

**PREA AUDIT REPORT**    Interim    Final  
**COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** April 23, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Garry Russell			
<b>Address:</b> PO Box 1402, Salem, OR 97302			
<b>Email:</b> garry.russell@q.com			
<b>Telephone number:</b> 503-559-3564			
<b>Date of facility visit:</b> November 7-8, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Jackson County Transition Center			
<b>Facility physical address:</b> 5505 S. Pacific Hwy, Phoenix, OR 97535			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 541-774-4911			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input checked="" type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Eric Guyer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 52			
<b>Designed facility capacity:</b> 169			
<b>Current population of facility:</b> 116			
<b>Facility security levels/inmate custody levels:</b> non-custodial facility			
<b>Age range of the population:</b> 18-75			
<b>Name of PREA Compliance Manager:</b> Marie Curren		<b>Title:</b> Program Manager II	
<b>Email address:</b> currenmg@jacksoncounty.org		<b>Telephone number:</b> 541-774-6633	
<b>Agency Information</b>			
<b>Name of agency:</b> Jackson County – Jackson County Community Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Jackson County			
<b>Physical address:</b> 1101 W. Main St. Ste. 101, Medford OR 97501			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 541-774-4900			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Eric Guyer		<b>Title:</b> Director – Community Justice	
<b>Email address:</b> guyerem@jacksoncounty.org		<b>Telephone number:</b> 541-774-4901	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Marie Curren		<b>Title:</b> Program Mnager II	
<b>Email address:</b> currenmg@jacksoncounty.org		<b>Telephone number:</b> 541-774-6633	

## **AUDIT FINDINGS**

### **NARRATIVE**

A PREA Audit was conducted at the Jackson County Transition Center on November 7-8, 2016. The audit was conducted by PREA certified auditor Mr. Garry Russell. Notice of the audit was posted six weeks prior to the audit beginning with the auditor contact information. Prior to the onsite visit the pre-audit questionnaire and all documents provided were reviewed, contact made with a local advocate and a review of the agency's website to evaluate compliance with the PREA standards.

On November 7, 2016, the day started with a tour of the facility provided by Marie Curren, who is the Program Manager and PREA Coordinator. The tour included all housing areas, classrooms, health services, control points, and administrative offices. During the tour it was noted that some of the PREA posters had different information listed. Apparently, there had been an update and some posters were missed during the change. In one house for female clients there was no PREA poster visible and the client in the house did not know what a PREA poster was. The camera system had been upgraded and provided the staff member in the control point good visibility of all areas.

As part of the facility audit, the auditor interviewed the facility manager, PREA Coordinator, Specialized Staff and Random Staff. All required staff interviews were conducted and included 15 specialized and random staff. Staff had a good understanding of the PREA material that they had been trained on. However, there were several elements of the standards that were not being completed at the time of the audit that required the facility to go into a corrective action period.

All client interviews were conducted and included both male and female clients off each of the housing areas selected at random. During the initial site visit 10 clients were interviewed. The interviews consistently showed a lack of education on PREA, assessment questions were not being asked and limited knowledge on resources. As part of the audit I sat through the client orientation process and watched how the staff went over the PREA section and had the clients sign that they understood the information presented. The lack of PREA knowledge by the clients led to additional recommendations by the auditor.

The interim report was completed on December 18, 2017, and the facility started their 180 day corrective action period. During this corrective action plan the facility developed staffing plans, provided training to regarding searches of transgender and intersex clients, updated their PREA policy, published the policy and annual report on the website, implemented a screening process, and policy on data storage.

On April 17, 2017, a second visit was made to review documentation and conduct follow up interviews. A tour of the facility was conducted and the auditor noticed that the PREA posters had been updated to an easier to read version. The intake process had been changed to include a PREA video that gave clients a better understanding of PREA. Interviews were conducted with the new Facility Director, PREA Coordinator, and staff responsible for the screening process.

## DESCRIPTION OF FACILITY CHARACTERISTICS



The Jackson County Community Justice Transition Center is a 169 bed facility designed to provide treatment and transitional services to male and female clients in the criminal justice system. The center operates under the directions of the Jackson County Community Justice Director.

At the time of the audit the facility housed approximately 122 clients and the average length of stay was 17 days. The facility is a single story design that housed both male and female adult clients. Approximately 50 staff are employed by this facility. Video monitor is available and had recently been updated. The control point had the ability to view cameras in “real time” and the system had the capability to record and store for a period of at least 45 days adding to the prevention and detection of sexual abuse.

## **SUMMARY OF AUDIT FINDINGS**

During the course of the onsite visit, the auditor noticed the overall tone of the facility was very positive, staff were very helpful and participated fully in the audit process. Staff displayed a working knowledge of the PREA requirements, understood their responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and/or sexual harassment. Staff were aware of how to preserve and collect evidence and how to report the incident.

Clients all cooperated with the interview process however; their knowledge of PREA seemed to be low. They were aware that there was material posted should they have a need to report and/or seek assistance however, they didn't really know the information that was on the posted material. When one client was asked about the location of the PREA poster in the housing unit they confused it with the evacuation diagram.

The facility was doing much of what is required by the standards however, some of the policies need additional items included so that they would contribute to an environment free of sexual abuse, sexual harassment, and retaliation. Where the facility did not meet the standards it was generally because they did not have documentation of the processes they carried out on a routine basis.

The auditor was impressed with the professionalism of the staff and the eagerness of the staff to make changes to be in compliance with the Standards.

During the corrective action period the facility updated their PREA policy, changed the intake process to include a PREA video, implemented a screening process, created a staffing plan and annual report, and wrote policy on data storage. These efforts increased clients knowledge of PREA, gave staff tools to use to make housing and program assignments that kept clients safe, and provided the documentation needed to be in compliance with the PREA standards.

Number of standards exceeded: 0

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 2

**Standard 115.211 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 3.8.2 Sexual Harassment and Sexual Misconduct with Clients states that the Jackson County Transition Center shall maintain zero tolerance for any form of sexual contact between staff members, volunteers, visitors, contract employees or other agency representatives and a client. While the policy is clear on zero tolerance for sexual abuse and sexual harassment between staff and clients, it does not meet the standard of having a zero tolerance for all forms of sexual abuse and sexual harassment. The auditor could not find where client on client sexual abuse and sexual harassment was addressed. Even the PREA signature form for clients only addressed staff and client sexual misconduct or contact. During the interview process the auditor found that the PREA policy was in the process of being re-written. The agency does employ an upper level manager as the PREA Coordinator. The PREA Coordinator recognizes that in the future they will have sufficient time to manage their PREA related activities. Currently, PREA implementation has taken up a significant amount of time as many policies have been in need of being rewritten to bring the facility up to standards.

**Corrective Action**

The agency written policy must mandate a zero tolerance toward all forms of sexual abuse and sexual harassment in their facility. The policy needs to outline how it will implement the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy needs to include definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy needs to include sanctions for those found to have participated in prohibited behavior. The policy needs to include a description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of clients.

As part of their corrective action the Jackson County Transition Center PREA Policy was updated. The updated policy clearly outlines uniform guidelines and procedures to reduce the risk of sexual abuse and sexual harassment and the commitment to a zero-tolerance standard towards all forms of sexual abuse and sexual harassment. This policy includes definitions of prohibited behavior regarding sexual abuse and sexual harassment. It now outlines the agency strategies and approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

**Standard 115.212 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)

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Jackson County Transition Center does not contract with other entities for the confinement of clients.

### Standard 115.213 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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Through the interview process it was found that there was no documented staff plan.

#### Corrective Action

The agency needs to document their staffing plan. As part of this plan they need to consider the physical layout of the facility, composition of the client population, and prevalence of substantiated and unsubstantiated incidents of sexual abuse. Additionally, there needs to be a method to document and justify all deviations from the staffing plan. No less than once each year the staffing plan needs to be assessed to determine and document whether adjustments are needed.

During the corrective action period the agency developed a staffing plan to ensure the safety of the clients and staff. The plan considers the use of electronic monitoring equipment. The plan requires that supervisors document and justify why the plan could not be followed. They have a weekly schedule and the agency has 10 years of the weekly schedule archived. When there is a deviation to the staffing plan, they document it with an email and they adjust the weekly schedule. These emails are attached to the weekly schedule that is archived and fulfills having a method to document and justify all deviations from the staffing plan. The staffing plan requires the facility supervisors and PREA Coordinator to review the staffing plan and video monitoring once a year to determine if adjustments need to be made.

During the return site visit interviews were conducted with the Facility Director and PREA Coordinator. The new staffing plan, in consideration for adequate staffing levels to protect clients against sexual abuse looked at when clients were on site. The staffing plan has more staff assigned during periods when more clients are in and video monitoring in part of the plan. The plan considered the physical layout of the facility, composition of the client population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse.

### Standard 115.215 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)

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Through the interview process the auditor was able to determine that the facility does not conduct cross-gender strip or visual body cavity searches of clients. However, the auditor does recommend adding language to the policy to more clearly identify the process and reflect what the agency is doing. The facility does not perform any pat-down searches of clients. The agency did not have training for staff on how to conduct searches of transgender and intersex clients.

#### Corrective Action

Clarify language in Policy 4.5 Searches, to include language that the facility shall not conduct cross-gender strip searches except in exigent circumstances or when performed by medical practitioners. The facility shall document all cross-gender strip searches. The facility shall train staff in how to conduct searches of transgender and intersex clients in the least intrusive manner possible, consistent with security

needs.

The update of the PREA Policy clarified the language around cross-gender searches. The policy now states, “Cross-gender unclothed and pat down searches are prohibited. Unclothed searches conducted by staff will be of the same gender as the client, unless there is an emergency.” “The facility shall document all unclothed searches to include cross-gender and cross-gender visual body cavity searches.” The policy also states, “The department shall train staff responsible for the supervision of clients in how to conduct searches of transgender and intersex clients, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.”

During the return site visit the auditor was able to review the training curricula regarding searches of transgender and intersex clients. During the corrective action period the facility had housed a transgender client and had been able to put the new policy and training to use.

### **Standard 115.216 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.**

Jackson County has Policy #1-48 Limited English Proficiency, that sets forth the County’s responsibilities to ensure that persons with Limited English Proficiency shall not be discriminated against nor denied meaningful access to, and participation in, the programs and services provided. Through interviews the auditor was able to determine that the took reasonable steps to ensure meaningful access to all aspects of the agency’s effort to prevent, detect, and respond to sexual abuse and sexual harassment to clients who were limited English proficient. Staff understood that they should not rely on client interpreters.

### **Standard 115.217 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)

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The agency asks all applicants and employees who may have contact with clients about previous misconduct as listed in standard 115.217(a). The agency considers any incidents of sexual harassment in determining whether to hire or promote anyone. These cases would be staff with Human Resources and the Agency Director. Before hiring new employees who may have contact with clients the agency performs a criminal background check. The agency also performs a criminal background check before hiring any contractor that may have contact with clients. The agency conducts annual criminal background checks on current employees however; contractors are not having criminal background checks completed at least every five years. The agency asks employees who may have contact with clients directly about previous misconduct listed in standard 115.217(a). Employees have a continuing affirmative duty to report police contact. The agency would provide information on substantiated allegations of sexual abuse or sexual harassment with a release of information.

Corrective Action

The agency needs to ensure that criminal background checks are being conducted on contractors that may have contact with clients.

The updated PREA policy requires that all employees, contractors and volunteers of Jackson County Transition Center sign the PREA Acknowledgement Statement and as required by PREA, Jackson County Transition Center shall conduct criminal background records checks at least every five years of permanent, temporary employees and contractors, volunteers and interns.

During the return site visit, through interview with the PREA Coordinator it was found that contractors are now having background checks completed prior to any work being done. Volunteers are scheduled to have background checks completed annually every January.

### **Standard 115.218 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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The agency has a collaborative effort when updating video monitoring systems. The facility recently upgraded the camera system and the new system allows for more cameras in common areas and the ability to store data for approximately 45 days. The agency considered how this upgrade in technology would enhance the agency's ability to protect clients from sexual abuse.

### **Standard 115.221 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)

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The facility is not responsible for conducting their own investigations however; through interviews with random staff members it was apparent that they understood their role in evidence preservation that would maximize the potential for obtaining usable physical evidence. Clients are transported to an outside medical facility for Sexual Assault Forensic Examinations that are conducted by a Sexual Assault Nurse Examiner. These forensic examinations at an outside facility are conducted without financial cost to the victim. The agency provided emails from the Jackson Count SART that outlined the process for the facility which includes:

1. Jackson County Sheriff's Office responds to the facility and would contact a SANE and Victim Advocate while in route to the hospital
2. The helpline 541-779-4357 will allow someone to get assistance reporting a sexual assault and receive assistance from a victim advocate
3. Online anonymous reporting can be done via reportingoptions.org
4. All 3 local hospitals have SANE exams
5. 5 free counseling sessions are available
6. Medical exam is free
7. Can call the help line to get an advocate for a client reporting sexual assault

### Standard 115.222 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)

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Policy 3.8.4, Reporting Sexual Misconduct requires all employees of Jackson County Community Justice to report all allegations and complaints or observations of sexual misconduct to their immediate supervisor. Additionally, there is a staff PREA checklist for reporting and investigation of sexual abuse and it outlines the following steps:

1. Ensure the victim is safe and kept separate from the alleged perpetrator
2. Request the victim not shower, change clothes or use the bathroom
3. Move the alleged abuser to protect evidence
4. Maintain crime scene and ensure evidence is secured
5. Notify appropriate supervisory staff and PREA Coordinator
6. Contact Jackson County Sheriff Office
7. Contact Victim Services
8. Document notification, the incident, and your action in an incident report

The agency website does have a PREA web page and outlines that the agency mandates a zero tolerance for any incidence of sexual assault or attempted sexual assault; it also has contact information for the PREA Coordinator and a 24 hour support line. However, the actual policy is not made available here or through other means as required in standard 115.222(b).

#### Corrective Action

Add a link to the agency PREA policy on the website or make the policy available through other means.

During the corrective action period the agency published the PREA policy on the PREA page on the agency website. The auditor was easily able to find the policy on the agency PREA website.

### Standard 115.231 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)

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The facility has a very thorough training for staff and all employees who may have contact with clients have been trained with material that is tailored to the composition of clients at this facility. The auditor reviewed the training material and through interviews with random staff it was evident that they had received training and had a working knowledge of the zero-tolerance policy and their responsibilities in prevention, detection, reporting, and response to incidents of sexual abuse and sexual harassment. Staff receive refresher training and all training is documented with the employee signature.

### Standard 115.232 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)

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The facility had two contractors that had contact with clients. At the time of the onsite visit these contractors had not received training. The PREA Coordinator provided email documentation that they were in the process of scheduling training for these contractors. The training provided would be based on the service they provide and the level of contact they have with the clients.

#### Corrective Action

Provide PREA training for contractors and volunteers who have contact with clients and maintain documentation that they understand the training that they have received.

After receiving training all employees, contractors and volunteers of Jackson County Transition Center shall sign the PREA Acknowledgement Statement. During the return site visit the auditor was able to review that signatures acknowledging the training that contractors and volunteers received were being maintained.

### Standard 115.233 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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The auditor sat through the facility's orientation process and observed the clients receiving information on the zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents, and their right to be free from retaliation for reporting. The client signs that the policy and reporting options had been explained to them. This process is completed for any client coming into the facility. The agency has a limited English proficient policy and ensures that information is provided in formats accessible to all clients. In addition to the initial orientation the participant handbook has PREA information in it and there are posters visible to clients throughout the facility.

While the agency meets the minimum necessary for this standard the auditor has concerns about the client's comprehension of PREA and has recommendations to enhance the facilities practices. During the facility tour a client was asked about the location of the PREA poster and she thought it was the evacuation diagram. Through random client interviews there was a significant lack of knowledge of PREA even though most clients were able to tell the auditor that there were posters they did not know the information that was provided. The auditor recommends in addition to the current facility efforts on client education that they include a video during the intake process that would give an additional learning opportunity for clients that may learn through a visual training better than through verbal instruction.

During the return visit the auditor noticed that the facility had changed the intake process and clients now watched a PREA video prior to the intake process. This change enhanced the level of client PREA comprehension.

### Standard 115.234 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)

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This standard is Non Applicable as the agency does not conduct any form of criminal or administrative sexual abuse investigations. All investigations are referred to the Jackson County Sheriff's Office.

### Standard 115.235 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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Medical and mental health staff receive the same training as the employees and the agency maintains documentation that the medical and mental health practitioners have received training.

Through interview with mental health staff they were able to demonstrate that they had been trained on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, and to whom to report allegations of sexual abuse and sexual harassment.

Forensic exams are not conducted by medical staff onsite, clients are transported to one of the local hospital all of which have a SANE to conduct these examinations.

### Standard 115.241 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)

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Policy 3.9.2, Assessment and Housing states that CJTC will consider vulnerability of all offenders at the time of admission and prior to housing assignment, thereby reducing the risk of sexual assault against those offenders who are most at risk or by those offenders most likely to perpetrate such a crime. However, during the onsite visit it was confirmed through the interviews with both staff and clients that an assessment using an objective screening instrument had not been implemented.

**Corrective Action**

All clients need to be assessed during intake using an objective screening document. This intake screening needs to take place within 72 hours of the client arriving at the facility and should include the following:

1. Whether the client has a mental, physical, or developmental disability
2. The age of the client
3. The physical build of the client
4. Whether the client has previously been incarcerated
5. Whether the client's criminal history is exclusively nonviolent
6. Whether the client has prior convictions for sex offenses against an adult or child
7. Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming
8. Whether the client has previously experienced sexual victimization
9. The client's own perception of vulnerability

While the auditor understands that the average length of stay is 17 days there also needs to be a process in place so clients staying longer are reassessed within 30 days of arrival at the facility. A client risk level should also be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

The agency has implemented an Intake Victimization Screening Tool. The screening tool and process of how it is used is outlined in the agency's updated PREA policy. The policy outlines that the initial assessment will be conducted within 72 hours and that a second assessment of the client will be completed prior to 30 days from their arrival.

During the return site visit the auditor was able to discuss the screening process with staff responsible for conducting the screening and with the PREA Coordinator. During the interview with the staff member responsible for conducting screenings it was determined that the facility was screening clients upon admission and that these screenings were being conducted within 72 hours of intake. During the process the clients watch a PREA video and then are individually taken in for a screening which assesses:

- Age;
- Physical Stature;
- Mental, physical or developmental disability;
- Sex offender status;
- First time offender status;
- Past history of victimization;
- Client's own perception of vulnerability; and
- Perception of client to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming.

Clients are reassessed as needed due to a referral, request, incident of sexual abuse, or receipt of additional information. Clients are not disciplined for refusing to respond or disclose information during the assessment. The agency has a process where the screening information is forwarded to the PREA Coordinator and only select staff have access to that information.

**Standard 115.242 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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The agency has a policy that states how they will use assessment information however, at the time of the onsite visit the risk screenings where not being conducted and as such makes this standard noncompliant as well.

#### Corrective Action

Implement the risk screening required by standard 115.241 and then use that information to inform housing, bed, work, education, and program assignments. Policy should also address transgender and intersex clients and in determining housing and programming assignments the facility needs to consider 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. A transgender or intersex client's own view of his/her safety should be given serious consideration and the need to have the ability to shower separately from other clients.

The agency has implemented the risk screening tool and the PREA policy has been updated to outline how that information is used. The policy now states, "The department makes individualized determinations about how to ensure the safety of each client including housing, work assignments and access to services. The facility shall use information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those clients at high risk of being sexually victimized from those at high risk of being sexually abusive." The policy also addresses transgender and intersex clients stating, "In deciding client housing and programming assignments for transgender or intersex clients, the department shall consider 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." The policy also states, "A transgender or intersex client's own views with respect to his or her own safety shall be given serious consideration."

During the return site visit the auditor was able to interview the staff responsible for conducting the screening and confirmed that the facility was using the information to identify risk and making informed decisions on housing and program assignments. Transgender and intersex client's own views of safety are given serious consideration. The facility would determine housing and program assignments on a case-by-case basis for transgender and intersex clients considering whether the placement would ensure the client's health and safety. The facility would also consider whether placement would present a management or security concern. The facility has an area for transgender and intersex clients to shower separately from other clients

### Standard 115.251 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.**

The facility provides multiple ways for clients to report sexual abuse and sexual harassment. Verbal and written reports can be received by staff internally. Outside resources also exist with the HELP line, Sheriff Office and a web reporting option. Through interviews with random staff it was confirmed that they would accept reports of sexual abuse and sexual harassment verbally, in writing, anonymously, and from a third party. All staff stated that they would document verbal reports they received. Staff all knew methods that they could use to privately report sexual abuse and sexual harassment of clients.

### Standard 115.252 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 facility does have a grievance process that provides an avenue for each client feeling aggrieved, to have the grievance heard and dealt with formally. This process does not specifically address how a grievance would be handled if one was submitted regarding sexual abuse.

#### Corrective Action

The agency should add language that:

1. There is not a time limit on when a client may submit a grievance alleging sexual abuse.
2. The agency shall not require a client to have to resolve with the staff, an alleged incident of sexual abuse.
3. A client may submit the grievance without submitting it to the staff member who is the subject of the complaint.
4. The grievance should not be referred to the staff member who is the subject of the complaint.
5. The agency shall issue a final agency decision on the merits of the grievance within 90 days.
6. The agency may claim an extension of up to 70 days if the normal time period for response is insufficient to make an appropriate decision.
7. The agency shall establish a procedure for the filing of an emergency grievance alleging that a client is subject to a substantial risk of imminent sexual abuse.

The updated PREA Policy specifically addresses grievances. The policy now clearly outlines that grievances for sexual abuse do not have a time limit, clients are not expected to resolve nor turn into a staff who is the subject of the complaint, the grievance will not be referred back to the staff member if they are the subject of the complaint, final agency decision is made within 90 days, and the facility may extend up to 70 days if there is not a sufficient amount of time to make an appropriate decision. The policy also outlines the process for filing an emergency grievance if a client is subject to substantial risk of imminent sexual abuse.

#### **Standard 115.253 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.**

The facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse. Numbers are provided during orientation and are listed on posters throughout the facility. The facility uses a HELP line which can assist clients with reporting and obtaining advocate services. Through interviews with random client there was a general understanding on how to obtain access to services and the level of confidentiality they would have on these calls. The facility was able to provide emails that showed communication with community services providers and the services that they would provide to the facility.

#### **Standard 115.254 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.**

The agency has established a method to receive third party reports of sexual abuse and sexual harassment. They have an agency PREA web page that list contact numbers for people to report, as well as, a web site where someone could anonymously report sexual abuse and sexual harassment on behalf of a client.

#### **Standard 115.261 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 3.9.4 Confidentiality, Reporting and Protection, CJTC staff will contact their supervisor/manager when an offender reports sexual assault, sexual solicitation, or sexual coercion to staff. Information provided in confidential communications to professional staff will be shared consistent with and according to the standards required by state statute, professional licensure, and ethical standards.

Through interviews with random staff they understood their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. Additionally, they were aware of the procedure for reporting such information. The facility has a PREA Checklist for staff to ensure that they understand their roles and responsibilities.

#### **Standard 115.262 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.**

When the agency learns that a client is subject to a substantial risk of imminent sexual abuse it takes immediate action to protect the client. This was seen both in documentation and in the interviews with random staff. The PREA checklist guides staff to immediately ensure the victim is safe and kept separate from the alleged perpetrator. Through interviews with they understood their role and would take immediate action and once the victim was in a safe place they would notify their supervisor. In interviews with supervisor staff they reiterated the policy of immediately separating the victim and perpetrator and looking at housing in a different dorm.

### Standard 115.263 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.**

Through the interview process the auditor found that the facility was aware that if an allegation that a client was sexually abused while confined at another facility the head of the facility would notify the head of the facility where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation. There was nothing in policy that covered this notification.

#### Corrective Action

Add language to the policy that upon receiving an allegation that a client was sexually abuse at another facility, the head of the facility would notify the head of the facility where the alleged abuse occurred. This notification must be made no later than 72 hours after receiving the allegation and the agency needs to document that it has made such notifications.

The update to the PREA Policy corrected this concern. The policy now has a section on “Official Response Following a Client Report” and this section outlines notification of the appropriate official of the agency where the alleged abuse occurred within 72 hours after receiving the notification and documenting the notification to the agency where the alleged abuse occurred.

During the return site visit the auditor was able to interview the Facility Director. The facility has designated the PREA Coordinator as the point of contact if another agency refers allegations of sexual abuse or sexual harassment that occurred in this facility. When the agency receives such notification it ensures that the allegation is investigated. During the corrective action period the facility was notified of an alleged incident. Investigation found that the person in question had not been housed at the Transition Center; they had been housed at the jail. Notification was made to the Chief that an incident had been alleged in their facility. The Transition Center made this notification within 72 hours of receiving the allegation and documented that they had provided notification to the jail.

### Standard 115.264 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.**

The agency has a very good PREA checklist for staff that guides them through their responsibilities such as:

1. Ensure the victim is safe and kept separate from the alleged perpetrator.
2. Request the victim not shower, change clothes, or use the bathroom.
3. Move the alleged abuser to protect evidence.
4. Maintain crime scene and ensure evidence is secured.
5. Notify appropriate supervisory staff/supervisor on duty and PREA Coordinator.
6. Contact Jackson County Sheriff’s Office.
7. Contact Victim Services
8. Document your notifications, the incident and your actions in an incident report.

During interviews with random staff it was apparent that they understood their role if they were the first staff responder regardless of their job classification.

**Standard 115.265 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.**

The facility does have a written plan to coordinate action taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility management. During the onsite visit this policy was under revision. The new revision will make this coordinated response clearer in policy.

The new policy has a coordinated action plan in the section titled Official Response Following a Client Report. This section details out responsibilities for first responders; PREA Coordinator and other managers; investigators; and medical and mental health care.

**Standard 115.266 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.**

The agency does have a collective bargaining agreement and through interviews and review of the collective bargaining agreement it was verified that the agreement does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any client pending the outcome of an investigation.

**Standard 115.267 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 3.9.4 Confidentiality, Reporting and Protection states that the CJTC will, to the degree possible within limited resources and applicable laws, protect offender victims and reporters of sexual assault, sexual solicitation, and sexual coercion for retribution from the perpetrator or others commencing from when the allegation is made until such time as the threat has passed. While this was covered in policy at the time of the site visit there was not a designated staff member charged with monitoring retaliation. Interviews with the supervisor found that they did perform these duties however; there was no documentation to the duties being performed. The supervisor stated that they would use multiple protection measures such as housing changes and initiating contact with clients who had reported sexual abuse. This monitoring would continue until the client was out of the program.

#### Corrective Action

Designate staff responsible for monitoring retaliation. Have those staff create a log to show periodic status checks with clients who had reported sexual abuse or sexual harassment.

The updated PREA Policy outlines the agency protection against retaliation in the section on Official Response Following a Client Report. The policy designates the PREA Coordinator, PREA Compliance Manager, and Supervisors as the staff responsible for monitoring for retaliation by other clients or staff. All actions taken to remedy any retaliation is documented and forwarded to the agency PREA Coordinator and the PREA liaison. Monitoring will occur for at least 90 days and shall continue beyond that point if the initial monitoring indicates a continuing need.

During the return site visit the auditor was able to interview the Facility Director and PREA Coordinator to discuss the facility's protection against retaliation. To protect clients and staff from retaliation they would increase dorm walk throughs, watch for signs, and review video records. Housing changes or moving the suspect out of the facility could be measures used to protect clients from retaliation. The PREA Coordinator would be the one who initiates contact with clients who have reported sexual abuse to monitor for retaliation. Average stay for clients is 4 days however, some stay a significantly longer period and they would monitor conduct until they leave if necessary.

### **Standard 115.271 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.**

The agency is not responsible for conducting any form of criminal or administrative sexual abuse investigations. They utilize the Jackson County Sheriff's Office who has received training in sexual abuse investigations. First responding staff secure the crime scene until the investigator can arrive. The investigator then gathers and preserves all direct and circumstantial evidence. Credibility of the witness is assessed on an individual basis and not determined by the person's status as a client. Both criminal and administrative investigations are documented through a written report. Substantiated allegations of conduct that appears to be criminal will be presented to the District Attorney for prosecution.

The agency has not had a case that was investigated however, they understand that they need to retain all written reports as long as the client is incarcerated or employed by the agency, plus five years. The agency also understands that they will endeavor to remain informed about the progress of the investigation while the outside agency is investigating.

### Standard 115.272 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.**

The agency uses preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.273 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.**

The agency policy does not specifically address informing the client as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded. Through interviews staff were aware that this needed to happen however, they had not had a case to make notifications on. They were also aware that they needed to notify a client in an allegation against a staff member whenever the staff member was no longer posted on the client's unit, the staff member is no longer employed, the agency learns the staff member had been indicted, or the agency learns that the staff member has been convicted.

#### Corrective Action

Add language to the policy that addresses reporting to the clients, specifically:

1. Informing the client as to whether the allegation had been determined to be substantiated, unsubstantiated, or unfounded.

Whenever the allegation is against a staff member notify clients when:

1. Whenever the staff member is no longer posted on the clients unit.
2. If the staff member is no longer employed.
3. If the agency learns the staff member has been indicted
4. If the agency learns the staff member had been convicted.

The updated PREA Policy addressed this concern. The new policy outlines that the PREA Coordinator with the assistance of the PREA Compliance Manager shall be responsible for reporting to client in the event of a client allegation of sexual abuse. The policy outlines all areas in Standard 115.273, for reporting to clients. All such notifications or attempted notifications are documented by the PREA Liaison.

During the return site visit this was confirmed with the Facility Director. The facility does make notification to clients as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy is now in place that was not there previously even though this practice had been in place prior to it being placed in policy.

### Standard 115.276 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.**

Staff are subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policies. Policy 3.8.2 Sexual Harassment and Sexual Misconduct with Clients states that all reports of sexual misconduct will be investigated in a timely manner and appropriate corrective action will be taken; up to and including termination.

Disciplinary sanctions for violating agency policies are determine based on the nature and circumstances of the actions, the staff member’s disciplinary history and sanctions imposed from comparable offenses by other staff with similar histories.

Terminations for violating the agency sexual harassment and sexual misconduct policy or resignations by staff that would have been terminated would still be investigated.

### Standard 115.277 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.**

Any contractor or volunteer who engages in sexual abuse is prohibited from entering the facility until after the investigation is completed. The facility will consider appropriate remedial measures or to prohibit further contact with clients in cases of any other violation of the agency sexual abuse or sexual harassment policies.

### Standard 115.278 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.**

The Jackson County Transition Program participant handbook outlines the Disciplinary Hearings Process for clients. Each client reads, signs, and dates copies of the conditions for participants in the program. Clients also receive a list of potential violations and an explanation for the disciplinary hearings process. Major violations are the most serious violations of program rules and regulations and could warrant a client being removed from the program and/or being returned to a higher level of custody. The hearings officer will consider witnesses and evidence in determining whether allegations are true or not. The hearings officer will either support the assigned CJO recommendation or impose a different course of action based on disciplinary history and sanctions imposed for comparable offenses.

The agency may discipline a client for sexual contact with a staff only upon finding that the staff member did not consent to such contact. Reports by clients of sexual abuse made in good faith based on the reasonable belief that the alleged conduct occurred shall not constitute false reporting.

### **Standard 115.282 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 3.9.4 Confidentiality, Reporting and Protection outline that facility health care provider staff will be notified of the sexual assault. CJTC will ensure access to medical and mental health services for victims of sexual assault, sexual solicitation, and sexual coercion. Such services shall be free of charge to the offender. The local hospital would perform a forensic sexual assault examination, appropriate evidence collection, sexually transmitted disease testing, and prophylactic medical measures.

### **Standard 115.283 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 3.9.4 Confidentiality, Reporting and Protection states that CJTC will ensure access to medical and mental health services for victims of sexual assault, sexual solicitation, and sexual coercion. Such services shall be free of charge to the offender.

Through interviews it was determined that evaluation and treatment of victims include: follow-up services, treatment plans, and referrals for continued care. The services provided are consistent with the community level of care. Female victims of sexual abusive vaginal penetration are offered pregnancy test and given timely and comprehensive information about access to lawful pregnancy-related medical services. Victims of sexual abuse while incarcerated are offered sexually transmitted disease testing and prophylactic medical measures.

## Standard 115.286 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 3.9.4 Confidentiality, Reporting and Protection states that CJTC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. While conducting a review is in policy the auditor found during interviews that there was no designated review team as there had not been a case to review at this facility.

### Corrective Action

The policy needs to be enhanced to include who the review team would be and their duties. For example:

#### Team

1. Upper-level management
2. Line supervisors
3. Investigators
4. Medical or mental health practitioners

#### Duties

1. Consider whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in that area during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
6. Prepare a report of its findings, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

The update PREA Policy has included information about the Sexual Abuse Review Team. The Sexual Abuse Review Team duties are outlined in this policy and it includes preparing a report of findings with recommendations for improvement and submitting the report to the facility PREA Coordinator.

During the return site visit the auditor interviewed the Facility Director regarding the Sexual Abuse Incident Reviews. The team consists of two supervisors, compliance manager, liaison, coordinator, and a QMHP. The team considers whether the incident was motivated by race; ethnicity; gender identity; gang affiliation; or other group dynamics. They examine the area where the incident occurred to assess any physical barriers that may have contributed. They assess the adequacy of staffing levels to include the location of the staff and any monitoring technology that should be supplement supervision by staff. A report of the finds is prepared and forwarded to the PREA Coordinator. The PREA Coordinator reviews the reports for trends and stores the report in the secure drive.

## Standard 115.287 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 3.9.5 Data Collection and Compilation states that CJTC will collect information related to the purposes outlined in this policy; specifically to gather data that will help the department reduce the risk that sexual assault and/or sexual activity would occur within the department. While it is in policy the auditor found that since there had been no cases an annual report was not completed.

Corrective Action

Collect aggregate incident-based sexual abuse data utilizing the categories from the most recent Survey of Sexual Violence conducted by the Department of Justice which should include:

1. How many person under your supervision December 31<sup>st</sup>
2. How many admitted to your facility for the year
3. For the calendar year what was your average daily population
4. Calendar year number of client-on-client nonconsensual sexual acts (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
5. Calendar year number of client-on-client abusive sexual contact (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
6. Calendar year number of client-on-client sexual harassment (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
7. Calendar year number of staff sexual misconduct (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
8. Calendar year number of staff sexual harassment (broken down by substantiated, unsubstantiated, unfounded, and ongoing)
9. Total number of substantiated incidents from the categories above

The updated PREA Policy clarifies the data collection and annual report. The agency PREA Coordinator is responsible to identify the data that must be collected and work with the PREA Liaison to assure the data is submitted within the required timeframe. The data is compiled monthly and annual reports are submitted to the Director. This annual report will establish a baseline of data documenting the prevalence of incidents involving sexual abuse. The facility provided the aggregated incident-based sexual abuse data for the calendar year 2016.

**Standard 115.288 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.**

Since the data is not being collected in Standard 115.287 the review of that data and annual reports is not being completed either and once the reports are approved by the agency head they need to be made available to the public via the agency web site.

Corrective Action

Review the data in Standard 115.287 and use it to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices, and training, including:

1. Identifying problem areas
2. Taking corrective action on an ongoing basis
3. Prepare an annual report and corrective actions for the facility

The annual report should include a comparison for current year with those from prior years. The agency head shall approve the report and make it available to the public through its website.

of its sexual abuse prevention, detection, and response policies, practices, and training. The report compares 2016 data with that of 2015. The report has a section titled achievements which outlines the agency's progress in addressing sexual abuse. The report was approved by the agency head and made available to the public through the PREA page on the agency website.

During the return site visit the auditor interviewed the PREA Coordinator and confirmed that the facility reviewed the data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The facility takes corrective action on an ongoing basis based on this data. The annual report contains finding from its data review and any corrective actions.

### Standard 115.289 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.**

Once again this standard is based on the data collection from Standard 115.287 and since that is not be collected it makes this standard also not meet the standard.

#### Corrective Action

Ensure the data collected in Standard 115.287 is securely retained.

The aggregated sexual abuse data needs to be made readily available to the public at least annually through its website.

Before making aggregated sexual abuse data publicly available the agency shall remove all personal identifiers

The agency shall maintain sexual abuse data collected in standard 115.287 for at least 10 years after the date of initial collection

During the return site visit the auditor interviewed the PREA Coordinator. During this interview the auditor was able to confirm that the facility had created a secure drive which had limited access only for those staff that have the need for the information. The data collected and stored in the secure drive is stored for a minimum of 10 years after the date of initial collection. The policy outlined the availability of the data. The policy and the annual report are both made available to the public on the agency PREA website.

### 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.

Garry Russell

4/23/2017

Auditor Signature

Date