

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: March 14, 2016

Auditor Information			
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Telephone number: (512) 431-4051			
Date of facility visit: February 29 – March 1, 2016			
Facility Information			
Facility name: Clarence Fisher Center			
Facility physical address: 1091 Commerce Drive, Vassar, MI 48768			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (989) 823-3040			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Roy Brewer			
Number of staff assigned to the facility in the last 12 months: 55 (WGRC and CFC combined)			
Designed facility capacity: 60			
Current population of facility: 46			
Facility security levels/inmate custody levels: Low			
Age range of the population: 12-18			
Name of PREA Compliance Manager: Katrina Brock		Title: Agency-wide PREA Compliance Manager	
Email address: brockk@wolverinehs.org		Telephone number: (989) 823-3040	
Agency Information			
Name of agency: Wolverine Health Services			
Governing authority or parent agency: <i>(if applicable)</i> Michigan Department of Health and Human Services			
Physical address: 235 S. Grand Avenue, Suite 1315, Lansing, MI 48909			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (517) 335-3489			
Agency Chief Executive Officer			
Name: Nick Lyon		Title: Michigan Department of Health and Human Services Director	
Email address: GrijalvaN@michigan.gov (AA to Director)		Telephone number: (517) 241-1193	
Agency-Wide PREA Coordinator			
Name: Patrick Sussex		Title: Michigan PREA Juvenile Coordinator	
Email address: SusssexP@Michigan.gov		Telephone number: (517) 648-6503	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audits of two Wolverine Human Services (WHS) programs, Wolverine Growth and Recovery Center (WGRC) and the Clarence Fisher Center (CFC), in Vassar, Michigan were conducted concurrently on February 29 and March 1, 2016 by U.S. Department of Justice Certified PREA Auditor Debbie Unruh and assisted by Nicole Prather. This report contains findings for CFC.

Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and review of the Pre-Audit Questionnaire, facility policies, and documentation supporting compliance with each standard. Questions, requests for clarification, and additional information were listed by standard in an issues log, which was sent via email to the PREA Compliance Manager. The PREA Compliance Manager sent additional documentation, revisions to policy, and various facility forms to the auditor to address issues raised by the auditor. Correspondence between the facility PREA Compliance Manager, Michigan PREA Juvenile Coordinator, and the auditor continued during the pre-audit phase to gain further clarification and to discuss the on-site audit process.

The Agency PREA Juvenile Coordinator met the auditor prior to arriving on site on the first day of the audit. A security booth and staff member who checked identification secured entry onto the facility grounds. The auditor conducted an entry briefing with the Agency PREA Compliance Manager, PREA Coordinator, and facility administrators to discuss the on-site audit and facility inspection methodology. A walkthrough was completed of all buildings comprising CFC including the dining hall, education, living units and program area. Interviews were conducted with staff and youth in various locations. PREA posters and notifications were observed throughout the building. It was noted there were no cameras in any of the buildings. A discussion with facility administrators indicates there are no plans to add cameras, and they maintain a lower staff to youth ratio to ensure safety in all areas. Intake and medical are housed in a separate building on the campus. A tour of this building was completed and informal interviews were conducted with available staff.

Facility supervisory staff accompanied the auditor during the walkthrough. During the tour, consideration was given to lines of sight, potential blind spots, the level of youth supervision, indicators of any area lacking sufficient monitoring, and PREA related posters. Throughout the tour, brief informal interviews were conducted with staff and youth in various locations. Multiple youth care workers assigned to all three shifts and representing different levels of seniority and authority; specialized staff including first responders, intake and screening, an investigator, incident review team members, monitors of retaliation; clients from all dorms; volunteers; and medical and mental health staff were interviewed in a private office or conference room on both days of the audit. The auditor selected staff members and clients randomly. Following the interviews, additional documentation provided by the compliance manager was reviewed for each standard. An exit meeting with facility administrators concluded the on-site audit.

The PREA Audit Report indicating overall compliance with each standard was submitted to the facility and agency PREA coordinator on March 14, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Clarence Fischer Center (CFC) is a 60-bed non-secure substance abuse treatment program within the Wolverine Human Services (WHS) campus located in Vassar, Michigan.

WHS is a private partner contracted by the Michigan Department of Health and Human Services to provide juvenile justice services. CFC provides intensive substance abuse treatment to males and females ages 13-17. The average length of stay is four to six months. The population of CFC during the audit was 46. The program consists of one building divided in to four housing units, three for males and one for females, a cafeteria, and education. The program employees 58 staff members and has 19 volunteers and contractors. Health services and intake are housed in a separate building on-site. Contractors provide other health services.

CFC is comprised of open-bay living units; units one, two, and four house males while unit three houses females. Each living unit contained beds, footlockers or cabinets, chairs, television, client bathrooms with private toilets and two private shower stalls, staff offices, and large room used for group and individual counseling sessions. Signs with the National Sexual Assault Online Hotline and the Department of Human Services Protective Services toll free numbers were posted in each unit.

Within CFC is the Wolverine Center for Addiction, Recovery Education – Intensive (WCARE-I), a non-secure drug treatment program that is state licensed for integrated treatment of males and females, ages 13-17. It is a 90-day program with individual, group and family therapy, wilderness treks, and relapse prevention planning.

A separate area in the building contained the dining hall used for all clients' meals. The dining tables were removed and replaced by clusters of chairs during visitation hours. The education area contained separate classrooms, administration offices, and staff and client bathrooms. CFC shares the recreation facilities located on-site with WGRC. The gym included storage and equipment closets, bathrooms, staff office, a weight room, and basketball court.

One school principal oversees all schools on the WHS campus. An educational team leader develops and ensures implementation of Individual Education Plans for clients receiving special education services. Education is provided by Wolverine Alternative Education, a division of Vassar Public School District and the Tuscola Intermediate School District. The Michigan Merit Curriculum is followed using Edgenuity e2020, a self-paced online instructional program. Students may earn a high school diploma, prepare for the GED test, or take online college courses as appropriate.

CFC on-site services include medical, educational, counseling, post-placement planning, and recreation. Programs and activities include:

- Assessment-based individualized treatment/case planning
- Assessment-based individualized treatment/case planning
- Substance use disorder assessment
- Cognitive/behavioral group meeting
- Crisis intervention
- Life skills assessment
- Restitution opportunities
- Restorative justice programming
- Risk assessment
- Aftercare planning/permanency
- Substance use prevention education
- Substance use disorder treatment
- Community service opportunities
- Family outreach and support
- Life skills training

- Contracted psychiatric/psychological services
- Respite services
- Transportation for youth and families
- Case management services
- Gender-responsive services
- Trauma informed services (WCARE-IB)
- Trauma recovery therapy (WCARE-IG)

SUMMARY OF AUDIT FINDINGS

The initial report findings included 36 standards in compliance, 0 standards in noncompliance, 0 standards exceeding compliance, and 5 standards that did not apply.

The facility's prevention efforts included a zero-tolerance of sexual abuse and harassment evidenced by policy, documentation, and interviews; the education of youth regarding the policy; requirements of contracted entities and volunteers to adhere to the same zero tolerance; staffing plans intended to protect youth against sexual abuse; and disallowing or limiting cross-gender viewing to exigent circumstances. The facility conducts unannounced rounds twice per month for each of three shifts, but the form used to document the rounds did not clearly indicate the time and shift of each round. The auditor recommended a revision to include a separate field for entering the time and shift of the round. A revised form was created and implemented during the on-site audit. The facility reported policy requires employee background checks to be conducted every three years, but documentation in staff members' personnel files included annual background checks.

Evidence of responsive planning included the training of investigators to obtain usable physical evidence. No forensic medical examinations have been necessary, but facility protocol stipulates that youth requiring the examination would be transported to a local medical center.

Training and education included annual and periodic staff training addressing PREA-specific topics. Client PREA education occurs during intake at the facility, and reassessments are conducted throughout their stay. Interviews with clients indicated PREA education included their right not to be sexually abused or harassed, questions regarding self-perception of risk, prior harassment and abuse, reporting options, and sexual identity. Most said they were not asked these questions again, but a PREA screening tool used to assess these elements on an ongoing basis was included in client master files.

Interviews with clients indicated they had received training and information regarding the right to be free from sexual abuse and harassment and knew multiple ways to report the allegations. However, most clients said they would not be able to make an anonymous report using the sexual abuse hotline numbers as all of their phone calls were placed on speakerphone and thus monitored by staff. The auditor recommended placing sexual abuse hotline numbers in staff offices where clients have access to telephones, revise the phone call procedure to enable clients to make anonymous reports, and provide additional training regarding clients' ability to privately contact outside agencies. Staff interviews indicated they had been trained in first responder duties, monitoring for retaliation protocol, collecting and protecting evidence, and reporting responsibilities.

An overview of the auditor's findings was discussed in an exit briefing with the facility Compliance Manager and supervisory staff members. All findings were included in the Audit Report, which was sent to the facility on March 14, 2016.

Number of standards exceeded: 0

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 5

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA policy

A review of the policy met the intent of this PREA standard and sufficiently met the zero-tolerance standard prohibiting all forms of sexual abuse and harassment. The interview with the Facility Administrator was fully involved and instilled a zero-tolerance environment towards all forms of sexual abuse and harassment within the facility. The policy outlined the facility’s approach to preventing, detecting, and responding to sexual abuse and harassment, including definitions of prohibited behaviors and sanctions for prohibited behaviors.

A review of the organizational chart indicated all PREA required positions are designated.

WHS has one dedicated PREA Coordinator that serves the state of Michigan. CFC has a lead PREA Compliance Manager and individual PREA managers assigned to each program. The PREA Coordinator and PREA managers participated in the tours and were available for questions. Interviews with the PREA Coordinator, PREA Manager, and Facility Administrator validated the responsibilities assigned to their positions and conveyed they had sufficient time to perform their assigned duties and PREA duties.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

N/A Wolverine HS and its various facilities are contractors that do not sub-contract for juvenile justice residential services. Michigan Department of Health and Human Services, contracts with Wolverine HS and more than 20

other private agencies/facilities to provide juvenile justice residential services. www.dleg.state.mi.us/brs

Standard 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)

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Policy reviewed: Staffing plan and staffing plan review, Section D, #5

As observed, CFC does not have a video surveillance system; however, the program's staffing plan exceeds the required ratio prescribed by PREA Standards. The staffing plan is based on a population of 56 clients in CFC. On the day of the audit, there were 46 residents assigned to CFC. The staffing ratios on the first and second shift are 1:6 during program hours and 1:12 during sleep periods.

In the 12 months prior to the audit, the facility did not deviate from the staffing plan. The staffing plan is reviewed annually by the Facility Director, the PREA Compliance Manager and the PREA Coordinator and takes into consideration all the elements in the standard and determines if any changes are needed in the plan. The plan is then presented to the Board for final adoption

There are zero cameras that are positioned inside and outside the facility.

Supervisors and administrators conduct unannounced rounds on all shifts. The unannounced rounds are documented on a Supervisory Unannounced Rounds Log. This was an updated version that was adopted during the audit. WHS policy also prohibits staff from alerting other staff members that the unannounced rounds are taking place.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Policy Section C, #4

Cross-gender strip searches, pat-down searches, and cross-gender visual body cavity searches are prohibited by WHS policy, except in exigent circumstances. During random staff interviews, staff reported that they had received training on how to conduct a cross-gender search during training and could articulate the approved techniques.

In interviewing clients, they reported that opposite-gender staff consistently announced themselves.

Clients reported opposite-gender staff never see clients naked.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Policy Section A, #2&3

WHS posters and printed materials for client education are available in Spanish and English. In addition, WHS has a contract with an interpreter service that is available to assist with several different languages seven days a week. At the time of the audit, there were no clients who were limited in the English language. One student who was developmentally disabled was interviewed. He reported that PREA was not explained to him but that he gleaned the information from reading the posted signs. He said he knew how to report an abuse. Staff told the auditor that a client would never be used to interpret for another client in the event of a sexual assault unless the victim initiated the other client’s help. It would be helpful to clients who are developmentally disadvantaged to have quarterly refresher sessions to ensure they can demonstrate they understand the Zero Tolerance Policy and how to report harassment or abuse.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: Personnel Policy Manual Section 6, K and L and Section 11

The Personnel Policy Manual: Employment Requirements and Conditions require employees to complete an employment questionnaire that includes statements regarding pleading to or being convicted of any crimes and signature pages authorizing background checks. The Pre-Audit Questionnaire indicated background checks were conducted every three years; however, the interview of the human resource staff member indicated federal and state checks were conducted annually for all staff, volunteers, contractors, and education staff. Personnel files included annual checks through a local criminal background check, the Michigan Central Registry of Child Abuse and Neglect, Michigan Sex Offender Registry, National Sex Offender Registry, and driving records. The auditor recommended revising policy to include language specific to three provisions: 1) promotion decisions, 2) material omissions of misconduct or providing false information as grounds for termination, and 3) information to be provided to institutional employers where a former employee has applied. The PREA Compliance Manager forwarded the recommendation to the WHS Human Resources Department for review; revisions were included in a letter of corrective response and planning from the Vice President of Human Resources and will be included in the July 2106 printing of the Personnel Policy Manual.

Standard 115.318 Upgrades to facilities and technologies

- 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)

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This standard does not apply, as there have not been any expansions or modifications to the facility.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Policy Section F, #3 and MOU with Vassar Police Department

To the extent WHS is responsible for investigating allegations of sexual abuse, the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The MOU with Vassar Police states the police department will follow the uniform evidence protocol. The protocol is developmentally appropriate for youth and is adopted from or otherwise based on the most recent edition of the US Department of Justice’s Office on Violence Against Women publication.

WHS offers all clients of sexual abuse access to forensic medical examinations at Saginaw Covenant Hospital without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible.

WHS has attempted to make available to the victim a victim advocate from the Sexual Assault Center in Saginaw, MI, but were not able to do so. A copy of the email received from the center rejecting their request was provided. WHS has multiple contract therapist and staff therapist who are available for the client.

The same staff can accompany and support the victim through the forensic medical examination process, and investigatory interviews and will provide emotional support, crisis intervention, information, and referrals.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Policy Section 8

WHS ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

WHS policy ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially

criminal behavior. WHS publishes such policy on its website. WHS documents all such referrals.

WHS publishes the responsibilities of the Vassar Police Department in conducting criminal investigations.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed: Lesson plan and PowerPoint. Reviewed: Signatures on acknowledgement form.

Based on interview with random staff, WHS trains all employees who have contact with clients on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- (3) Clients' right to be free from sexual abuse and sexual harassment;
- (4) The right of clients and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between clients;
- (8) How to avoid inappropriate relationships with clients;
- (9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming clients; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- (11) Relevant laws regarding the applicable age of consent.

The training is tailored to the gender of the clients at the facility. The employees receive additional training if the employee is reassigned from a facility that houses only male clients to a facility that houses only female clients, or vice versa.

WHS documents training received and acknowledgment of understanding through employee signatures on the acknowledgement forms.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: 10.23 PREA #16

Reviewed: Sexual Abuse & Harassment pamphlet, curriculum signed PREA training acknowledgement, signed sheet Volunteer/Contractors

WHS ensures all volunteers and contractors who have contact with clients have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with clients, but all volunteers and contractors who have contact with clients are notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

WHS has documentation confirming that volunteers and contractors understand the training they have received. Interviews with volunteers and contractors also indicated compliance.

Standard 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)

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Reviewed: Client acknowledgment signature sheet, information from intake

During the intake process, clients receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

Within 24 hours, the agency provides a comprehensive education to clients in person regarding their rights to be

free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

WHS provides client education in formats accessible to all clients. The intake officer provided the link to the YouTube video for review. Documentation of client participation in these education sessions was also provided. Interviews with random clients and intake staff indicated compliance with this standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed Policy: WHS PREA Policy Section H

In addition to the general training provided to all employees, the agency ensures that the in-house investigators have received training in conducting investigations in confinement settings.

WHS reported it uses the National Institute of Corrections approved training for investigations, PREA Investigating Sexual Abuse in a Confinement Setting. Multiple staff were interviewed who were responsible for investigations, and a sample training certificate was obtained.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

WHS maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Standard 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)

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Reviewed Policy: WHS PREA Policy Section C, # 6

Reviewed: Sign-in sheets

WHS ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to: detect and assess signs of sexual abuse and sexual harassment; preserve physical evidence of sexual abuse; respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

WHS maintains documentation that medical and mental health practitioners have received the training. Medical and mental health care practitioners also receive the training mandated for employees, contractors and volunteers. Additionally, interviews with medical and mental health care staff indicated compliance with this standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed Policy: WHS PREA Policy Section B, #4

Reviewed: Client files and screening instrument

Usually within 24 hours but no later than 72 hours of the client’s arrival at the facility and periodically throughout a client’s confinement, WHS maintains and uses information about each client’s personal history and behavior to reduce the risk of sexual abuse by or upon a client. Evidence of compliance was demonstrated through client interviews.

The facility uses an objective screening instrument.

The intake screening considers, at a minimum, the following criteria to assess clients for risk of sexual victimization:

- (1) Prior sexual victimization or abusiveness

- (2) Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex, and whether the resident may be vulnerable to sexual abuse
- (3) Current charges and offense history
- (4) The age of the resident;
- (5) Level of emotional and cognitive development
- (6) The physical size and stature of the resident;
- (7) Mental illness or mental disabilities
- (8) Intellectual or developmental
- (9) Physical disabilities
- (10)The clients' own perception of vulnerability
- (11) Any other specific information about individual clients that may indicate heightened needs to supervision, additional safety precautions, or separation from certain clients.

This information is ascertained through conversations with the clients during the intake process and medical and mental health screenings; during classification assessments; and documentation from the client's file.

WHS implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the client's detriment by staff or other clients.

Standard 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)

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Reviewed Policy: WHS PREA Policy Section B, #3

Reviewed: Housing assessment forms

WHS uses all information obtained to make housing, bed, program, education and work assignments for clients with the goal of keeping all clients safe and free from sexual abuse.

Clients are not isolated from others for any purpose.

A transgender or intersex client's own views with respect to his or her own safety are given serious consideration.

Transgender and intersex clients are given the opportunity to shower separately from other clients. All clients shower separately.

WHS does not place lesbian, gay, bisexual, transgender, or intersex clients in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

In deciding whether to assign a transgender or intersex client to a housing unit for male or female clients and in making other housing and programming assignments, WHS considers on a case by case basis whether a placement would ensure the client's health and safety, and whether the placement would present management or security problems.

Interviews with staff and clients demonstrated compliance with this standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed Policy: WHS PREA Policy Section F, #2

WHS provides multiple internal ways for clients to privately report sexual abuse and sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

WHS provides at least one way for clients to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward client reports of sexual abuse and sexual harassment to agency officials, allowing the client to remain anonymous upon request. Client interviews indicated they were not aware they could do this anonymously.

Staff accepts reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports.

The facility provides clients with access to tools necessary to make a written report.

WHS provides a method for staff to privately report sexual abuse and sexual harassment of clients.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency is exempt from this standard because it does not have administrative procedures to address resident grievances regarding sexual abuse.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHS has not been able to find an outside advocacy agency to provide support. An email from a local victim’s agency demonstrated an attempt to secure these services. WHS is a therapeutic treatment agency and has multiple contracted licensed therapists and employs multiple licensed counselors who could provide this service if needed.

The clients reported during interviews that they could call their attorney and their parents.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed: Website: www.wolverinehs.org/services/PREA.aspx

Reviewed: Poster for CPS posted throughout the facility

WHS has a method to receive third-party reports of sexual abuse/harassment and distributes publicly, information on how to report sexual abuse and sexual harassment on behalf of a client.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section F

WHS Policy regarding staff and agency reporting duties meet this standard. All staff interviewed stated they fully understood they are mandatory reporters of any incident of child abuse and neglect, including sexual abuse and sexual harassment. Policy in Section F documents the reporting chain, which includes the requirement of staff that become aware of any sexual activity involving a client to immediately report the incident to their supervisor who will report to the Facility Director, Program Manager, or designee. That administrator is responsible for notifying the licensing agency. A link to the Mandated Reporting Law and Guide: Michigan was also provided.

Staff confirmed their understanding that any information related to sexual abuse or sexual harassment is confidential and should not be shared with anyone who does not have a need to know. Medical and mental health professionals understand that in addition to their reporting duties, they must also inform clients that they are mandatory reporters.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section G

The facility reported no instances of a client being subject to risk of imminent sexual abuse in the last 12 months. Agency policy outlines the immediate actions to be taken to protect clients from this risk. Interviews with staff confirmed they have been trained in their responsibility to immediately respond when they learn that a client is subject to risk. These include separating the alleged victim from the alleged perpetrator(s) including arranging for separate housing, dining, or other elements of daily routine as measures of protection.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: Policy Reviewed: WHS Residential PREA Policy Section F, #10

Agency policy requires the facility Director to report to the Director of another facility where sexual abuse is alleged to have occurred within 72 hours after receiving the allegation. The facility reported receiving no allegations from other agencies or facilities. Interviews with staff indicated understanding of and compliance with this requirement.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section H, #1

Agency policy stipulates the employee response if he/she is a first responder to a sexual abuse. The policy is consistent with the requirement of this standard stating upon learning of an allegation that a client was sexually abused, the first staff member to respond to the report must separate the victim and alleged abuser and prevent communication; contact the Facility Director, Program Manager, or designee who then makes the required notifications; seal off the area where the suspected assault took place; prevent the victim from showering or changing clothes; and submit an incident report before the end of their shift. The police must be contacted and the victim must be transported to the hospital for a forensic examination. All staff interviewed said they had been trained and articulated an understanding of their duties. In the past 12 months, there were no allegations of sexual abuse.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Coordinated Response Plan

The facility has a written institutional plan, which is duplicated for each program on the WHS property. The plan outlines the coordinated actions that must be taken in response to an incident of sexual abuse. The plan lists the actions of first responder, supervisory staff, Facility Director or Program Manager, medical and mental health providers, and investigators. Actions include separating the victim and alleged perpetrator, protecting the scene and evidence, reporting duties, notifications to required entities, transportation of the victim to a hospital for a forensic examination, investigation referral, follow-up medical and mental health services for the victim, and monitoring for retaliation. Interviews indicated staff had been trained and understood their respective responses.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply, as the agency does not enter into collective bargaining agreements.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section D, #6 and Section F, #11

The agency’s policy stipulates the protection from retaliation of clients and staff who report sexual abuse or cooperate with an investigation. The policy also states that monitoring for retaliation will occur for a minimum of 90 days.

In the past 12 months, there have been no incidents of retaliation at CFC.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard does not apply, as CFC does not use segregated housing to protect a client who is alleged to have suffered sexual abuse.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section H

Agency policy includes investigation protocols requiring an investigation to the fullest extent possible of all incidents of alleged and reported sexual abuse. Investigations are not terminated if the allegation is recanted or the reporter leaves the facility. Policy outlines the collection and preservation of evidence. WHS conducts administrative investigations, but does not conduct criminal investigations. These are referred to law enforcement for investigation.

Training records showing completion of the National Institute of Corrections Sexual Abuse in Confinement Settings for the facility’s investigators were provided on-site in the facility’s training binder. Interviews with investigative staff confirmed knowledge of conducting investigations, gathering and preserving evidence, receipt of specialized training, referrals for prosecution, and records retention.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

WHS uses no higher standard than preponderance of evidence in making the final determination if a sexual abuse or harassment is substantiated. The interview with the investigator verified compliance with this standard.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section H, #8 and Section E, #2 and #3

Agency policy requires client notification as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. WHS uses no higher standard than preponderance of evidence in making the final determination if a sexual abuse or harassment is substantiated.

In the past 12 months there were zero criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS PREA Policy Section 5

Policy is consistent with the requirements of this standard. Staff are subject to disciplinary sanctions up to and including termination. If the incident was a PREA related incident or involved abuse of child, proper authorities will be notified and criminal proceedings will be filed with the local police department. The facility reported no instances of staff violations of PREA policies in the last 12 months; thus, no staff disciplinary sanctions were imposed.

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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: Human Resources, ETH 5: WHS Professional Conduct of Staff, Interns, Contractors, Volunteers

The facility reported no cases involving volunteers or contractors who engaged in sexual abuse of clients in the last 12 months. Agency policy is consistent with the requirements of this standard. Volunteers and contractors receive annual and refresher PREA training regarding the agency’s zero-tolerance policy of sexual abuse or harassment and sign training sheets indicating they received and understood the training. Volunteers or contractors who engage in sexual abuse are prohibited from contact with clients and are reported to the police and licensing agency for criminal violations. Interviews with volunteers confirmed their knowledge that sexual abuse or sexual harassment was prohibited.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: Client Discipline Policy for PREA Related Allegations

Policy states that clients are subject to disciplinary sanctions, which are made on a case-by-case basis after consideration of false reporting, the nature of the abuse committed, disciplinary history, treatment and crisis management plans, and mental disabilities or illnesses. Any disciplinary sanction is reported to parents or guardians, client worker, and courts as appropriate. The facility does not use isolation as a disciplinary sanction. In the event of a sexual abuse, the facility offers therapy, counseling and interventions to address the reason or motivation of the abuse. The facility reported no administrative or criminal findings of client-on-client sexual abuse in the last 12 months.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section B and Section E note

Policy states any client who discloses prior sexual victimization or sexual perpetration during screening must be offered a follow-up meeting with a medical or mental health practitioner within 14 days. However, the facility reported that all clients are in treatment programs and receive weekly medical and mental health services regardless of disclosure of prior sexual victimization. Therapists or counselors conduct an intake PREA assessment within 72 hours of admission and a quarterly assessment thereafter. Client master files reviewed on-site included the intake and subsequent assessments, case notes, mental health status examinations, health services summary, and residential treatment plan with case notes. Interviews and client files verified intake assessments were conducted within 72 hours of admission and on-going and follow-up treatment was provided to all clients.

Policy stipulates the information gathered during assessments is limited in access, viewing, dissemination, to a ‘need to know’ standard for case management and treatment ensuring appropriate controls of sensitive information are not exploited by staff or other clients.

Policy dictates that clients must be informed, prior to giving them access to outside victim advocates for emotional support services related to sexual abuse, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Clients over the age of 18 must be given written informed consent before medical/mental health personnel engage in mandatory reporting regarding victimization occurring outside of an agency or institutional setting.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section B and Section F, #5 and #6

Policy addresses alleged victims’ and perpetrators’ unimpeded and timely access to treatment services such as HIV testing, emergency contraception and sexually transmitted infections prophylaxis, pregnancy-related services, and mental health assistance, in accordance with professionally accepted standards of care, where medically appropriate. All services are provided at no charge to the client. Staff articulated knowledge of this standard during interviews.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Sections B and F, WHS Behavioral Program Handbook

The facility reported that all clients are in treatment programs and meet weekly with medical and mental health professionals regardless of disclosure of victimization or perpetration. Additionally, the facility conducts medical and mental health evaluations upon admission to the facility and periodically thereafter. Client master files reviewed on-site included the intake and subsequent assessments, case notes, mental health status examinations, health services summary, and residential treatment plans with case notes. Medical services, provided at no cost to clients, include HIV testing, emergency contraception and sexually transmitted infections prophylaxis, and pregnancy-related services. Policy states that these services are consistent with the community level of care.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section J, #4

Agency policy requires upper-level facility management to review each incident of sexual abuse for cause, staffing, and physical barriers, and make recommendations for prevention and implementation of remedy(s).

The facility did not conduct a sexual abuse incident review due to no founded sexual abuse criminal or administrative investigation.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section J, #7

Policy mandates the collection of accurate, uniform data for every allegation of sexual abuse in order to answer all questions on the annual Survey of Sexual Violence. Aggregated data is incorporated into agency Performance and Quality Improvement processes and is used to improve sexual abuse prevention, detection, and response practices. Links to the Michigan Department of Health and Human Services webpage with the Annual Data and Annual Report and to the WHS webpage with PREA Annual Data for WHS facilities were provided. Both are available to the public. The Template for Annual Data Collection from Public and Private Facilities was also uploaded.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: WHS Residential PREA Policy Section J, #7

The annual report comparing the current year’s data and corrective actions with those from prior years is available to the public and posted on the Michigan Department of Health and Human Services and the WHS webpages. No personal identifiers are included in the reports.

Standard 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)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: Michigan Department of Health and Human Services Umbrella Policy, pages 6 and 7

Policy dictates data collection and review procedures including provisions for secure maintenance and storage of sexual abuse and harassment incident data and provisions for publishing annual Prison Rape Elimination Act (PREA) aggregate data with appropriate DHS approval. The data is available to the public on the Michigan Department of Health and Human Services and the WHS websites and does not include personal identifiers. Policy states the data is secured and maintained for 10 years.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Debbie Unruh

March 14, 2016

Auditor Signature

Date