

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: July 03, 2015

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| Auditor Information | | | |
| Auditor name: Christine Preston | | | |
| Address: 3099 E. Washington Avenue, Madison, WI 53707 | | | |
| Email: Christine.Preston@wisconsin.gov | | | |
| Telephone number: 608-240-5113 | | | |
| Date of facility visit: June 02 -04, 2015 | | | |
| Facility Information | | | |
| Facility name: Crossroads for Youth | | | |
| Facility physical address: 930 East Drahnner Road, Oxford, Michigan 48371 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 248-628-2561 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input checked="" type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Correctional | <input type="checkbox"/> Detention | <input type="checkbox"/> Other |
| Name of facility's Chief Executive Officer: Dr. Janet McPeck | | | |
| Number of staff assigned to the facility in the last 12 months: 65 | | | |
| Designed facility capacity: 55 | | | |
| Current population of facility: 26 | | | |
| Facility security levels/inmate custody levels: Non-secure | | | |
| Age range of the population: 11-17 | | | |
| Name of PREA Compliance Manager: Marc Porter | | Title: Vice President | |
| Email address: marc.porter@crossroadsforyouth.org | | Telephone number: 248-628-2561 | |
| Agency Information | | | |
| Name of agency: Click here to enter text. | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Michigan Department of Human Services | | | |
| Physical address: 235 S. Grand Avenue, Suite 1315, Lansing, Michigan 48909 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 517-335-3489 | | | |
| Agency Chief Executive Officer | | | |
| Name: Nick Lyon | | Title: Director | |
| Email address: lyonn@michigan.gov | | Telephone number: 517-335-3489 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Patrick Sussex | | Title: PREA Juvenile Coordinator / Program Manager | |
| Email address: sussuxp@michigan.gov | | Telephone number: 517-648-6503 | |

AUDIT FINDINGS

NARRATIVE

The pre-audit for Crossroads for Youth began on April 17, 2015 when the facility was provided with postings for Notice of Audit, including the dates of the on-site audit as well as this auditor's contact information. The Pre-Audit Questionnaire was provided to this auditor via a flash drive prior to the on-site audit that also included many policies and documents that correspond with information requested.

The on-site portion of this audit occurred on June 02 – 04, 2015. The on-site audit began with a meeting with the PREA Coordinator, Vice President / PREA Compliance Manager and Program Director. A tour was then provided of the facility by the Program Director and the Vice President / PREA Compliance Manager, including any and all areas requested by this auditor. During the tour, informal conversations with staff were conducted. The tour of the facility began at 9:00AM and concluded at approximately 12:00PM. A documentation review of employee files, investigation case files, training records, screening instruments, curriculums, and other requested documents was conducted.

The remainder of the on-site audit included interviews of staff and residents. For this audit, this auditor interviewed the PREA Coordinator, Vice President / PREA Compliance Manager, Program Director, Director of Admissions, Clinical Director, Therapist, Agency Head, Human Resources Director, and eight (8) random staff and contractors, selected by this auditor from staffing lists provided. It should be noted that staff from all shifts and housing units were interviewed.

This auditor also interviewed a random sample of residents, selected from a list that was provided. Residents from each housing unit were chosen to be interviewed for this audit.

A closeout meeting was held with the Vice President / PREA Compliance Manager.

Additionally, other entities were contacted as part of this audit to verify information, including Care House of Oakland County, Child Protective Services, McLauren Oakland Hospital, Oakland School District, and the Bureau of Child and Adult Licensing.

DESCRIPTION OF FACILITY CHARACTERISTICS

Crossroads for Youth is a non-secure juvenile facility located in Oxford, Michigan. Crossroads for Youth is a transition program for youth aged 11-17 that struggle with challenges within their school, home or community. Crossroads for Youth sits on 320 acres and has a spring fed lake, Handsome Lake, on its property. The facility has 26 buildings, many of which are not currently utilized. Moore Hall is the Administration Building and there is a home on the property for a staff member, and several cabins that are available for rent. Additionally, Crossroads for Youth is a facility that houses adjudicated youth in three buildings and also houses abused / neglected youth who do not have other housing alternatives in other buildings located on the property. There is a school building on the grounds as well as several storage and equipment buildings.

Crossroads for Youth has a designed facility capacity of 55 residents. At the time of this on-site audit, there were 26 adjudicated youth at the facility. Girls Center includes a therapeutic approach to create a home-like setting with a foundation of trauma-informed care for youth ages 11-17. The Girls Center houses all of the adjudicated female residents and at the time of the audit there were eight residents assigned to the building with a designed capacity of up to 15. The Girls Center is a two story building; on the main floor there is a dining room, a kitchen, a group room, television room, bathroom, shoe closet, staff office and medication room. The upstairs level is where the female residents sleep and shower. There are showers and toilets, staff office, therapist office, storage closets, and five bedrooms. The bedrooms have doors on them but are never closed when the residents are in their rooms.

Boys Center houses adjudicated male residents and includes a therapeutic approach to create a home-like setting with a foundation of trauma-informed care for youth ages 11-17. The Boys Center is a one story building that is set up as dormitory style housing and at the time of this on-site audit there were six male residents although it is licensed for 20. The showering and toileting area have individual stalls in which privacy can be achieved. Additionally, there is a mud room, group room, staff room, kitchen, dining area, and staff office.

The Achievement Center is barracks style housing and the program is modeled after “boot camps” for male residents ages 15-17. This is a four month program in which the focal point is to teach discipline and new ways of problem solving, as well as learning that the residents are responsible for their own choices in life. At the time of this on-site audit, there were 14 residents assigned to the Achievement Center. The building is one story and contains a group room, chow hall, kitchen, barracks, duty hut, showers and toilets, and a staff office.

The school building intergrated the adjudicated and abused / neglect youth into educational programs in six classrooms, also intergrating male and female residents in classrooms. It was learned during the audit that for the next school year, the male and female residents will be separated in classrooms.

Crossroads for Youth does not have any surveillance cameras on the property. It was reported that they will be installing surveillance cameras in August, 2015 in the school Boys and Girls Centers, and the Achievement Center.

Finally, Crossroads for Youth has an outdoor ropes course in which residents can choose to participate in under the guidance of trained instructors.

SUMMARY OF AUDIT FINDINGS

Crossroads for Youth is found to have met 36 standards, exceeding one (1) standard and four (4) standards are not applicable to the facility.

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 4

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.

Crossroads for Youth has a written policy outlining their zero-tolerance of sexual abuse and sexual harassment. Included within the policy, Crossroads for Youth has outlined their strategies in preventing, detecting and responding to sexual abuse and sexual harassment. The policy was updated to reflect the definitions of sexual abuse and sexual harassment as defined by PREA and the policy also includes sanctions for those who are found to have participated in prohibited behaviors. The policy designates a PREA Compliance Manager and in interviewing the PREA Compliance Manager, as well as several other staff, it is clear that the facility employs the zero-tolerance policy throughout the facility. Additionally, the Michigan Department of Human Services designates a state-wide juvenile PREA Coordinator to oversee implementation and compliance at all facilities, including contracted facilities. In interviewing the PREA Coordinator, it was learned that he has sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards in all facilities. I was also provided with and reviewed organizational charts which further make evident of the positions of PREA Coordinator and PREA Compliance Manager for Crossroads for Youth.

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.

This standard does not apply to Crossroads for Youth as they do not contract with any other entity for the confinement of youth.

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)

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.

Crossroads for Youth provided this auditor with a staffing plan. The staffing plan requires minimum direct care staff to youth ratios of 1:8 during waking hours and 1:16 during sleeping hours and states that these ratios must be met at all times. Additionally, the Bureau of Child and Adult Licensing reviews Crossroads for Youth annually and they require minimum staffing ratios of 1:10 during waking hours and 1:20 during sleeping hours. In interviews with the PREA Compliance Manager (Vice President) and other staff, it was learned that Crossroads for Youth always meet the staffing ratios as determined by PREA and regularly exceed them. Additionally, in all waking hours Crossroads for Youth requires staff to maintain line-of-sight supervision of all youth, except for when they are performing bodily functions such as showering, changing clothes, or using the toilet. The staffing plan also indicates that Crossroads for Youth must consider generally accepted detention and correctional practices, any judicial findings of inadequacy (which they don't have), any findings of inadequacy from federal investigative agencies (which they don't have), any findings of inadequacy from internal or external oversight bodies (Bureau of Child and Adult Licensing), all components of the facility's physical plant (blind spots, isolated areas), the composition of the youth population, the number and placement of supervisory staff (always at least one on duty), programs occurring on a particular shift, any applicable state or local laws, regulations, or standards (described above), the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors. It should be noted that the three allegations of sexual abuse that were all deemed to be unsubstantiated occurred in the school and Crossroads for Youth has deployed their staffing to be present at the school to prevent such incidents in the future. Finally, I was provided with a log of unannounced rounds conducted by supervisors. The log details these unannounced rounds occurring on a daily basis on all shifts, furthermore interviews of staff and residents supported that this practice is in place. The staffing plan is reviewed regularly in consultation with the PREA Coordinator, and meets the requirement of at least once annually.

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.

Crossroads for youth does not conduct strip searches, visual body cavity searches or pat down searches of any resident. It is their procedure as a non-secure facility to conduct searches of youth in which the youth empty their pockets without the assistance of staff. This was confirmed through interviews of random staff, supervisory staff, PREA Compliance Manager, as well as residents. In the event an exigent circumstance arose, staff may conduct a pat down search of a resident but that would be documented. In the last twelve months, there has been no pat down search of any resident. The policies support this procedure as well. Additionally, Crossroads for Youth enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances and the policy supports this. In interviews with staff and residents it was learned that residents are required to utilize robes provided to them in which they change their clothing under. Additionally, I viewed all showering and toileting facilities and there are barriers or curtains that prevent staff of the opposite gender viewing residents. Policies also support that cross gender staff announce their presence when entering a housing unit. Due to the varying layout of the units, the boys center and the achievement center require announcing when entering the building excluding the program room while the girls center requires announcing when cross gender staff go upstairs. I was also provided with a memo that was given to all staff reiterating the policy requiring staff to announce their presence. In interviews with staff and youth, the majority of responses supported that the policies are being followed and announcing is occurring. I was provided staff training materials which prohibit staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining their genital status and if the status is unknown it may be determined in conversations with the resident and reviewing medical records. There were no reported transgender or intersex residents at the facility during the on-site audit and no reported during the past 12 months.

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.

Crossroads for youth has a policy which ensures that each resident is informed of the facility’s efforts to prevent, detect and respond to sexual abuse and sexual harassment at intake and that it is presented and explained in a way that ensures the resident understands his / her rights. The facility does not rely on resident interpreters or readers except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties or the investigation of the resident’s allegations. At the time of this on-site audit there were no residents identified that were limited English proficient or disabled. Crossroads reported no circumstances in the past 12 months in which they utilized resident interpreters. The facility has an agreement to utilize Deaf and Hearing Impaired Services, Inc. in the event they needed assistance with a hearing impaired resident. I was also provided with an extensive interpreter list that they utilize if needed for residents. These policies were supported as practice through interviews with random staff.

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.

Crossroads for Youth provided me with several Human Resources forms and a policy that details hiring and promoting practices. I was provided with an application for employment and a “Status / Change Report” in which there is a section titled “Sexual Harassment and Abuse Statement.” The statement section has five questions that ask prospective employees if they have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility or other institution, a question regarding convictions or attempting to engage in sexual activity in the community by use of force, overt or implied threats of force, coercion, or if the victim did not or was unable to consent and if the applicant was civilly or administratively adjudicated to have engaged in such activity. Furthermore, prospective employees must acknowledge that material omissions regarding such conduct will be grounds for termination and that the prospective employee has a continuing affirmative duty to disclose any such conduct to Human Resources. In addition to these forms, I was provided with an “Employee Performance Self-Evaluation” form that all employees fill out which also includes the questions described above. Through interviews with the Human Resources Director, it was learned that Crossroads for Youth considers any incident of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents. Furthermore, I was allowed access to employee files and reviewed several files chosen at random. In every file that was reviewed, I was able to view evidence that the child abuse registry, sex offender registry and criminal records checks were conducted on every employee. It should be noted that Crossroads for Youth exceeds the standard in this area as they conduct the above stated checks on a yearly basis. The Human Resources Director explained that reference checks for prospective employees are outsourced to a company that they contract with. To be compliant with the PREA standards, Crossroads for Youth have implemented a new procedure to contact all prior institutional employers for each prospective employee to inquire about any substantiated allegations of sexual abuse or any resignation during a pending investigation into an allegation of sexual abuse. I was provided with an official form in which prospective employees sign, informing them of this practice. Finally, all of these above stated procedures are supported in the policy that was provided to me.

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)

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 standard does not apply to Crossroads for Youth as they have not acquired a new facility or made a substantial expansion to an existing building since August 20, 2012.

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)

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.

Crossroads for Youth has an evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions. The protocol details staff first responder duties, supervisory responsibilities and other key staff responsibilities and also includes separating the victim and perpetrator, preserving the crime scene(s), and offering all victims of sexual abuse a forensic medical examination at no cost to the resident conducted by a qualified Sexual Assault Nurse Examiner. Crossroads for Youth uses McLauren Oakland Hospital in Pontiac for SANE services. I contacted McLauren Oakland Hospital to verify that they would be able to accommodate residents from Crossroads for Youth for a SANE examination and it was verified. Crossroads for Youth would utilize Care House to provide a victim advocate to be available during an examination and this was verified by a phone call to Care House. Additionally, if a victim requests, a victim advocate or a qualified staff member will support the victim through the investigatory process, including during interviews. Qualified staff members include the Clinical Director and therapists who have taken specialized training and provided documentation that this training was received. It was also noted that the Oxford Police Department follows this evidence protocol as well. The uniform evidence protocol is developmentally appropriate for youth and is based on publications after 2011. The policy of Crossroads for Youth also directs employees to follow the uniform evidence protocol.

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.

In reviewing the policy and interviewing the Agency Head of Crossroads for Youth it was determined that all allegations of sexual abuse and sexual harassment are reported to the following entities: Oxford Police, Child Protective Services (CPS), Bureau of Child and Adult Licensing (BCAL), and the Michigan Department of Human Services. CPS and BCAL conduct investigations into the incident as well as Oxford Police, who conduct the criminal investigations. Contact was made with all of these entities to ensure that they conduct investigations and it was verified. In addition, I reviewed the case files for the three reported incidents in the last twelve months and documents included in the files also support that these entities were contacted in each case.

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)

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Crossroads for Youth provided me with the employee training packet which includes information regarding the facility’s zero-tolerance policy for sexual abuse and sexual harassment, how to fulfill their responsibilities under the facility’s preventions, detection and reporting and response policies and procedures, resident’s rights to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including LGBTI or gender non-conforming residents, and how to comply with mandatory reporting laws and laws regarding the age of consent. The training is facilitated by the Vice President / PREA Compliance Manager and I was provided with documentation in which each employee signed a form stating that they received and understood the training. Furthermore, each employee took a pre-test and post-test indicating an understanding of the materials and I was provided with copies of these tests. Finally, in interviewing random staff it was supported that this training was received and understood. Facility policy directs all employees to receive training as described above.

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.

Crossroads for Youth utilizes two contractors and six interns that have also received training on their responsibilities under the facility’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Additionally, there is a school on grounds that all residents attend, Oxford Crossroads Alternative School. The school is part of the Oxford School District and they are required to

provide education to the residents at Crossroads for Youth. The school district allocates 16 staff to be assigned to Oxford Crossroads Alternative School – six teachers, six teaching assistants, one social worker, one psychologist, one secretary and one principal. It was initially not viewed by Crossroads for Youth as the school district employees being contractors as there is no known written contract and it is a state mandate that they provide education to the residents. After some consultation with the PREA Resource Center, it was advised that these school district employees, due to their contact with residents, should be viewed as contractors, and therefore receive training as directed by this standard. By the time of this report, all school personnel assigned to the facility received training as stated above and I was provided with a form indicating that all school staff received and understood the training as well as the materials used to provide this training. Finally, I was able to speak to a sample of school staff who confirmed that they received the training and understood the definitions of sexual abuse and sexual harassment and what their responsibilities are in preventing, detecting, responding and reporting to incidents of sexual abuse and sexual harassment. Facility policy directs all contractors and volunteers to receive training as described above.

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)

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Crossroads for Youth provide training to residents upon intake as well as a few days after intake. I was provided with the handbook that is given to residents and the materials that are explained to residents upon intake, including the facility’s zero tolerance policy towards sexual abuse and sexual harassment and how to report incidents of sexual abuse and sexual harassment. Additionally, I met with the Director of Admissions who conducts the intakes with residents who confirmed that she educates all residents upon intake and I was able to review her records that supported this. In addition to intake, the facility provides a more comprehensive education to the residents and was provided with an acknowledgement signed by every resident at the facility that they received and understood the information. In reviewing the materials, I deemed it appropriate for residents to understand. In interviewing a random sample of residents, it was supported that they received education and understood their rights and the zero-tolerance policy as well as how to report incidents of sexual abuse and sexual harassment. Each housing unit / building had visible posters stating their zero tolerance policy and offering multiple ways to report. Finally, facility policy directs all residents to receive training as described above.

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.

Crossroads for Youth has ensured that three employees received training in conducting administrative investigations of sexual abuse and sexual harassment in juvenile facilities. These employees have been trained on techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria required to substantiate a case for administrative action or prosecutorial referral. This training was received by utilizing the NIC curriculum and I was provided with all three certificates stating that they have successfully completed the Investigating Sexual Abuse in Confinement Settings

course. I also interviewed two of the investigators who confirmed that they received the training and they were able to explain the training and confirm that it was understood. The policy also reflects that selected employees be trained.

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)

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Crossroads for Youth does not employ medical personnel, but does employ several therapists and a clinical director. The Clinical Director explained that all mental health staff, including himself, have successfully completed training in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training utilized was from the PREA Resource Center website, under Specialized Training: Medical and mental health care and was developed from the National Commission on Correctional Health Care. I was provided with certificates of successful completion for all five staff members who received the training. The policy also directs for these staff to be trained.

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)

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Crossroads for Youth utilizes an objective screening instrument that was provided to me. The instrument is a form that in which each resident meets with a therapist within 72 hours of intake to attempt to ascertain information about prior sexual victimization or abusiveness, any gender nonconforming appearance or manner or identification as LGBTI and whether the resident may therefore be vulnerable to sexual abuse, current charges and offense history, age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, the resident's own perception of vulnerability, and any additional information that may indicate heightened needs for supervision, additional safety precautions, or separation from other residents. I was provided with the screening instruments for all youth currently at Crossroads for Youth and was able to interview a therapist who conducts the screenings as well as the Director of Admissions who directs intake at the facility. The therapist stated that he meets with residents for approximately one hour to conduct screenings after they are initially screened upon intake. It was also learned that Crossroads for Youth has a practice in place in which therapists meet with each residents approximately once per week or more frequently if they learn new information. It was also learned that the assessment into the safety of all residents are assessed on an ongoing basis. During the on-site audit, it was learned that the completed screening instruments were kept in the Director of Admissions office, which is generally but not always secure in the Administration building. Practices were immediately altered to ensure that sensitive information was not potentially exploited by keeping the documents in a locked file cabinet within a locked closet with very limited access. Facility policy reflects the screening of residents as described above. Finally, in interviewing a random sample of residents it was confirmed that they participated in a screening process.

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.

Crossroads for Youth uses the information obtained from the screening instrument to make housing, bed, program and education assignments for residents with the goal of keeping all residents safe and free from sexual abuse. This was gleaned from facility policy as well as interviews with the PREA Compliance Manager and a therapist who conducts the screenings. Additionally, as a non-secure facility, residents are not isolated and it was learned if there was a need to isolate residents then they would be transferred to a different facility that could accommodate the needs of this resident to ensure safety of all other residents. Finally, as previously stated in this report, facility policy requires line-of-sight supervision of youth by staff at all waking times excluding times in which a resident may be showering, toileting or changing clothes. Facility policy prohibits LGBTI residents being placed in particular housing, bed, or other assignments solely on the basis of such status or identification and they do not consider such status as an indicator of likelihood of being sexually abusive. Crossroads for Youth did not have any identified transgender or intersex residents during the on-site audit, nor in the past 12 months. Facility policy directs each transgender or intersex resident shall be given the opportunity to express their own views in respect to housing and programming decisions and that the facility will consider these views; transgender and intersex residents will also be afforded the opportunity to shower separately from other residents and all placement for transgender and intersex residents shall be reviewed at least every 30 days. Through interviews with the PREA Compliance Manager and the therapist who conducts screening, this was confirmed as practice in the event the facility houses a transgender or intersex resident.

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.

Crossroads for Youth provides multiple ways for residents to privately report sexual abuse or sexual harassment, retaliation for reporting and staff neglect or violations that may have contributed to such incidents. Residents at Crossroads for Youth are able to report to any staff member, they are able to report to friends or family outside of the facility through the use of the phone, letters, or during visiting. Residents are also able to report utilizing a grievance form that is available to all residents in all housing units and the form is placed in a locked box accessible to residents that is checked on a daily basis. Finally, residents are able to report to Child Protective Services by calling 888-444-3911, which is an outside entity. Crossroads for Youth does not have residents detained solely for civil immigration purposes. All of these ways to report are posted on each housing unit accessible to every resident. Policy directs that any time a staff member receives a report of sexual abuse, sexual harassment or retaliation either verbally, in writing, or anonymously that they must immediately report this and document in an incident report, and through interviews with the PREA Compliance Manager and random staff this was confirmed as the practice at the facility. In interviewing a random sample of residents, it was learned that the majority had knowledge of and were able to explain the multiple ways they were able to make a report. Finally, in interviewing a random sample of staff, it was learned that they would

call Child Protective Services if they wished to privately report sexual abuse or sexual harassment of residents.

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.

Crossroads for Youth has a policy that states there is no time limit for when a youth may submit a grievance regarding an allegation of sexual abuse and does not require a resident to use an informal grievance process to report an incident of sexual abuse. If a grievance is filed alleging sexual abuse, the facility opens an investigation and policy directs them to contact Child Protective Services, Bureau of Child and Adult Licensing, Michigan Department of Human Services and the Oxford Police Department. Facility policy also states that any other person is permitted to file a grievance alleging sexual abuse on a youth's behalf. The procedure states that a member of the Administrative team will meet with the youth or parent within two working days of receiving the grievance and will provide a written response within seven days. Furthermore, grievances of an emergency basis will be responded to immediately. No youth at Crossroads for Youth will be disciplined for filing a grievance related to alleged sexual abuse if it was filed in good faith.

Standard 115.353 Resident access to outside confidential support services

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

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.

Crossroads for Youth provides residents with the mailing address and telephone numbers of local, and national (toll free) victim advocacy agencies. For the local agency, Care House of Oakland County is used. Crossroads for Youth attempted to enter into a Memorandum of Understanding (MOU) with Care House of Oakland County and the agency declined to sign the agreement, but verbally agreed to provide support services to youth, which I confirmed with the agency. A copy of the MOU was provided to me and documentation, including dates, in which Care House of Oakland County declined to sign the MOU. The facility informs residents of any limits to confidentiality and mandatory reporting laws, if applicable. Through reviewing the policy and in interviews with the PREA Compliance Manager and a random sample of residents, it was confirmed that residents are provided with reasonable and confidential access to their attorneys, other legal representation and parents / guardians at Crossroads for Youth.

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)

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.

Crossroads for Youth allows for third party reports of sexual abuse and sexual harassment by informing the public that they may contact Child Protective Services, as directed by policy and agency website.

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.

The policy at Crossroads for Youth directs all staff that they are required to report immediately to a Supervisor any knowledge, suspicion, or information that they receive regarding an incident of sexual abuse or sexual harassment of a youth inside or outside of the facility, any retaliation against a youth or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Furthermore, the policy requires all staff to comply with the mandatory reporting laws; the facility also provided me with a Mandated Reporter's Resource Guide that details these laws and is provided to all staff. Facility policy also prohibits staff from revealing information related to a sexual abuse incident to anyone other than management, the investigators of such incident, and anyone management gives them expressed permission to do so for the purposes related to safe and informed care of youth. Additionally, mental health staff are required to inform youth at the initiation of services of their duty to report as well as the limitations of confidentiality. Crossroads for Youth also report to parents / guardians, unless they have official documentation that they should not be notified, the caseworker if the resident is under the guardianship of the child welfare system, or the juvenile court if they retain jurisdiction over the youth. In interviewing a random sample of staff, everyone was able to explain their reporting duties as described above. The PREA Compliance Manager also stated in the interview that all staff are aware and were trained on this policy and that all allegations are reported to the facility investigators. In reviewing three case files, these reporting policies were supported in documentation.

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.

Crossroads for Youth has a policy that states if it is learned that a youth is subject to risk of imminent sexual abuse that it will take immediate action to protect the youth. In interviewing the Agency Head, PREA Compliance Manager and a random sample of staff, it was learned that immediate action would include immediately separating the youth from the potential perpetrator, keeping the youth under direct staff supervision, and ensuring the continued safety of the youth. Immediate action was defined by staff as “without any delay or hesitation,” and “less than a second.”

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.

Crossroads for Youth has policy that states that upon receiving an allegation that a resident was sexually abused at another facility, the head of the facility will notify the head of the facility where the alleged abuse occurred within 72 hours after receiving the allegation and will document the notification and employ all other reporting requirements. This documentation will be made in the form of an incident report. There have been no reports of sexual abuse of a youth occurring at another facility in the past twelve months. In interviewing the Agency Head, this process was described and would be followed in the event such a report is received.

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.

Crossroads for Youth has a policy that directs staff first responder duties. The policy directs first responders to an incident of sexual abuse to separate the victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. Additionally, if the abuse occurred within a time period that still allows for the collection of physical evidence, staff are directed to request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating; and for abusers to ensure that they do not take these stated actions that could destroy physical evidence. Through interviews with a random sample of staff, it was learned that they had been trained on these first responder duties and knew how to respond. Furthermore, facility policy states that if the first responder is not a Treatment Specialist, Site Supervisor, or a member of the Clinical Management Team, the responder will request that the victim not take any action that could destroy physical evidence, and then will notify program or clinical staff.

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.

Crossroads for Youth provided me with their documented PREA Coordinated Response Plan. In reviewing the plan, there are specific response duties for First Responders, Supervision / Administration, Facility Director or designee, Medical / Mental Health Providers, and Investigators. In speaking with the Vice President / PREA Compliance Manager, it was learned that the Coordinated Response Plan is distributed to all staff and incorporated into training.

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 standard does not apply to Crossroads for Youth as they do not participate in collective bargaining.

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.

Crossroads for Youth has designated the Program Director to monitor staff and youth to prevent retaliation for a minimum of 90 days after a sexual abuse report is made. The policy directs such monitoring to occur. In interviewing the Program Director, it was learned that a log was created to document such monitoring and I was provided with a copy of the log which showed that monitoring was occurring. The Program Director stated she conducts status checks at a minimum of once every thirty days. As the average stay of residents is approximately five months, 90 day monitoring is not always able to be completed as residents are many times released prior to 90 days following an incident. The facility will also employ multiple protection measures such as housing changes or transfers, removal of staff and support for those that fear retaliation. It was learned in interviews with the Vice President / PREA Compliance Manager and the Program Director that in the event a sexual abuse incident were to occur within their facility that the youth perpetrator would be removed or transferred as they are a non-secure facility and additionally, staff would face termination. I was unable to interview any youth who reported

sexual abuse in the three cases that were reported in the last 12 months to inquire about monitoring retaliation as two were already released from the facility and the third did not want to speak about the incident.

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.

This standard does not apply to Crossroads for Youth as they are a non-secure facility and do not have segregated housing.

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.

Crossroads for Youth conducts administrative investigations into allegations of sexual abuse and sexual harassment, per facility policy. As directed by policy, investigations are conducted promptly, thoroughly and objectively by specialized trained investigators. Investigators preserve any physical evidence to be turned over to the Oxford Police Department who refers cases for prosecution. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and no truth telling devices are ever used. All administrative investigations are documented in written reports, which I reviewed, and are retained for as long as the alleged abuser is at the facility or employed by the facility, plus five years. Additionally, the departure of an alleged abuser or victim does not constitute the closure of an investigation and it would be ongoing until completed. Crossroads for Youth had no substantiated cases in the past 12 months. In interviewing investigators, it was learned that these stated policies are what they operate under and adhere to when conducting an investigation. Finally, Crossroads for Youth cooperates with the Oxford Police Department, Child Protective Services and the Bureau of Child and Adult Licensing during investigations and remain informed of the progress of investigations and reported that they have a very good relationship with all of these entities.

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.

In interviewing investigative staff and reviewing facility documents, Crossroads for Youth utilizes the standard of preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

Crossroads for Youth has a policy that requires the facility to inform the alleged youth victim of the outcome of the investigation. Furthermore, the facility informs the youth victim if the abusing staff member leaves their employment at the agency. The facility also informs youth victims if the abusing youth or staff has been indicted or convicted of a charge related to the allegation. The facility also is required to document these notifications and do so in their investigative reports.

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.

Crossroads for Youth has a policy that states that staff will be subject to disciplinary action up to and including termination for violating facility sexual abuse or sexual harassment policy, with termination being the presumptive action for staff who have engaged in sexual abuse. Staff who engage in sexual abuse shall be reported to the investigatory team as well as Oxford Police Department, Child Protective Services, Bureau of Child and Adult Licensing, Michigan Department of Human Services, and any other relevant licensing bodies. There have been no allegations in the past 12 months that involved staff being the alleged perpetrators, therefore no files or records could be reviewed.

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)

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.

Crossroads for Youth have a policy that states any contractor, volunteer or intern who engages in sexual abuse shall be prohibited from contact with youth and shall be reported to the investigatory team as well as Oxford Police Department, Child Protective Services, Bureau of Child and Adult Licensing, Michigan Department of Human Services, and any other relevant licensing bodies. Additionally, any other violation of facility sexual abuse or sexual harassment policies by a contractor, volunteer or intern may result in termination of relationship or other services. There have been no allegations in the past 12 months that involved contractors, volunteers or interns being the alleged perpetrators, therefore no files or records could be reviewed.

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.

Cross roads for Youth has a policy that states that all sexual contact or harassment described in the youth orientation packet is prohibited between youth, and violation of this policy will result in appropriate disciplinary action. Any disciplinary action will consider the circumstances of the incident, the disciplinary history of the youth, mental illness or disability, or any other relevant factors. Furthermore, the policy states that a youth will face appropriate disciplinary action if sexual abuse or sexual harassment against staff is committed, only if the staff did not consent. No youth will be disciplined for making a report of sexual abuse or harassment if the report was made in good faith. In speaking with the Vice President / PREA Compliance Manager, no youth has been disciplined in the past 12 months under this section of policy, similarly there were no cases in the past 12 months in which a case was substantiated.

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.

Crossroads for Youth has a policy that states that all youth with histories of being a victim or perpetrator of sexual abuse gleaned from the screening, whether or not it happened in the community or confinement, will have a meeting with a medical or mental health care

practitioner within 14 days. In interviews with a therapist and the Clinical Director, it was learned that these meetings typically occur within a couple of days. Furthermore, facility policy directs the mental health care practitioner to inform the program supervisor and other appropriate persons if there is any recommendation for change in housing, work, or educational programs for the safety of all youth.

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.

Crossroads for Youth has a policy that states that all youth who are victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. For medical care, the facility uses McLauren Oakland Hospital as they do not employ medical personnel and through interviews with a random sample of staff, it was confirmed that staff are informed to utilize these services. Policy also directs that resident victims of sexual abuse shall be offered information and access to testing and treatment for sexually transmitted infections as medically appropriate at no cost to the youth.

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.

Crossroads for Youth has a policy that states that all youth who have been sexually abused or harassed while at the facility will receive mental health counseling services and information for continuation of services upon release. Moreover, policy directs these youth to be offered testing for sexually transmitted diseases, all services related to potential or actual pregnancy and any other medical treatment services relating to the incident at no cost to the youth and at community level care. Through interviews with a therapist and the Vice President / PREA Compliance Manager, no youth who had reported sexual abuse in the past 12 months requested medical care, but all youth were provided with access to mental health services and received these services.

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.

Crossroads for Youth has a policy that states that the Safety Committee conducts a sexual abuse incident review every month and will consider the following for the purposes of better preventing, detecting, or responding to sexual abuse incidents: whether the incident was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, and gang affiliation, the area where the incident occurred, staffing levels during the incident, and monitoring technology. The team consists of the Vice President / PREA Compliance Manager, Program Director / Investigator, Clinical Director and Director of Admissions / Intake. The team prepares a report and looks to make recommendations and documents these on the report as well as improvements made based on the recommendations. I was able to review the three reported case files in the last 12 months that all had reviews completed and documentation included in the files. All of the three reported incidents occurred in the school building and as a result, in August, 2015 Crossroads for Youth will be installing surveillance cameras in all buildings, including the school as a result of these reviews.

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.

Crossroads for Youth has a policy that states that annually the Safety Committee will compile a review of the year’s sexual abuse incidents which will include: problem areas identified, what corrective action took place over the year, and publish these findings to the Michigan Department of Human Services. Additionally, the Michigan Department of Human Services will publish the report on their website. I was provided with a form titled “Data for calendar year 2014” which is a six page document that covers all questions asked in the most recent Survey of Sexual Victimization, released by the Bureau of Justice Statistics. The report released by the Michigan Department of Human Services can be found at http://www.michigan.gov/documents/dhs/PREA_Annual_Report_491678_7.pdf

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.

Crossroads for Youth has a policy that states that annually the Safety Committee will compile a review of the year’s sexual abuse incidents which will include: problem areas identified, what corrective action took place over the year, and publish these findings to the Michigan Department of Human Services. The report includes a comparison of the current year’s data and corrective actions with those from prior PREA Audit Report

years and does provide a statement of the agency's progress in addressing sexual abuse. The report is approved by the agency head and can be found at http://www.michigan.gov/documents/dhs/PREA_Annual_Report_491678_7.pdf

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.

Crossroads for Youth and the Michigan Department of Human Services securely retains their data and it makes the report available on its public website while ensuring that all personal identifying information is removed and I was informed that the data is retained for at least ten years after its initial collection.

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.

Christine Preston

July 03, 2015

Auditor Signature

Date