the program. A youth resident may be eligible for placement in open treatment if he/she successfully completes the sex offender treatment and a psychologist has determined that individual to be a low risk. The substance abuse treatment program is a 90-day minimum stay program. The average length of stay is 90 days with the ability of a youth to stay longer, if extended treatment is deemed necessary, or shorter, if a referring agency has services in place to warrant return to the community.

Seventeen (17) facility staff were interviewed, including staff from all three eight hour shifts. Those staff interviewed included the PREA Compliance Manager, Director, PREA Coordinator, Human Resource Administrator, three (3) Direct Care Staff, Lead Staff Direct Care, Case Manager, Lead Staff Life Skills, Supervisor-Day Shift, Medical Assistant/PREA Intake, Assistant Director of Programs, Facility Investigator, Therapist and the Medical Supervisor.

Fifteen (15) youth residents were interviewed, including both male and female, from secure and non-secure units. Six (6) youth residents were interviewed that disclosed they were bi-sexual or gay. All youth residents indicated that they felt safe at this facility.

## **DESCRIPTION OF FACILITY CHARACTERISTICS:**

The housing consists of five (5) living units with bedrooms, with four residents each, and two single cell living units. The living units also contain showers and restrooms to accommodate the population of the units. The facility includes classrooms for education and group therapy, a food service area and an administration area. There are a total of eight (8) buildings which the youth residents have access.

The auditor found the staff and residents to be very 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. The staff have all 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 seven (7) allegations of sexual harassment or abuse from staff or residents.

**SUMMARY OF AUDIT FINDINGS:**

The facility was found to be in full compliance with all the standards. An exit meeting was held with the following persons in attendance: the Director, PREA Agency Compliance Coordinator, Assistant Director/PREA Compliance Manager, Assistant Director of Programs, and the Administrative Assistant.

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. MRYH Prevention of Resident Sexual Assault/Rape policy 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. MRYH 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 Director completes an annual review of the post audits and staffing plan. MRYH Prevention of Resident Sexual Assault/Rape policy states that they will adhere to direct care staff to youth ratios of 1:8 during waking hours and 1:16 during sleeping hours. After reviewing population logs for the last twelve months, the facility operated within the required ratios. 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. There have been four (4) new video cameras 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 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 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)

MRYH 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 the PREA. The facility does have a service available if language interpretation is required.

### **§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)

MRYH Prevention of Resident Sexual Assault/Rape policy 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 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 and the facility has in operation one hundred and twenty-nine (129) video cameras. Four (4) cameras were added to cover blind spots. Camera placement was based on the review of incident reports and staff analysis.

### **§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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets this standard. All medical services are conducted outside the facility at either Reed City Medical Center or Spectrum Hospital in Reed City, Michigan. All staff have been trained in evidence protocol. The facility has two trained forensic investigators. In the event of a sexual assault, the shift supervisor and the Director of MRYH are called, respectively. The Director determines when the resident should be transported to Spectrum Hospital for a SAFE/SANE examination. The Memorandum of Understanding (MOU) with Bridges of West Michigan would provide for victim advocate services. The number is posted in the housing units. 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)

MRYH Prevention of Resident Sexual Assault/Rape policy was reviewed during on-site inspection to verify the components were met. All investigations are done by the Osceola County Sheriff's Office. There have been seven (7) allegations of sexual abuse or sexual harassment in the past twelve months. All seven (7) investigations were reviewed by this auditor and all were complete. Of the seven (7) investigations during the last 12 months, four (4) were unfounded, one (1) was unsubstantiated, and one (1) was substantiated.

### **§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)

MRYH Prevention of Resident Sexual Assault/Rape policy has been trained in its entirety to all staff. MRYH policy covers all training elements 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)

MRYH 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)

MRYH 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 again 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the requirements of this standard. Preliminary gathering of information of suspected incidents is conducted by one of two trained forensic investigators located at the facility. The auditor reviewed the certification and hours of training of the two facility forensic investigators. 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 Reed City Medical Center or Spectrum Hospital in Reed City, MI. All mental health staff have 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)

MRYH Prevention of Resident Sexual Assault/Rape policy 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)

MRYH Prevention of resident Sexual Assault/Rape policy includes 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 youth 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)

MRYH Prevention of Resident Sexual Assault/Rape policy 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 facility posters and throughout MRYH 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)

MRYH 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 the interviews conducted by this auditor that the prevention of sexual assault in this facility is a responsibility that the personnel at MRYH 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)

MRYH 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 use. The number is posted in each housing unit. Youth residents also can have private conversations with their legal service provider, their parents on visitations and during their telephone calls each 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](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 MRYH 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](http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf). The auditor also verified this information 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. If a juvenile was at risk of sexual victimization, he/she could temporarily be placed in another bedroom and/or unit or transferred to another facility. Residents have been placed in this status in the last past twelve months. Protocol was followed per policy. The auditor also verified this information 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets all the components of this standard. This was also verified through interviews with the 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)

MRYH Prevention of Resident Sexual Assault/Rape policy includes all the components of this standard. All staff are trained in first responder duties. The auditor verified this information through interviews with random staff and review of employee 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. All staff have been trained to know what is required of them if an incident of sexual abuse or sexual harassment is reported. Case Managers/medical staff and area hospitals are also aware of their responsibilities.

### **§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)

MRYH 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)

MRYH Prevention of Resident Sexual Assault/Rape policy includes all components of this standard. The day shift supervisor 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Residents could temporarily be placed in the other bedroom or unit 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, 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets all of the components of this standard. During the last 12 months there have been seven (7) administrative allegations. The Osceola County Sheriff's Office conducts all criminal investigations. Internal investigations are initiated by the Assistant Director of Programs, and then forwarded 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)

MRYH 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 seven (7) administrative investigations within the last twelve months. The files were 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets all of the components of this standard. There have been seven (7) 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)

MRYH Prevention of Resident Sexual Assault/Rape policy includes all the components of this standard. There have been seven (7) administrative investigations within the last twelve months. None of these investigations involved staff. 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)

MRYH 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 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)

MRYH 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)

MRYH 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 the assessment of the youth and his/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. An 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 assessments are 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Services are provided at no cost to the youth 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets standards of this component. 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 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)

MRYH Prevention of Resident Sexual Assault/Rape policy meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes 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 Director, PREA coordinator, and Treatment Program Manager. There have been seven (7) 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](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 the 2012 calendar year, aggregated and posted to the DHS public website. Additionally, 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 the 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 by an interview with the agency PREA coordinator, a review of the 2014 data in the March 2014 report to the Governor on the 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](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 Roland, Jr.

March 20, 2017

Auditor Signature

Date