# PREA AUDIT: AUDITOR'S SUMMARY REPORT Juvenile Facilities





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Name of facility:	Bay Pines Center					
Physical address:	2425 North 30th. Stree Escanaba. Mi. 9829	t				
Date report submitted:	12/05/14					
<b>Auditor Information</b>	James L. Roland Jr	The Nak	amoto Grou	р		
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Email:	james.roland@nakamot	togroup.c	om			
Telephone number:	419-610-5668					
Date of facility visit:	November 18-20, 2014					
<b>Facility Information</b>	•					
Facility mailing address: (if different from above)						
Telephone number:	906-789-7220					
The facility is:	☐ Military		☐ County	F	ederal	
	□Private for profit		☐ Municipal ☐ State			
	☐ Private not for profit					
Facility Type:	☐ Detention	☐ Corre	ction	⊠Other		
Name of PREA Complia	ance Manager:	Jim	McClain		<b>Title:</b> PREA Compliance Manager	
Email address: mcclain	@michigan.gov				Telephone number:	906-789-7362
<b>Agency Information</b>						
Name of agency: Juvenile Justice Programs (JJP) Michigan Department of Human Services (DHS)						
Governing authority or parent agency:	Department of Human	Services S	State of Mich	igan		

Juvenile Justice Programs

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**Agency Chief Executive Officer** 

Name: Maura Corrigan Title: Director

Email address: Telephone number:

**Agency-Wide PREA Coordinator** 

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## **AUDIT FINDINGS**

### **NARRATIVE:**

The site visit for PREA audit of the Bay Pines Center facility was conducted on November 18-20, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. During the audit, the auditor toured the facility and conducted formal staff and resident interviews. The auditor interviewed 10 juveniles (10 random juveniles from all of the housing units). In addition, the auditor questioned 10 staff and youth specialists, (9 specialized staff and 2 random youth specialists), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Director, PREA compliance manager, special education teacher, Investigator, Mental Health Group leader, Human Resource Manager, Youth residential Director, PREA Coordinator.

An entrance meeting was held with the following persons in attendance: PREA Juvenile Compliance Coordinator Patrick Sussex, PREA facility Manager Jim McClain, and Director Barb LaRue.

There are currently 25 juveniles assigned to the facility. Following the entrance meeting, I toured the facility from 8:30 a.m. to 9:30 am, Eastern Standard Time. In the last calendar year, there were three sexual assault/harassment allegation cases. After investigations by outside investigators, all were ruled unfounded.

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### **DESCRIPTION OF FACILITY CHARACTERISTICS:**

Bay Pines Center provides secure residential detention services for youth of either gender awaiting a court decision. Residential treatment programs for youth adjudicated for criminal offenses. Secure short-term, solution-focused intensive treatment for youth as an alternative to traditional residential treatment. Bay Pines Center is licensed to accept up to 45 youth age 12 to 20.

### **Treatment Highlights**

The core delinquency rehabilitative treatment is provided through both the daily treatment milieu and individualized therapeutic sessions. A group treatment model is used to promote accountability and improve social interaction skills. The therapeutic environment is supported by a cognitive behavioral framework of evidence based treatment models.

- Average length of stay is 13 months.
- Treatment groups are limited to 10 youths.
- Each treatment group has their own living area.
- Treatment programs use cognitive-behavioral therapy.
- Youths attend 30 hours of educational instruction per week in on-campus, year-round school.
- Our youths have built eight Habitat for Humanity homes in the Escanaba community.
- Outside employment opportunities available at appropriate point in treatment program.
- Education program endorsed by the Escanaba Public High School.
- Youths are eligible for high school diploma on completion of necessary credits.
- Certification in Serv-Safe

### **Educational Highlights**

- Fully accredited high school offering academic credits and high school diplomas issued by Escanaba Public High School.
- All teachers are Special Education-certified.
- All teachers are highly qualified as required by No Child Left Behind legislation.
- Individualized grade-level-appropriate instruction.
- College courses available through Bay Community College.
- Physical conditioning, including rock climbing, cross-country skiing, baseball offered.
- Youths gain an average academic growth in excess of 1.5 grade levels per year.

### **Additional Services**

- Campus-wide Balanced & Restorative Justice programming.
- On-campus medical and dental services.
- On-campus psychiatric and psychological services.
- Housing for visiting families.
- Off-campus employment opportunities.
- On-campus Adventure Education facilities.
- Community-based religious and spiritual enrichment programs.
- Native American spiritual and support services.

### **SUMMARY OF AUDIT FINDINGS:**

An exit meeting was held with the following persons in attendance: Director Barb LaRue, PREA Agency Compliance Coordinator Patrick Sussex, PREA Compliance, and Manager Jim McClain.

Number of standards exceeded: 1

Number of standards met: 40

Number of standards not met: 0

Not Applicable: 0

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

$\nabla$	Fyreeds	Standard I	(substantially	evceeds rea	auirement a	of standard
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☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

The Agency meets the standard with their policies and practice. Bay Pines Center Policy 560 Prevention of residential sexual assault/rape, policy 602 Discipline response system, and Policy 100 Hiring, screening, and employment clearly meets this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, the Agency also employs a fulltime PREA Juvenile Compliance manager to ensure they are meeting all the PREA standards. The zero tolerance policy is posted on the Department of Human Services website

http://www.mfia.state.mi.us/olmweb/ex/JR/Public/JR5/560.pdf.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
The agency (MI Department of Human Services) has entered into or renewed the contracts for the confinement of juvenile justice residents with private providers since Aug. 20, 2012.

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

# §115.313 – Supervision and Monitoring

□ Exceeds Standard (substantially exceeds requirement of standard)
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 $\boxtimes$  Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Director LaRue completes an annual review of the post audits and staffing plan. Bay Pines Center policy 540 states that they will adhere to direct care staff to youth ratios of 1:10 during waking hours and 1:20 during sleeping hours. After reviewing population logs for the last twelve months the facility operated within the 1:8 ratio during waking hours and the 1:16 ratio during sleeping hours. The agency PREA compliance manager informed me that their central office administration will change ratios to meet PREA standards by 12/31/2016. Minimum ratios were met at all times except in the case of unforeseen and temporary circumstances. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed for compliance. No new video and audio systems were added to the facility in the last twelve months.

# §115.315 – Limits to Cross-Gender Viewing and Searches

☐ Exceeds Standard (substantially exceeds requirement	nt of standard)
oxtimes Meets Standard (substantial compliance; complies in for the relevant review period)	n all material ways with the standard
☐ Does Not Meet Standard (requires corrective action)	)
Staff of the opposite gender are required to announce the resident-housing unit(s) by stating "female or male on the interviews with staff and juveniles, as well as recorded in Center policy 515 Room Checks and Bay Pines Center Policy 515 Room Checks And Checks An	e dorm". This was documented during housing unit log books. Bay Pines
center policy 515 Room Checks and bay Pines Center pol	ncy 500 Prevention of residential sexua

assault/rape and Bay Pines Center policy 511 Body Searches clearly meet this standard. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff has been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner. All searches are conducted by staff of the same gender as

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

☐ Exceeds Standard	(substantially ex	ceeds requireme	nt of standard)	

- ☐ Does Not Meet Standard (requires corrective action)

the resident.

Bay Pines Center Policy 560 Prevention of residential sexual assault/rape complies with this standard. The information is provided verbally and in written form, and the information is in a language and format that the youth can understand. The facility has not had residents with limited English proficiency severe enough to require special accommodations to fully benefit from PREA. The facility does not use resident interpreters.

§115.317 – Hiring and Promotion Decisions
☐ Exceeds Standard (substantially exceeds requirement of standard)
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□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 100 Hiring, screening, and employment clearly meet all the components of this standard. All employees have had their criminal background check completed before hiring and are required to have them done again every 5 years. Nine contractors have been employed by the facility in the past year. All had criminal backgrounds checks completed. Vendors do not have criminal background checks but are escorted and supervised when on institutional grounds. A tracking system is in place to ensure they will be completed every five years.
§115.318 – Upgrades to Facilities and Technology
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\ oxdot$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
No new video or audio systems have been upgraded in the last twelve months. The staffing plan and incident reports are accessed to determine if upgrades are indicated.
§115.321 – Evidence Protocol and Forensic Medical Examinations
☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape clearly meets this standard. The facility has a contracted medical department that consists of one Physicians Assistant, two registered nurses, one dentist, and one dental assistant. All other medical

Bay Pines Center policy 560 Prevention of residential sexual assault/rape clearly meets this standard. The facility has a contracted medical department that consists of one Physicians Assistant, two registered nurses, one dentist, and one dental assistant. All other medical services are conducted outside of the facility. All staff has been trained in evidence protocol. The facility has two trained forensic investigators. In the event of a sexual assault the shift supervisor is called, then the Director of Bay Pines Center. The Director determines when the resident should be transported to St. Francis Hospital for SAFE/SANE exam. The MOU with Tri-County Safe Harbor would provide for victim advocate services. The MOU was reviewed for accuracy. The number is posted in each housing unit. All criminal investigations are conducted by the Michigan State Police.

# §115.322 – Policies to Ensure Referrals of Allegations for Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)
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☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape was reviewed during on-site inspection to verify the components were met. All investigations are done by the Michigan State Police. There have been three allegations of sexual abuse or sexual harassment in the past twelve months. All three cases were ruled unfounded.
§115.331 – Employee Training
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\ oxdot$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period
☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape has been trained in its entirety to all staff. Bay Pines Center policy covers all training required by this standard. All staff interviewed indicated that they received the required PREA training. All training records were reviewed for compliance. Training curriculum was reviewed for compliance. All included employee signatures and dates.
§115.332- Volunteer and Contractor Training
☐ Exceeds Standard (substantially exceeds requirement of standard)
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☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 101 Pre-screening and service of volunteers meets the requirements of this standard. Contractor and volunteer sign-in sheets were reviewed for training received. A youth specialist who has the responsibilities for training conducts the required PREA training for volunteers and contractors.

# §115.333 – Resident Education ☐ Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 201 Client/Intake summary and Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the requirements of this standard. At intake, juveniles receive PREA information in the resident orientation packet, and also during their orientation to the facility by their counselor. Intake packets were reviewed for compliance. There are signs posted throughout the facility with the phone number to call to report an incident. These notices are also posted in each housing unit. §115.334 – Specialized Training: Investigations ☐ Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the requirements of this standard. Preliminary gathering of information of suspected incidents are conducted by two trained forensic investigators located at the facility. Criminal investigations are conducted outside of the facility by the Michigan State Police. These facility investigators receive specialized training for conducting sexual abuse investigations. §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)

The facility has a contracted medical staff with consists of a physician's assistant and two registered nurses. All medical services are conducted every Tuesday at the facility. All other emergency medical services are conducted off-site at St. Francis Hospital. The medical and mental health staff has all received the required training on victim identification, interviewing, reporting, and interventions.

§115.341 – Screening for Risk of Victimization and Abusiveness
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\ oxdot$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape includes all components required by this standard. Interviews with the Director and a Youth Group Leader for treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.
§115.342 – Use of Screening Information
☐ Exceeds Standard (substantially exceeds requirement of standard)
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☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 630 Isolation and Confinement include all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening is used to ensure safety of each resident. The facility does not use isolation for sexual victimization.
§115.351 – Resident Reporting
☐ Exceeds Standard (substantially exceeds requirement of standard)
extstyle  ext
☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 213 Youth and family grievances include all components required by this standard. Staff and juvenile interviews, were clearly documented. The procedures for

reporting are clearly stated in the resident orientation packet, and on posters.

# §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) Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 213 Youth and family grievances covers the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that preventing sexual assault in this facility is a responsibility that the personnel at Bay Pines Center take extremely seriously. §115.353 – Resident Access to Outside Confidential Support Services □Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 210 Youth Mail, 211 Use of telephone - youth, 212 Parent visitation, 213 Youth and family grievance cover all components of this standard. Residents are provided emergency services and support through the free Hotline phone call services that the residents are allowed to make. The number is posted in each housing unit. They also can have private conversations with their legal service provider and to their parents on visitation. The residents are also allowed two phone calls per week. §115.354 – Third-Party Reporting ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Information is made available through posters posted throughout the building with the Child Protective Services (CPS) toll-free number and other reporting options, the information is included in the Youth PREA Orientation, and the information is listed on the DHS Website at

http://michigan.gov/documents/dhs/PREA Website Info Final 445753 7.pdf?201402111327

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# §115.361 – Staff and Agency Reporting Duties ☐ Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) The Michigan Mandated Reporting Law and Bay Pines Center policy 512 Child Abuse and Neglect Reporting and Bay Pines Center policy 560 Prevention of residential sexual assault/rape includes all the components of this standard. The Mandated Reporter's Resource Guide that includes a copy of the Child Protection Law is available online at: http://www.michigan.gov/documents/dhs/Pub-112 179456 7.pdf This was also verified through interviews with random staff. §115.362 – Agency Protection Duties ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another unit and/or transferred to another facility. There have been no residents placed in this status in the past twelve months. This was also verified through interviews with random staff. §115.363 – Reporting to Other Confinement Facilities ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 560 meets all the components of this standard. This was also verified through interviews with Director and PREA Coordinator. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other

facility within 72 hours. All incident reports must be completed before the end of the

from another facility in the past twelve months.

employees shift. The facility has not received any allegation of sexual abuse or harassment

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§115.364 – Staff First Responder Duties
☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
☐ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 includes all the components of this standard. All staff is trained in first responder duties. This was also verified through interviews with random staff and training records.
§115.365 – Coordinated Response
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☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the components of this standard. All staff interviewed were able to report what coordinated efforts would be put in place once a report was made.
§115.366 – Preservation of ability to protect residents from contact with
abusers
☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Labor agreements with AFSCME, UAW and any/all employee unions or organizations do NOT prohibit the agency from protecting residents from contact with abusers. Copies of labor agreements reviewed at the facility.

# §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) Bay Pines Center policy 560 Prevention of residential sexual assault/rape includes all components of this standard. The following staff are designed to monitor for possible retaliation, the Director, and PREA Program Manager / PREA Coordinator. §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) Bay Pines Center policy 560 Prevention of residential sexual assault/rape and policy 630 Isolation and/or confinement meets the components of this standard. Residents could temporarily be placed in the other dormitory unit or transferred to an isolation cell but only as a last resort when other restrictive measures are inadequate to keep the youth safe from other youth, and only until an alternate means of keeping all youth can be arranged. Staff may not deny a youth otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services. Any youth in isolation must receive daily visits from a medical or mental health care clinician and must have access to other programs to the extent possible. §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)

Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 512 Child Abuse and Neglect Reporting meets all of the components of this standard. During the last 12 months there have been three allegations. The Michigan State Police conduct all criminal investigations. Internal investigations are started by the supervisor, and then sent to the Director for additional investigation if it is so warranted. All three allegations were ruled unfounded.

§115.372 – Evidentiary Standard for Administrative Investigations
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\ oxdot$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 631 Due Process meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. There have been three allegations within the last twelve months. All three were ruled unfounded.
§115.373 – Reporting to Residents
☐ Exceeds Standard (substantially exceeds requirement of standard)
$\ oxdot$ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 213 Youth and Family Grievances meets all of the components of this standard. There have been three allegations within the last twelve months. The facility has an MOU with the Michigan State Police for investigative services. Residents are informed of the investigative process. Youth and Family Grievances require that all grievances have a written response, including the rationale for the decision, to youth or family member within five calendar days. Copies of all grievances must be maintained in a chronological file, in addition to the grievance log, along with any return receipts or confirmations, in accordance with the Record Retention Schedule.
§115.376 – Disciplinary sanctions for staff
☐ Exceeds Standard (substantially exceeds requirement of standard)
oxtimes Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
□ Does Not Meet Standard (requires corrective action)
Bay Pines Center policy 560 Prevention of residential sexual assault/rape includes all the components of this standard. There have been three allegations within the last twelve months. Disciplinary sanctions for rule violations are located in the Michigan Employee Handbook. The Handbook was reviewed for compliance of the standard.

# §115.377 – Corrective action for contractors and volunteers ☐ Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 560 Prevention of residential sexual assault/rape and Bay Pines Center policy 101 Pre-screening and service of volunteers include all the components of this standard. Contractors are subject to all expectations as employees relative to contact with youth. Contractors may not continue to have contact with youth and will have contracts terminated upon any finding of child abuse or sexual abuse. There have been no incidents in the last twelve months. §115.378 – Disciplinary sanctions for residents ☐ Exceeds Standard (substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 630 Isolation and/or confinement and Bay Pines Center policy 631 Due Process meets all of the components of this standard. Appropriate measures must be taken to protect the due process rights of youth who are, or who may be, subject to discipline, isolation, or confinement. This policy ensures youth are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors. The orientation packet addresses all disciplinary sanctions for juvenile residents. No youth are isolated for sexual abuse infractions. §115.381 - Medical and mental health screenings; history of sexual abuse ☐ Exceeds Standard (substantially exceeds requirement of standard) ☑ Meets Standard (substantial compliance; complies in all material ways with the standard) for the relevant review period) ☐ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 202 Strengths/Needs assessment process meets the components of

this standard. Youth are required to meet with medical and mental health practitioners per standard operating protocol for treatment. Treatment plans must be based on the youth's

assessed risk and assessment of the youth and family's strengths and needs. The treatment needs of youth are identified and prioritized.

Through interviews with specialized staff, the facility has a thorough system for collecting this information and also has the capacity to provide continued re-assessment and follow-up services as needed. No resident disclosed prior victimization during screening. Additional screening is conducted by the group leader/therapist with the use of the Massachusetts Youth Screening Instrument (MAYSI) version 2, the Estimate of Risk of Addressed Sexual Offense Recidivism (ERASOR), and the Michigan Juvenile Justice Assessment System (MJJAS). All screening is kept in the resident permanent treatment file.

### §115.382 – Access to emergency medical and mental health services

Linear Exceeds Standard (substantially exceeds requirement of standard	a)
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☐ Does Not Meet Standard (requires corrective action)

Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the components of this standard. Services are provided to the residents at no cost to them. The facility provides timely, unimpeded access to free emergency medical and crisis intervention services. Resident treatment plans are updated to reflect changes to youth progress.

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

☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets standards of this component. The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. Victims and perpetrators of a substantiated sexual assault must be encouraged to complete an HIV test. The perpetrator must be requested to complete an HIV test. If the perpetrator will not voluntarily take an HIV test, the facility Director or designee may seek a court order compelling the test.

# §115.386 – Sexual abuse incident reviews □ Exceeds Standard (substantially exceeds requirement of standard) □ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) □ Does Not Meet Standard (requires corrective action) Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remody(s). Interviews with the administrative team indicate that all implementation of remody(s). Interviews with the administrative team indicate that all implementation of remody(s).

Bay Pines Center policy 560 Prevention of residential sexual assault/rape meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The team includes the Director, PREA coordinator, and Treatment Program Manager. There have been three incidents in the last twelve months. All cases were ruled unfounded.

### §115.387 – Data Collection

☐ Exceeds Standard (substantially exceeds requirement of standard)
☑ Meets Standard (substantial compliance; complies in all material ways with the standard
for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Data collection is an Agency policy and Bay Pines Center policy 560 Prevention of residential sexual assault/rape. All components of the standard are covered in those two policies. The standardized instrument used is the Survey of Sexual Violence as developed and utilized by the Bureau of Justice Assistance and conducted by the U.S. Census Bureau. Data is collected, aggregated, and published on the agency (DHS) Website for all public residential facilities and all private facilities that contract with the state to provide juvenile justice residential services. Most recent data published is from calendar year 2012. Data from calendar year 2013 has been collected and published, 2014. See:

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

# §115.388 – Data Review for Corrective Action

□ Exceeds Standard (substantially exceeds requirement of standard)
 □ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
 □ Does Not Meet Standard (requires corrective action)
 Data was collected for 2012-2013 calendar year, aggregated and posted to the public. In

Data was collected for 2012-2013 calendar year, aggregated and posted to the public. In addition to that, data information of activates and compliance status was included in that report. This report was prepared for the Director of DHS to move forward with PREA. This report recommended that the governor sign for assurance and also listed general recommendations for achieving full compliance. Specifically the 2013 data is being collected to compare with the 2012 data. Once this is collected, it will be analyzed and compared with the previous year's data. Recommendations will be made from this data. This information was obtained by an interview with the agency PREA coordinator and a review of the 2012 data, the March 2013 report to the Governor on PREA.

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

☐ Exceeds Standard (substantial)	llv exceeds requireme	nt of standard)
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☑ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

http://michigan.gov/documents/dhs/PREA Website Info Final 445753 7.pdf?20140211132 725

### **AUDITOR CERTIFICATION:**

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

J-J h.J.

12/09/2014

James L. Roland Jr.

Date

**Auditor Signature**