

PREA AUDIT: AUDITOR'S SUMMARY REPORT

Juvenile Facilities



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Starr Commonwealth		
Physical address:	13725 Starr Commonwealth Road Albion, MI. 49224		
Date report submitted:	08/08/14		
Auditor Information	James L. Roland Jr. – The Nakamoto Group		
Address:	11820 Parklawn Drive, Suite 240 Rockville, MD 20852		
Email:	james.roland@nakamotogroup.com		
Telephone number:	419-610-5668		
Date of facility visit:	Aug. 6-7, 2014		
Facility Information			
Facility mailing address: <i>(if different from above)</i>	13725 Starr Commonwealth Road Albion, MI. 49224		
Telephone number:	1-517-629-5591		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input checked="" type="checkbox"/> Other
Name of PREA Compliance Manager:	Paul Fatato	Title: Director of Compliance and Quality Assurance	
Email address:	fatatop@starr.org	Telephone number:	517-629-5591 ext. 2613
Agency Information			
Name of agency:	Juvenile Justice Programs (JJP) Michigan Department of Human Services (DHS)		
Governing authority or parent agency:	Department of Human Services State of Michigan		

Physical address:	Juvenile Justice Programs 120 N. Washington Square, Suite 300 PNC Building Lansing, Michigan 48933		
Mailing address: <i>(if different from above)</i>			
Telephone number:	517-335-3489		
Agency Chief Executive Officer			
Name:	Maura Corrigan	Title:	Director
Email address:		Telephone number:	
Agency-Wide PREA Coordinator			
Name:	Patrick Sussex	Title:	PREA Juvenile Coordinator
Email address:	SussexP@Michigan.gov	Telephone number:	517-648-6503

AUDIT FINDINGS

NARRATIVE:

The site visit for PREA audit of Starr Commonwealth was conducted on August 6-7, 2014 to determine compliance with the 2012 Prison Rape Elimination Act standards. During the audit, the auditor toured the facility and conducted formal staff and resident interviews. The auditor interviewed 10 juveniles (10 random juveniles from all of the housing units). In addition, the auditor questioned 10 staff and youth specialists, (8 specialized staff and 2 random youth specialists), about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up, and monitoring retaliation. Specialized staff interviewed included the Director, PREA compliance manager, Medical staff member, two (2) Mental Health Group leaders, Teacher Consultant, two (2) family services workers.

An entrance meeting was held with the following persons in attendance: PREA Juvenile Compliance Coordinator Patrick Sussex, PREA facility Manager Paul Fatato, and Director Debra Dobbins

There are currently 103 juveniles assigned to the facility. Following the entrance meeting, I toured the facility from 12:00 p.m. to 1:30 p.m, Eastern Standard Time. In the last calendar year, there were zero sexual assault/harassment allegation cases.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Starr Commonwealth, a nonprofit child and family services organization founded in Albion, Mich., in 1913, is internationally recognized as a leader in transformational programs for children, families, schools and communities. Our community-based programs, residential treatment services, educational programs and professional trainings represent the international standard of excellence in identifying, treating and healing trauma and pain-based behavior in children and adolescents. Starr is focused on building resilience in young people and ensuring families around the world have access to a strength-based treatment approach that recognizes the good in every child.

Is a secure 205-bed treatment facility to male juveniles between the ages of 12 and 21 years who have been adjudicated for one or more felony counts. The center offers four specialized treatment programs.

These four programs consist of:

Montcalm School

A private therapeutic boarding school for students, ages 12-21. Our proven treatment model, based on 100 years of success, focuses on children's strengths, giving them the tools needed to transform their lives academically, behaviorally and socially.

Sexually Reactive Youth (SRY)

Non-secure residential treatment program addresses the needs of boys, 12-18 (admission prior to 18th birthday), who have sexually offended and are at moderate-to-high risk to re-offend. On-campus education services provided. Program utilizes Aggression Replacement Training and Pathways.

Juvenile Justice Youth (JJ)

Non-secure residential treatment program helps boys, 12-18 (admission prior to 18th birthday), develop interpersonal problem-solving and cooperative living skills in a therapeutic, groupfocused milieu. On-campus educational services provided. Program utilizes Aggression Replacement Training.

Specialized Residential Substance Abuse

Non-secure residential treatment for boys, 12-18 (admission prior to 18th birthday), providing substance-abuse specific therapy from licensed clinicians in a therapeutic, residential environment. On-campus educational services provided. Uses The Seven Challenges® SAMHSA-approved, evidence-based model.

SUMMARY OF AUDIT FINDINGS:

An exit meeting was held with the following persons in attendance: Director Martha Dobbs, PREA Agency Compliance Manager Patrick Sussex, and PREA Compliance Coordinator Paul Fatato.

Number of standards exceeded: 0

Number of standards met: 40

Number of standards not met: 0

Not Applicable: 1

§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)

The Agency meets the standard with their policies and practice. Starr Commonwealth policy O-2 clearly meets this standard. The facility PREA Plan exceeds zero tolerance as required by the standard. In addition to the facility PREA Compliance Manager, the Agency also employs a fulltime PREA Agency Juvenile Compliance officer to ensure they are meeting all the PREA standards.

§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)

As of March, 2014, Michigan DHS licensed 55 juvenile justice programs, operating in 34 private facilities and 3 public facilities. All are required to comply with PREA, as listed above. Michigan is engaging in its first cycle of PREA audits at this time, as such there are no previous audits. Starr Commonwealth has three juvenile justice contracts, all renewed in March, 2014.

§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)

Director Dobbins completes an annual review of the post audits and staffing plan. Starr Commonwealth Staffing plan states that they will adhere to direct care staff to youth ratios of 1:18 during waking hours and 1:8 during sleeping hours. After reviewing population logs for the last twelve months the facility operated within the 1:8 ratio during waking hours and the 1:8 ratio during sleeping hours. Minimum ratios were met at all times except in the case of unforeseen and temporary circumstances. There are adequate resources to meet PREA and other confinement requirements. The review included an assessment of the facilities' phone access and staffing levels. They do not operate below the critical post requirements. Documentation of unannounced rounds that cover all shifts was reviewed for compliance. No video and audio systems were added to the facility in the last twelve months.

§115.315 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement 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)

Staff of the opposite gender are required to announce their presence when entering the resident-housing unit(s) by stating "female on the dorm". This was documented during interviews with staff and juveniles, as well as recorded in housing unit log books. Starr Commonwealth policy O-42 clearly meet this standard. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff has been trained on conducting pat-down searches of transgender and intersex inmates in a professional manner. All searches are conducted by staff of the same gender as the resident.

§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)

Starr Commonwealth receives no referrals that requires Interpreters, limited English speaking residents our outside of their intake grid and are not accepted at Starr Commonwealth.

§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)

Starr Commonwealth HR-30 and HR-38 clearly meets all the components of this standard. All employees have had their criminal background check completed before hiring and are required to have them done again every 5 years. Three contractors have been employed by the facility in the past year. All had criminal backgrounds checks completed. Vendors do not have criminal background checks but are escorted and supervised when on institutional grounds. A tracking system is in place to ensure they will be completed every five years.

§115.318 – Upgrades to Facilities and Technology

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

There have been no facility video or audio upgrades in the last twelve months.

§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)

Starr Commonwealth policy Starr Commonwealth Health Services Procedures 2014 clearly meets this standard. The facility has a fulltime medical clinic for medical services. Forensic medical examinations are conducted off-grounds at the Bronson Hospital, Battle Creek MI. All staff has been trained in evidence protocol. The facility has in the event of a sexual assault the shift supervisor is called, then the Director of Starr Commonwealth. The Director determines when the resident should be transported to Hospital for SAFE/SANE exam. The Department of Human Services (DHS) would provide for victim advocate services. The number is posted in each housing unit. All criminal investigations are conducted by the Calhoun Sheriff's Department.

§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)

Starr Commonwealth policy O-2 and O-37 were reviewed during on-site inspection to verify the components were met. All investigations are done by the Calhoun Sheriff's Department. There have been zero allegations of sexual abuse or sexual harassment in the past twelve months.

§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)

Starr Commonwealth has been trained for PREA compliance. Review of all training curriculum insures that all of the components of this standard were addressed. All staff interviewed indicated that they received the required PREA training. All training records were reviewed for compliance. All included employee signatures and dates. Sixteen (16) new employees have been hired in the last twelve months. All had complete training files.

§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)

The PREA program coordinator has the responsibilities for training volunteers and contractors in PREA. Training records were reviewed for compliance.

§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)

Starr Commonwealth policy O-36 meets the requirements of this standard. At intake, juveniles receive PREA information in the youth orientation packet, and also during their orientation to the facility by their counselor. Intake packets were reviewed for compliance. There are posters throughout the facility with the phone number to call to report an incident. These notices are also posted in each housing unit.

§115.334 – Specialized Training: Investigations

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

Preliminary gathering of information of suspected incidents are conducted by staff associate director and forwarded to the director of Starr Commonwealth. Criminal investigations are conducted outside of the facility by the Calhoun Sheriff's Department. There have been no incidents within the last twelve months.

§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)

Starr Commonwealth Health Service Procedures 2014 meets the components of this standard. The facility has a full service clinic with a fulltime medical staff. All medical services are conducted both on-site and off-site. The Medical and mental health staff have all received specialized training on victim identification, interviewing, reporting, and interventions. Annual training was reviewed and documented. 100% of all Medical and mental health care staff have received PREA training.

§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)

Starr Commonwealth policy O-40 includes all components required by this standard. Residents are assessed within 72 hours of their arrival in intake. Interviews with the Director, Medical Clinic Supervisor, and two (2) Senior Group Clinicians for treatment services verified that there is a thorough system for collecting this information and providing continued re-assessment and follow-up services as needed.

§115.342 – Use of Screening Information

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

Starr Commonwealth policy O-40 includes all components required by this standard. Review of the documents associated with these procedures indicates the information from the risk screening is used to ensure safety of each resident. Isolation is not used at Starr Commonwealth.

§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)

Starr Commonwealth policy O-36 and O-2 includes all components required by this standard. Staff and juvenile interviews clearly supported this standard. The procedures for reporting are clearly stated in the youth orientation packet, on posters and through Starr Commonwealth policy.

§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)

Starr Commonwealth policy O-05, O-36, and O-37 covers the components of this standard. Zero grievances were filed last year that alleged sexual abuse. It was clear from interviews that preventing sexual assault in this facility is a responsibility that the personnel at Starr Commonwealth take extremely seriously.

§115.353 – Resident Access to Outside Confidential Support Services

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

Starr Commonwealth policy O-36 cover all components of this standard. Residents are provided emergency services and support through the free Hotline phone call services that the residents are allowed to make. The number is posted in each housing unit. They also can have private conversations with their legal service provider and to the parents on visitation during the one allowed phone call per week and a monthly visitation.

§115.354 – Third-Party Reporting

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

Information is made available through posters posted throughout the buildings with the Child Protective Services (CPS) toll-free number and other reporting options, the information is included in the Youth Orientation packet, and the information is listed on the DHS Website at http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

§115.361 – Staff and Agency Reporting Duties

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

The Michigan Mandated Reporting Law and Starr Commonwealth policy O-2 includes all the components of this standard. The Mandated Reporter's Resource Guide that includes a copy of the Child Protection Law is available online at: http://www.michigan.gov/documents/dhs/Pub-112_179456_7.pdf This was also verified through interviews with random staff.

§115.362 – Agency Protection Duties

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

Starr Commonwealth policy O-2 meets the components of this standard. If a juvenile was at risk of sexual victimization, they could temporarily be placed in another cottage and/or transferred to another facility. There have been no residents placed in this status in the past twelve months. This was also verified through interviews with random staff.

§115.363 – Reporting to Other Confinement Facilities

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

Starr Commonwealth policy O-2 meets all the components of this standard. This was also verified through interviews with Director and PREA Coordinator. If a report is received of sexual abuse from another facility, the Director must report Director-to-Director to the other facility within 72 hours. Investigations are conducted by the Calhoun Sheriff's Department . All incident reports must be completed before the end of the employees shift. The facility has not received any allegation of sexual abuse or harassment from another facility in the past twelve months.

§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)

Starr Commonwealth policy O-37 includes all the components of this standard. All staff are trained in first responder duties. This was also verified through interviews with random staff and training records.

§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)

Starr Commonwealth policy O-2 meets the components of this standard. Staff receiving a report of a sexual assault/rape or attempted sexual assault/rape, or staff that become aware of sexual activity between residents or between a resident and staff, contractor, visitor, or volunteer must immediately report this event to Supervision. The supervisor must immediately relay the report to the Site Director or manager-level designee. That administrator is responsible for notifying BCAL Michigan: DHS hotline, 1-888-444-3911".

§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)

N/A Starr Commonwealth is a non-union facility.

§115.367 – Agency protection against retaliation

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

Starr Commonwealth policy O-2 includes all components of this standard. All staff are required to monitor for retaliation. The Director, any executive officer, and/or the Chairman of the Board of Trustees are required to monitor all allegations for a minimum of 90 days after they report of an incident.

§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)

Starr Commonwealth policy O-37 and O-40 meets the components of this standard. Residents could temporarily be placed in another cottage unit. Youth could be transferred to the clinic but only as a last resort when other restrictive measures are inadequate to keep the youth safe from himself or other youth, and only until an alternate means of keeping the youth can be arranged. Staff may not deny a youth otherwise under control, access to daily large-muscle exercise and legally-required educational programming or special education services.

§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)

Starr Commonwealth meets all of the components of this standard. During the last 12 months there have been zero allegations. The Calhoun Sheriff's Department conduct all criminal investigations. Internal investigations are started by the supervisor, and then sent to the Director for additional investigation if it is so warranted.

§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)

Starr Commonwealth policy O-2 meets the components of this standard. Appropriate measures are taken to protect the due process rights of the residents. There have been zero allegations within the last twelve months.

§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)

Starr Commonwealth policy O-37 meets all of the components of this standard. There have been zero allegations within the last twelve months. The facility uses the Calhoun Sheriff's Department for investigative services. Residents are informed of the investigative process. Decisions from investigations require that all allegations have a written response, including the rationale for the decision, to youth or family member. Copies of all allegation decisions are maintained. Decisions are available to the victim's family, Administration, Juvenile Justice Program (JJP), Bureau of Child and Adult Licensing (BCAL) and the referral service.

§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)

Starr Commonwealth policy B-13 includes all the components of this standard. There have been zero allegations within the last twelve months. Disciplinary sanctions for rule violations are trained by Human Resources at Orientation. All employee rules and sanctions are available to all employees through the facility intranet.

§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)

Starr Commonwealth policy HR-36 include all the components of this standard. Contractors are subject to all expectations as employees relative to contact with youth. Contractors may not continue to have contact with youth and will have contracts terminated upon any finding of child abuse or sexual abuse. There have been no incidents in the last twelve months. Vendors must read and understand and sign the zero tolerance PREA policy. All vendors who are unsupervised and or are around residents are required to receive the same training as employees of the facility.

§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)

Starr Commonwealth policy O-05, and O-36 meets all of the components of this standard. Appropriate measures must be taken to protect the due process rights of youth who are, or who may be, subject to discipline. This policy ensures youth are treated fairly under a consistent system of discipline that teaches and encourages appropriate behaviors, and discourages inappropriate behaviors. The youth orientation packet addresses all disciplinary sanctions for juvenile residents. The facility does not use isolation.

§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)

Starr Commonwealth Health Service 2014 policy meets the components of this standard. Youth are required to meet with medical and mental health practitioners per standard operating protocol for treatment. Treatment plans must be based on the youth's assessed risk and assessment of the youth and family's strengths and needs. The treatment needs of youth are identified and prioritized.

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

§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)

Services are provided to the residents at no cost to them. The facility provides timely, unimpeded access to free emergency medical and crisis intervention services. Referrals are made to Bronson Hospital, the Calhoun Sheriff's Department, and Child Protective Services (CPS).

§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)

The victim of sexual assault or attempted sexual assault must be provided mental health assistance and counseling as determined necessary and appropriate. Residents are sent to Bronson Hospital for sexually transmitted infections if appropriate.

§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)

Starr Commonwealth policy O-37 meets the components of this standard. Facility management reviews each incident of sexual abuse for cause, staffing, and physical barriers, and makes recommendations for prevention and implementation of remedy(s). Interviews with the administrative team indicate that all incidents are reviewed and documented. The team includes the Director, PREA coordinator, Vice President of Research and Development. There have been zero incidents in the last twelve months.

§115.387 – Data Collection

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

Data collection is an agency policy and Starr Commonwealth policy O-15. All components of the standard are covered in those two policies. The standardized instrument used is the Survey of Sexual Violence as developed and utilized by the Bureau of Justice Assistance and conducted by the U.S. Census Bureau. Data is collected, aggregated, and published on the agency (DHS) Website for all public residential facilities and all private facilities that contract with the state to provide juvenile justice residential services. Most recent data published is from calendar year 2012. Data from calendar year 2013 will be collected and published summer, 2014. Data collection at the facility is the responsibility of the Vice President of Research and Development. See:

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

§115.388 – Data Review for Corrective Action

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

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

§§115.389 – Data Storage, Publication, and Destruction

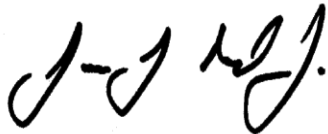
- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Starr Commonwealth policy A-16 meets the components of this standard. This occurs annually as administered by the agency (DHS). Data collected is aggregated and published on the DHS Website. See link

http://michigan.gov/documents/dhs/PREA_Website_Info_Final_445753_7.pdf?20140211132725

AUDITOR CERTIFICATION:

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



James L. Roland Jr.

Auditor Signature

08/15/2014

Date