

**PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES**

Date of report: December 5, 2016

Auditor Information			
Kenneth E. Arnold			
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(484)999-4167			
August 8-10, 2016			
Facility Information			
Martin Hall Juvenile Detention Facility.			
201 South Pine Street Medical Lake, WA 99022			
P.O. Box 670 Medical Lake, WA 99022			
Facility telephone number: (509)299-7733			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Robert Palmquist, Program Administrator			
Number of staff assigned to the facility in the last 12 months: 36			
Designed facility capacity: 68			
Current population of facility: 13			
Facility security levels/inmate custody levels: Minimum to Maximum			
Age range of the population: 10-18			
Name of PREA Compliance Manager: Heidi O'Cain		Title: Nurse	
Email address: hocain@cccscorp.com		Telephone number: (509)299-1413	
Agency Information			
Name of agency: C.C.C.S. Inc.			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 471 East Mercury Street Butte, MT 59701			

Mailing address: (if different from above) [Click here to enter text.](#)

Telephone number: (406)782-0417

Agency Chief Executive Officer

Name: Mike Thatcher

Title: Chief Executive Officer

Email address: mthatcher@cccscorp.com

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Agency-Wide PREA Coordinator

Name: Marwan Saba

Title: PREA Coordinator

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AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on-site audit of Martin Hall Juvenile Detention Facility (MHJDF) was conducted August 8-10, 2016 by Kenneth E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self-reports electronically uploaded to the electronic Pre-Audit Questionnaire (PAQ). The documentation reviewed included agency and facility policies, Standard Operating Procedures (SOP), staff training slides, completed forms regarding both staff and resident training, MOUs, organizational chart(s), PREA brochures, the PREA video presented to residents, resident education materials, photographs of PREA related materials (e.g. posters, etc.), and staff training certifications. This review prompted several questions and informational needs that were addressed with MHJDF staff on the first day of the on-site audit.

During the on-site audit, the Auditor was provided a private conference room in the Administration Wing from which to review documents and facilitate confidential interviews with both residents and staff. The Auditor randomly selected (from a resident roster provided by the Administrator) and interviewed ten of the thirteen residents (with varying lengths of stay) on-site pursuant to the Random Sample of Residents Questionnaire. Residents represented both resident housing units (it is noted that there are four housing units, inclusive of the North and South IMUs) and both male and female genders. According to the Administrator, there were no lesbian/bisexual/gay/transgender/intersex resident(s), resident(s) who reported a sexual abuse, disabled and limited-English proficient resident(s), or resident(s) who disclosed prior sexual victimization during risk screening, in the facility at the time of the audit.

It is noted that nine of the ten random resident interviewees (one interviewee refused to participate) were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting abuse or harassment.

Ten random staff selected by the Auditor from a staff roster provided by the Administrator, were interviewed. The Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches, Staff That Perform Screening for Risk of Victimization and Abusiveness, Staff Who Supervise Residents in Isolation, Intake Staff, and Security and Non-Security Staff Who Have Acted as First Responders Questionnaires were interspersed amongst interviewees, in addition to the Questionnaire for a Random Sample of Staff. Staff were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a resident alleges abuse, and First Responder duties.

The following specialty staff/resident questionnaires were utilized during this review including:

- Agency Head
- Facility Superintendent
- Agency PREA Coordinator
- PREA Compliance Manager
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Volunteers and Contractors Who May Have Contact with Residents (2)
- Medical and Mental Health Staff (1- Medical, 1- not a Mental Health professional, but has some similar responsibilities)
- Human Resources
- Intermediate or Higher Level Facility Staff (1)
- Investigator (1)
- Non-Security Staff Who May Perform First Responder Duties (1)
- SAFE/SANE Staff- (Not a SAFE/SANE but community health staff who are involved with Medical forensic examinations of sexual abuse victims) (1)

The Auditor reviewed three (3) Staff Training records, (2) two resident files, two staff HR files, and one PREA investigative file. As reflected in subsequent sections of this report, the residents involved in the single PREA allegation that occurred within the past 12 months were not confined at MHJDF during the on-site audit. As reported by the Administrator, there were no sexual harassment allegations within the past 12 months.

On August 8, 2016, the Auditor met with the MHJDF Program Administrator, the Agency PREA Coordinator, a Compliance Director, the Chief Juvenile Correctional Officer (CJCO), the PREA Compliance Manager, and the MHJDF Case Manager at 8:00AM in the afore-mentioned conference room. Introductions were facilitated and the audit plan was discussed.

Additionally, any developments in support of MHJDF sexual safety were discussed.

From 8:45AM to 11:15AM on the same date, the Administrator, CJCO, and Auditor toured the entire facility. The Auditor observed, among other features, the facility configuration, location of cameras, staff supervision of residents, housing unit layout (inclusive of shower/toilet areas), placement of PREA posters and informational resources, security monitoring, and resident programming. It is noted that school was not in session during the audit. It is noted that there are three showers in each of the two housing unit wings (male and female housing units) and the same are equipped with a door (window insert) to protect resident privacy. As reflected in the following standards narrative, same sex staff monitor showers (as validated by both staff and residents). Notices of the PREA audit were generously posted throughout the facility and both residents and staff were aware that a PREA audit would be conducted from August 8-10, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

MHJDF staff are tasked with the provision of safe and secure confinement intended to hold juvenile offenders accountable for their unlawful actions. Up to 68 juveniles, 10-18 years of age, may be held at the facility including those accused of an offense pending an appearance in Court, juveniles adjudicated as guilty of an offense and sentenced to confinement, and other juveniles that can be legally detained by the counties. Pursuant to the Mission Statement, the mission of MHJDF is to be a professional juvenile detention facility that provides quality community service, valuable life skills, competency based treatment, and basic education to youth, in custody. Secure detention of juvenile offenders in a safe and supportive environment, following the laws of Washington State and meeting the detainee's health, safety, and welfare needs in a maximum security facility are the primary objectives.

MHJDF is located in Medical Lake, WA on the grounds of Eastern State Hospital, approximately 20 miles southwest of Spokane, WA. The facility was originally constructed in 1935 and served many purposes prior to its current use as a juvenile detention facility.

In the fall of 1995, nine Eastern Washington counties formed the Martin Hall Consortium (MHJFB) with the goal of developing an efficient and cost effective regional detention facility to house juvenile offenders in a safe, secure, and humane setting. In April, 1996, MHJDF became a County facility with the same being owned by the MHJBF. In August, 1999, Community Counseling and Correctional Services (CCCS), a not for profit private corporation, was awarded a contract to operate MHJDF, commencing operations on November 1, 1999.

The majority of MHJDF operations are facilitated on one floor of the facility however; Food Service operations and Intake operations are facilitated on other floors. The building contains 24,000 square feet of space, including 44 juvenile detention rooms, central and private visiting rooms, a booking area, medical clinic, Food Service operation, laundry, administration and academic education wings, and a 3,000 square foot addition for indoor exercise, Intake, and support services. It is noted that during the audit, all rooms were single bunked with a toilet in each and a duress button which residents can use to communicate with the Juvenile Correctional Officer (JCO) or Supervisor assigned to the Control Center. The Control Center is located between the two housing unit wings.

There are currently 22 cameras that are primarily monitored by the JCO assigned to the Control Center, the Administrator, and the CJCO. As reflected throughout this report, an additional camera project has been approved and the same will add 16 cameras, providing further coverage to ensure sexual safety. While blind spots in Food Service and lack of cameras in the Education Classrooms, Case Manager's Office, Laundry, Laundry/Staff Lounge Hallways, North and South Housing Unit hallways and Common Areas were noted at the time of the audit, there is more than ample staff, as compared to the resident population, to monitor sexual safety at the facility. Upon completion of the new camera project, a total of 38 cameras will be monitored. With the controls, training and education of both staff and residents, and sexual safety expectations articulated throughout the remainder of this report, the Auditor feels confident that MHJDF is taking the necessary steps to ensure a sexually safe environment for both residents and staff.

Educational services are provided by Northeast Washington ESD 101. School attendance at MHJDF is mandatory. The core curriculum is comprised of Language Arts, Mathematics, Life Skills/Job Readiness, and History/Geography, with computer technology incorporated into classes. A Special Education Teacher, School Psychologist, and a Student Advocate are on staff to assist students with individual education plans. Students earn credit hours while attending school and hours are tracked. Pursuant to the Northeast Washington ESD 101 website, Case Managers work in the school setting to assess each youth and provide necessary services such as AIDS/STD awareness, drug and alcohol counseling, sex offender counseling, anger management, and job skills training.

Services provided at MHJDF include the following:

Routine Medical services
Food Services that include provision of three meals per day, two of which are hot
Secure detention and placement services
Spiritual Development through Non-Denominational services
Recreational and Leisure-Time activities
Telephone access
Access to Juvenile Grievances

The MHJDF Level System is comprised of five levels (1-5). Level 1 is the beginning level while Level 5 is the advanced (Honors) level. Level advancement eligibility is contingent upon a specific number of days of good behavior. An increase in privileges accompanies each level advancement. Applications for advancement and assessment/decision-making by a multi-disciplinary team are required at Levels 4 and 5.

SUMMARY OF AUDIT FINDINGS

As reflected in standards discussion, residents generally articulated that they receive both a PREA pamphlet and PREA education pursuant to the Resident Handbook during Intake. Random resident interviewees also articulated that they receive a formal PREA Orientation, generally the next day following Intake, wherein a PREA video is shown and discussion ensues. The PREA video has also been shown on weekends via the television system. Resident interviewees were well educated regarding the zero tolerance policy, their right to not be sexually abused/harassed, how to report sexual abuse/harassment, strategies to protect themselves from abuse, and that services were available, including counseling for sexual abuse and sexual harassment. They were well aware of the hotline number to report sexual abuse/harassment to Lutheran Community Services and the posting of the number adjacent to the blue telephones in each housing unit.

While the Auditor was impressed with the resident PREA educational program at MHJDF, it was determined that those residents who have intellectual, psychiatric, or speech disabilities would not be provided necessary tools to facilitate understanding of the PREA program at MHJDF (See 115.316 and 115.333). There are no MOUs or contracts to address those residents who present with intellectual, psychiatric, and speech disabilities. Accordingly, the Auditor found that 115.316 and 115.333 were non-compliant. A corrective action plan is presented and the same has been discussed with the Administrator. As noted in the following sections, the Administrator self-reported that residents with these disabilities have not been housed at MHJDF. However, much of the PREA premise is to ensure that proper planning and tools are available should residents present with such disabilities.

With the exception of the one random resident who refused to participate in the interview process, all random resident interviewees (nine) advised that they did feel sexually safe at MHJDF. They did articulate that staff were attentive to sexual safety, considerate in terms of privacy and sensitive to the resident's right to be free from improper viewing as described by the standards. Staff are also diligent in announcing opposite gender presence in the living areas.

In regard to staff training, random staff interviewees (ten) and a Supervisor interviewee revealed that the same is consistent, substantive, qualitative, and taken very seriously. Staff were well aware of the zero tolerance policy and the ten remaining topics required by Standard 115.331. PREA training is provided during Orientation training and annually every year thereafter. Staff were aware of First Responder duties for all staff and several articulated possession of a laminated card wherein the step-by-step responsibilities are scripted. Staff clearly articulated these responsibilities and were able to process scenarios adequately. Several staff advised that one particular Supervisor (2:00PM-10:00PM) provided PREA training on shift such as cross-gender pat search technique, First Responder duties, etc.

Overall, staff training is a strength. Similarly, volunteer/contractor training is a strength. All PREA training is thoroughly tracked to ensure no lapses. However, the Auditor did find Standards 115.331 and 115.332 to be non-compliant. Specifically, the form utilized to document both the employee's; volunteer/contractor's understanding of PREA training did not contain the "understanding" verbiage.

It is noted that a new form containing the requisite language was implemented during the audit. The Auditor and the Administrator have discussed requisite corrective action for these standards and the same is reflected in the narratives for the afore-referenced standards.

The Sexual Abuse Action Plan at MHJDF is detailed and staff interviewees were quite well versed in terms of PREA Audit Report

the same. Protocols for Administrative and Criminal investigations also appear to be adequate.

As reflected below, MHJDF was found to have exceeded Standards 115.377 and 115.386. Although there has been one "Unfounded" allegation during the past 12 months, a Sexual Abuse Incident Review was facilitated for the same. This review was used as a "teaching moment" and test of the process for all participants. The commitment to this process is certainly noteworthy and indicative of going "above and beyond". Accordingly, 115.386 was determined to be an "Exceeds Standard". Additionally, the Administrator terminated a volunteer's facility access based upon an investigation initiated by one of the volunteer service providers, not MHJDF officials. It was learned that the incident did not occur inside MHJDF, nor did it involve any past or present MHJDF resident. Given this fact pattern, it was determined that MHJDF staff exceeded the requirements of the standard. The Administrator's actions were exceedingly proactive and indicative of intent to ensure the utmost in sexual safety for MHJDF residents.

In summary, after reviewing all pertinent information and pursuant to both resident and staff interviews, the Auditor finds that both agency and facility leadership have clearly made PREA compliance a high priority and have devoted a significant amount of time and resources to policy development and resident and staff training regarding all key aspects of PREA.

Number of standards exceeded: 2

Number of standards met: 33

Number of standards not met: 4

Number of standards not applicable: 2

November 20, 2016 Update: Corrective Actions Taken by MHJDF to Achieve Full Compliance

The Interim Compliance Report reflected that there were four standards that were in non-compliance at MHJDF. Therefore, a required Corrective Action period not to exceed 180 days commenced on September 10, 2016. The Auditor recommended a corrective action plan for the facility and the administration agreed, commencing immediate corrections of those standards found to be in non-compliance. MHJDF staff have completed the required corrective actions requested by the Auditor on September 9, 2016, to bring the program into compliance.

On or about September 16, 2016, an e-mail and attachments were received from the Administrator at MHJDF. The documents supporting compliance have been reviewed by the Auditor with a determination that all Non-Compliance findings are now compliant. Additional information regarding the translation service, Language Line which includes sign language, and a newly implemented MOU validates compliance with Standard 115.316. It is also noted that although MHJDF staff have not been subjected to education of any blind, residents with low vision, or residents with low reading abilities, they would read all materials to them to ensure understanding and comprehension. The MOU addresses those residents who may be defined as low functioning, cognitively/intellectually impaired, or who have speech disabilities and their access to the benefits of PREA. In addition to the above, the Administrator forwarded to the Auditor copies of revised MHJDF PREA Policy 2.4, section 115.316 and an implementing Standard Operating Procedure, training slides, as well as, staff training forms as verification of compliance with this standard.

In regard to Standard 115.331, the Administrator has forwarded copies of the new Staff Development and Training record Form which reflects the "understand" verbiage. The Auditor is satisfied that use of this form is permanent and has been incorporated into the training culture.

In regard to contractor/volunteer training (Standard 115.332), the Administrator has forwarded many Volunteer Acknowledgement of Understanding forms to the Auditor. These forms specifically state:

By signing below, you indicate that you have read the Martin Hall Guide to the Prevention and Reporting of Sexual Misconduct with Offenders, as well as, understand Martin Hall's "Zero Tolerance" philosophy in regards to sexually abusive behavior.

These forms were not included in the PAQ however; they have reportedly been used for several years. The 2015 and 2016 forms reflect the afore-mentioned verbiage.

While not literally commensurate with the standard verbiage, the Auditor has determined that the same is sufficient. The Administrator has related that volunteer/contractor training is not scheduled until the spring of calendar year 2017. The same forms that are now being utilized during staff training will also be utilized for contractors/volunteers, going forward.

Given the above, the Auditor is satisfied that MHJDF is compliant with this standard.

In regard to Standard 115.333, the same evidence reflected for Standard 115.316 is applicable. The additional evidence, as reflected above, ensures compliance with provision 115.333(d). Accordingly, the Auditor is satisfied that MHJDF is now compliant with the Standard.

115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

CCCS PREA Policy Number 1.3.5.12 entitled Prison Rape Elimination Act, page 1. section III (a), Martin Hall Juvenile Detention Facility (MHJDF) PREA Martin Policy 2.4, page 4, section 115.311, paragraph (a), Martin Hall PREA Policy 2.4, pages 1-4 (encompasses all relevant definitions, inclusive of prohibited behaviors (sexual abuse- staff and resident and sexual harassment), and Martin Hall PREA Policy 2.4 (in entirety) substantiate compliance with 115.311. Pursuant to the PAQ, the Administrator self-reports that MHJDF has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. Additionally, he self-reports that all relevant definitions are prescribed in the policy(ies).

Pursuant to interview with the C.C.C.S. PREA Coordinator, he has sufficient time to facilitate PREA responsibilities across the company. He audits 12 facilities for PREA compliance . The PREA Coordinator's responsibilities also encompass Corporate Compliance Manager. He asserted that he has contact with the nine facility PREA Compliance Managers on a weekly basis, sometimes on a daily basis.

Pursuant to interview with the MHJDF PREA Compliance Manager, she related that she does have sufficient time and resources to facilitate duties as PREA Compliance Manager. With a maximum of 13 residents on board during the audit, it appears that her statement is appropriate. The PREA Compliance Manager also fulfills duties and responsibilities as Nurse. Accordingly, much of her PREA oversight occurs as a matter of routine business. She is closely aligned with Juvenile Correctional Officers (JCOs) as validated pursuant to the random staff interviews with 10 JCOs. The PREA Compliance Manager reports that she facilitates half of the Resident PREA Education Orientations, facilitates policy development and update duties regarding PREA-related issues, and she provides some quality control. She reports that she does have the authority to confront PREA issues with staff and follow-up with their Supervisors. She has the authority to issue memorandums (corrective action) to Supervisors for further remediation by them. She also reports that she has input into training.

Standard 115.312 Contracting with other entities for the confinement of residents

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

In regard to 115.312(a), the Administrator related that they pursue release through the Judicial system (work through County Probation Officers and Judges) for those behaviorally, medically complex cases

they may receive. He related that there are no contracts with any other confinement jurisdictions for housing residents outside MHJDF. He also related that there is no Agency (C.C.C.S. Contract Administrator). Pursuant to review of the C.C.C.S. Organizational Chart, there is no position identified as Contract Administrator.

Pursuant to interview with the Administrator, there were no deviations during this audit period as they do not contract with any other entities for confinement of residents committed to the care and custody of MHJCF.

Standard 115.313 Supervision and monitoring

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

Pursuant to review of the one investigation applicable to this audit period, the results of the Superintendent/PREA Compliance Manager interviews, and the annual Staffing Pan review memorandums, all components of the requisite review (115.311(a)) were considered, along with any recommendations. The PREA Compliance Manager did participate in this review with the Administrator and a new camera proposal was considered. The Administrator reports that he and the Chief Juvenile Correctional Officer (CJCO) review the JCO staffing schedule(s), considering any PREA-related issues. He facilitates periodic observation checks to ensure ratios are met and proper staffing levels are employed to strengthen sexual safety within the facility.

The PREA Compliance Manager also related that all of the relevant components are evaluated at least annually. She related that there are no Judicial findings of inadequacy, no findings of inadequacy from Federal investigative agencies, and no findings of inadequacy from internal or external oversight bodies. Blind spots have reportedly been considered and evaluated pursuant to facility walk through and analysis. In regard to the composition of the resident population, the same is assessed and re-evaluated routinely. As volunteer usage/programmatic increases arise, the same is offset by increased deployment of staff to the affected area(s). The PREA Compliance Manager also reported that if there is an increase in PREA-related incidents, re-evaluation of staffing, etc. is accomplished to offset the same.

Pursuant to the PAQ, the Administrator self-reported that 115.313(b) was N/A. Pursuant to interview, the Administrator reported that there were no deviations during this reporting period. However, the Auditor finds compliance with this provision as the MHJDF did comply with the same.

Pursuant to interview with the Administrator, there are no State of Washington regulations regarding the prescribed ratios however, MHJDF does maintain compliance with the standards requisite.

No ratio deviations were noted during the tour. While the Case Manager's Office is located in the Education Department and there is a roving JCO assigned, creative staffing and scheduling will be employed to ensure ratios are met should the resident Education Department user count increase.

Pursuant to interview with the PREA Coordinator, the Administrator consults with the Agency PREA Coordinator annually. The Annual Staffing Plan Reviews provided in the Pre-Audit Questionnaire reflect the signature of the C.C.C.S. PREA Coordinator. The Staffing Plan Reviews provided for 2015 and 2016 adequately address 115.313(d).

PREA Policy 2.4, page 4, paragraph 115.313(e), reinforced by the SOP re: Unannounced Rounds, addresses 115.313(e). During the tour, a Supervisor's Unannounced Rounds regarding Sexual Safety logbook was reviewed with entries for each shift. Pursuant to conversation with the CJCO and Administrator, these individual entries encompassed all housing units. Pursuant to review of the log and discussion with the CJCO, this log book dates to January, 2016.

Pursuant to discussion with the Administrator and CJCO, it was learned that both managers made rounds throughout the housing units across all three shifts prior to the implementation of the aforementioned log book. According to the aforementioned managers, these rounds did encompass sexual safety checks. The Auditor did review similar documentation to the aforementioned log books,

identifying these rounds by date and time with notations.

Given the above, this Auditor finds substantial compliance with this standards provision. The rounds conducted by the Administrator and CJCO encompass the time period from prior to September, 2015 through January, 2016.

Both the Administrator and CJCO advised that there has been no incidents, during this audit period, wherein staff have been found to advise other staff of these unannounced rounds. Pursuant to interview with a Supervisor, he/she related that he/she is light on his/her feet as he/she makes these unannounced rounds. He/she also reported that there were no incidents of staff alerting other staff of the unannounced rounds, during this audit period.

The MHJDF camera system has been upgraded since August 20, 2012. According to the Administrator, there were numerous blind spots prior to the first camera upgrade as he could not follow staff from the Control Center to the housing unit Day Rooms. The initial camera upgrade proposal dated October 8, 2013 from the Division of Arc Electric and Lighting Corporation, is included in the uploaded PAQ documentation.

According to the Administrator, a new project has since been approved wherein additional upgrades and the addition of cameras has been authorized.. A vendor has been selected. The vendor actually assisted with identification of camera placements based on blind spots. During the tour, the Administrator and CJCO pointed out several of the locations for new camera placements. Upon completion of the project, sexual safety within the facility and investigative efficiency will be enhanced. Given the low facility Count and the additional staff available for deployment, supervision is deemed to be sufficient to adequately monitor and enforce sexual safety.

Pursuant to the Agency Head interview, the Administrator's statement regarding the additional camera system upgrade is substantiated. He related that the MHJDF camera system expansion is in progress. According to the Agency Head, the contractor assisted in the evaluation and identification of blind spots, etc. The intent of the project is to enhance coverage.

Standard 115.315 Limits to cross-gender viewing and searches

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

PREA Policy 2.4, page 5, 115.315(a) reflects that cross-gender strip or cross-gender body cavity searches shall not be conducted unless exigent circumstances pervade or the searches are performed by medical practitioners. Pursuant to conversation with the Administrator, it was pointed out that he had self-reported (on the PAQ) that cross-gender visual body cavity searches of residents were not conducted. Upon questioning, he reported that he had misunderstood the PAQ question as the same can be facilitated in exigent circumstances or when performed by medical practitioners. This is consistent with governing policy as uploaded in the PAQ.

Pursuant to Policy 7.3 entitled "Searches", page 2, B(1)(a), a search warrant is required prior to the conduct of a body cavity search by law enforcement. An exception arises when there is probable cause to believe that weapons or contraband will be found should a body cavity search be permitted. That "exigent search" requires authorization from the Administrator or designee and must be conducted by Medical staff.

Strip searches, if warranted pursuant to the strip search criteria, are conducted upon admission. The use of strip searches within the admission process is restricted by Washington State law.

It is recommended that the two policies be reconciled with one another. There is substantial compliance with the intent of the provision.

The Administrator self-reported that there has been no incidents of cross gender strip searches during

this audit period.

Martin Hall PREA Policy 2.4, page 5, 115.315(b) addresses 115.315(b).

Policy 7.3 entitled "Searches", page 5, B(4)(a) stipulates that pat searches are used when a juvenile is first brought in for booking, when a juvenile is returning from a visit or an outside appointment, subsequent to search of a juvenile's room, anytime the juvenile has been outside the facility and has had the opportunity to conceal contraband, anytime there is reason to believe a juvenile has concealed contraband on his/her person, or following visitation or an in-house visit from a professional.

The two policies are, for the most part, congruent.

The Administrator self-reported that there has been no cross-gender pat searches conducted during this audit period. Based on the interview notes from 10 random staff who were interviewed regarding the conduct of cross-gender pat searches, staff are very clear that the same can only be conducted in exigent, extenuating, emergent situations. The most common examples of exigent circumstances provided by interviewees were a resident in possession of a weapon or an emergency evacuation. All staff interviewees had viewed the video regarding the conduct of cross-gender pat searches and many (four) had been trained in the conduct of the same by one particular Supervisor.

Interviews with ten random residents (one of the ten refused to participate) revealed the resident premise that opposite gender staff did not facilitate cross-gender pat searches. Only one resident interviewee was unsure whether opposite gender staff could perform a cross-gender pat search. Accordingly, 89% of resident interviewees asserted that opposite gender staff could not facilitate such searches. This finding validates compliance with 115.315(b).

PREA Policy 2.4, page 5, section 115.315(c) requires that all cross-gender strip, cross-gender body cavity, and cross-gender pat searches be documented and justified.

Policy 7.3 entitled "Searches", pages 2 and 3, B(1)(c) and (d) reflect documentation requirements whenever a search warrant accompanying body cavity search is conducted by law enforcement. The specific method of documentation when there is probable cause to believe that weapons or contraband will be found should a body cavity search be permitted by the Administrator, is not articulated on page 3, B(2)(a). Pursuant to page 3, B(3)(h), the Strip Search Record Form is used. With respect to pat searches, page 5, B(4) reflects that pat searches are logged in the Resident Pat Search Log.

Given the fact that no cross-gender pat searches were performed during this audit period, as evidenced by the Administrator's self-report, there is no documentary evidence of the same.

Martin Hall PREA Policy 2.4, page 5, 115.315, (d) addresses this standard element. Pursuant to the tour of the facility, there are no cameras in proximity of the showers. While cameras are on order for placement in the housing units, none are scheduled for placement wherein showers can be observed from the Control Center (statement is based on the explanation provided by the Administrator). It is noted that there is a glass window in the shower door, providing for security supervision.

Pursuant to SOPs, only staff of the same gender, as the residents assigned to the housing unit, are authorized to supervise showers. Accordingly, pursuant to policy and procedure, there is no cross-gender observation during showers. As the result of the 10 random staff interviews, this procedure was substantiated.

In regard to announcements of opposite gender staff being present in the unit, all ten random staff interviewees confirmed that opposite sex staff always announce their presence in the unit whenever they enter the same. Reportedly, this practice has been in effect in excess of 12 months. It is noted that the auditor did observe implementation of the "announcement" procedure during the facility tour.

At the 10:00PM Graveyard Shift change, an announcement is made from the Control Center to advise residents that staff of both sexes may be on the unit throughout sleeping hours. This announcement is made so that resident sleep is minimally disturbed. This procedure was likewise substantiated by staff interviewees. It is noted that all of the participating random resident interviewees confirmed that opposite gender staff announcements are made in the manner articulated above.

Finally, in regard to potential cross-gender viewing during toileting and clothes changing, all 10 of the random staff interviewees indicated that residents yell their room number and that they are using the toilet. With the same in mind, opposite gender staff wait for residents to conclude toileting. etc.

Five of the 10 random resident interviewees (one random resident declined to be interviewed) confirmed that they announce when they are toileting, etc. and staff respect their privacy. None of the participating random resident interviewees related that opposite gender staff viewed them in various stages of undress or toileting.

Policy 2.4.1 entitled Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex clearly reflects that the above residents will not be physically searched in a manner that is humiliating, degrading, or for the purpose of determining the youth's physical anatomy. It is further stipulated that transgender and intersex youth may request that either a male or female staff member conduct a pat down or strip search. This is further substantiated in an SOP.

Martin Hall Policy 2.4, 115.315 also substantiates this standards element as follows: Martin Hall Juvenile Detention shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Pursuant to self-report, there are no Transgender or Intersex inmates housed at MHJDF. Accordingly, the same interview was not conducted. It is noted that all 10 random staff interviewees were clearly aware that Transgender and Intersex residents cannot be searched or physically examined for the sole purpose of determining the resident's genital status.

The Administrator reported that 100% of security staff have been trained regarding the conduct of cross-gender pat searches and searches of Transgender and Intersex residents in a professional and respectful manner, consistent with security needs. All of the ten random staff interviewees advised that they either received such training from their Supervisor (four random staff) or pursuant to a training video during calendar year 2016 PREA Annual Refresher Training. Pursuant to contact with the Training Coordinator, the same was also verified.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

Martin Hall PREA Policy 2.4, pages 5 and 6, 115.316(a) and C.C.C.S. PREA Policy 1.3.5.12, page 6, 115.316(a) address 115.316(a). Pursuant to the PAQ, the Administrator self-reports that MHJDF takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

Pursuant to conversation with the Administrator and CJCO, resident education for resident(s) who are deaf or present with hearing disabilities, would be accommodated by the PREA slides during Orientation, the Resident Handbook, and the PREA Brochure. These avenues present opportunities for

the resident to read procedures, etc. In regard to residents who are blind or present with visual disabilities, both administrators advised that staff would read relevant information to the affected residents. In regard to those who have intellectual, psychiatric, or speech disabilities, staff reading the information to the affected resident(s), was also articulated. When asked if there are any MOUs or contracts with interpreters to ensure effective communication with those who have intellectual, psychiatric, or speech disabilities, it was learned that there are no MOUs or contracts for such services. Additionally, written materials were not provided in formats or through methods that ensure effective communication with residents with disabilities.

It is noted that no residents with disabilities were confined at MHJDF during the audit period. Accordingly, validation could not be accomplished pursuant to interview.

Martin Hall PREA Policy 2.4, pages 5 and 6, 115.316(b) and C.C.C.S. PREA Policy 1.3.5.12, page 6, 115.316(b) address 115.316(b). Pursuant to the PAQ, the Administrator self-reported that MHJDF takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

As uploaded in the PAQ, Language Line is used to provide translation services for over 240 languages. Written procedures are available for staff to access the same for non-English speaking residents. All staff have access to Language Link. The Administrator approves each usage as nothing more than an accounting exercise so he knows an expenditure will be forthcoming. Additionally, facility Executive Staff want to know when communication issues are existent.

Pursuant to the Administrator, no limited English proficient residents were housed at MHJDF during the audit. Accordingly, actual practice validation could not be accomplished.

Martin Hall PREA Policy 2.4, pages 5 and 6, 115.316(c) addresses all components of 115.316(c). Pursuant to the PAQ, the Administrator self-reported that MHJDF policy prohibits the use of residents, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First Responder duties, or the investigation of the resident's allegations. According to the Administrator, resident interpreters have not been used at MHJDF within the past 12 months.

Pursuant to conversation with the CJCO, if interpreters are used pursuant to this provision, the same and the basis for usage would be documented. Pursuant to nine of the ten Random Staff interviewees, resident interpreters are not used. The remaining interviewee reported that MHJDF does not use resident interpreters, readers, etc. however, if a resident is in imminent danger, resident interpreters/translators may be used. No such incidents have occurred within the past 12 months.

This standard is found to be in non-compliance based on the narrative reflected for 115.316(a) (see above). It is recommended that provisions and procedures be established with County or Area providers to ensure availability and services to ensure effective communication with those who have intellectual, psychiatric, or speech disabilities. It is recommended that the same be established pursuant to MOU or contract. An MOU is preferable as residents from the nine-county Consortium are housed at MHJDF. Additionally, County or Area providers should be able to assist with provision of written materials in formats or through methods that ensure effective communication with residents with disabilities.

In addition to the above, it is recommended that the content of the MOU(s) or contract(s) be included in the staff training curriculum and that the same be addressed with all Intake staff during shift training or in another format. Additionally, the same should be included in the Orientation/PREA Annual Training curriculum.

Subsequent to completion and signing of the MOU(s) or contract(s), a copy of the same must be forwarded to the Auditor for review and filing with audit materials. Additionally, it is requested that a copy of the relevant training slides be forwarded to the Auditor. The Auditor will then certify compliance with the standard.

November 20, 2016 Update: Corrective Actions Taken by MHJDF to Ensure Full Compliance

During the PAQ review, the Auditor did receive documents regarding Language Line Translation Services. He did not catch the information regarding the provision of Sign Language services for those individuals requiring the same. These services are clearly available through Language Line and have been available throughout the audit period. The Administrator forwarded additional documents in support of this component of the standard and the same is clearly available at any time, as required.

Pursuant to MOU signed on September 9, 2016 (signed by the Administrator and the Principal for the school district) and implemented on the same date, NeWESD 101 (school district) has agreed to provide a qualified Special Education instructor to effectively and accurately inform affected resident(s) regarding the basic information relevant to efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This MOU is specific to those residents who present with intellectual/low functioning/psychiatric, or speech disabilities. The service is available at the Administrator's request.

In addition to the afore-mentioned MOU, the Administrator has also forwarded to the Auditor copies of revised MHJDF PREA Policy 2.4, section 115.316, an implementing Standard Operating Procedure for Intake Staff, training slides, and Staff Development and Training Record Forms signifying staff receipt of training regarding the above. Having reviewed all of this evidence, the Auditor is satisfied that Standard 115.316 is now compliant.

Standard 115.317 Hiring and promotion decisions

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

CCCS Policy 1.3.1.12 entitled Employee Clearance Check, page 1, section IV(A) addresses selection and promotion of staff as required by this element. Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(a) addresses both hiring and promotion of staff and selection of contractors.

Review of Employee Files revealed compliance with the standards element. Background checks and reviews for the disqualifying criteria were clearly completed as there were no failures in this regard.

Martin Hall Policy 2.4, pages 6 and 7, 115.317(b) addresses 115.317(b). Additionally, CCCS PREA Policy 1.3.5.12, pages 6, 7, 115.317(b) addresses this standard provision.

According to the HR Director for C.C.C.S., prior incidents of sexual harassment are considered in determining whether to hire or promote staff or to enlist the services of any contractor, who may have contact with residents.

Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(c)(1), (2), and (3) and C.C.C.S. PREA Policy 1.3.5.12, pages 6 and 7, 115.317(c) address all components of 115.317(c).

Pursuant to interview with the C.C.C.S. HR Director, the conduct of criminal record background checks, child abuse registries by the State or County wherein the prospective employee would be working are consulted, and all prior institutional employers are contacted for information on substantiated allegations of sexual abuse or any resignation during a pending investigation for an allegation of sexual abuse, are performed for all new hires who may have contact with residents prior to employment. The Administrator is responsible for requesting child abuse registry inquiries.

According to the Administrator, within the past 12 months, 16 of 17 or 94.1% of the persons hired who may have resident contact have had criminal background checks. Based on the time frames involved with data entry into the PAQ, there was a discrepancy on one Criminal Background Check and the Administrator has clarified the same. The Auditor is satisfied with the explanation.

Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(d) and C.C.C.S. PREA Policy 1.3.5.12, pages 6 and 7, 115.317(d) address all components of 115.317(d).

The Administrator self-reported that there were 0 contracts for services wherein criminal background record checks were conducted on all staff covered in the contract who might have contact with residents, during the past 12 months. There is only one services contractor at MHJDF (Medical Doctor) and he has been employed for several years.

Pursuant to review of relevant documents, no deficiencies were found regarding this provision.

Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(e) and CCCS Policy 1.3.5.12, pages 6 and 7, 115.317(e) capture 115.317(e).

In regard to five year re-investigation tracking, the same is accomplished by Corporate. Corporate HR staff alert facility staff when there is a need for a five year re-investigation. Facility staff then order the re-investigation.

Review of relevant HR files revealed no concerns with the timeliness of five year re-investigations.

Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(f) and C.C.C.S. PREA Policy 1.3.5.12, pages 6 and 7, 115.317(f) address 115.317(f).

According to the C.C.C.S. HR Director, the verbiage on the application for new hires addresses the requirements of 115.317(a). A Background Check Re-investigation is completed in conjunction with all promotions and promotion is contingent upon a clean Background investigation as previously described. The Auditor did observe the 115.317(a) language on an Application completed by a new employee.

Additionally, the HR Director advised that there is a continuing affirmative duty for staff to disclose any such misconduct. This is commensurate with the afore-mentioned policies.

Martin Hall PREA Policy 2.4, 115.317(g) and CCCS PREA Policy 1.3.5.12, pages 6 and 7, 115.317(g) capture the requirements of 115.317(g). No deficiencies were discovered regarding this provision.

Martin Hall PREA Policy 2.4, pages 6 and 7, 115.317(h) and CCCS PREA Policy 1.3.5.12, pages 6 and 7, 115.317(h) substantiate compliance with 115.317(h).

Pursuant to interview with the C.C.C.S. HR Director, facility staff provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Standard 115.318 Upgrades to facilities and technologies

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

Pursuant to the PAQ, the Administrator self-reported that there has been no substantial expansion to existing facilities during this audit period. Accordingly, the Auditor finds that 115.318(a) is N/A.

The MHJDF camera system has been upgraded since August 20, 2012. According to the Administrator, there were numerous blind spots prior to the first camera upgrade as he could not follow staff from the Control Center to the housing unit Day Rooms. The initial camera upgrade proposal dated October 8, 2013 from the Division of Arc Electric and Lighting Corporation, is included in the uploaded PAQ documentation.

According to the Administrator, a new project has since been approved wherein additional upgrades and the addition of cameras has been authorized.. A vendor has been selected. The vendor actually assisted with identification of camera placements based on blind spots. During the tour, the

Administrator and CJCO pointed out several of the locations for new camera placements. Upon completion of the project, sexual safety within the facility and investigative efficiency will be enhanced. Given the low facility Count and the additional staff available for deployment, supervision is deemed to be sufficient to adequately monitor and enforce sexual safety.

Pursuant to the Agency Head interview, the Administrator's statement regarding the additional camera system upgrade is substantiated. He related that the MHJDF camera system expansion is in progress. According to the Agency Head, the contractor assisted in the evaluation and identification of blind spots, etc. The intent of the project is to enhance coverage.

December 1,2016 Update:

According to the Administrator, the afore-mentioned camera upgrade is now complete. There are now 46 total cameras at the facility, as opposed to, the 22 analog cameras that were being recorded during the audit. Cameras are monitored from the Administrator's and CJCO's Offices, as well as, the Control Center.

The 24 newly installed cameras are digital. Coverage is now enhanced throughout the facility. Each classroom, the Case Manager's Office, two new cameras in the Multi-Purpose Room, new cameras in the hallways throughout the facility and cameras on both housing unit wings. Cameras are recorded 24/7/365 using a 2TB system that should provide 30 days of recording.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Pursuant to the PAQ, the Administrator self-reported that administrative sexual abuse investigations, including resident-on-resident sexual abuse or staff sexual misconduct, are facilitated by facility staff. Facility staff are not responsible for facilitation of criminal sexual abuse investigations (inclusive of resident-on-resident sexual abuse or staff sexual misconduct) as SCSO investigators conduct the same.

The two MHJDF investigators utilize an investigative protocol presented through the National Institute of Corrections (NIC). The NIC training is intended to accomplish compliance with PREA standards, as advertised on the NIC website, inclusive of evidence protocol for Administrative sexual abuse investigations in a confinement setting.

A copy of the SCSO investigative/evidence protocol has been uploaded to the PAQ. The same is both detailed and comprehensive.

Pursuant to random staff interviews, all ten interviewees were aware of First Responder duties in terms of preservation of evidence. Staff are in possession of a laminated card that articulates the expected procedures.

Pursuant to the PAQ, the Administrator self-reported that the Administrative protocol is developmentally appropriate for youth. As previously mentioned, facility investigators are not responsible for facilitation of criminal sexual abuse investigations (inclusive of resident-on-resident sexual abuse or staff sexual misconduct) as SCSO investigators facilitate the same.

Washington State regulation RCW 7.68.170 stipulates that no costs incurred by a hospital or other emergency medical facility for the examination of the victim of a sexual assault, when such examination is performed for the purposes of gathering evidence for possible prosecution, shall be billed or charged directly or indirectly to the victim of such assault. Such costs shall be paid by the State pursuant to this chapter. Martin Hall PREA Policy 2.4, pages 7 and 8, 115.321(b) addresses the offer to all residents who experience sexual abuse, access to forensic medical examinations at an outside facility, without financial cost, where necessitated by evidentiary needs and/or when medically

appropriate.

Pursuant to standard, such examinations will be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. Pursuant to the PAQ, the Administrator self-reports compliance with the above.

As reported by the Administrator, the SCSO advises that sexual assault victims go to Sacred Heart Hospital or Deaconess Hospital. The nurses at both facilities are well versed in conducting sexual assault examinations and evidence collection. The nurses produce a sexual assault kit (SAK) which includes the collection of DNA, body fluids, etc. The SAK is given to the Detectives who send the same to the Washington State Police crime lab. Verification of the above is uploaded in the PAQ pursuant to documentation from SCSO in response to the Administrator's inquiry regarding SAFEs/SANEs.

Pursuant to interview with a SANE/SAFE trainer at the hospitals, it was learned that there are two health systems in the Spokane area. Specifically, Sacred Heart and Holy Family Hospitals fall under the Providence umbrella and Deaconess and Valley Hospitals fall under the Community Health/Redwood umbrella. There are some SANE trained Nurses at Sacred Heart Hospital however, there are not currently enough to handle all sexual abuse/assault cases. SANE trained Nurses receive 40 hours of specialized training. When a SANE Nurse is not available at one or more of the afore-mentioned Hospitals, a trained Emergency Room Nurse handles the forensic exam. These Nurses receive four hours of training regarding Adult and Pediatric patient care under sexual assault/abuse circumstances. This training includes the following:

1. Patient Care
2. Patient Interviews (in most instances, such interviews are facilitated by law enforcement/Child Protective Services (CPS) interviewers.
3. Evidence Collection
4. Chain of Custody- (e.g. sealing kit, logging procedures)
5. What to Look for- (e.g. drug induced sexual abuse, assault)
6. Aftercare

Pursuant to the PAQ, the Administrator self-reported that there were 0 forensic exams conducted, 0 exams conducted by SAFE/SANEs, and 0 exams conducted by a qualified medical practitioner, during the last 12 months in conjunction with a sexual abuse incident originating at MHJDF.

Pursuant to the PAQ, the Administrator advised that Martin Hall and Lutheran Community Services have entered into a Memorandum of Understanding that specifically addresses provision of advocacy services. The Auditor has reviewed the MOU as the same has been uploaded to the PAQ. The document is comprehensive and appears to meet the intent of 115.321(d). Confidentiality requirements are well scripted in the document, as well as, specific services to be provided.

Pursuant to interview with the PREA Compliance Manager, she related that victim advocacy services are made available to residents pursuant to an MOU with Lutheran Community Services. The PREA Compliance Manager also related that she completed a class through Lutheran Community Services and she can "pinch hit" with advocacy in the absence of Lutheran Community Services advocates. A JCO has also completed the same class and can provide the same services. This MOU is reportedly monitored by the PREA Compliance Manager or Case Manager.

As stated, at the time of the audit, there were no residents who reported a sexual abuse on site. Accordingly, the requisite interview could not be facilitated. Furthermore, the one "Unfounded" investigation conducted during this audit period did not require activation of the services of an advocate.

Pursuant to the PAQ, the Administrator self-reported that if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The Auditor reviewed the MOU and the points identified in 115.321(e) are addressed in the MOU.

Given the plethora of substantiating documentary evidence uploaded to the PAQ regarding the criminal investigative process and all working parts of this standard, the Auditor finds MHJDF compliant with 115.321(f). The actual SCSO investigative protocol that addresses the fine points of the process is substantial and supportive of compliance.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

Martin Hall PREA Policy 2.4, page 8, 115.322(a) and CCCS PREA Policy 1.3.5.12, pages 8 and 9, 115.322(a) clearly require that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Administrator self-reported that one Administrative PREA investigation was completed within the last 12 months. The resident on resident incident allegedly occurred on January 13, 2016 and was determined to be "Unfounded", although the formal finding is not documented within the investigation report. The Administrator and CJCO verified that the investigation was "Unfounded". The Auditor did review the report and the same appeared to be comprehensive and commensurate with PREA standards from an evidentiary standpoint.

Pursuant to interview with the Agency Head, it is a Company requirement that an Administrative or Criminal investigation is completed for all allegations of sexual abuse or sexual harassment. In terms of an Administrative investigation, designated Administrative staff investigate the allegation, addressing merits of the same. Review of video footage, review of staff memorandums, and any staff or resident interviews are conducted. Additionally, the strength of the program and policy implementation is assessed to determine corrective measures for the future. Finally, staff culpability is assessed to determine if disciplinary action is necessary.

Martin Hall PREA Policy 2.4, page 8, 115.322(b) and CCCS PREA Policy 1.3.5.12, pages 8 and 9, 115.322(b) address 115.322(b). The Administrator self-reported all requirements of this provision are met, inclusive of the referral for prosecution policy being posted on the C.C.C.S. website. It is noted that there has been no criminal referrals during this audit period.

Pursuant to interview with Investigative Staff, policy does require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. In the event of such a referral, either the Administrator or CJCO would contact Spokane County Sheriff's Office SCSO) to initiate the criminal investigative process.

The Auditor did review the C.C.C.S. website and did review both the Martin Hall PREA policy regarding Administrative and Criminal investigations, as well as, the SOP entitled "MHJDF Sexual Abuse Coordinated Response Plan" wherein investigative specifics as applied to the SCSO and MHJDF investigators are delineated.

Standard 115.331 Employee training

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

The Administrator uploaded to the PAQ, a series of Power Point slides, covering various elements of

this provision. The slides adequately addressed the points and many were exceptional. Each point and the corresponding slides are addressed singularly as follows:

- 1. Its zero-tolerance policy for sexual abuse and sexual harassment- Pages 14-17.**
- 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures- Pages 25-35.**
- 3. Residents' right to be free from sexual abuse and sexual harassment- Page 36.**
- 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment- Pages 22 and 36.**
- 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities- Pages 7-10.**
- 6. The common reactions of juvenile victims of sexual abuse and sexual harassment- Pages 7-10.**
- 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents-The SOP re: Coordinated Response is addressed during PREA training.**
- 8. How to avoid inappropriate relationships with residents- Pages 11 and 12.**
- 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents- Pages 18-21.**
- 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities- Page 38.**
- 11. Relevant laws regarding the applicable age of consent- Page 37.**

Of the ten Random Staff Interviews and a non-security random staff/First Responder interview, all staff advised that the above had been presented to them during Orientation training and at PREA Annual Refresher training. No exceptions were voiced during the interviews.

Pursuant to a limited review of employee training files, it was apparent that staff received PREA training as afore-mentioned.

C.C.C.S. PREA Policy 1.3.5.12, Page 8, 115.331(b) addresses 115.331(b).

Pursuant to self-report, the Administrator advised that all staff are provided Orientation, as well as PREA Annual Refresher training. It is noted that the slides are juvenile and gender appropriate. According to the CJCO, there is generally no difference in terms of the training as compared to resident gender. Both are treated the same, with the exception of search technique. Of course, any training regarding cross-gender pat searches is accomplished either by Supervisors or video and differences are noted.

Pursuant to the PAQ self-report, thirty-six staff (100%) currently employed by the facility who may have contact with residents, have been trained or re-trained regarding the PREA requirements identified above. Pursuant to the ten Random Staff Interviews, all have received both PREA Orientation training if hired within the last 18 months and follow-up PREA Annual Training. According to interviewees, PREA Refresher Training is provided on an annual basis.

Pursuant to self-report on the PAQ, the Administrator advised that employees are also provided the opportunity to review policies. One of the afore-mentioned ten interviewees advised that reading assignments also accompany the provision of PREA Annual Refresher Training.

Pursuant to review of the PREA Signature Sheets for Staff that were uploaded in the PAQ, none of the same for either 2015 or 2016 reflect any verbiage regarding staff's understanding of the PREA training they received. While the form is comprehensive, the same is absent the afore-mentioned verbiage.

It is noted that during the audit, a new PREA training signature form, bearing the required language regarding understanding of the training provided and zero tolerance for sexual abuse and sexual harassment, was implemented. The Administrator and Agency PREA Coordinator advised that this signature sheet would be utilized for all forms of PREA training, inclusive of policy reviews and on-shift training, as well as, Orientation and PREA Annual Refresher training. This practice must be implemented for a period of three months with completed copies of the same forwarded to the Auditor for review. Once satisfied that use of this form is institutionalized and part of the facility training culture, the Auditor will certify compliance with this standard.

November 20, 2016 Update: Corrective Actions Taken by MHJDF to Ensure Full Compliance

The Administrator has forwarded copies of the new Staff Development and Training Record Forms, indicating staff training regarding PREA Policy 2.4. revisions and Intake Procedures for Resident with Hearing and Intellectual Disabilities. These forms reflect the "understand" verbiage as follows:

I, _____, have completed the Intake Procedures for Residents with Hearing and Intellectual Disabilities SOP training and understand the content of all the material presented.

Clearly, MHJDF staff are now compliant with this standard. Accordingly, the Auditor is satisfied that MHJDF is compliant with this standard.

Standard 115.332 Volunteer and contractor training

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

Pursuant to the PAQ, the Administrator self-reported that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Administrator also self-reported that there is a total of fourteen volunteers and contractors at MHJDF who have contact with residents, one of whom is the Contract Physician, who have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. This equates to 100% who have been trained.

It is noted that volunteers are provided a brochure entitled, A Guide to the Prevention and Reporting of Sexual Misconduct with Offenders and they are also provided classroom training. The pamphlet is detailed and provides a good understanding of volunteer duties with respect to sexual safety within the facility.

The classroom portion of the volunteer/contractor training includes a showing of the PREA staff training video, as well as, several Power Point slides that are presented to staff. According to the two volunteer interviewees, they have received training regarding their responsibilities with respect to sexual abuse and sexual harassment prevention, detection and response, per MHJDF policy and procedure. One of the interviewees has provided volunteer services at MHJDF for over three years and he advised that he receives PREA Annual Refresher Training annually. The other interviewee is a relatively new volunteer who received the pamphlet prior to commencing provision of volunteer services and the classroom training at a later date.

The Contract Physician received PREA Annual Refresher Training during both 2015 and 2016.

It is noted that the following PREA topics are addressed during this training:

**PREA Volunteer Power Point
Review of MHJDF PREA Policy 2.4
Reporting requirements
Prevention and Detection
Martin Hall Zero Tolerance policy
Mandatory reporters**

This was validated pursuant to a Volunteer PREA Training Agenda that was uploaded to the PAQ.

Pursuant to the PAQ, the Administrator self-reported that MHJDF maintains documentation confirming that volunteers and contractors understand the training they have received. Pursuant to review of the PREA Signature Sheets for volunteers that were uploaded to the PAQ and the same for the Contract

Physician, none of the same for either 2015 or 2016 reflect any verbiage regarding staff's understanding of the PREA training they received. While the form is comprehensive, the same is absent the afore-mentioned verbiage.

It is noted that during the audit, a new PREA training signature form, bearing the required language regarding understanding of the training provided and zero tolerance for sexual abuse and sexual harassment, was implemented. The Administrator and Agency PREA Coordinator advised that this signature sheet would be utilized for all forms of volunteer/contractor PREA training. This practice must be implemented for a period of three months with completed copies of the same forwarded to the Auditor for review. Once satisfied that use of this form is institutionalized and part of the facility training culture, the Auditor will certify compliance with this standard.

November 20, 2016 Update: Corrective Actions Taken by MHJDF to Ensure Full Compliance

The Administrator has forwarded many Volunteer Acknowledgement of Understanding forms to the Auditor. These forms specifically state:

By signing below, you indicate that you have read the Martin Hall Guide to the Prevention and Reporting of Sexual Misconduct with Offenders, as well as, understand Martin Hall's "Zero Tolerance" philosophy in regards to sexually abusive behavior.

These forms were not included in the PAQ however, they have reportedly been used for several years. The 2015 and 2016 forms reflect the afore-mentioned verbiage.

While not literally commensurate with the standard verbiage, the Auditor has determined that the same is sufficient. The Administrator has related that volunteer/contractor training is not scheduled until the spring of calendar year 2017. The same forms that are now being utilized during staff training will also be utilized for contractors/volunteers, going forward.

Given the above, the Auditor is satisfied that MHJDF is compliant with this standard.

Standard 115.333 Resident education

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

As reflected in the PAQ, the Administrator self-reports that residents receive information, at the time of Intake, about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. According to the Administrator, 564 residents were admitted during the past 12 months and all of those admissions were provided the Martin Hall PREA Brochure and Martin Hall Handbook addressing the PREA Orientation.

Follow-up with the CJCO revealed that the afore-mentioned PREA Brochure was pulled from the PREA Resource Center website and the same is available in Spanish. The Auditor did confirm that the Brochure was adapted from the PREA Resource Center website.

Both staff interviewed who facilitate Intakes, disclosed that both the PREA Brochure and the Resident Handbook are disseminated to the residents during Intake. It was determined that those staff who facilitate Intakes must be certified to do so and the majority of JCOs are Intake certified.

While nine of the ten random residents interviewed (an additional random resident declined interview) unanimously asserted that they received information regarding their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, right not to be punished for reporting sexual abuse or sexual harassment, they did suggest that they received this information during Orientation (generally within 24 hours of arrival). Five of these interviewees asserted that they received this information in the Resident Handbook. As a matter of practice, these documents are

provided at Intake.

Pursuant to review of resident files, no concerns were noted regarding provision of the identified information at Intake.

As reflected in the PAQ, the Administrator self-reported that 564 residents were admitted into MHJDF during the past 12 months and all were provided with comprehensive age appropriate PREA education within 10 days of Intake. According to the CJCO, this training is accomplished through presentation of a PREA Resource Center PREA video and follow-up discussion. Additionally, as gleaned pursuant to random resident and staff interviews, this same video is presented via housing unit televisions on a weekly basis, generally on weekend days. The Auditor did review the video and the same does meet the criteria established in the standards element.

Review of resident files revealed that the requisite education was presented within 10 days of the resident's Intake. Both of the staff who facilitate Intakes, advised that residents receive PREA education both pursuant to the PREA Pamphlet and Resident Handbook and Orientation. Education is accomplished at both Intake and during Orientation within a couple days of admission. Random resident interviews confirmed the presentation of the afore-mentioned video during Orientation (generally conducted within 24 hours of arrival and prior to placement in the General population) and presentation of the PREA video on weekend days.

Martin Hall PREA Policy 2.4, pages 9 and 10, 115.333(a) addresses 115.333(c).

Pursuant to the PAQ, the Administrator reported that all MHJDF residents have received the afore-mentioned PREA training within 10 days of arrival. Additionally, the Administrator self-reported that there were 0 residents at MHJDF received from other facilities within the C.C.C.S. system. Additionally, as reflected in response to preceding standard(s), all residents complete Intake and Orientation and accordingly, they have received the requisite education. This fact was also confirmed pursuant to the two Intake Staff Interviews.

Pursuant to the PAQ, the Administrator self-reported that MHJDF provides resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Pursuant to conversation with the Administrator and CJCO, resident education for resident(s) who are deaf or present with hearing disabilities, would be accommodated by the PREA slides during Orientation, the Resident Handbook, and the PREA Brochure. These avenues present opportunities for the resident to read procedures, etc. In regard to residents who are blind or present with visual disabilities, both administrators advised that staff would read relevant information to the affected residents. In regard to those who have intellectual, psychiatric, or speech disabilities, staff reading the information to the affected resident(s) was also articulated. When asked if there are any MOUs or contracts with interpreters to ensure effective communication with deaf or hard of hearing and provision of such services for those who have intellectual, psychiatric, or speech disabilities, it was learned that there are no MOUS or contracts for such services. Additionally, written materials were not provided in formats or through methods that ensure effective communication with residents with disabilities.

As reflected in the PAQ, several examples of PREA Comprehensive Resident education signature sheets substantiate compliance with documentation of resident participation in education sessions.

Pursuant to the facility tour, it was noted that several posters, printed in both English and Spanish, are placed in various areas of the facility (e.g. Intake, hallways, housing units. etc.). As previously mentioned, the PREA video is presented every weekend through the television system and thus, PREA education is consistent and constant. Issuance of the PREA Brochure (adapted from the PREA Resource Center) and Resident Handbook also provides a consistent and constant reminder regarding PREA protocols.

This standard is found to be in non-compliance based on the narrative reflected for 115.333(d) (see above). It is recommended that provisions and procedures be established with County or Area providers to ensure availability and services to ensure effective communication with those who have

intellectual, psychiatric, or speech disabilities. It is recommended that the same be established pursuant to MOU or contract. An MOU is preferable as residents from the nine-county Consortium are housed at MHJDF. Additionally, County or Area providers should be able to assist with provision of written materials in formats or through methods that ensure effective communication with residents with disabilities.

Subsequent to completion and signing of the MOU(s) or contract(s), a copy of the same must be forwarded to the Auditor for review and filing with audit materials. The Auditor will then certify compliance with the standard.

November 20, 2016 Update: Corrective Actions Taken by MHJDF to Ensure Full Compliance

During the PAQ review, the Auditor did receive documents regarding Language Line Translation Services. He did not catch the information regarding the provision of Sign Language services for those individuals requiring the same. These services are clearly available through Language Line and have been available throughout the audit period. The Administrator forwarded additional documents in support of this provision of the standard and the same is clearly available at any time, as required.

Pursuant to MOU signed on September 9, 2016 (signed by the Administrator and the Principal for the school district) and implemented on the same date, NeWESD 101 (school district) has agreed to provide a qualified Special Education instructor to effectively and accurately inform affected resident(s) regarding the basic information relevant to efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This MOU is specific to those residents who present with intellectual/low functioning/psychiatric, or speech disabilities. The service is available at the Administrator's request. Having reviewed this evidence, the Auditor is satisfied that Standard 115.333 is now compliant.

Standard 115.334 Specialized training: Investigations

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

Martin Hall PREA Policy 2.4 , page 10, 115.334, (a), (b), and (c) and CCCS PREA Policy, Page 10, 115.334, (a) address 115.334(a).

Pursuant to interview with one of the two PREA Sexual Abuse Investigators (administrative investigations), he completed the NIC course entitled Investigating Sexual Abuse in a Correctional Facility. His Certificate of Completion, as well as, the same for the other Administrative Investigator, are uploaded to the PAQ. Additionally, a copy of the interviewee's test is likewise uploaded to the PAQ. According to the interviewee, techniques for interviewing juvenile sex abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral, were covered during this three hour on-line course.

It is noted that the Auditor was not able to review any of the training slides, curriculum, or resource material for this training.

Martin Hall PREA Policy 2.4 , page 10, 115.334(b) and CCCS PREA Policy, Page 10, 115.334, (b) address 115.334(b).

Certificates for the NIC course (Investigating Sexual Abuse in a Confinement Setting) were uploaded to the PAQ for completions by both facility Administrative investigators. Although the Auditor was not able to review a training syllabus or slides, etc., he did review the test questions for the course provided by the Investigator. Additionally, he reviewed the NIC website in an attempt to obtain a general course outline. While the Auditor was not able to obtain a general course outline, he did determine that the primary objective of the course was to assist agencies with compliance with 115.34. The interviewee advised that the training topics did address techniques for interviewing juvenile sexual assault victims, proper use of the Miranda and Garrity Warnings, sexual abuse evidence collection in con-

finement settings, and the criteria and evidence required to substantiate a case for Administrative or prosecution referral.

Martin Hall PREA Policy 2.4 , page 10, 115.334(c) and CCCS PREA Policy, Page 10, 115.334, (c) address 115.334(c).

Standard 115.335 Specialized training: Medical and mental health care

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

Martin Hall PREA Policy 2.4, pages 10 and 11, 115.335(a)(1), (2), and (3) and CCCS PREA Policy 1.3.5.12, pages 10 and 1, 115.335(a) address 115.335(a).

While not a certified Mental Health worker, the Case Manager completed an on-line NIC course re: Communicating Effectively and Professionally with LGBTI Offenders.

The Administrator self-reported that the Nurse/PREA Compliance Manager is the only Medical staff member on site and she is trained commensurate with the standards element. There is also a Contract Physician on board and his medical training records (community based) were not available at the time of the audit and have not since been produced.

Pursuant to the Medical Staff Interview, the training she completed was based on the Washington State Association of Sexual Assault Programs training and preservation of physical evidence was not covered in the training. However, pursuant to the uploaded Certificate to the PAQ, the Nurse also completed the Advocate Core Training curriculum, facilitated by Lutheran Community Services Northwest. A JCO has also taken this training and her certificate was also uploaded to the PAQ.

Pursuant to the Advocate Core Training curriculum, physical evidence collection is a covered topic. Thus, compliance with 115.335(a) and (c) is met.

Pursuant to the PAQ, the Nurse/PREA Compliance Manager, and Administrator, forensic exams are not conducted at MHJDF. Accordingly, 15.335(b) is N/A.

Although the PAQ reflects a self-report of "No" for 115.335(c) as forensic exams are not conducted at MHJDF, Certificates, with the exception of the training received by the JCO, have been uploaded to the PAQ. Pursuant to the Advocate Core Training curriculum, physical evidence collection is a covered topic. Thus, compliance with 115.335(a) and (c) is met. This training was facilitated through Lutheran Community Services Northwest.

Pursuant to review of relevant training certifications, it is clear that the Nurse and Contract Physician have received appropriate PREA training as prescribed by Standard 115.335(d).

Standard 115.341 Screening for risk of victimization and abusiveness

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

The Administrator self-reported that the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents, within 72 hours of Intake. Martin Hall PREA Policy 2.4, page 11, 115.341(a) and CCCS PREA Policy 1.3.5.12, page 11, 115.341(a) address the requirements of 115.341(a).

The Administrator further self-reported that within the past 12 months, the number of residents Entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility, was 429. Reportedly, all of these residents were screened, for 100% completion.

Martin Hall Policy 7.13 entitled, Behavior Management Team (BMT), speaks to these behavioral review meetings however, there is no mention of review of sexual predator(s)/victim(s) during this meeting. Pursuant to follow-up conversation with the CJCO, information regarding victims/predators is forwarded to the BMT by staff memorandum. Follow-up Program Plans and subsequent reviews are accomplished on a recurring weekly basis. The Auditor did review documentation that substantiates this process.

While the practice generally meets the standards element, it is recommended that a separate meeting be established solely for this purpose. Meeting minutes must be maintained and any Program Plans maintained with the minutes. This should be implemented in either the PREA policy or some other policy.

Pursuant to interview with staff who perform screening for risk of abusiveness and victimization, a Screening Instrument is used to screen resident Intakes for risk of sexual victimization or abusiveness. The current Screening Tool has been in effect for 1-2 months. The old form was not labeled PREA and the same was not as PREA specific as the new form. According to this staff member, screening occurs at Intake. The PREA screening form is always administered prior to General Population placement.

According to this staff member, the Martin Hall Intake Form is completed by Probation. The form contains criminal history, suicidal history. May not have this form at the time of the interview. However, the JDAT (Mental Health history form) and Medical Form are available at the time of the interview or prior to assignment.

Of the nine out of ten random residents who participated in Random Resident Interviews, eight residents advised that when they first arrived at MHJDF, they were asked questions like whether they had been sexually abused, whether they identify with being gay/bisexual/transgender, whether they have any disabilities, and whether they think they might be in danger of sexual abuse at MHJDF. Most advised that they were asked these questions during Intake.

The Auditor did review documents utilized prior to implementation of the new Screening Tool reflecting relevant screening questions and information and found the same to be commensurate with the recently implemented Screening Tool.

As reflected in 115.341(b), the uploaded Screening Instrument has been in effect for 1-2 months however, the information sought pursuant to the instrument was reflected in various documents utilized in the Intake Process prior to implementation of the new form. As gleaned during the Staff Who Perform Screening for Risk of Abusiveness and Victimization Interview, the old form was not labeled PREA and the same was not as PREA specific as the new form.

The CJCO advised the Auditor that gender non-conforming appearance is documented in the "Other Factors to Consider section.

The JCO administering the Screening Tool may not have criminal history available during the interview. Despite the same (e.g. weekend commitment), the resident will integrate with the population. This integration is limited and closely supervised by staff. There is much in-room time during this period. The PREA screening form is always administered prior to General Population placement.

Martin Hall PREA Policy 2.4, page 11, 115.341(e), CCCS PREA Policy 1.3.5.12, page 11, 115.341(j) address the requirements of 115.341(e).

Pursuant to the Staff Who Perform Screening for Risk of Victimization and Abusiveness Interview, she forwards the screening form to the PREA Compliance Manager, sharing nothing else with other staff. The PREA Compliance Manager related that the agency expects information sharing with staff on

a "Need to Know" basis only. The PREA Coordinator advised that informational access is limited to the Intake Screener, PREA Compliance Manager, and CJCO. Of course, the Administrator is also in that informational loop.

While the policy and practice generally meet the standards element, it is recommended that policy be amended to provide more specificity as to the titles of the staff involved in the informational loop. If other staff need to be brought into that loop as treatment needs evolve, etc., it should be so stipulated in the policy.

Standard 115.342 Use of screening information

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

Martin Hall PREA Policy 2.4, page 11 and 12, 15.342(a) addresses 115.342(a). Pursuant to the PAQ, the Administrator self-reports that facility staff use information from the risk screening tool required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

Pursuant to interview with the PREA Compliance Manager, housing, programming, and showering can be affected by the results of the Screening Tool. Location of housing, programming and follow-up to be offered, and singular or group showering, as well as, whom the resident should shower with, are all considerations. This Tool can impact day to day treatment and management of resident(s) with PREA concerns.

According to the Staff Who Perform Screening for Risk of Victimization and Abusiveness, Screening Tool results can impact shower status and housing issues/strategies/status.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(b) addresses 115.342(b). Additionally, pursuant to review of Martin Hall Policy 7.10 entitled, Intensive Management Unit (IMU), it has been determined that victims of sexual abuse are not to be placed in IMU without the approval of the Administrator or CJCO. If placement is approved, the resident is to be provided full access to programming including school and general population activities. The two policies are congruent with one another.

Pursuant to the PAQ, the Administrator self-reported that the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Additionally, he self-reported that the facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. Finally, pursuant to the PAQ, the Administrator self-reported that no residents at risk of sexual victimization were placed in the IMU during the past 12 months.

According to the Administrator, victims of sexual abuse are never placed in Isolation as there is no Isolation. The IMU is used to separate residents as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until alternative means of keeping all residents safe can be arranged. Generally, residents housed in the IMU participate in activities with the General Population pursuant to close staff supervision. Generally, residents are not confined to a room or cell throughout the day. Of course, security and separation concerns may cause this to look different based on the circumstances. Accordingly, from a simplistic perspective, IMU becomes a sleeping quarters change. The Administrator further related that IMU placement can generally range from two hours to two days.

According to the two Staff Who Supervise Residents in Isolation interviewees, victims or residents at risk of sexual victimization are not placed in IMU. Residents placed in IMU interact with General Population residents for privileges, programs, and work opportunities. One interviewee self-reported

that generally speaking, residents placed involuntarily in the IMU are placed only until an alternative means of separation from perpetrators can be arranged. However, the other interviewee self-reported that such a scenario would not occur. In regard to the general length of time for IMU placement, both interviewees advised that the same varies based on the situation. The range is up to two to three days. In regard to programs and services visits, the Nurse visits IMU on a daily basis and there are no Mental Health services at MHJDF.

The Nurse self-reported that IMU is not an Isolation Unit based on the reasons previous articulated for 115.342(b). She related that she visits the IMU daily. There was no available documentation regarding medical visits as no residents were placed in IMU due to perceived risk of sexual victimization.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(c) addresses 115.342(c). Pursuant to the PAQ, the Administrator self-reported that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Additionally, he self-reported that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

According to the Agency PREA Coordinator, there is no special housing unit at MHJDF for lesbian, gay, transgender, bisexual, or intersex residents. The Auditor validated the same pursuant to the tour as he found no such units. The PREA Compliance Manager also self-reported that there is no such unit(s) at MHJDF. It is noted that the Administrator reported there were no lesbian, gay, bisexual, transgender, or intersex residents at MHJDF.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(d) addresses 115.342(d). Pursuant to the PAQ, the Administrator self-reported that MHJDF staff make housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Pursuant to interview with the PREA Compliance Manager, it was learned that no transgender or intersex residents have been housed at MHJDF during the past 12 months. In discussing how transgender or intersex residents would be treated, she noted that their behavioral history would be evaluated to make a determination regarding housing.

The Administrator self-reported that there were no transgender or intersex resident housed at MHJDF during the audit period.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(e) addresses 115.342(e). According to the PREA Compliance Manager, resident health and safety is of utmost importance in any placement or housing decisions. Any status reviews would occur during BMT meetings. According to the Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee, the transgender or intersex resident's views of their safety are given serious consideration in placement and programming assignments.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(f) addresses 115.342(f). According to the PREA Compliance Manager, management and security issues are considered in terms of placement and housing considerations for transgender and intersex residents. As previously indicated, no transgender or intersex residents have been housed at MHJDF during this audit period.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(g) addresses 115.342(g). According to the Staff that Perform Screening for Risk of Victimization and Abusiveness interviewee, transgender and intersex residents would be given the opportunity to shower separately from other residents. Random staff also verified the same.

As previously stated, the Administrator self-reported that no residents were housed in Isolation during the past 12 months as the result of risk for sexual victimization. Accordingly, there were no files for requisite review.

Martin Hall PREA Policy 2.4, pages 11 and 12, 115.342(i) addresses 115.342(i). Pursuant to the PAQ, the Administrator self-reported that no residents were housed in IMU for risk of sexual victimization during the past 12 months. Interviews with staff who supervise residents in Isolation revealed that they were unsure regarding 30 day reviews.

Standard 115.351 Resident reporting

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

Martin Hall PREA Policy 2.4, pages 12 and 13, 115.351(e) and (a)(1) addresses 115.351(a). Internal methods for private resident reporting sexual abuse/sexual harassment, retaliation by other residents or staff for reporting sexual abuse/sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents are clearly articulated in the afore-mentioned policy. The same is adequately advertised and congruent between the Martin Hall Handbook and PREA Brochure.

All of the 10 random staff interviewed were aware of at least three methods residents could use to report the above. All staff interviewees were aware of the blue telephones located in the housing unit Day Rooms. These telephones link the caller with a crisis intervention specialist. Pursuant to separate conversation with the CJCO, it was determined that these telephones are not monitored and such calls are free. Additionally, it was learned that other telephone calls (e.g. social calls) are made on these telephones.

The same was true in terms of the nine resident interviews that were physically conducted. One of the ten interviewees refused to participate. Eight of the nine interviewees identified at least three reporting methods. Seven of the nine resident interviewees were aware of the blue telephones located in the housing unit Day Rooms and the function of the same.

The Administrator self-reported as Yes in regard to residents being able to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Martin Hall PREA Policy 2.4, pages 12 and 13, 115.351(e) and (b) addresses this element. The same policy provisions apply to residents detained solely for civil immigration purposes although the CJCO and Administrator advised that there is no contract between MHJDF and Immigration and Customs Enforcement (ICE) and accordingly, no civil immigration cases are housed at Martin Hall.

According to the PREA Compliance Manager, the blue telephones located in the housing unit Day Rooms are linked to Lutheran Community Services. Lutheran Community Services is a community entity that is not part of the nine County Consortium, C.C.C.S., or MHJDF. The telephone number affixed adjacent to each telephone is a toll-free Sexual Abuse Hotline. The incident is subsequently reported by Lutheran Community Services Hotline staff to the Administrator.

Pursuant to the PAQ, the Administrator self-reported that staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Martin Hall PREA Policy 2.4, pages 12 and 13, 115.351(c) and (d) and CCCS PREA Policy 1.3.5.12, 115.351(c) adequately address 115.351(c).

Of the ten random staff interviewees, nine asserted that staff shall accept reports made verbally, in writing, anonymously, and from third parties, documenting verbal reports immediately and forwarding the same to Supervisors. One random interviewee advised that the verbal report must be documented as soon as possible.

In terms of the nine resident interviews that were physically conducted, one of the ten interviewees refused to participate. The nine interviewees advised that they could report verbally, in writing, or a third party can report on their behalf.

The Administrator self-reported that the facility provides residents with access to tools necessary to make a written report. Martin Hall PREA Policy 2.4, pages 12 and 13, 115.351(d) addresses

115.351(d).

According to the PREA Compliance Manager, residents ask staff for lined paper and pens if they are not on advanced levels. As observed during the facility tour, Grievance Forms are located in a box mounted on the wall in the housing unit Day Rooms. Residents, with the exception of those assigned to Levels 4 or 5, must request pencils from staff. Residents assigned to Levels 4 and 5 may keep pencils in their rooms unless they are on restriction.

During the facility tour and subsequent random resident interviews, it was determined that pencils are available for use as described by the PREA Compliance Manager. No issues were reported regarding non-access to writing tools.

Pursuant to the PAQ, the Administrator self-reported that the agency does provide a method for staff to privately report sexual abuse and sexual harassment of residents. Pursuant to a Staff Confidential Report Information memorandum provided by the Administrator, staff can confidentially report PREA allegations to any Shift Supervisor/Shift Leader, PREA Compliance Manager, Chief Juvenile Corrections Officer, Administrator, CCCS Human Resource Manager, CCCS PREA Coordinator, and Lutheran Community Services. Telephone numbers are listed on the memorandum for confidential staff reporting purposes.

During the facility tour the Auditor noted that copies of this memorandum were posted in the Supervisors Office and on staff bulletin boards in staff common areas. As uploaded in the PAQ, this information was provided in the Pass-On-Book on June 14, 2016 and subsequently. Additionally, PREA Annual Refresher Training slides address the contact numbers for private reporting by staff.

All of the ten random staff interviewees were aware of the afore-mentioned memorandum, either pursuant to the Pass-On-Book, postings on bulletin boards, or PREA Annual Refresher Training slides. Staff were very much aware of this provision.

Standard 115.352 Exhaustion of administrative remedies

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

Pursuant to the PAQ, the Administrator self-reported that MHJDF has an administrative procedure for dealing with resident grievances regarding sexual abuse. MHJDF does employ a grievance procedure and residents are encouraged to utilize the same as a method to report sexual abuse and sexual harassment.

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352 and CCCS PREA Policy 1.3.5.12, page 13 and 14, 115.352 address 115.352(a).

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352(a)(1) and (3) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(b)(1) and (3) adequately address 115.352(b). Pursuant to the PAQ, the Administrator self-reported that: (1) MHJDF shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse; (2) MHJDF may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse; (3) MHJDF shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

Martin Hall Policy 2.4, pages 13 and 14, 115.352(b)(1) and (2) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(c)(1) and (2) address 115.352(c). Pursuant to the PAQ, the Administrator self-reported MHJDF ensures that: (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; and (2) such grievance is not referred to a staff member who is the subject of the complaint.

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352(c)(1-3) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352 (d)(1), (2), and (3) address 115.352(d). Pursuant to the PAQ, the Administrator self-reported that: (1) MHJDF shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; (2) computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal; (3) MHJDF may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. MHJDF shall notify the resident in writing of any such extension and provide a date by which a decision will be made; and (4) at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level. The Administrator further self-reported that during the past 12 months, there were no grievances filed alleging sexual abuse, there were no grievances alleging sexual abuse that reached final decision within 90 days after being filed, and there were no grievances alleging sexual abuse that involved extensions. As self-reported by the Administrator, there were no residents who reported a sexual abuse, detained at MHJDF during the audit and accordingly, such interviews were not conducted.

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352(d)(1-3) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(e)(1) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(e)(1-3) address 115.352(e). Pursuant to the PAQ, the Administrator self-reported that MHJDF policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents. Additionally, MHJDF policy and procedure requires that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. MHJDF policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

It is noted that the Administrator self-reports there were no grievances alleging sexual abuse filed by residents in the past 12 months wherein the resident declined third-party assistance.

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352(e)(1) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(f)(1), (2) address 115.352(f). Martin Hall Policy 11.1, entitled Juvenile Grievance Procedures addresses responding authorities. Additionally, it is stipulated that emergency grievances may result in immediate redress.

Pursuant to the PAQ, the Administrator self-reported that MHJDF has a policy and established procedures for filing an emergency grievance wherein it is alleged that resident is subject to a substantial risk of imminent sexual abuse. Similarly, the Administrator self-reported that MHJDF policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours and final agency decisions within five days. Reportedly, no emergency grievances alleging substantial risk of imminent sexual abuse were filed within the past 12 months.

Martin Hall PREA Policy 2.4, pages 13 and 14, 115.352(f) and CCCS PREA Policy 1.3.5.12, pages 13 and 14, 115.352(g) address 115.352(g). Pursuant to the PAQ, the Administrator self-reported that MHJDF has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where it can be demonstrated that the resident filed the residence in bad faith. During the past 12 months no resident grievances, alleging sexual abuse, that resulted in disciplinary action against the resident by MHJDF officials for having filed the grievance in bad faith.

Standard 115.353 Resident access to outside confidential support services

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

**Pursuant to the PAQ, the Administrator self-reported that the facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:
Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.**

Giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.

Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Pursuant to the Martin Hall PREA Brochure, support services are available from Lutheran Community Services Sexual Assault Crisis Center. The PREA Brochure and Juvenile Orientation Briefing are provided to the residents.

The blue phone and hotline telephone number are provided in both the PREA Brochure and Juvenile Orientation Briefing and the address for Lutheran is reflected in the Juvenile Orientation Briefing. The Auditor also observed three blue telephones (positioned on a wall in each Wing Day Room) with the telephone number for Lutheran Community Services posted adjacent to each telephone.

Pursuant to random resident interviews with 10 residents (nine of whom participated in the interview) five of the nine interviewees reported that they were aware there are services available outside of the facility for dealing with sexual abuse, if needed. They reported that the same was covered in the PREA Brochure, Resident Handbook, or they were apprised of the same by staff. In regard to the services provided, four of the nine interviewees advised that psychological services were primarily provided. Six of nine interviewees advised that mailing addresses and telephone numbers for these outside services were provided in the Resident Handbook or PREA Brochure. Four of nine interviewees advised that they could talk to representatives whenever the meeting was arranged with staff, during school, or anytime. Eight of the nine interviewees advised that what one says to representatives from these services remains private. They had been advised of the same pursuant to the PREA video.

As previously indicated in this report, there is no contract between MHJDF and Immigration and Customs Enforcement (ICE) to detain civil immigration cases and accordingly, such detainees have not been housed at MHJDF.

The Administrator advised the Auditor that no residents who reported a sexual abuse were confined at the facility during the audit.

Pursuant to the PAQ, the Administrator self-reported that the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Administrator further self-reported that the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Pursuant to review of the PREA Brochure disseminated to each resident, blue telephone calls to Lutheran Community Services are unmonitored.

The Auditor did preview the PREA video and the same does provide information regarding the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. As previously mentioned, the PREA video is presented during Resident Orientation and the same is presented via the television system each weekend.

Pursuant to random resident interviews with 10 residents (nine of which participated in the interview), six of the nine interviewees advised that conversations with Advocates and representatives of these service agencies would not be told or listened to by someone else.

Pursuant to the PAQ, the Administrator self-reported that the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. A copy of the MOU between MHJDF

and Lutheran Community Services is uploaded to the PAQ. The Auditor previewed the same and found it to be comprehensive, inclusive of maintenance of confidentiality in accordance with State and Federal law and regulations.

Martin Hall PREA Policy 2.4, page 15, 115.353(d) addresses 115.353(d). Pursuant to the PAQ, the Administrator self-reported that the facility provides residents with reasonable and confidential access to their attorneys or other legal representation, as well as, reasonable access to parents or legal guardians.

Pursuant to interview with the Administrator, residents can receive unmonitored telephone calls with their attorneys on staff telephones, sealed correspondence to their attorney, and attorney/client visits. Video of such visits is monitored, however, audio is not monitored. In regard to reasonable access to parents or legal guardians, the same is accommodated by visitation, correspondence, and telephone calls.

Pursuant to interview with the PREA Compliance Manager, residents can submit a Morning Request for an attorney/client telephone call. The call is arranged and the same is unmonitored. Generally, access would be limited only by security concerns. In regard to parental/legal guardian access, visitation is conducted on Tuesday, Thursday, and Saturday. The Administrator can approve Special Visits. Essentially, visitation must be approved by the Probation Officer to ensure the visitor is approved.

Pursuant to random resident interviews with 10 residents (nine of whom participated in the interview), all nine participants validated the statements of the Administrator and the PREA Compliance Manager. Specifically, they can maintain contact with their attorney/legal representative by unmonitored telephone calls, visits, and correspondence. Contact with parents and legal guardians is maintained by visits, telephone calls, and correspondence. Reportedly, telephone calls can be challenging as Non-Collect calls are given only when residents attain Levels 4 and 5.

Standard 115.354 Third-party reporting

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

Pursuant to the PAQ, the Administrator self-reported that the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and has publicly distributed information on how to report sexual abuse and sexual harassment on behalf of a resident. The Auditor did review the Third Party Reporting information reflected on the C.C.C.S. website. The Auditor also observed the Third Party Reporting Forms that are available in the Front Lobby.

Mailing addresses, e-mail addresses, and the PREA Coordinator's telephone number are listed on the forms. The forms are structured so that the basic investigative informational needs are contained therein. One form (maintained in the Front Lobby at MHJDF) reflects the facility address, e-mail addresses for the Administrator and CJCO, as well as, the Corporate PREA Coordinator. The C.C.C.S. website Third Party Reporting Form reflects the Corporate address, as well as, the Corporate PREA Coordinator's telephone number. Both of these documents have been uploaded to the PAQ.

As reflected in 115.351, residents are aware that third parties can report incidents of sexual abuse/sexual harassment, retaliation, etc. All of the random resident interviewees who participated in the interview process (9 of 10) reported they are aware that third parties can report incidents as reflected above. As previously mentioned, the PREA video is presented to residents during Orientation. Review of the PREA video by the Auditor has revealed that third party assistance is briefly addressed in the same.

Standard 115.361 Staff and agency reporting duties

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

Martin Hall PREA Policy 2.4, pages 15 and 16, 115.361(a) and (a)(1) and CCCS PREA Policy 1.3.5.12, pages 14 and 15, 115.361(a) address 115.361(a).

Pursuant to interviews with 10 random staff, all interviewees advised that they were required to report according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eight of ten interviewees asserted that immediate reporting is required under these circumstances and the majority asserted that reporting is scripted in terms of the recipients of the information.

Martin Hall PREA Policy 2.4, pages 15 and 16, Staff and Agency Reporting Duties, 115.361(b) and (a)(1) and CCCS PREA Policy 1.3.5.12, pages 14 and 15, 115.361(b) address 115.361(a).

Of the ten random staff interviewees, all responded that they had been trained regarding compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. As previously indicated, this training was presented during Orientation training and PREA Annual Refresher Training. Additionally, it was noted that one of the interviewees related that she had been reviewing the MHJDF PREA policy. It is noted that, during the facility tour, the Auditor did observe the MHJDF PREA policy in the Control Center.

Martin Hall PREA Policy 2.4, pages 15 and 16, 115.361 entitled Staff and Agency Reporting Duties, (c), addresses 115.361(c).

Seven of the ten random staff interviewees asserted that dissemination of this information is limited to a "Need to Know" basis only.

Martin Hall PREA Policy 2.4, pages 15 and 16, 115.361 entitled Staff and Agency Reporting Duties, (d) and (d)(1), addresses 115.361(d).

Pursuant to the Medical/Mental Health interview, the interviewee advised that she does advise resident(s), at the initiation of services, of the parameters of confidentiality and her duty to report. She further related that she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the MHJDF Administrator immediately upon receipt of the information. She has received no such reports of sexual abuse/sexual harassment during this audit period.

Martin Hall PREA Policy 2.4, pages 15 and 16, 115.361 entitled Staff and Agency Reporting Duties, (e), (e)(1), and (e)(2), addresses 115.361(e).

According to the PREA Compliance Manager, allegation(s) of sexual abuse would be reported to Child Protective Services if the incident of abuse occurred in the community. If the incident occurred at MHJDF, SCSO would be contacted and they would report to the facility to conduct an investigation. The Administrator would notify the parents unless there is a "Do not Contact" Order in effect. If the victim was under the Guardianship of the child welfare system, the Administrator would report the incident to Child Protective Services within, at least, 24 hours. In regard to a victim under the supervision of the juvenile court system, the Administrator would report the incident to the attorney of record within 24 hours.

According to the Administrator, the reporting line at MHJDF is Supervisor, PREA Compliance Manager, CJCO, Administrator. He then reports the incident to the C.C.C.S. CEO and PREA Coordinator. The

Administrator or the Case Manager (designee) would report the incident to the parents. If there is a "No Contact Order" with the parents, the incident would be reported to Child Protective Services, Department of Child Services. The same reporting procedure would be implemented when there is Child Welfare Oversight.

In regard to reporting time frames, a minor incident would be reported the next day. In the event of a major incident, reporting would be right away, dependent upon the circumstances and information known. Reporting is incident driven. The Administrator further related that if the resident is under the jurisdiction of the juvenile Court, the allegation would be reported to the attorney of record within 24 hours of notification that an incident allegedly occurred.

The above interviews revealed significant consistency and the same are consistent with relevant policy.

Martin Hall PREA Policy 2.4, pages 15 and 16, 115.361 entitled Staff and Agency Reporting Duties, (f) addresses this element.

According to the Superintendent, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, are reported directly to the facility's designated investigators. In the case of MHJDF, the Administrator and CJCO are the designated and trained investigators. Additionally, they are intimately involved in the PREA reporting chain and subsequent processes from start to finish. Clearly, MHJDF is compliant with this provision.

Standard 115.362 Agency protection duties

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

Martin Hall PREA Policy 2.4, page 16, 115.362 addresses 115.362(a).

Pursuant to the PAQ, the Administrator advised that no incidents occurred within the last 12 months wherein MHJDF staff learned that a resident was subject to a substantial risk of imminent sexual abuse. Accordingly, there is no baseline from which to assess timeliness of action.

While policy alludes to Medical/Mental Health follow-up to protect the victim, staff interviews clearly reflected staff knowledge in terms of the steps required to physically protect the victim prior to Medical/Mental Health follow-up. Specifically, all of the random staff interviewees asserted that they would separate the victim from the potential aggressor, notify the Supervisor, and some advised that they would invoke First Responder procedures. Some of the interviewees also advised that they would call a Code and remove the potential victim or aggressor from the situation. Some interviewees related that they would remove the remainder of the residents from the situation pursuant to a lockdown. Unanimously, response would be immediate.

According to the Agency Head, the victim and the potential aggressor would immediately be separated within the facility. The respective county(ies) would be contacted immediately to move party(ies) into the community, if possible.

According to the Superintendent, the parties would immediately be separated and the victim would be moved to Medical for assessment and removal to outside hospital for further assessment and treatment. Lutheran Community Services would also be contacted to come to the facility for counseling and advocacy services. Additionally, the aggressor would also be locked in his/her room under supervision.

The above appears to substantiate compliance with this provision.

Standard 115.363 Reporting to other confinement facilities

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

Martin Hall PREA Policy 2.4, pages 16 and 17, 115.363(a) and CCCS PREA Policy 1.3.5.12, page 15, 115.363(a) address 115.363(a). This policy requires that the Administrator or designee who received the report of allegation will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Pursuant to the PAQ, the Administrator self-reported that within the last 12 months, there were no allegations received that a resident was abused while confined at another facility. Accordingly, there is no baseline from which to compare actual practice.

Pursuant to the PAQ, the Administrator self-reports compliance with notification being made as soon as possible, but no later than 72 hours after receiving the allegation.

Martin Hall PREA Policy 2.4, pages 16 and 17, 115.363(b) and CCCS PREA Policy 1.3.5.12, page 15, 115.363(b) address 115.363(b). According to this policy, such notification shall be provided as soon as possible, but no later than 72 hours following receipt of the allegation.

Pursuant to the PAQ, the Administrator self-reports compliance with documenting that such notification has been provided. Martin Hall PREA Policy 2.4, pages 16 and 17, 115.363(c) and CCCS PREA Policy 1.3.5.12, page 15, 115.363(c) address 115.363(c).

Pursuant to the PAQ, the Administrator self-reports that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The Administrator asserts that within the past 12 months, there has not been any allegations of sexual abuse, allegedly originating from MHJDF, received from other facilities.

Martin Hall PREA Policy 2.4, pages 16 and 17, 115.363(d) and CCCS PREA Policy 1.3.5.12, 115.363(d) address 115.363(d).

The Agency Head advised that the Administrator is the point of contact for allegations of this nature. He and the CJCO are responsible for law enforcement notifications and the point of contact (Administrator) would be responsible for notifying other facility administrators regarding incidents that allegedly occurred at their facilities. The Agency Head could not provide any information regarding reports about MHJDF incidents that were referred to the MHJDF Administrator.

In response to inquiry as to what happens when he receives an allegation from another facility or agency regarding an incident of sexual abuse or sexual harassment that had allegedly occurred at MHJDF, the Administrator advised that the allegation would be immediately investigated. He advised that no such allegations have been referred to his attention during this audit period. Martin Hall PREA Policy 2.4, pages 16 and 17, 115.363(d) and CCCS PREA Policy 1.3.5.12, 115.363(d) address 115.363(d).

Standard 115.364 Staff first responder duties

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

Pursuant to the PAQ, the Administrator self-reported that upon learning of an allegation that a

resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Martin Hall PREA Policy 2.4, page 17, 115.364 (a)(1), (2), (3), and (4) and CCCS PREA Policy 1.3.5.12, page 15, 115.364(a)(1), (2), (3), and (4) address 115.364(a).

Pursuant to the PAQ, the Administrator self-reported that there were no allegations of sexual abuse within the past 12 months. However, one Unsubstantiated resident-on resident sexual assault case was investigated during the audit period. The victim of this unsubstantiated allegation was not confined at MHJDF during the audit. Review of the investigation revealed that the alleged incident was only discovered pursuant to a room search and review of the alleged victim's journal. Allegedly, the incident occurred on the previous day. Immediate actions were taken to remove the alleged victim from the unit, interview him, and review video.

All ten random staff interviewees articulated nearly the entirety of this provision. They also discussed calling codes and securing the crime scene by removing all residents from the area/placing all other residents in their rooms/locking room/area doors, etc. Many of the interviewees displayed a laminated card that reflected First Responder duties on the same. They related that most staff retained these cards on their person as they perform their daily duties.

Pursuant to the PAQ, the Administrator self-reported that if the first responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify the JCO or Supervisor. Martin Hall PREA Policy 2.4, page 17, 115.364 (b) and CCCS PREA Policy 1.3.5.12, page 15, 115.364 (b) address 115.364(b).

In an effort to test First Responder knowledge amongst non-security staff, the Auditor interviewed one non-security staff member who may be called upon to perform First Responder duties. Questions 1, 2, 3, and 4 of the Random Staff protocol were asked, as well as, all of the First Responder protocol questions. The interviewee responded to the Random Staff protocol in the same manner as JCOs, etc. He/she advised that he/she received the same Orientation and PREA Annual Refresher training as JCOs, etc.

In regard to First Responder duties, he/she would separate the victim and perpetrator. Secure the crime scene by disallowing access by others. Contact JCO or Supervisor dependent upon where the incident occurred. He/she would then instruct the victim to not destroy any physical evidence. No showering, cleaning area of incident, no clothes changing/attempting to wash clothing, no teeth brushing, no urinating/defecating/drinking/eating. The same instructions would be given to the abuser. He/she subsequently advised that he/she would notify the Supervisor, CJCO, Administrator, Nurse/PREA Compliance Manager.

He/she concluded the interview by stating that he/she did have the laminated card in his/her possession at all times while on the job.

Standard 115.365 Coordinated response

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

Martin Hall PREA Policy 2.4, page 17, 115.365 addresses 115.365. The MHJDF Sexual Abuse Coordinated Response Plan is uploaded to the PAQ and the Auditor has thoroughly reviewed the same. The document is comprehensive and addresses the key players in both sexual abuse scenarios in progress and allegations received within 72 hours of the alleged incident and thereafter. First Responder duties, both security and non-security staff, are articulated in the same and the duties identified in this document are congruent with the findings noted in 115.364. Reporting responsibilities for staff at all levels as well as, follow-up responsibilities to address the allegations, are clearly articulated in the document. Additionally, timely contact with SCSO and CJCO/Administrator cooperation/provision of evidence, is clearly outlined in the document. Finally, Medical/Mental Health contact and procedures are also addressed in the document. Clearly, the plan meets the intent and requirements of the standard.

Pursuant to interview with the Administrator, he advised that the above Plan encompasses First Responder, Investigative, Medical/Mental Health, Notifications, and activation of advocacy/counseling operations. He did articulate some of the nuances and responsibilities, as reflected in the actual document, during this conversation.

Clearly, as reflected above and in preceding standards, the Plan is in effect and staff are aware of their duties and responsibilities pursuant to training activities. Accordingly, compliance with the standard is substantiated.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

Pursuant to the PAQ, the Administrator self-reports that no Collective Bargaining Agreement has been ratified or updated since August 20, 2012. The Agency Head confirmed that there are no Unions or Agreements applicable to MHJDF. Accordingly, this standard is Not Applicable.

Standard 115.367 Agency protection against retaliation

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

Pursuant to the PAQ, the Administrator self-reported that MHJDF has establish and implemented a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. Additionally, he self-reported that designated staff have been charged with monitoring retaliation.

Martin Hall PREA policy 2.4, pages 17 and 18, 115.367 and CCCS PREA Policy 1.3.5.12, page 16, 115.367(a) address 115.367(a). The PREA Compliance Manager and CJCO have been designated to provide oversight and monitoring of retaliation as described above.

Martin Hall PREA policy 2.4, pages 17 and 18, 115.367(b) and CCCS PREA Policy 1.3.5.12, page 16, 115.367(b) address 115.367(b).

Pursuant to various interviews and although not necessitated as the result of an incident that arose at MHJDF during this audit period, there are various strategies that could be employed to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Specifically, the

Agency Head advised that there is zero tolerance for retaliation. Allow affected residents and staff to move to another facility, shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. Given the numerous facilities under the C.C.C.S. umbrella, he was not able to specifically identify the Monitoring Team at MHJDF. According to the Administrator, residents can be moved around the institution (off range and placed in a special program while determining the veracity of the situation). Check on them daily. Monitor their accrual of Misconduct Reports, changes in behavior patterns, changes in resident and staff associations and daily routine, etc. In regard to staff, shifts can be changed, perpetrators can be removed from the facility and placed on Administrative Leave. The Administrator advised that his initial reaction would be placement of staff on Administrative Leave to remove them from the situation. The Designated Staff Member Charged with Monitoring Retaliation interviewee advised that he/she would assign the alleged perpetrator (in an as yet unsubstantiated allegation) to a post away from the alleged victim. The victim could be moved to the front of the unit or different location within the facility, if necessary. Closely monitor the victim to determine behavior changes, increase in accumulation of Misconduct Reports, decreased participation in group activities, etc. If Supervisors were not involved in the retaliation, the interviewee might assign a Supervisor on each shift to personally monitor the same. Additionally, video surveillance would be employed. This individual also reported that he/she would maintain personal contact with both the victim and the perpetrator to monitor the status and changes in the same.

As self-reported by the Administrator and the Designated Staff Member Charged with Monitoring Retaliation, there has been no incidents of retaliation as described above, during this audit period. Accordingly, other resident interviews were not applicable to 115.367(b).

Martin Hall PREA Policy 2.4, pages 17 and 18, 115.367(c) addresses 115.367(c). Pursuant to the PAQ, the Administrator relates that monitoring will continue for as long as necessary or until the resident's release from Martin Hall. If there are changes that may suggest possible retaliation by residents or staff, the Administrator relates that action is prompt to remedy retaliation.

Pursuant to interview with the Superintendent, when retaliation is suspected, residents can be moved around the institution (off range and placed in a special program while determining the veracity of the situation) or placed in the front of the range, etc. Check on them daily. Monitor their accrual of Misconduct Reports, changes in behavior patterns, changes in resident and staff associations and daily routine, etc. In regard to staff, shifts can be changed for either victims or perpetrators and perpetrators can be removed from the facility and placed on Administrative Leave. The Administrator advised that his initial reaction is to place staff (perpetrators) on Administrative Leave to remove them from the situation. Pursuant to interview with a Designated Staff Member Charged with Monitoring Retaliation, the interviewee advised that he/she would assign the alleged perpetrator (in an as of yet unsubstantiated allegation) to a post away from the alleged victim. The victim could be moved to the front of the unit or different location within the facility, if necessary, with a special program. Closely monitor the alleged victim to determine behavior changes, increase in accumulation of Misconduct Reports, decreased participation in group activities, etc. In regard to alleged staff victims of retaliation, the Retaliation Monitoring Designee would monitor the alleged victim's call-offs, withdrawing from staff inside the facility, conduct issues, perceptual bullying from other staff. If Supervisors were not involved in the retaliation, a Supervisor on each shift might be assigned to personally monitor the same. Additionally, video surveillance would be employed. This individual also reported that he/she would maintain personal contact with both the victim and the perpetrator to monitor the status and changes in the same. This individual charged with retaliation monitoring advised that he/she would continue monitoring indefinitely.

In view of the above, the facility is clearly compliant with 115.367(c).

Martin Hall PREA policy 2.4, pages 17 and 18, 115.367(d) and CCCS PREA Policy 1.3.5.12, page 16, 115.367(d) address 115.367(d).

Pursuant to interview with a Designated Staff Member Charged with Monitoring Retaliation, the interviewee advised that he/she would assign the alleged perpetrator (in an as of yet unsubstantiated allegation) to a post away from the alleged victim. The victim could be moved to the front of the unit or different location within the facility, if necessary, with a special program. Closely monitor the alleged victim to determine behavior changes, increase in accumulation of Misconduct Reports,

decreased participation in group activities, etc. This individual also reported that he/she would maintain personal contact with both the victim and the perpetrator to monitor the status and changes in the same.

Given the above, there is ample evidence that MHJDF staff are in compliance with 115.367(d).

Martin Hall PREA policy 2.4, pages 17 and 18, 115.367(e) and CCCS PREA Policy 1.3.5.12, page 16, 115.367(e) address 115.367(e). Pursuant to the PAQ, there has been no such incidents of retaliation or suspected retaliation during this audit period.

Pursuant to various interviews and although not necessitated as the result of an incident that arose at MHJDF during this audit period, there are various strategies that could be employed to protect residents and staff from retaliation for sexual abuse or sexual harassment allegations. Specifically, the Agency Head advised that there is zero tolerance for retaliation. Allow affected residents and staff to move to another facility, shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. Given the numerous facilities under the C.C.C.S. umbrella, he was not able to specifically identify the Monitoring Team at MHJDF. According to the Administrator, residents can be moved around the institution (off range and placed in a special program while determining the veracity of the situation). Check on them daily. Monitor their accrual of Misconduct Reports, changes in behavior patterns, changes in resident and staff associations and daily routine, etc. In regard to staff, shifts can be changed, perpetrators can be removed from the facility and placed on Administrative Leave. The Administrator advised that his initial reaction is to place staff on Administrative Leave to remove them from the situation.

Given the above, the Auditor has deemed that MHJDF staff are compliant with 115.367(e).

Standard 115.368 Post-allegation protective custody

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

Martin Hall PREA Policy 2.4, page 18, 115.368 and pages 11, 12, 115.342(b), Martin Hall PREA Policy 2.4, pages 11, 12, 115.342(b), and Martin Hall PREA Policy 2.4, pages 11, 12, 115.342(i) address 115.368. Pursuant to the PAQ, the Administrator self-reported that the facility has a policy requiring that residents who allege to have suffered sexual abuse may only be placed in Isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Additionally, the Administrator reported that the policy requires that residents who are placed in Isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large muscle exercise. Finally, the Administrator self-reported that if a resident alleges to have suffered sexual abuse is held in Isolation, he/she would be afforded a review every 30 days to determine whether there is a continuing need for separation from the general population.

Pursuant to the PAQ, the Administrator self-reported that no inmates have alleged to have suffered sexual abuse and were subsequently placed in Isolation, during the past 12 months. Pursuant to review of the one "Unfounded" allegation investigation, the investigation was completed expeditiously and there was no evidence of placement of the alleged victim in Protective Custody (Isolation).

Pursuant to the Administrator interview, the interviewee related that no incidents wherein Isolation was used to protect a resident who was alleged to have suffered sexual abuse, during the past 12 months. He further related that victims are never placed in Isolation as there is no Isolation given the operational mechanics of the facility.

According to the Random Staff Who Supervise Residents in Isolation interviewees, the separate housing area within the facility where residents are sometimes housed for a Time Out or for sleeping/free time is known as the IMU. According to the two interviewees, suspected or alleged

victims of sexual abuse are not housed in the IMU. Any resident placed in the IMU for any reason interacts with General Population residents for privileges/programs/work opportunities. They further related that the estimated longest placement in the IMU for any resident is generally 2-3 days. Reportedly, the Nurse does visit the IMU daily and no Mental Health staff are employed at MHJDF. The Nurse's interview corroborated the interviews of both the Superintendent and the Random Staff Who Supervise Residents in Isolation interviewees.

Given the above, evidence substantiates compliance with 115.368.

Standard 115.371 Criminal and administrative agency investigations

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

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(a) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(a) address 115.371(a).

Pursuant to the Investigative Interview, the interviewee advised that following receipt of a sexual abuse or sexual harassment allegation, he drops everything he is working on to commence an investigation. Anonymous reports would be handled in the same manner as other reports, in terms of investigative protocol.

Per the Administrator and the Sexual Abuse Response Plan, if the allegation is sexual abuse, SCSO is contacted. The Administrative investigation would be facilitated simultaneously, if authorized by SCSO. With the Administrative investigation, the CJCO would facilitate essential evidence preservation and due diligence to determine if the alleged incident could have happened. Is there a preponderance of evidence? Is the scenario possible? Memorandums, log books, video, and movement logs would be assessed. Talk to victim, for basic information, using the Nurse as a witness with a female resident. He would compile all information and evidence, making a preponderance assessment. It is noted that SCSO investigators would conduct in-depth interviews with victim(s) pursuant to the criminal investigation.

Clearly, the trained Investigator is aware of procedural steps in the conduct of an Administrative investigation. It is noted that the Auditor did review the one Administrative investigation facilitated during this audit period. The allegation was discovered on January 13, 2016 and the investigation commenced January 14, 2016.

Certificates for the NIC course (Investigating Sexual Abuse in a Confinement Setting) were uploaded to the PAQ for completions by both facility Administrative investigators. Although the Auditor was not able to review a training syllabus or slides, etc., he did review the test questions for the course, provided by the Investigator. Additionally, he reviewed the NIC website in an attempt to obtain a general course outline. While the Auditor was not able to obtain a general course outline, he did determine that the primary objective of the course was to assist agencies with compliance with 115.34. The Investigative interviewee advised that the training topics did address techniques for interviewing juvenile sexual victims, proper use of the Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for Administrative or prosecution referral.

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(c) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(c) address 115.371(c).

The Auditor did review the SCSO Child Abuse Investigation Protocol (invoked in criminal matters) wherein juvenile victim interviews by trained specialists, evidence collection, and other nuances of the investigative process in the State of Washington are addressed. The document is comprehensive and addresses necessary evidence collection and preservation requirements.

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(c) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(c) address 115.371(d). Pursuant to the PAQ, the Administrator self-reported that MHJDF does not terminate Administrative investigations solely because the source of the allegation recants the same.

According to the Investigator interviewee, Administrative investigations are not terminated if the source of the allegation recants his/her allegation. The investigation continues until a conclusive disposition is made. Pursuant to the Auditor's review of the afore-mentioned SCSO investigative protocol, it appears that case closure is a collaborative endeavor between law enforcement and Child Protective Services. Further investigative needs are discussed and pursued as deemed necessary. There is no verbiage reflecting closure of a case based on the alleged victim's recanting of the allegation.

CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(d) addresses 115.371(e).

Pursuant to review of the single sexual abuse investigation completed during this reporting period, the quality of evidence did not support referral for criminal prosecution. Specifically, it was determined to be "Unfounded".

According to the Investigator interviewee, no compelled interviews are completed by either Administrative investigator at MHJDF. Pursuant to the Auditor's review of the afore-mentioned SCSO investigative protocol, SCSO is responsible for referral of a case to the prosecutor for prosecution.

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(e) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(e) address 115.371(f).

According to the Investigative interviewee, the victim, suspect, and witnesses are always deemed to be credible witnesses, until proven otherwise. In terms of Administrative investigations, MHJDF residents, who allege sexual abuse, would not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Pursuant to review of the afore-mentioned SCSO investigative protocol, it is apparent that only: 1. videotaping in a controlled, properly equipped, child interview room; 2. audio taping, using appropriate, reliable taping technology, and ;3. near verbatim note taking are utilized during the interview process. The use of polygraph examinations or other truth-telling devices is not included in the interview process. Steps are articulated regarding strategies to be employed to elicit factual information from interviewees.

It is noted that there were no residents who reported a sexual abuse, on-site during the audit. Accordingly, the same interview could not be conducted.

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(f) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(f) address 115.371(g).

According to one of the two Administrative investigators, he assesses Staffing Plan compliance, attention to duty, staff fraternization with residents, and reviews Intake documentation. All aspects of the investigation are documented in a written report which includes the above.

The Auditor did review the one Administrative investigation that was conducted during this audit period and found the report to be comprehensive, encompassing all written staff reports, narrative regarding video review(s), assessment of credibility based on all findings (could the alleged incident have occurred based on the evidence discovered), and a narrative regarding the findings.

Criminal investigations are conducted by trained SCSO investigators. According to one of the facility Administrative investigators, the Criminal report and accompanying investigation would include a thorough description of physical, testimonial, and documentary evidence. No criminal sexual abuse investigations have been conducted during this audit period.

Pursuant to the PAQ, the Administrator self-reported that substantiated allegations of conduct that appear to be criminal are referred for prosecution. Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(h) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(h) address 115.371(i).

According to one of the Administrative investigators, referral of criminal cases is accomplished by the SCSO. Neither the Administrator nor the CJCO play any role in the referral as all criminal sexual assault matters are investigated by SCSO investigators.

Pursuant to the PAQ, the Administrator self-reported that the agency retains all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

As previously noted, one sexual abuse allegation has been investigated during this audit period. This audit file has been retained. Other files from the previous year were also reviewed and they have been retained.

Martin Hall PREA Policy 2.4, pages 18 and 19, 115.371(j) and CCCS PREA Policy 1.3.5.12, pages 16 and 17, 115.371(j) address 115.371(k).

According to the Investigator, when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to completion of an investigation, the investigation is continued. The same is true when a victim alleging sexual abuse or sexual harassment leaves the facility prior to completion of an investigation into the allegations.

According to the Administrator, he and the CJCO know the SCSO investigators. Either of those MHJDF officials would maintain contact with the SCSO investigators, inquiring regarding the status of the criminal investigation. Telephone calls would be made on a weekly basis. This contact and follow-up protocol was confirmed by the C.C.C.S. PREA Coordinator and MHJDF PREA Compliance Manager. It is noted that the PREA Compliance Manager did relate that contact would be in writing.

According to the Investigator, he would be charged with coordination of evidence, interviews, and Administrative findings, in conjunction with SCSO Investigators throughout the criminal investigation. Active Administrative investigation would not proceed during the criminal investigation, unless authorized by SCSO investigators.

In view of the above, it is apparent that cooperation would occur between MHJDF investigator(s) in the event of the conduct of a criminal investigation. Additionally, follow-up would be accomplished by the Administrator or the CJCO.

Standard 115.372 Evidentiary standard for administrative investigations

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

Martin Hall PREA Policy 2.4, page 19, 115.372 addresses 115.372. Pursuant to interview with one of the two Administrative investigators, the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment, is a preponderance. Pursuant to review of the one Administrative investigation conducted during this audit period, it is clear that the finding was based on a preponderance of evidence.

Standard 115.373 Reporting to residents

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

Martin Hall PREA Policy 2.4, pages 19 and 20, 115.373(a) addresses 115.373(a). Pursuant to the PAQ,

the Administrator self-reports that within the last 12 months, one resident was notified, verbally or in writing, of the results of an Administrative investigation for sexual abuse.

According to the Administrator, either the Administrator or the CJCO notify resident(s) who made an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The Investigator advised that he is aware of this requirement.

Pursuant to review of the singular investigation conducted during this audit period, it was determined that the same was "Unfounded". According to the Administrator, the alleged victim was advised of the investigative outcome within one day of completion of the investigation and the same is corroborated by documentary evidence. The Auditor did review a copy of the notification.

Pursuant to the PAQ, the Administrator self-reports compliance with 115.373(b). Martin Hall PREA Policy 2.4, pages 19 and 20, 115.373(b) addresses this provision.

As reflected in previous standards, trained Martin Hall investigators facilitate only Administrative investigations and SCSO investigators facilitate criminal investigations. According to the Administrator (PAQ), there were no sexual abuse investigations conducted by outside agencies during this audit period.

It is noted that the Administrator and CJCO would maintain contact with SCSO investigators regarding the status of the criminal investigation. According to the Administrator (PAQ), there were no sexual abuse investigations conducted by outside agencies during this audit period.

Martin Hall PREA Policy 2.4, pages 19 and 20, 115.373(c) and CCCS PREA Policy 1.3.5.12, pages 17 and 18, 115.373(c) address 115.373(c). Pursuant to the PAQ, the Administrator advised MHJDF is compliant to ensure that following a resident's allegation of a staff member committing sexual abuse against the resident, the facility subsequently informs the resident (unless the facility has determined the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;**
- The staff member is no longer employed at the facility;**
- The facility learns the staff member has been indicted on a charge related to sexual abuse within the facility; or**
- The facility learns the staff member has been convicted on a charge related to sexual abuse within the facility.**

The Administrator further reported that there has not been any substantiated or unsubstantiated complaints within the past 12 months wherein it has been alleged staff committed sexual abuse against a resident.

As no resident(s) who alleged being subjected to sexual abuse by a staff member were housed in the facility at the time of the audit, an associated interview was not conducted. Additionally, no documentary evidence was reviewed.

Martin Hall PREA Policy 2.4, pages 19 and 20, 115.373(d) and CCCS PREA Policy 1.3.5.12, pages 17 and 18, 115.373(d) address 115.373(d). Pursuant to the PAQ, the Administrator advised that MHJDF officials are compliant with this provision.

As previously mentioned throughout this standard, the Administrator and investigative interviewee acknowledged understanding and knowledge of this provision. Pursuant to review of the one Administrative investigation of alleged resident-on-resident sexual assault, notification of the content of 115.373(d) would not be required.

Martin Hall PREA Policy 2.4, pages 19 and 20, 115.373(e) and CCCS PREA Policy 1.3.5.12, pages 17 and 18, 115.373(e) address 115.373(e). Pursuant to the PAQ, the Administrator advised that there has been one incident wherein such notification was required and the same is corroborated by documentary evidence reflecting notification on the day on which the investigation was completed. The Auditor did review a copy of such notification.

Standard 115.376 Disciplinary sanctions for staff

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

Martin Hall PREA Policy 2.4, page 20, 115.376(a) and CCCS PREA Policy 1.3.5.12, page 18, 115.376(a) address 115.376(a). The only allegation of sexual abuse/sexual harassment that occurred at MHJDF during the past 12 months, was a resident-on-resident incident.

In view of the above, policy is clear regarding imposition of disciplinary sanction(s) for such offenses. However, there is no method for validation.

Martin Hall PREA Policy 2.4, page 20, 115.376(a) and CCCS PREA Policy 1.3.5.12, page 18, 115.376(a) address 115.376(b). Pursuant to the PAQ, the Administrator self-reported that there were no incidents within the past 12 months wherein staff were found to have engaged in sexual abuse with residents.

In view of the above, validation of actual practice cannot be accomplished.

Martin Hall PREA Policy 2.4, page 20, 115.376(c) and CCCS PREA Policy 1.3.5.12, page 18, 115.376(c) address 115.376(c). Pursuant to the PAQ, the Administrator self-reported that there were no incidents within the past 12 months wherein staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

Aside from the above, there is no documentation for review to validate compliance with actual practice.

Martin Hall PREA Policy 2.4, page 20, 115.376(d) and CCCS PREA Policy 1.3.5.12, page 18, 115.376(d) address 115.376(d). Pursuant to the PAQ, the Administrator self-reported that there were no incidents within the past 12 months wherein staff were terminated for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation. Accordingly, there is no documentation to validate actual practice.

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)

Martin Hall PREA Policy 2.4, page 20, 115.377(a) and CCCS PREA Policy 1.3.5.12, page 18, 115.377(a) address 115.377(a). Pursuant to the PAQ, the Administrator self-reported that no contractors or volunteers were reported to law enforcement and licensing bodies for engaging in sexual abuse of residents during the past 12 months.

Martin Hall PREA Policy 2.4, page 20, 115.377(b) and CCCS PREA Policy 1.3.5.12, page 18, 115.377(b) address 115.388(b). Pursuant to the PAQ, the Administrator self-reported that the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The Administrator did upload to the PAQ a copy of such pre-emptive measures (a memorandum dated April 7, 2016 wherein a volunteer was permanently removed from the volunteer list and precluded entrance into MHJDF for any reason). This action was precipitated by an investigation initiated by one of the volunteer service providers, not MHJDF officials. It was learned that the incident did not occur

inside MHJDF, nor did it involve any past or present MHJDF resident. The volunteer's facility access was terminated based on the existence of an investigation by the sponsoring provider.

Given the facts as cited above with respect to termination of the volunteer's access to the facility, the Auditor finds that MHJDF staff have substantially exceeded the requirements of the standard. The Administrator's actions were exceedingly proactive and indicative of intent to ensure the utmost in sexual safety for MHJDF residents.

Standard 115.378 Disciplinary sanctions for residents

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

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(a) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(a) address 115.378(a)-1. Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(b) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(b) address 115.378(a)-2. Pursuant to the PAQ, the Administrator self-reports compliance to the extent that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse and that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Additionally, the Administrator self-reports that during the past 12 months, that there were no administrative findings of resident-on-resident sexual abuse, nor has there been any criminal findings of the same at MHJDF.

The above is commensurate with findings articulated throughout this report. Accordingly, actual practice cannot be validated.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(b) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(b) address 115.378(b)-1, 2, and 3. Pursuant to the PAQ, the Administrator self-reported that there were no residents placed in Isolation as a disciplinary sanction for resident-on-resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services following the imposition of the disciplinary sanction, or who were denied access to other programs and work opportunities following imposition of the disciplinary sanction, during the past 12 months.

According to the Administrator, resident(s) could be subjected to up to five days Disciplinary Detention as the result of the disciplinary process. The CJCO facilitates disciplinary hearings. According to the Administrator, sanctions imposed during such hearings would be proportionate to the nature of the circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Additionally, mental disability or mental illness is considered when determining sanctions. Finally, Isolation could be used as a sanction.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(c) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(c) address 115.378(c). According to the Administrator, resident(s)' mental disability or mental illness is considered when determining sanctions.

There are no available documents from which to assess actual practice.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(d) addresses 115.378(d)-1, 2 and 3. It is reported that therapy, counseling, or other interventions would be coordinated by the appropriate Juvenile Court Administrator in the County of residence.

Pursuant to the Medical/Mental Health interview, it was determined that therapy, counseling, or other intervention services designed to address and correct underlying reasons or motivations for sexual abuse are facilitated through County Probation Offices and Court Services. Although there is no full-time Mental Health staff at MHJDF, the Auditor interviewed the Case Manager for context regarding

this process. She is well trained and well connected to the community Mental Health providers. She is also the link between the facility and County Probation Officers. She related that facilitation of therapy, counseling, or other intervention services in such circumstances, is accomplished through County Probation and Court Services. Receiving benefits from behavior-based management systems is not contingent upon participation in these services. Additionally, receipt of programming or educational services is not contingent upon participation.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(e) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(e) address 115.378(e). Pursuant to the PAQ, the Administrator self-reported that the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

No such incidents of alleged resident-on-staff misconduct occurred during this audit period.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(f) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(f) address 115.378(f). Pursuant to the PAQ, the Administrator self-reported that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

There is no available evidence from which to make an assessment regarding actual practice. It is also noted that, as previously indicated, random resident interviews revealed that they were briefed regarding their right not to be punished for reporting sexual abuse or sexual harassment.

Martin Hall PREA Policy 2.4, pages 20 and 21, 115.378(g) and CCCS PREA Policy 1.3.5.12, pages 18 and 19, 115.378(g) address 115.378(g)-1 and 2. Pursuant to the PAQ, the Administrator self-reported that MHJDF prohibits all sexual activity between residents and may discipline residents for such activity. However, MHJDF officials do not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

There is no evidence from which to make an assessment of actual practice.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

Martin Hall PREA Policy 2.4, page 21, 115.381(a) and CCCS PREA Policy 1.3.5.12, page 19, 115.81(a) and Martin Hall PREA Policy 2.4, page 21, 115.381(a) and CCCS PREA Policy 1.3.5.12, page 19, 115.81(a) address 115.381(a). Pursuant to the PAQ, the Administrator self-reported that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 (either occurring on the community or in an institution) are offered a follow-up meeting with a medical or mental health practitioner. He further self-reported that the follow-up meeting is offered within 14 days of the intake screening.

Pursuant to the PAQ, the Administrator self-reported that within the past 12 months, no residents disclosed prior victimization during screening and were offered a follow up meeting with a medical or mental health practitioner. Accordingly, there is no documentary evidence to substantiate actual practice since there were no incidents giving rise to the requisite procedure.

The Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee advised that a Risk Assessment Tool is used to screen for risk of sexual victimization or sexual abusiveness toward other residents. Pursuant to conversation with the Administrator, Case Manager, and PREA Compliance Manager, it was learned that full-time Mental Health staff are not on board at MHJDF. According to the afore-mentioned staff, in the event of a sexual abuse victim, the offer for a follow-up meeting with a Medical or Mental Health practitioner would be facilitated through the Probation Officer.

Given the above, the Auditor interviewed the Case Manager, although she is not a Mental Health professional, pursuant to the Mental Health protocol. Reportedly, and validated pursuant to this interview and her presentation of training/participation Certificates, she has extensive training/connections within the Mental Health community. She is also the link to Probation Officers within the nine county region.

According to the Case Manager, the PREA Compliance Manager would be the catalyst for offers of 14-day follow-ups with sexual abuse victims and if requested, the Case Manager would facilitate the same with Probation Officers. It is noted that the Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee validated the fact that all Screening Forms are routed to the PREA Compliance Manager for review.

Although there were no actual situations to assess for this audit period, it is noted that the aforementioned procedures are not clearly scripted in any document. The procedures are not scripted in either policy or an SOP. The Auditor recommends that a Memorandum of Agreement be developed between MHJDF and all Consortium Counties, stipulating that follow-up meetings and any subsequent services for victims of sexual abuse incurred either in an institutional setting or in the community, be provided by and through the respective Probation Office. It is also recommended that the specific procedures be articulated in the afore-referenced policies. However, there is no evidence of non-compliance with respect to the intent of this provision for purposes of this audit period.

Martin Hall PREA Policy 2.4, page 21, 115.381(b) addresses 115.381. Pursuant to the PAQ, the Administrator self-reported that all residents who have previously perpetrated sexual abuse (either in an institutional setting or in the community), as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner within 14 days of Intake Screening.

Pursuant to the PAQ, the Administrator self-reported that no residents, who previously perpetuated sexual abuse as indicated during screening, were offered a follow up meeting with a mental health practitioner during the past 12 months. Accordingly, there is no documentary evidence to substantiate actual practice since there were no incidents giving rise to the requisite procedure.

The Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee advised that a Risk Assessment Tool is used to screen for risk of sexual victimization or sexual abusiveness toward other residents. Pursuant to conversation with the Administrator, Case Manager, and PREA Compliance Manager, it was learned that full-time Mental Health staff are not on board at MHJDF. According to the afore-mentioned staff, in the event of a sexual aggressor, the offer for a follow-up meeting with a Medical or Mental Health practitioner would be facilitated through the Probation Officer.

Given the above, the Auditor interviewed the Case Manager, although she is not a Mental Health professional, pursuant to the Mental Health protocol. Reportedly, and validated pursuant to this interview, she has extensive training/connections within the Mental Health community. She is also the link to Probation Officers within the nine county region.

According to the Case Manager, the PREA Compliance Manager would be the catalyst for offers of 14-day follow-ups with sexual aggressors and if requested, the Case Manager would facilitate the same with Probation Officers. It is noted that the Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee validated the fact that all completed Screening Forms are routed to the PREA Compliance Manager for review. In particular, the interviewee advised if a screening indicated that a resident previously perpetrated sexual abuse, she would refer the matter to the PREA Compliance Manager.

Although there were no actual situations to assess for this audit period, it is noted that the aforementioned procedures are not clearly scripted in any document. The procedures are not scripted in either policy or an SOP. The Auditor recommends that a Memorandum of Agreement be developed between MHJDF and all Consortium Counties, stipulating that follow-up meetings and any subsequent services for identified sexual aggressors perpetuated either in an institutional setting or in the community, be provided by and through the respective Probation Office. It is also recommended that the specific procedures be articulated in the afore-referenced policies. There is no evidence of non-compliance with respect to the intent of this provision for purposes of this audit period.

Martin Hall PREA Policy 2.4, page 21, 115.381(c) addresses 115.381(c). Pursuant to the PAQ, the Administrator self-reported that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

Pursuant to Random Staff interviewees, seven of ten interviewees clearly articulated that PREA-related information is disseminated on a "Need to Know" basis only. As previously indicated, the Staff Who perform Screening for Risk of Victimization and Abusiveness interviewee related that Risk Assessment information is shared only with the PREA Compliance Manager. Finally, the PREA Compliance Manager related that only those staff with a "Need to Know" are provided risk assessment information.

Martin Hall PREA Policy 2.4, page 21, 115.381(d) addresses 115.381(d). Pursuant to that provision, Medical and Mental Health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Pursuant to the Facility Information, residents between the age range of 10-18 years of age are detained at MHJDF.

Pursuant to RCW 13.40.020, a resident over the age of 18 years of age is still considered to be a juvenile offender. According to the Administrator, although not required for juvenile offenders to sign a release of information form, it is standard practice at MHJDF for residents to sign the same as a method of ensuring they have a better understanding of what information will be shared.

Standard 115.382 Access to emergency medical and mental health services

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

Pursuant to the PAQ, the Administrator self-reported that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Martin Hall PREA Policy, page 21, 115.382(a) addresses 115.382(a)-1, 2.

Pursuant to the PAQ, the Administrator self-reported that Medical and Mental Health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. However, since there has been no cases wherein Medical, Mental Health intervention was triggered during this audit period, such evidence is not available.

According to the facility Nurse, resident victims of sexual abuse would receive unimpeded and timely access to emergency medical treatment and crisis intervention services as soon as possible after the incident became known. The nature and scope of services are determined according to the Nurse's professional judgment.

Pursuant to the afore-mentioned Sexual Abuse Coordinated Response Plan, the facility Nurse would be included in the first group of notifications. If the sexual abuse was in progress, she would immediately contact Lutheran Community Services and arrange for a victim advocate to provide immediate victim advocate services. With the victim's permission, immediate transportation to a community medical facility equipped to evaluate and treat sexual assault/rape victims would be arranged. The Nurse would then follow-up to ensure that the victim receives timely, unimpeded access to emergency

medical treatment, crisis intervention services, and mental health services. The Nurse would also arrange for, at the request of the victim, accompaniment and support by a qualified individual throughout the forensic medical examination process and investigatory interviews.

In the event that the sexual abuse was reported after 72 hours of the incident, the Nurse would contact Lutheran Community Services and arrange for a victim advocate to provide victim advocate services. With the victim's permission and, if requested by the SCSO, ensure immediate transportation to a community medical facility equipped to evaluate and treat sexual assault/rape victims.

Pursuant to the PAQ, the Administrator self-reported that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.. Martin Hall PREA Policy, page 21, 115.382(c) addresses 115.382(c). Additionally, the Administrator self-reports that Medical and Mental Health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. However, since there were no incidents that warranted the same, there is no evidence from which to assess actual practice.

According to the Nurse, victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis, at the hospital where treated. The Nurse related that she would follow-up with hospital staff regarding the same.

Martin Hall PREA Policy, page 21, 115.382(d) and RCW 7.68.170 address 115.382(d) address 115.382(d). Pursuant to the PAQ, the Administrator self-reported that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As previously noted, there were no such incidents during this audit period wherein this provision can be tested.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(a) and CCCS PREA Policy 1.3.5.12, page 20, 115.383(a) address 115.383(a). Pursuant to the PAQ, the Administrator self-reported that the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any juvenile facility.

Pursuant to interview with the Nurse, she would recommend follow-up counseling services through the Probation Officer (PO). An Advocate is already in place from Lutheran Community Services. The Advocate would help generate a treatment plan. The Medical Treatment plan would be developed by the Nurse and Case Manager or Advocate. Nurse would handle medical referrals upon release. The Advocate would work with the PO to secure Mental Health follow-up upon release.

As previously noted, there has been no sexual abuse incidents wherein this standard has been invoked and accordingly, there is no basis from which to make an actual practice assessment. However, pursuant to interview with the Nurse, the provisions of this standard are essentially administered by community health resources, with the exception of the Treatment Plan development and recommendations for provision of follow-up services.

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(d) addresses 115.383(d). Pursuant to the PAQ, the Administrator self-reported that resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

According to the Nurse, if a rape occurred at MHJDF, a pregnancy test would be administered at the hospital.

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(e) addresses 115.383(e). Pursuant to the PAQ, the Administrator self-reports that if pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

According to the Nurse, if a rape occurred at MHJDF, a pregnancy test would be administered at the hospital. Such information and access to services would be provided as soon as the resident determines she is pregnant.

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(f) addresses 115.383(f). Pursuant to the PAQ, the Administrator self-reported that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. As previously noted, there has been no sexual abuse incidents wherein this standard has been invoked and accordingly, there is no basis from which to make an actual practice assessment.

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(g) and RCW 7.68.170 address 115.383(g). Pursuant to the PAQ, the Administrator self-reported that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As previously noted, there has been no sexual abuse incidents wherein this standard has been invoked and accordingly, there is no basis from which to make an actual practice assessment.

Martin Hall PREA Policy 2.4, pages 21 and 22, 115.383(h) and RCW 7.68.170 address 115.383(h). Pursuant to the PAQ, the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

According to the Nurse, there are no Mental Health Services at MHJDF. Abusers identified pursuant to the screening tool or other means are not provided a Mental Health evaluation at MHJDF. As previously mentioned, the same would have to be authorized by the PO.

The Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee advised that a Risk Assessment Tool is used to screen for risk of sexual victimization or sexual abusiveness toward other residents. Pursuant to conversation with the Administrator, Case Manager, and PREA Compliance Manager, it was learned that full-time Mental Health staff are not on board at MHJDF. According to the afore-mentioned staff, in the event of a sexual aggressor, any Mental Health evaluation would be facilitated through the PO.

Given the above, the Auditor interviewed the Case Manager, although she is not a Mental Health professional, pursuant to the Mental Health protocol. Reportedly, and validated pursuant to this interview, she has extensive training/connections within the Mental Health community. She is also the link to POs within the nine county region.

According to the Case Manager, the Nurse/PREA Compliance Manager would be the catalyst for Mental Health evaluations for sexual aggressors. Accordingly, the Case Manager would facilitate the same with POs. It is noted that the Staff Who Perform Screening for Risk of Victimization and Abusiveness interviewee validated the fact that all completed Screening Forms are routed to the Nurse/PREA Compliance Manager for review. In particular, the interviewee advised that if a screening indicated that a resident previously perpetrated sexual abuse, she would refer the matter to the Nurse/PREA Compliance Manager.

Although there were no actual situations to assess for this audit period, it is noted that the aforementioned procedures are not clearly scripted in any document. The procedures are not scripted in either policy or an SOP. The Auditor recommends that a Memorandum of Agreement be developed between MHJDF and all Consortium Counties, stipulating that Mental Health examinations and any subsequent services for identified sexual aggressors (resident-on-resident actions perpetuated in an

institutional setting) be addressed by the Probation Department. It is also recommended that the specific procedures be articulated in the afore-referenced policies.

There is no evidence of non-compliance with respect to the intent of this element for purposes of this audit period.

Standard 115.386 Sexual abuse incident reviews

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

Martin Hall PREA Policy 2.4, pages 22 and 23, 115.386(a) addresses 115.386(a). Pursuant to the PAQ, the Administrator self-reported that the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The Administrator self-reported that in the past 12 months, there were zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility, resulting in a finding other than "unfounded".

Accordingly, pursuant to standard, the Sexual Abuse Incident Review was not required with respect to this "Unfounded" allegation. However, it is noted that a Sexual Abuse Incident Review was facilitated as a training exercise. The mock review was conducted within two days of conclusion of the investigation and the team was comprised of the Administrator, CJCO, PREA Compliance Manager, and Case Manager.

Pursuant to the PAQ, the Administrator self-reported that such reviews ordinarily occur within 30 days of the conclusion of the investigation. Martin Hall PREA Policy 2.4, pages 22 and 23, 115.386(b) addresses 115.386(b).

Martin Hall PREA Policy 2.4, pages 22 and 23, 115.386(c) addresses 115.386(c). Pursuant to the PAQ, the Administrator self-reported that the Sexual Abuse Incident Review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

According to the Administrator, the Sexual Abuse Incident Review team is comprised of the Administrator, CJCO, Nurse/PREA Compliance Manager, and the Case Manager. While that composition is not reflected in policy, it is clear that the same is in effect. According to the Administrator, input is allowed from line supervisors, investigators (the CJCO and Administrators are the trained investigators) and Medical/Mental Health is represented on the team.

Martin Hall PREA Policy 2.4, pages 22 and 23, 115.386(d)(1)-(6) addresses 115.386(d). Pursuant to the PAQ, the Administrator self-reported that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Compliance Manager.

According to the Administrator, he would use the information resulting from this review to focus on where facility staff failed so that corrective action can be facilitated. Do we need additional cameras? Additionally, he related that he might use it to request additional staff. He further related that the team would 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 or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and the team would assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

According to the PREA Compliance Manager, the Administrator, CJCO, and PREA Compliance Manager conduct Sexual Abuse Incident Review team incident reviews. After considering all factors as identified at 115.386(d), the information would primarily be used to assess camera placement needs. Upon completion of the incident review, a written report would follow.

According to the Incident Review Team interviewee, the Incident Review Team is comprised of the Administrator, CJCO, PREA Compliance Manager, and Case Manager. He related that the following would be considered during the incident review: 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 or otherwise caused by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and the team would assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Martin Hall PREA Policy 2.4, pages 22 and 23, 115.386(e) addresses 115.386(e). Pursuant to the PAQ, the Administrator self-reported that the facility implements the recommendations for improvement or documents its reasons for not doing so.

As previously indicated, there is no documentary evidence from which to assess compliance with actual practice.

As previously indicated, a Sexual Abuse Incident Review was facilitated for the one "Unfounded" allegation that occurred during this audit period. The same was used as a "teaching moment" and test of the process for all participants. The commitment to this process is certainly noteworthy and indicative of going "above and beyond". Accordingly, the Auditor has determined that MHJDF staff have substantially exceeded the requirements of the standard.

Standard 115.387 Data collection

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

Martin Hall PREA Policy 2.4, page 23, 115.387(a), (c) and CCCS PREA Policy 1.3.5.12, page 21, 115.387(a), (c) address 115.387(a) and (c). Pursuant to the PAQ, the Administrator self-reports that MHJDF collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Completed 2013 and 2014 Survey of Sexual Victimization reports were uploaded to the PAQ prior to the audit and the 2015 document was provided during the audit.

PREA Policy 2.4, page 23, 115.387(b) and CCCS PREA Policy 1.3.5.12, page 21, 115.387(b) address 115.387(b). Pursuant to the PAQ, the Administrator self-reported that MHJDF aggregates the incident-based sexual abuse data at least annually.

Martin Hall PREA Policy 2.4, page 23, 115.387(d) and CCCS PREA Policy 1.3.5.12, page 21, 115.387(d) address 115.387(d)-1. Pursuant to the PAQ, the Administrator self-reported that MHJDF maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Pursuant to the PAQ, the Administrator self-reported that MHJDF does not contract with other entities for housing of youth.

Martin Hall PREA Policy 2.4, page 23, 115.387(e) and CCCS PREA Policy 1.3.5.12, page 21, 115.387(e)

address 115.387(f). Pursuant to the PAQ, the Administrator self-reported that upon request, the MHJDF will provide all such data from the previous calendar year to the Department of Justice no later than June 30.

It is noted that this is an Initial Audit and accordingly, this provision (115.387(f)) is N/A.

In view of the above, it has been determined that standards requirements have been met.

Standard 115.388 Data review for corrective action

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

Martin Hall PREA Policy 2.4, page 23, 115.388(a)(1), (2), (3) and CCCS PREA Policy 1.3.5.12, 115.388(a) address 115.388(a). Pursuant to the PAQ, the Administrator self-reported that MHJDF reviews data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;**
- (2) Taking corrective action on an ongoing basis; and**
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The two Annual Reports (2014 and 2015) are informative and appear to meet the requirements of 115.388(a).**

According to the Agency Head, incident-based data is used to assess and improve staffing, facility improvements, and technology upgrades. There is a premium on PREA within C.C.C.S.

According to the Agency PREA Coordinator, the MHJDF aggregated data is reviewed in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response policies. Needed corrective action, as determined pursuant to assessment of this data, is closely monitored to ensure resolution. An Annual Report is generated by the MHJDF Administrator.

Martin Hall PREA Policy 2.4, page 23, 115.388(b) and CCCS PREA Policy 1.3.5.12, 115.388(b) address 115.388(b). Pursuant to the PAQ, the Administrator self-reported that this report shall include a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

The two Annual Reports (2014 and 2015) are informative and appear to meet the intent of 115.388(b).

Martin Hall PREA Policy 2.4, page 23, 115.388(c) and CCCS PREA Policy 1.3.5.12, 115.388(c) address 115.388(c). Pursuant to the PAQ, the Administrator self-reports that the MHJDF report is approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

The Auditor did check the C.C.C.S. website to validate posting of the Annual Reports and validated the Annual Reports were posted on the same.

Martin Hall PREA Policy 2.4, page 23, 115.388(d) and CCCS PREA Policy 1.3.5.12, 115.388(d) address 115.388(d). Pursuant to the PAQ, the Administrator self-reported that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

According to the Agency PREA Coordinator, redacted information is generally limited to that which, if disclosed, would jeopardize the safety and security of the facility or a violation of privacy. The basis for redaction of the information would be noted on the website.

Standard 115.389 Data storage, publication, and destruction

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

Martin Hall PREA Policy 2.4, page 23, 115.389(a) and CCCS PREA Policy 1.3.5.12, page 20, 115.389(a) address 115.389(a). Pursuant to the PAQ, the Administrator self-reported that MHJDF ensures that data collected pursuant to § 115.387 is securely retained.

According to the Agency PREA Coordinator, this information is securely retained.

Martin Hall PREA Policy 2.4, page 23, 115.389(b) and CCCS PREA Policy 1.3.5.12, page 20, 115.389(b) address 115.389(b). Pursuant to the PAQ, the Administrator self-reported that MHJDF would make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, if applicable, readily available to the public at least annually through its website or, if it does not have one, through other means. As previously established, there are no contractual agreements for housing residents, between MHJDF and other private/public facilities. Furthermore, there are no other C.C.C.S. facilities under the supervision umbrella of MHJDF.

As previously referenced, the Auditor did validate that MHJDF aggregated data and the Annual Report(s) are available on the C.C.C.S. website.

Martin Hall PREA Policy 2.4, page 23, 115.389(c) and CCCS PREA Policy 1.3.5.12, page 20, 115.389(c) address 115.389(c). Pursuant to the PAQ, the Administrator self-reported that before making aggregated sexual abuse data publicly available, agency and MHJDF staff will remove all personal identifiers.

The Auditor did validate compliance with 115.389(c) pursuant to review of information posted on the website.

Martin Hall PREA Policy 2.4, page 23, 115.389(d) and CCCS PREA Policy 1.3.5.12, page 20, 115.389(d) address 115.389(d). Pursuant to the PAQ, the Administrator self-reported that MHJDF officials maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

The Auditor identified no concerns in terms of documentation maintained by the agency prior to commencement of this Initial Audit. All previous investigative reports and supporting documentation was reviewed with no concerns noted.

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.

Kenneth E. Arnold

December 5, 2016

Auditor Signature

Date