

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** 05/06/16

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> April 5-6, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Detroit Behavior Institute, Inc. - Capstone Academy			
<b>Facility physical address:</b> 3500 John R, Detroit, MI 48201			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (313) 831-3500			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Julie Avant			
<b>Number of staff assigned to the facility in the last 12 months:</b> 105			
<b>Designed facility capacity:</b> 74			
<b>Current population of facility:</b> 66			
<b>Facility security levels/inmate custody levels:</b> Secure			
<b>Age range of the population:</b> 12-19			
<b>Name of PREA Compliance Manager:</b> Taneisha Henderson		<b>Title:</b> Risk Manager	
<b>Email address:</b> thenderson@detroitcapstoneacademy.com		<b>Telephone number:</b> (313) 576-5003	
<b>Agency Information</b>			
<b>Name of agency:</b> Michigan Department of Health and Human Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i>			
<b>Physical address:</b> 235 S. Grand Avenue, Lansing, MI 48909			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> (517) 335-3489			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Nick Lyon		<b>Title:</b> MDHHS Director	
<b>Email address:</b> Nancy Grijalva, AA to Director GrijalvaN@michigan.gov		<b>Telephone number:</b> Nancy Grijalva (517) 241-1193	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Patrick Sussex		<b>Title:</b> PREA Juvenile Coordinator	
<b>Email address:</b> sussexp@michigan.gov		<b>Telephone number:</b> (517) 648-6503	

## AUDIT FINDINGS

### NARRATIVE

Detroit Behavioral Institute, Inc. - Capstone Academy (DBI-CA) is a 98-bed male and female secure residential facility located in Midtown Detroit. Established in 2004, DBI-CA offers a number of specialized programs that are designed to serve various populations of residents, ages 12 to 19 years, in need of varying modalities of treatment. At the facility, it is their goal to assist in preparing young men and women for their future, therefore improving the chances of their successful return to the community and adaption to a healthy and safe lifestyle. This adolescent residential treatment program treats residents who are struggling with mental health and co-occurring disorders. The program is designed to treat adjudicated residents, or residents who have committed criminal acts, who have been referred by a court or family service agency requiring the completion of psychiatric treatment. Residential programming for non-adjudicated residents, including those who are involved with the child welfare system and are under the supervision of the Michigan Department of Health and Human Services (MDHHS). DBI has two (2) separate locations with a wide range of populations. The main campus (Capstone Academy) houses seventy-four (74) residents and offers therapeutic interventions for adjudicated youth, while the North campus (Apex) houses twenty-four (24) residents and provides therapeutic programming for non-adjudicated youth. DBI-CA is Commission on Accreditation of Rehabilitation Facilities (CARF) accredited. There were sixty-six (66) residents at DBI-CA at the time of the review.

DBI-CA is staffed with one-hundred and five (105) full-time and part-time employees. The staff consisted of: Program Director; Risk Manager (PREA Compliance Manager); QI Coordinator; Clinical Director; HR Coordinator; five (5) Therapists; Psychiatrist, seventy-eight (78) Direct Care Workers and fourteen (14) other staff (food service, maintenance and administrative office).

The medical staff providing services at the facility consisted of: one (1) registered nurse supervisor and two (2) full-time licensed registered nurses, licensed practical nurses providing nursing services on-site twenty-four (24) hours a day, seven (7) days a week and an on-call physician. All residents are seen by a physician upon arrival to the facility. Additionally, all nurses are supervised by an on-site registered nurse supervisor who is responsible for coordination of the medical services. The medical staff provides medical care to include: completing the initial intake assessment, routine and additional lab work as ordered, STD testing and treatment as indicated, updating immunization records, seasonal flu vaccinations, routine eye exams (optical lab), dietary services and referrals, administration of medications/treatments as prescribed, assessments of resident injuries and treatment as required, medical assessments and monitoring with any restraint or seclusion, assessments of somatic health complaints with treatment as indicated, develop treatment plans and provide medical discharge plans. The dental services are provided off campus for a wellness check. Emergency services and forensic examinations are conducted at the Children's Hospital of Michigan.

The program is based on a multidisciplinary approach and a therapeutic model utilizes evidenced-based practices including cognitive behavioral therapy, dialectic behavioral therapy, behavior modification, and motivational interviewing. This is accomplished in order to promote a comprehensive and effective interdisciplinary program. Additionally, the program provides its residents with supportive therapeutic care from a staff of highly qualified clinicians. The gender-specific programming offered at DBI-CA is highly individualized, resident-centered, and consists of multiple levels of intervention including family, individual, and group therapy, medication management counseling, and recreational activities. Treatment is a life-long commitment to personal growth and development in order to acquire and maintain a healthy lifestyle. It is the facility's mission to provide comprehensive mental health services for residents that will empower and strengthen them in the development of pro-social skills that will have a positive impact on their families and communities. Each compassionate staff member is dedicated to providing a holistic, therapeutic social environment that promotes the utilization of evidence-based practices, while also teaching each resident socially appropriate behaviors. Through consistent practice, these learned behaviors will assist in preparing residents for their future and improving their chances of successfully returning to the community.

DBI-CA is a provider of education services that was founded on the belief that all residents have the ability to learn and further their education when they are provided a nurturing and challenging environment. Since its inception in the fall of 2012 when it was approved by the Detroit Public Schools Office of Charter Schools, DBI-CA has been providing a specialized environment for learning that meets the needs of each and every resident. The Detroit Public Schools provides education services for male and female adolescents between the ages of 12 and 18 who have not been successful in furthering their education within traditional academic settings. By working collaboratively with other agencies, including the facility the residents receive an individualized curriculum that is meant to identify existing strengths to build upon, challenge academic prowess, and foster the development of new skills and knowledge. This curriculum outlines a few of the specialized programs offered at the school consisting of After-school Programming, Enrichment, Life Skills Program, Project-Based Learning, STEM On-site Events, STEM Career Exploration and Visual Arts. These programs utilize traditional and modified teaching methods and incorporate web-based computer technology in lesson plans when applicable. Additionally, the areas of academia that are covered within these programs include, but are not limited to: US and World History, Social Studies, Science Fundamentals, Chemistry, Earth Science, Algebra, Geometry, Art, Economics, Life Skills and Foreign Language. The school employs a principal and eleven (11) teachers ( includes special education, testing coordinator and after school coordinator).

## DESCRIPTION OF FACILITY CHARACTERISTICS

Detroit Behavioral Institute, Inc. - Capstone Academy (DBI-CA) is a male and female residential facility built in 1967 located in Detroit, Michigan. DBI-CA is one (1) large building with two (2) floors and a basement consisting of approximately 38,000 square feet. The first floor consists of fifteen (15) bedrooms, bathroom area, a common multi-purpose room, gymnasium (added in 1989), visitation, general office and storage areas. The second floor consists of sixteen (16) bedrooms, bathroom area, a common multi-purpose room, medical office, general office and storage areas. The basement consists of a cafeteria, five (5) educational classrooms, group and visitation areas. Additionally, there is an interior secure courtyard and recreation area.

DBI-CA Residential Treatment Program is based on a multidisciplinary approach and therapeutic model, which strives to engage residents and their families by teaching them how to build appropriate interpersonal relationships. Residents have the opportunity to learn about themselves through individual counseling, group and family counseling, group interactions and classroom experiences. Through a strong partnership with therapists and direct caregivers, adolescents will learn to determine the most appropriate strategies and alternative behaviors for managing his or her feelings and actions. Each resident is evaluated for his or her psychological needs and an individualized treatment plan is designed. When necessary, further assessment and/or consultation address specific issues, such as chemical dependency, traumas, eating disorders, obsessive compulsive disorder, psychopharmacology, family dynamics and educational recommendations. The treatment team works collaboratively with each adolescent, his or her case manager, the family/support group, school, outpatient treatment program and other identified community agencies to increase the adolescent's resilience and functioning, and to promote the smoothest possible transition from the therapeutic milieu back to the broader community.

It is the belief of DBI-CA that the psychiatric needs of adolescents are unique, and must be addressed from a perspective that embraces their specific treatment needs. The unaddressed traumatic episodes in their lives can lead to poor decision making and potentially self-destructive behaviors. Treatment for these adolescents must include an accurate diagnosis and intensive intervention that is consistent, caring, and individualized. Medication to control behavior should be used as a last resort, and must be accompanied by other coping methods that are realistic and healthy. Further, the significant involvement from family members and/or guardians is necessary to bring about long term solutions that will lead to a successful transition into the community.

DBI - CA offers six (6) different areas of gender specific treatment programming:

1. Matrix: adjudicated males, 12 – 19 year olds diagnosed with a Serious Emotional Disturbance
2. Harmony: adjudicated females, 12 – 19 year olds diagnosed with a Serious Emotional Disturbance
3. Horizon: adjudicated males and females, 12 – 19 year olds diagnosed with a SED that are Cognitively Impaired
4. Serenity: adjudicated high risk females, 12-19 year old diagnosed with a Serious Emotional Disturbance
5. Summit: adjudicated males and females, 10-12 year old diagnosed with a Serious Emotional Disturbance
6. Apex: non-adjudicated high risk males and females, 12-19 year old diagnosed with a Serious Emotional Disturbance

In order to begin the admission process at DBI-CA, a referral packet is requested and reviewed by the clinical director in order to determine if the resident is clinically appropriate for the program. The review conducted by the clinical director will include an assessment of the residents treatment needs, legal status, history within the juvenile justice system or foster care system, compliance with treatment recommendations, level of functioning, social relations, and permanency plan. Additional information that is reviewed as part of the admission process and in the referral packet includes: Social history, Recent psychiatric history, Psychological evaluation, Education records (including IEP), Previous residential service plans, Past treatment plans/records, Court reports, Court orders, and MDHHS service plans. The duration of this program depends on the progression of the resident's treatment. Although the use of a level system is in place to assist with the daily management of activity/behavior, progression in treatment is used as the indicator of resident's readiness for reintegration passes and appropriateness for release. The typical length of stay ranges from 6 to 9 months.

## SUMMARY OF AUDIT FINDINGS

The notification of the on-site audit was posted on January 29, 2016, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the MDHHS PREA Coordinator. The photographs indicated notices were posted in several locations throughout the facility including the school and dormitory areas. This auditor did not receive any communications from the staff or the residents as a result of the posted notices. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received by March 15, 2016. The documents, which were uploaded to a UBS flash drive, had some organization and minimal navigation. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address half of the standards. After a discussion with the MDHHS PREA Coordinator, DBI PREA Compliance Manager, and providing a list of noted concerns, the DBI PREA Compliance Manager sent some of the documentation prior to arrival to the facility. Also some documents were provided during the on-site visit. Specific corrective actions during the on-site visit taken to address all of the deficiencies are summarized in this report under the related standards.

The on-site audit was conducted on April 5-6, 2016. An entrance briefing was conducted with the MDHHS PREA Coordinator, DBI PREA Compliance Manager and DBI Director of Quality Assurance. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted including offices, kitchen and dining area, two (2) dorm areas, vocational and educational areas including school offices and classrooms, and medical office. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and maintained. Notification of the PREA audit was posted in several locations throughout the facility as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate. Cameras and video surveillance system enhance their capabilities to assist in monitoring blind spots and the review of incidents. There were no cameras installed in the resident's rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the shower area. During the tour, it was observed the shower/toilet areas in male and female/dorm areas did allow for privacy.

During the two (2) day on-site visit, there were a total of sixty six (66) residents in the facility. There are six (6) gender specific treatment programs and two (2) residents were randomly selected from four (4) of the six (6) treatment program areas and three (3) residents were selected from the other two (2) treatment program areas for the interview process. A total of fourteen (14) residents were interviewed on both days of the audit. Residents were well informed of their right to be free from sexual abuse and harassment and how to report sexual abuse and harassment using several ways of communication such as trusted staff, administration, the hot line, and the grievance process. The community victims' advocacy service and telephone number is available to the residents. There is evidence of attempts to obtain a Memorandum of Understanding with the Children's Hospital of Michigan to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Twenty-three (23) staff including those from all three (3) shifts, administrative and supervisory staff, medical and mental health/substance abuse staff, and contracted staff (teachers) were interviewed. Additionally, the CEO, DBI Human Resources, MDHHS PREA Coordinator, and DBI PREA Compliance Manager were interviewed during the on-site visit. Overall, the interviews revealed the staff is knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the MDHHS PREA Coordinator, DBI Director of Quality Assurance and DBI PREA Compliance Manager. At the exit debriefing, it was discussed additional secondary supportive documentation was required for eighteen (18) standards and to conduct staff training and resident education on three (3) standards. It was determined this information would be sent to this auditor within the next three (3) weeks to be in compliance with all the PREA standards. The requested information was sent to this auditor by the DBI PREA Compliance Manager. This auditor reviewed all requested information and this facility is in full compliance with the PREA Standards.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The initial review of the Detroit Behavior Institute, Inc. – Capstone Academy (DBI-CA) Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors as well as sanctions for staff, contractors, volunteers and residents who had violated those prohibitions. Additionally, the policy provided guidelines for implementing the facility’s approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents.

MDHHS has a designated juvenile PREA Coordinator who works statewide to implement the PREA Standards and who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts thirty-four (34) private and public residential facilities. The Risk Manager is designated as their DBI PREA Compliance Manager who also indicated that she has sufficient time to oversee the facility’s PREA compliance efforts and perform other duties as assigned. It was evident during the staff interviews, staff had been trained and were knowledgeable of DBI-CA Agency's Zero Tolerance Policy including all aspects of sexual abuse, sexual harassment and sexual misconduct in accordance with the requirements .

**Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

A review of the documentation revealed MDHHS has entered into/renewed approximately fifty (50) contracted juvenile justice residential programs operating in twenty-seven (27) facilities (private and public). DBI-CA is a private facility. These contractors are monitored by MDHHS to ensure compliance with the PREA standards.

**Standard 115.313 Supervision and monitoring**

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

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DBI-CA Policy Chapter VII. (Residential Treatment) Subject E (Staffing Plan) & Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) contained the required information identifying the facility to develop a staffing plan to provide for adequate staffing levels to ensure the safety and custody of residents, account for resident to staff ratios, physical plant, video monitoring, and federal standards. The facility’s staffing plan was developed, implemented and in compliance with the standard. However, the DBI-CA PREA Compliance Manager is in the process of updating the plan to reflect the current practice of the facility’s direct care staffing of 1:4 for the Horizon and Serenity Groups and 1:5 for all other groups during waking hours and 1:10 during sleeping hours at the facility. Additionally, to comply with staffing requirements including exigent circumstances and supervisory staff conducting unannounced rounds during all shifts on a weekly basis. The facility reported that there have been no deviations from the minimum staffing levels during the past 12 months. In addition, minimum staff ratios are always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed. Unannounced rounds are conducted weekly on every shift and documented on “PREA Safety Unannounced Rounds Log” that contains observations of all areas of the facility. Staff interviews confirmed the process takes place in the facility.

**Standard 115.315 Limits to cross-gender viewing and searches**

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

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

DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Policy Chapter III (Privacy and Confidentiality) Subject A (Resident and Location Searches) revealed policy and procedures on limited pat-down searches to same gender staff absent exigent circumstances, shower procedures, the opposite gender staff announcing when entering dorm areas, and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status had limited information. The facility has both male and female dorm areas and there were no cross-gender pat-down searches conducted during the past 12 months. Staff and resident interviews indicated the opposite gender staff entering the dorm areas most of the time announce themselves. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Additionally, staff and resident interviews indicated the opposite gender staff are prohibited from entering the bathroom/shower area while residents are showering. All residents stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. A review of the training documentation and staff interviews confirmed training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. However, all staff were able to describe what an exigent circumstance would be but in most instances were not knowledgeable of the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches. After the on-site visit, the policy was updated and all staff were trained on cross-gender pat searches and searches of transgender and intersex residents, and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents. The DBI-CA PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response); Subject L (Cultural Competency); Subject N (Communication for Individuals with Hearing and Speech Impairment ) and Subject M (Translation Services) contained procedures to be taken to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Additionally, the policy states the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents’ safety. The intake staff have access to an interpreter service and Michigan Relay Services via AT&T (TDD/TTY transmissions). Detroit Public School staff will provide residents with disabilities and residents who are limited English proficient with various interpreter services on an as needed basis. Staff training documentation and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth. Most staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months.

#### **Standard 115.317 Hiring and promotion decisions**

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

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

An initial review of the DBI-CA Policy Chapter II (Human Resources) Subject A (Staff Hiring, Training and Competency) contained all the elements required by this standard and all background checks are conducted initially on new employees and promotion decisions of the agency. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks including Office of Inspector General (OIG) check, MDHHS child abuse registry checks and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse. DBI conducts annual and 3-year background checks for all employees and contractors. Material omissions by an employee is subject to termination. Additionally, contractors who have contact with residents have documented criminal background checks. A sampled review of staff HR records contained the documented criminal background checks and the questions regarding past misconduct (application and DBI-CA Employee Sexual Abuse, Harassment, Prior Conviction Attestation) were asked and responded to during the hiring process.

#### **Standard 115.318 Upgrades to facilities and technologies**

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

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DBI-CA has not been newly designed or had a substantial expansion or modification since August 20, 2012. The initial documentation review did not contain any information on the installation of audio and video monitoring upgrades. The facility upgraded their audio, cameras and video surveillance system in 2014 & 2015 to address any blind spots in the facility. This will enhance their capabilities to assist in monitoring blind spots and the review of incidents. Additionally, this enables the staff to monitor residents more efficiently throughout the physical plant of the facility.

**Standard 115.321 Evidence protocol and forensic medical examinations**

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

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An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim’s age. Additionally, it requires protocols for informed consent, confidentiality, reporting to law enforcement, and reporting to child abuse investigative agencies. Documentation and staff interviews confirmed Detroit Police Department (DPD) & Child Protective Services (CPS) conducts the administrative and criminal investigations of allegations of sexual abuse, sexual harassment and sexual misconduct. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. There is evidence of attempts to obtain a Memorandum of Understanding with the Children’s Hospital of Michigan to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. The medical examiners at Children’s Hospital of Michigan is SAFE certified. All residents are offered a forensic medical examinations at no financial cost to the victim.

**Standard 115.322 Policies to ensure referrals of allegations for investigations**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Chapter III (Privacy and Confidentiality) Subject C (Resident Abuse and Neglect) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment. All staff are required to report all allegations, knowledge and suspicions of sexual abuse, sexual harassment, retaliation, staff neglect and/or violations of responsibilities that may have contributed to an



incident or retaliation. All staff are required to refer all alleged incidents of sexual abuse, harassment or misconduct to MDHHS Child Protective Services (CPS) for investigation. The PREA policy can be found at the state's website [www.dbinstitute.com/programs/quality-improvement](http://www.dbinstitute.com/programs/quality-improvement). The facility has reported two (2) allegations of sexual abuse and sexual harassment resulting in administrative investigations and one (1) referred for criminal investigations. All staff interviews reflected and confirmed their knowledge on the reporting and referral process and policy's requirements. Additionally, the staff knew the agency to be notified in response to an allegation of sexual abuse, sexual harassment and sexual misconduct.

### **Standard 115.331 Employee training**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) Chapter III (Privacy and Confidentiality) Subject A (Resident and Location Searches) and Chapter II (Human Resources) Subject A (Staff Hiring, Training and Competency) requires PREA Training upon initially becoming an employee (entry level training) as well as refresher training annually. All eleven (11) topics covered during PREA training are consistent with this standard's requirements and is tailored to the facility's female and male resident population. The staff training documentation and staff interviews confirmed staff receives PREA training during initial training and during refresher training. All employees are trained as new hires regardless of their previous experience. All staff are required to sign a "PREA Agreement and Training" form and complete a question and answer post exam upon completion of the initial PREA training. A review of sampled electronically maintained training rosters as well as staff interviews confirmed that staff are receiving their required PREA Training. Staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and or sexual harassment.

### **Standard 115.332 Volunteer and contractor training**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) Chapter III (Privacy and Confidentiality) Subject A (Resident and Location Searches) and Chapter II (Human Resources) Subject A (Staff Hiring, Training and Competency) requires volunteers, interns and contractors who have contact with residents to receive PREA training. All volunteers, interns and contractors receive the same PREA training as the employees and the training is documented. All volunteers, interns and contractors are required to sign a "PREA Agreement and Training" form and complete a question and answer post exam upon completion of the initial PREA training. Documentation confirmed they are aware of the facility's requirement for confidentiality and their duty to report any incidents of sexual abuse and or sexual harassment. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

### 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)

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Subject M (Translation Services) requires residents to receive comprehensive age appropriate education information regarding safety, their rights to be free from sexual abuse, sexual harassment, retaliation, reporting and the agency's response to allegations within 10 days upon arrival. However, the clinical therapists provides the residents with this information immediately upon arrival during their initial intake and orientation process. This information is reviewed verbally with the resident and a handbook is provided to them for future reference. After the review with the resident he or she is asked to sign various forms to verify receipt for all information regarding orientation to the facility. All residents are provided an DBI-CA Program Manual which includes information on prevention/intervention, self-protection, reporting and treatment/counseling. Documentation of resident's signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and identified the receipt of the handbook. Additionally, they indicated their clinical therapists have continued to provide this education on an ongoing basis.

### Standard 115.334 Specialized training: Investigations

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject J (Investigation Procedure) requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment and requires staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the MDHHS Child Protective Services (CPS) for investigation. The DBI-CA PREA Compliance Manager completed the NIC "Specialized Training – Investigating Sexual Abuse in Confinement Settings" course. A review of the documentation and DBI-CA PREA Compliance Manager interview confirmed she attended the required training.

### 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)

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) ) and Chapter II (Human Resources) Subject A (Staff Hiring, Training and Competency) requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed medical and mental health/substance abuse staff received the basic PREA training provided to all staff. All ten (10) medical and mental health staff received specialized training through NIC Medical Health Care for Sexual Assault Victims Training. Interviews with two (2) medical and mental health staff confirmed their understanding of the requirement to complete the specialized training and verified completing the course. None of the medical staff conduct forensic examinations.

### **Standard 115.341 Screening for risk of victimization and abusiveness**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Chapter VIII (Therapeutic Services) Subject B (Treatment Planning) requires prior to placement as part of the screening process each resident is screened upon admission with an objective screening instrument for risk of victimization and sexual abusiveness with the Initial Risk Assessment and within 72 hours a clinical therapist will conduct an Initial Intake Assessment and Initial Treatment Plan. All residents are screened within twenty-four hours upon arrival at the facility to determine placement and their special needs. Those residents who score vulnerable to victim or sexually aggressive are included into the alert system, as well as receiving further assessments, as identified. This intake screening is used in combination with information about personal history, medical and mental health screenings, conversations, classification assessments as well as reviewed court records and case files. Residents are reassessed at a minimum of every three (3) months and throughout their stay at the facility. The facility's policies limits staff access to this information on a “need to know basis”. Resident interviews and the documentation revealed that risk screenings are being conducted on the same day as the admission. Staff interviews confirmed a screening is completed on each resident upon admission to the program. Residents reporting prior victimization, according to staff, are referred immediately for a follow-up with medical or mental health. Although there have been no transgender or intersex residents admitted to the facility within the past year, staff were aware of giving consideration for the resident’s own views of their safety in placement and programming assignments.

### **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)

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

### **corrective actions taken by the facility.**

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) precludes gay, bi-sexual, transgender and intersex residents being placed in a particular dorm area, beds or other assignments based solely on their identification or status. In addition, the policy describes the screening and assessment process (Initial Risk Assessment) and how that information, along with information derived from medical and mental health screening and assessments, records reviews, database checks, conversations and observations, is used to determine a resident's appropriate placement, housing and bed assignments, as well as work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. The clinical therapists utilize various forms and any other pertinent information during the resident's admission process. Staff interviews described how information is derived from the forms as indicated above and the initial health assessment and mental health/substance abuse screening forms to determine placement and risk level. There are two (2) dorm areas with both multiple and single occupancy rooms.

### **Standard 115.351 Resident reporting**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and DBI-CA provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include advising an administrator, a staff member, telephoning the hotline, placing a written complaint in the grievance box, and third party. While touring the entire facility, it was observed in the living areas minimal postings of the PREA information (posters). The victim advocate information postings were limited. Reporting procedures are provided to residents through the DBI-CA Program Manual. All staff and resident interviews along with the program manual and supporting documentation verified compliance with this standard. All postings were updated and the DBI-CA PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

### **Standard 115.352 Exhaustion of administrative remedies**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Subject A (Grievance and Complaint Procedure) describes the orientation residents receive explaining how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse or harassment. Residents may place a written complaint in the grievance box located in various locations throughout the facility. The facility has a multi-layered grievance process enabling timely response and layers of review. The policies and procedures

describe an unimpeded process and allow for other individuals to assist a resident in filing a grievance or to file grievances themselves on behalf of residents. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. Grievances are to be resolved with a written response no later than five (5) calendar days. Also, the facility has an emergency grievance procedure requiring an initial response within 48 hours. Resident interviews and documentation confirmed the grievance process relating to sexual abuse or sexual harassment.

### **Standard 115.353 Resident access to outside confidential support services**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) ensures residents are provided access to outside confidential support services, legal counsel and parent/guardian. The community victims’ advocacy service and telephone number is available to the residents. There is evidence of attempts to obtain a Memorandum of Understanding with the Children’s Hospital of Michigan to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams. There have been no calls from residents to outside services in the past 12 months. Resident interviews confirmed they have reasonable and confidential access to their attorneys and reasonable access to their parent/guardian either through visitation, correspondence or by telephone. The facility provides two calls to parents/legal guardians weekly, provides for the toll free hotline to report sexual abuse, permits parental/legal guardians visitation and letter writing to parents/legal guardians. The DBI-CA Program Manual contained some information of outside services. Resident interviews revealed limited knowledge of how to access outside services. However, additional education has been provided to the residents on victim advocate services and the telephone number is clearly posted for residents viewing.

### **Standard 115.354 Third-party reporting**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject A (Grievance and Complaint Procedure) and parent packet identifies the third party reporting process. DHS’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting of sexual abuse or sexual harassment. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility including access to their parent(s)/legal guardian(s) and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, parent/legal guardian, and/or attorney. All staff interviews were able to describe how reports may be made by third parties.

### Standard 115.361 Staff and agency reporting duties

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Chapter III (Privacy and Confidentiality) Subject C (Resident Abuse and Neglect) identified the reporting process for all facility staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All facility staff are mandated reporters and random staff interviews confirmed the program's compliance with this standard. Interviews with medical and mental health staff confirmed their responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality. All facility staff receive information on clear steps on how to report sexual misconduct and to maintain confidentiality through facility policy and procedure.

### Standard 115.362 Agency protection duties

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject A (Grievance and Complaint Procedure) require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Documentation and interviews with random selected staff were able to articulate, without hesitation, the expectations and requirements of DBI-CA Policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Staff indicated if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services. All resident interviews reported they feel safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

### Standard 115.363 Reporting to other confinement facilities

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) requires the Program Director, upon receiving an allegation that a resident was sexually abused while confined at another facility, to notify the Program Director where the alleged abuse occurred and to report it in accordance with DBI-CA policy and procedures. Also according to policy and procedure the Program Director is to immediately report the incident to the MDHHS Child Protective Services (CPS) for investigation and complete an incident report. The Program Director had received no allegations that a resident was abused while confined at another facility during the past 12 months.

**Standard 115.364 Staff first responder duties**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and DBI-CA PREA Coordinated Response Plan requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence. There have been three (3) allegations of sexual abuse during the past 12 months. Three (3) of which first security staff responded to the report separating the alleged victim and abuser. Random staff and first responder interviews reflected minimal technical knowledge of actions to be taken upon learning that a resident was sexually abused. After the on-site visit, all staff were trained on first responder duties and specific steps to respond to a report of sexual abuse. The DBI-CA PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

**Standard 115.365 Coordinated response**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and DBI-CA PREA Coordinated Response Plan provides the coordinated actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and executive staff. Coordinated Response clearly enumerate

the actions to be taken by each discipline or involved staff person. Random staff interviews reflected minimal technical knowledge of actions to be taken upon learning that a resident was sexually abused and the coordinated response plan. After the on-site visit, all staff were trained on first responder duties and the coordinated response plan. The DBI-CA PREA Compliance Manager sent the documentation to this auditor. The information was reviewed by this auditor and the facility is in full compliance with this standard.

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

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

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

This facility does not maintain collective bargaining agreements therefore this standard is not applicable.

### **Standard 115.367 Agency protection against retaliation**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Chapter III (Privacy and Confidentiality) Subject C (Resident Abuse and Neglect) requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. DBI-CA policy prohibits retaliation against any staff or resident for making a report of sexual abuse as well as retaliation against a victim who has suffered from abuse. The monitoring at a minimum will take place for a period of 90 days or longer, as needed. The DBI-CA PREA Compliance Manager is responsible with monitoring the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to determine if changes that may suggest possible retaliation exist. This monitoring would include resident disciplinary reports, dorm and program changes, negative performance reports as well as reassignments of staff. There were no incidents of retaliation in the past 12 months.

### **Standard 115.368 Post-allegation protective custody**

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



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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) contained information on post-allegation protective custody or guidelines for moving a resident to another dorm area or another facility as a last measure to keep residents who alleged sexual abuse safe and only until an alternative means for keeping the resident safe can be arranged. No residents who have alleged sexual abuse in the past 12 months were secluded or isolated from the other residents. The residents would be placed in another group or staff would be placed on "no contact with resident."

#### **Standard 115.371 Criminal and administrative agency investigations**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject J (Investigation Procedure) requires all staff to refer all alleged incidents of sexual abuse, harassment or misconduct to the Detroit Police Department (DPD) for investigation and determination of criminal charges. There has been one (1) reported investigations of alleged staff's or residents inappropriate sexual behavior that occurred in this facility in the past 12 months. It was evident the staff reported incidents as required and reports are maintained for as long as the alleged abuser is incarcerated or employed by the department, plus 10 years unless the abuse was committed by a juvenile and applicable laws require a shorter period of retention.

#### **Standard 115.372 Evidentiary standard for administrative investigations**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject J (Investigation Procedure) contains all the elements of the standard and the Detroit Police Department (DPD) investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. An interview with DBI-CA PREA Compliance Manager indicated that they conduct fact finding investigations and do not make conclusions following their investigations (which are administrative in nature) therefore the Program Director in consultation with legal and supervisory staff and Human Resources would make a determination regarding disciplinary actions to be imposed and the standard they would use is the 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)

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject J (Investigation Procedure) requires that any resident who makes an allegation that he or she suffered sexual abuse is informed in writing contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. This policy further requires that following a resident’s allegation that a staff member has committed sexual abuse against the resident, the facility informs the resident unless the allegations are “unfounded” whenever the staff member is no longer posted within the resident’s unit; the staff member is no longer employed at the facility; DBI-CA learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. With regard to investigations involving resident-on-resident allegations of sexual abuse, the facility will inform the resident whenever the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. There have been three (3) reported investigations of alleged staff or resident's inappropriate sexual behavior that occurred in this facility in the past 12 months. One (1) of which were investigated and completed by an outside agency. The DBI-CA PREA Compliance Manager validated her technical knowledge of the reporting process during her interview.

### Standard 115.376 Disciplinary sanctions for staff

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

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

An initial review of the Chapter III (Privacy and Confidentiality) Subject C (Resident Abuse and Neglect) and Chapter II (Human Resources) Subject A (Staff Hiring, Training and Competency) requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policy also mandates that the violation be reported to law enforcement. All disciplinary sanctions are maintained in the employees HR file in accordance with DBI-CA policy and procedures. Termination is the presumptive sanction for staff who have engaged in sexual abuse. Additionally staff may not escape sanctions by resigning. Staff who resign because they would have been terminated, are reported to the local law enforcement, unless the activities were not clearly criminal. There have been no employees terminated in the past 12 months for violation of the facility’s sexual abuse or harassment policies. The DBI-CA PREA Compliance Manager interview validated her technical knowledge of the reporting process was consistent with DBI-CA policies and procedures.

### Standard 115.377 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

An initial review of the Chapter II (Human Resources) Subject F (Volunteers and Interns) requires that volunteers and contractors in violation of the facility's policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility's sexual abuse and harassment policies by contractors or volunteers. This was verified during an interview with the DBI-CA PREA Compliance Manager. There have been no volunteers or contractors reported in the past 12 months.

#### **Standard 115.378 Disciplinary sanctions for residents**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) indicated disciplinary action(s) for making false allegations the resident will not be disciplined for making an allegation of sexual abuse or sexual harassment if the investigation determines that the abuse did not occur, so long as the allegation was based upon a reasonable belief that the abuse occurred and the allegation was made in good faith. DBI-CA provides each resident with a Program Manual that includes their rights and responsibilities, a disciplinary list of violations, disciplinary procedures and transfers. Residents will be offered therapy counseling or other interventions designed to address and correct the underlining reasons for their conduct. There was one (1) administrative finding of guilt for resident-on-resident sexual abuse that have occurred at the facility in the past 12 months. The DBI-CA PREA Compliance Manager indicated that residents may also be referred for prosecution if the allegations were criminal.

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

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) and Chapter III (Privacy and Confidentiality) Subject C (Resident Abuse and Neglect) require that medical and mental health evaluation and, as appropriate, treatment, is offered to all residents victimized by sexual abuse. Residents who report prior sexual victimization or who disclose prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening. There were no residents who disclosed prior victimization during their initial screening process. During the interviews with the medical and mental health staff confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

### **Standard 115.382 Access to emergency medical and mental health services**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted disease prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and crisis intervention services. Documentation provided confirmed treatment services are provided to every victim without financial cost. Children’s Hospital of Michigan provides the emergency services and will provide forensic examinations and victim advocate services for this facility. Interviews with the medical and mental health staff confirmed that residents have immediate access to emergency medical and mental health services.

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

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to Children’s Hospital of Michigan where they will receive treatment and where physical evidence can be gathered by a certified SAFE medical examiner. There is a process in place to ensure staff track on-going medical and mental health services for victims who may have been sexually abused.

### **Standard 115.386 Sexual abuse incident reviews**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) requires a Sexual Abuse Incident Review of every sexual abuse allegation at the conclusion of all investigations. DBI-CA Sexual Abuse Incident Review Team consists of the Program Director, PREA Compliance Manager, Clinical Director and Executive staff. There have been three (3) investigations of alleged staff or resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. One (1) of which was an unfounded incident. Staff interviews confirmed they would document their review that captures all aspects of an incident.

**Standard 115.387 Data collection**

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

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

An initial review of the DBI-CA Policy Chapter IV (Resident Rights and Responsibilities) Subject K (Sexual Abuse Prevention, Intervention and Response) requires the collection of accurate, uniform data for every allegation of sexual assault. The DBI-CA PREA Compliance Manager collects all data related to PREA and forwards the report to the DBI-CA Director of Quality Assurance. The data is provided to the MDHHS Juvenile PREA Coordinator who has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2015 annual report revealed it was completed according to this standard.

**Standard 115.388 Data review for corrective action**

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

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

and Response) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training. A review of the 2015 Annual Report indicated compliance with the standard and included all of the required elements. The MDHHS 2015 Annual Report is posted on the MDHHS Website for public review. The facility monitors collected data to determine and assess the need for any corrective actions and provides the information to the MDHHS Juvenile PREA Coordinator. The 2015 annual report was readily available on the MDHHS 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)

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

MDHHS Policy JR5 560 (PREA) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

**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.

Dorothy Xanos

May 6, 2016

Auditor Signature

Date