

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report June 16, 2020

Auditor Information

Name: Vevia Strum	Email: vevia.sturm@doc.mo.gov
Company Name: Click or tap here to enter text.	
Mailing Address: 2728 Plaza Drive	City, State, Zip: Jefferson City, MO 65109
Telephone: 573-522-3335	Date of Facility Visit: October 17 th – 18 th , 2019

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Southeast Missouri Behavioral Health		Click or tap here to enter text.	
Physical Address: 5536 Hwy 32		City, State, Zip: Farmington, MO 63640	
Mailing Address: PO Drawer 459		City, State, Zip: Farmington, MO 63640	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://semobh.org/community-services/federal-program/			

Agency Chief Executive Officer

Name: Jason Gilliam	
Email: jgilliam@semobh.org	Telephone: 573-756-5749

Agency-Wide PREA Coordinator

Name: T. Logan Bryson	
Email: tbryson@semobh.org	Telephone: 573-756-5749
PREA Coordinator Reports to: Jason Gilliam	Number of Compliance Managers who report to the PREA Coordinator: 0

Facility Information

Name of Facility: Southeast Missouri Behavioral Health

Physical Address: 5536 Hwy 32

City, State, Zip: Farmington, MO 63640

Mailing Address (if different from above):
PO Drawer 459

City, State, Zip: Farmington, MO 63640

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <https://semobh.org/community-services/federal-program/>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Commission on Accreditation of Rehabilitation Facilities (CARF))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Director

Name: Kevin Schrum

Email: kschrum@semobh.org

Telephone: 573-756-5749

Facility PREA Compliance Manager

Name: N/A

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Dierdre Bond

Email: dbond@semobh.org

Telephone: 573-756-5749

Facility Characteristics

Designated Facility Capacity:	65	
Current Population of Facility:	37 CRS residents and 47 DMH clients	
Average daily population for the past 12 months:	26.7 which only includes CRS residents	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	21-99	
Average length of stay or time under supervision	120 days	
Facility security levels/resident custody levels	Residential	
Number of residents admitted to facility during the past 12 months	122	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	122	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	102	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input checked="" type="checkbox"/> Other - please name or describe: U. S. Probation Office <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	46	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	36	

Number of contracts in the past 12 months for services with contractors who may have contact with residents:	6
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	6
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	2
Number of single resident cells, rooms, or other enclosures:	11
Number of multiple occupancy cells, rooms, or other enclosures:	8
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are mental health services provided on-site?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	5
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A Prison Rape Elimination Act (PREA) Compliance Audit was conducted at Southeast Missouri Behavioral Health (SEMOBH), Community Reentry Services (CRS) on October 17th and 18th, 2019, by Department of Justice Certified Auditor, Vevia Sturm.

The Notice of Audit was originally forwarded to the CRS Program Director on August 23, 2019, indicating the onsite audit was scheduled for October 24th and 25th. I received pictures showing the Notice of Audit was posted throughout the facility on September 9, 2019. A conference call was held with SEMOBH's CRS Program Director, T. Logan Bryson, and Angela Toman, Chief Administrative Officer, on Thursday September 17th, 2019, at 1:00 to discuss the logistics of the audit and answer questions regarding the pre audit questionnaire and supporting documentation. Due to a scheduling conflict I asked that the audit be rescheduled. The onsite audit was rescheduled to October 17th and 18th. The revised Notice of Audit was forwarded to SEMOBH on October 3rd and posted throughout the facility. I remained in contact with Mr. Bryson via email during the pre-audit phase.

I arrived at SEMOBH's CRS program October 17, 2019, at 8:30 AM. A brief entrance meeting was held to discuss the logistics of the audit, and answer questions. The following SEMOBH administrative staff were in attendance: Jason Gilliam, Chief Executive Officer; Logan Bryson, Director of Community Reentry Services (Program Director); Tim Mayes, Assistant Director; Kevin Schrum, Director Aquinas; Clif Johnson, Chief Stakeholder Relations; Cathy Schroer, Chief Business Officer; and, Angela Toman, Chief Administrative Officer.

Following the entrance meeting, I was escorted on a tour of the facility. The tour included the administrative offices, The Inn (A-Building) and B-Building, control rooms, recreation areas, kitchen, laundry room, lobby, offices, staff lounge, dining hall, programming area, etc.

Cameras were observed throughout The Inn and B-Building. During the tour I observed the Notice of Audit as well as PREA informational posters, and advocacy information in English, Spanish and Ukrainian in display cabinets mounted on the wall in each hallway. Prior to entering The Inn, which houses an all-male resident population, the Community Reentry Technician (CRT) announced that females were entering the housing unit.

Following the tour, I randomly selected residents to be interviewed from rosters provided. On the first day of the audit, 37 residents were housed at SEMOBH's CRS program. During the onsite audit I interviewed two disabled residents and 13 randomly selected residents for a total of 15 resident interviews. Residents interviewed included 10 males and 3 females. At the time of the audit, there were no residents who identified as LGBTI, limited English speaking or residents who had reported sexual abuse. The auditor received no correspondence from residents prior to the audit.

On the first day of the audit, SEMOBH employed a dedicated CRS Program Director as well as, 24 CRTs, 2 Community Reentry Supervisors, 2 CRS Security Specialists, 5 medication room technicians, etc. for a total of 41 staff. It should be noted that the CRT staff work with both Department of Mental Health (DMH) Social Detoxification program and the CRS program. The DMH program will be explained in the Facility Characteristics section below.

During the onsite audit I interviewed three staff who perform risk assessments, four that conduct intakes, one trained specialized investigator responsible for conducting administrative investigations, one human resources staff, one staff who conduct retaliation monitoring, two staff who are involved in incident reviews, two first responders, as well as, the program CRS Program Director/PREA Coordinator, CEO, medical liaison and 10 randomly selected staff from all three shifts. In total, 18 staff were interviewed.

SEMOBH does not employ medical or mental health staff and forensic exams are conducted at the local hospital. SEMOBH does not contract for the confinement of residents and does not have volunteers who enter the facility. During the audit year, SEMOBH had 6 contractors approved to enter the facility. All contractors are escorted at all times. Utilizing the staff roster provided, I randomly 10 personnel files and 5 personnel files for newly hired staff.

On the second day of the onsite audit, I completed my interviews with both staff and residents as well as the records review. An exit meeting with held on October 18th, 2019. Following the audit, the auditor continued to stay in contact with the CRS Program Director who provided additional documentation to demonstrate compliance with standards.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Southeast Missouri Behavioral Health (SEMOBH) is a not for profit agency that is contracted by the Department of Justice, Bureau of Prisons (BOP) to provide Residential Reentry Center Services (CRS). The CRS program is located on SEMOBH Aquinas Campus in Farmington, MO. Residents are referred for placement in the CRS program by the BOP, as institutional transfers, or by the United States Probation Office (USPO) as direct probation placements. The program provides services to both male and female residents.

In addition to the CRS program, the Aquinas Campus houses a DMH funded social detoxification drug and alcohol treatment program. The residents in the DMH program are community members admitted for substance abuse detoxification and treatment.

The goal of the CRS program is to assist residents with the successful transition from prison back to their community. The structure and monitoring provided by the program prepares the residents for community integration through employment counseling, job placement, financial management assistance, and other programs and services. The program is staffed 24 hours a day, 7 days a week.

There are two residential building located on the SEMOBH Aquinas Campus, A- Building (The Inn) and B-Building. The Inn houses male CRS residents. B-Building houses female CRS residents as well as male residents that are handicapped or assessed to be at risk of victimization. B- Building also houses the DMH substance abuse program.

The facility has a total of 104 beds, to include beds designated for DMH clients. The Inn can house 50 residents and the B-Building can house 54. SEMOBH's contract with BOP and the U.S. probation office is for a total of 65 residents.

Since the last PREA audit, in August, 2016, the CRS programs' average daily number of residents has been 47.

The interim report was forwarded to SEMO BH on December 7, 2019 however, the email did not get received by the agency and the report was resent on December 22, 2019. At that time, the agency entered into the corrective action period.

The interim report seven standards required corrective action which included the following:

115.217 Hiring and Promotion Decisions, 115.222 Policies to ensure referrals of allegations for investigations, 115.241 Screening for Risk of Sexual Victimization and Abusiveness, 115.283 Ongoing Medical and Mental Health Care of Sexual Abuse Victims, 115.288 Data Review and Corrective Action, 115.289 Data Storage, Publication and Destruction, 115.403 Audit Contents and Findings

SEMO BH began sending policy revisions and documentation to demonstrate compliance with the above standards on April 15, 2020.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: Click or tap here to enter text.

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met:

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires an agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, and requires the policy to outline the agency's approach to preventing, detecting and responding to such conduct.

SEMOBH's PREA policy, # 70-074, outlines the agency's zero tolerance stance for all forms of sexual abuse, sexual harassment and retaliation. The policy defines sexual abuse and sexual harassment as outlined in the PREA standards and includes disciplinary sanction for both staff and residents who are found to have participated in prohibited behaviors.

The standard also requires the agency to designate an upper-level, agency wide PREA Coordinator that has the authority to develop, implement and oversee the agency's efforts to reduce and prevent sexual abuse and to comply with the PREA standards. The PREA policy #70-074 shows the CRS Program Director serves as the PREA Coordinator for the agency and develops, implements, and oversees the agency's efforts to comply with the PREA Standards. The CRS Program Director reports to the Executive Director of SEMOBH. The PREA Coordinator reports he has adequate time and authority to oversee the agency's efforts in regards to PREA compliance.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH does not contract for the confinement of residents.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the agency to develop and document a staffing plan that provides for adequate staffing levels and video monitoring to protect residents. The staffing plan must take into consideration the physical layout of the facility, the composition of the resident population and prevalence of substantiated and unsubstantiated sexual abuse investigations.

SEMOBH's PREA policy, #70-074 contains the standard language regarding staffing and monitoring of the agency's Community Reentry program. SEMOBH's contract with BOP requires The Inn, which houses male residents, be staffed with two male Community Reentry Technicians (CRT) at all times and "B" building, which houses both male and female residents, be staffed with 1 male and 1 female CRT 24-hours a day, 7 days a week. As outlined in the narrative, "B" building also houses a Department of Mental Health funded social detoxification program therefore, SEMOBH employs 24 CRTs and is in the process of increasing the number of CRT positions to 30. This auditor reviewed documentation provided by SEMOBH which shows the program meets that staffing plan required by their contract. When needed, mandatory overtime is utilized to ensure adequate staff levels.

During the facility tour I observed The Inn to be staffed with two male CRTs and B- Building to be staffed with both male and female CRTs.

The standard requires that the facility document any deviations from the staffing plan. In addition, the staffing plan must be reviewed annually. SEMOBH provided minutes from the Community Reentry Services meetings which shows the agency's staff plan for the BOP program is reviewed each week. The review includes open position, new hires, etc. The agency documented that the top six reasons the facility would drop below mandatory staff levels and would be required to utilize mandatory overtime is:

- Male staff exit employment in June 2019 and July 2019 hiring replacement staff proved a challenge.
- Return on applicant status is slow for approval taking 7-9 days.
- Applicants "no show for interviews".
- Applicants do not accept offer once approved for hire and offer made.
- Staff Vacation's
- Staff call outs

The Inn has a total of 24 camera, which includes 3 new cameras covering the pavilion area. B-Building has a total of 32 cameras with includes 17 newly installed cameras. Video is retained for 60 days.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). Yes No NA

115.215 (d)

- Does the facility have policies that enable 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 or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that 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 or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard prohibits facilities from conducting cross gender strip searches or body cavity searches except in exigent circumstances. SEMOBH PREA policy, #70-074, states, "(a) The agency does not conduct cross-gender strip searches (meaning a search that requires a person to remove or arrange clothing so as to permit a visual inspection of their breasts, buttocks, or genitalia) or cross-gender visual body cavity searches (meaning a search of the anal or genital opening). (b) The agency permits cross gender pat down procedures in accordance with Pat Search Procedure No. 70-022. SEMO BH prohibits male staff from pat searching female residents except in exigent circumstances. (c) The agency documents all cross-gender pat-down searches of residents.

CRS staff are required to complete a "Cross Gender and Transgender Pat Searches" course within (14) days of hire. The facility utilizes the Cross Gender and Transgender Pat Search Training developed by the PREA Resource Center in collaboration with the Moss Group, to train staff. This training is available on the Relias training platform utilized by the agency. The facility provided documentation demonstrating that all CRT staff had received this training.

The standard requires the facility to develop policies and procedures to ensure residents have the ability to shower and attend to personal care needs outside the view of staff of the opposite gender. During the onsite tour I observed that all bathrooms have necessary privacy barriers. All residents interviewed reported staff of the opposite gender have never seen them nude, in a state of undress or attending to personal care needs.

This standard requires the agency to develop policies and procedures that require staff of the opposite gender to announce their presence when entering a resident housing unit. SEMOBH PREA policy, #70-074, states, "Staff members of the opposite gender shall announce their presence when entering an offender housing unit (i.e. female staff members entering The Inn). The CRT will make an announcement over the intercom system "WE HAVE A FEMALE IN THE BUILDING" and document the announcement in the Shift Pass Down Log."

During the tour I observed SEMOBH's policy to be in practice. In addition, residents interviewed confirmed that before female staff enters The Inn, an announcement is made over the intercom informing them there is a female in the housing unit. Residents housed in "B- Building reported seldomly does an opposite gendered staff member enter their assigned room but when it is necessary, they knock and announce their presence before entering and are normally accompanied by a staff member of the same gender. To demonstrate ongoing compliance with the cross-gender announcements, the facility provided shift logs showing announcements were made as required by policy and this standard.

The standard prohibits the facility from searching or examining a transgender or intersex resident to determine their genital status and that staff should be trained to conduct searches on transgender and intersex residents. SEMOBH PREA policy, #70-074, supports this standard and contains the following language: "No staff member shall conduct a search of a transgender or intersex offender solely for the purpose of determining genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner."

While the agency did not house a transgendered residents at the time of the audit, all staff reported that it was against agency policy to conduct strip searches.

SEMOBH's Pat Down Searches policy, #70-022, outlines how pat search are to be conducted and shows that all findings from the pat search are to be documented.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency to take appropriate steps to ensure residents with disabilities and resident who are limited English proficient benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

SEMOBH's Interpreter and Translator Services policy, #30-088, addresses how the facility should obtain translator services when needed. SEMOBH's Health Accommodation Policy #10-128, outlines the process to assess a resident's abilities and the steps to take to engage a resident's need for an accommodation pursuant to the American's with Disabilities Act.

SEMOBH makes available interpreter and translator services should services be needed and translates all PREA education material into other languages or large print as needed. During the tour I observed PREA posters in English and Spanish posted throughout the facility. There was also a poster translated in Ukrainian. Staff informed me that PREA SEMOBH posters are readily translated into other languages when the need arises.

The agency provided documentation demonstrating that upon hire staff are required to complete the "Health Accommodation Procedure Training" in Relias, e-learning platform utilized by the agency, to educate them on the needs of these special populations.

SEMOBH's PREA policy, #70-074, addresses the needs for deaf, hard of hearing, blind or low vision and those who have intellectual, psychiatric or speech disabilities. This policy clearly states that the agency will not rely on resident interpreters, readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties or the investigation of a resident's allegation.

During the onsite audit the CRS program did not house a resident that would requires an interpreter or another type of special accommodation.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal State, and local law: Make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard prohibits the agency from hiring, promoting anyone or enlist the services of contractors, who has engaged in sexual abuse in an institutional setting or the community. SEMOBH's PREA policy, #70-074, contains the standard language and supports this standard.

The standard requires criminal background checks to be conducted and all past institutional employers be contacted to inquire about allegations of sexual abuse prior to hiring. A review of 10 randomly

selected personnel files showed that background checks are conducted by BOP prior to hire. In addition, background checks are conducted on an annual basis utilizing the Missouri Department of Health and Senior Services' Family Care Safety Registry which is an electronic interface with the data systems maintained by the State Highway Patrol, Department of Social Services, Department of Mental Health, and various units within the Department of Health and Senior Services. This system allows SEMOBH to obtain background screening information about a caregiver, which includes:

- State criminal history records maintained by the Missouri State Highway Patrol
- Sex Offender Registry maintained by the Missouri State Highway Patrol
- Child abuse/neglect records maintained by the Missouri Department of Social Services
- The employee disqualification list maintained by the Missouri Department of Health and Senior Services
- The employee disqualification registry maintained by the Missouri Department of Mental Health
- Child-care facility licensure records maintained by the Missouri Department of Health and Senior Services
- Foster parent licensure records maintained by the Missouri Department of Social Services

If information is obtained regarding a previous arrest or criminal charge, this information is provided to BOP. BOP makes the final decision on whether the person can be hired or retained.

The standard requires the agency to ask applicants and employees who may have contact with residents directly about previous misconduct and make it best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. SEMOBH utilizes an Interview Supplemental Form that applicants complete. The form asks the applicant if he/she has worked in a prison, jail, lockup, community treatment center, juvenile facility, halfway house, restitution, mental health facility, alcohol or drug rehabilitation center or other corrections institution. The form asks the applicant if they have ever been accused of, convicted of or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, threats of force, coercion, or if the victim did not consent or was unable to consent. In addition, the form requires the applicant to list all the facilities where they have worked.

Five randomly selected new hire personnel files were reviewed to determine if the agency's policy was in practice. Of the 5 files reviewed the following was found:

- One applicant was employed at a Missouri Department of Corrections facility at the time of the job offer
- One applicant was previously employed at a Missouri Department of Corrections facility
- One applicant had previous employment with a contracted Department of Mental Health facility
- Two applicants did not list previous employment in an institutional setting

Of the three applicants that listed current or past employment in institutional settings, there was no documentation showing the institutional employers were contacted regarding the applicant's history of sexual abuse or sexual harassment.

This standard requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer where the employee has applied for work. SEMOBH PREA policy, #07-074, shows, "(8) Unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work" which supports the standard. However, it does

not appear the agency's policy is in practice. During my interview with human resource personnel I was informed that she would not have this information available to her therefore she would not provide this type of information upon request.

CORRECTIVE ACTION:

- SEMOBH must ensure prior to hiring new employees, all past institutional employers are contacted regarding substantiated allegations of sexual abuse or if the applicant resigned during a pending investigation of an allegation of sexual abuse.
 - SEMOBH must ensure their attempts to obtain information regarding the applicant's history is documented.
- To demonstrated compliance, SEMOBH should provide the auditor with 5 employment packets showing past institutional employers were contacted.
- SEMOBH should develop a process to ensure the agency's Human Resources has the information involving former employees substantiated allegations of sexual abuse or sexual harassment to provide should they be contact by a potential employer.
- To demonstrate compliance, SEMOBH should provide the auditor with an IOC outlining how such information will be provided to potential employers.
- If SEMOBH has receives a request for such information within 90 days of this report, SEMOBH should forward documentation demonstrating the information was provided to the potential employer.

CORRECTIVE ACTION PERIOD:

During the corrective action period, SEMOBH implemented their policy into practice. The agency's provided five examples showing the agency contacted past employers regarding substantiated allegations of sexual abuse or if the applicant resigned during a pending investigation of an allegation of sexual abuse. The documentation provided contained the emails sent to the past employers as well as the employers' response.

SEMOBH also developed a process to ensure the agency's Human Resources personnel has access information involving former employees substantiated allegations of sexual abuse or sexual harassment to provide should they be contact by a potential employer. If a staff member leaves employment while named as a subject of an resident sexual abuse investigation or is dismissed following a substantiated investigation, the CRS Director or the Director of Community Corrections will alert HR who will to make a note in the HR database. This information is now readily available if the agency is contacted by a potential employer.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SEMOBH's PREA policy, #70-074, supports this standard.

SEMOBH Aquinas Campus has not made any substantial upgrades to the physical plant since their last PREA audit in December 2015.

The Inn has a total of 24 cameras. Three cameras have been upgraded since December 2015.

B- Building has a total of 32 cameras, with 17 which have been updated since the last audit.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the agency responsible for conducting administrative or criminal sexual abuse investigations to have a uniform evidence collection protocol. SEMOBH Evidence Collection, Accountability, Storage and Disposal, #70-076, establishes guidelines concerning evidence collection, maintenance and disposal. The policy shows that only staff trained in evidence collection procedures should collect or otherwise handle evidence. The policy outlines that ERT and CRS staff will be primarily responsible to ensure evidence is obtained and secured and CRS Program Director is the evidence custodian. The agency's policy thoroughly outlines the appropriate collection, handling and destruction of evidence. In addition to the policy, SEMOBH has developed a chain of custody record which would be utilized by the facility.

This standard requires that SEMOBH offer victims of sexual assault a forensic medical examination without financial cost, performed by a Sexual Assault Forensic Examiner or a Sexual Assault Nurse Examiner (SANE) or another qualified medical practitioner. Should a forensic exam be indicated the victim would be transported to Parkland Health Center. SEMOBH provided a letter from Parkland Health Center which documents that forensic exams are conducted by trained Sexual Assault Nurse Examiners (SANE) however, if a SANE nurse cannot be made available, other qualified medical practitioners would perform the exam. In addition, the letter documents that all services are offered at no cost to the victim. In the past 12 months, the agency received no allegations of sexual assault. Following the audit, I contacted Parkland Health Center to discuss their SANE program. The hospital corroborated the information provided by the SEMOBH.

This standard requires the agency make available a victim advocate who will support a victim through the medical exam and will provide emotional support services. SEMOBH provided this auditor a copy of a letter from the Southeast Missouri Family Violence Council which outlines the agency's agreement to provide support services to victims during the medical process along with providing follow up services after the assault. Following the audit, I contact Southeast Missouri Family Violence Council. The agency informed me that they provide advocacy for five counties around the Farmington area and would readily provide advocacy to residents of SEMOBH upon request.

This standard requires SEMOBH to request the criminal investigative agency to follow the investigative protocol described in this standard. SEMOBH staff who have completed PREA Specialized Investigator Training are responsible for conducting administrative investigations. All allegation that are criminal in nature are referred to the St. Francois County Sheriff's Department. SEMOBH provided this auditor a copy of a letter from the St. Francois County Sheriff's Department which demonstrates that the Sheriff's Department would investigation all allegations of sexual abuse and sexual harassment forwarded to them pursuant to the PREA Standards.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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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The standard requires an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment received by the facility. SEMOBH PREA policy, #70-074, supports this standard and shows that all criminal investigations will be forwarded to the St. Francois County Sheriff's Department unless the allegation does not involve potentially criminal behavior.

During this audit year, SEMOBH received only one allegation; a Staff on Resident Sexual Misconduct allegation involving an inappropriate pat search. This auditor was provided a copy of the investigation which was conducted by an agency investigator who had completed PREA Specialize Investigator. A review of training records showed the investigator had completed the required training. Camera footage of the pat search was reviewed and the pat search was found to have been conducted in a professional manner under video monitoring.

This standard requires the agency to publish its policy on the agency's website. If a separate agency conducts criminal investigations, the policy should describe the responsibilities of the agency and the investigative entity. The information regarding investigations was not easily located on the SEMOBH's website, but there is information regarding investigations included in the agency's annual report which can be found on the agency's website at: <https://semobh.org/wp-content/uploads/2019/09/Community-Corrections-Department-Annual-Report-FY2019.pdf>. The annual report includes the following information about referrals of allegations for investigation:

"Allegations:

- 1) The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- (2) It is the agency's policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish this policy on its website at www.semobh.org and make the policy available through other means. The agency shall document all such referrals. All criminal investigation will be forwarded to the St. Francois County Sheriff's Department unless the allegation does not involve potentially criminal behavior."

The information included in the annual report regarding referrals to the St. Francois County Sheriff's Department does not describe the responsibilities of both SEMOBH and the Sheriff's Department.

CORRECTIVE ACTION:

- Information regarding referral of allegations for investigation should be readily available. I recommend SEMOBH's procedure for investigating allegations of sexual abuse and sexual harassment be removed from the annual report and place on the webpage where it can be readily accessed.
- This publication must describe the responsibilities of both the agency and the St. Francois County Sheriff's Department.
- To demonstrated compliance, SEMOBH must provide the auditor with the information posted on the website and the website address to the posting.

CORRECTIVE ACTION PERIOD:

During the corrective action period, SEMOBH removed the information regarding investigations of resident sexual abuse and sexual harassment from their annual report and made this information readily available on their website. The information can be found at: <https://semobh.org/community-services/federal-program/>

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard requires all staff who may have contact with residents receive training every two years and the training must address the elements noted in this standard. The training elements include but are not limited to, the agency zero tolerance policy for all sexual abuse and sexual harassment, dynamics of sexual abuse and sexual harassment, how to detect and respond to sexual abuse, etc. SEMOBH's PREA policy, #70-074, supports this standard and requires staff to receive training every two years on the elements listed in the standard.

A review of training records and interviews with administrative and frontline staff corroborates that newly hired staff receive PREA training during orientation prior to contact with residents. New hire training includes a review SEMOBH's PREA policy, review of the agency's coordinated response, and grievance policy. New hires receive the agency's PREA brochure for staff: PREA-What You Should Know and the agency's PREA Requirement Reporting Care that outlines the initial steps that are to be taken following a report of sexual abuse or sexual harassment. Staff sign SEMOBH Acknowledgement of Receipt showing they received the above information and understood what was provided. The acknowledgements are forwarded to the Human Resources Director to maintained in the employee's personnel file.

In addition to the new hire training outlined above, SEMOBH provided documentation showing all staff who may have contact with a resident received training via Relias online training platform. The training is delivered on a 2-year cycle. The training includes Prisons Rape Elimination Act (PREA) which is a review of SEMOBH PREA procedure, PREA: Dynamics of Sexual Abuse in Correctional Systems which meets the requirements of this standard, and Supervising Offenders: Verbal Communication Skills. CRT staff and staff assigned to the CRS program receive the above training noted but also receive more extensive training that included but is not limited to: Cross Gender and Transgender Pat Searches, Safe Management of Gay, Lesbian, Bisexual, Transgender and Intersex Populations, etc. SEMOBH provided this auditor with documentation demonstrating compliance with the standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires all volunteers or vendors who may have contact with residents be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention. The level and type of training provided should be based on the services they provide and level of contact they have with residents.

SEMOBH's PREA policy, #70-074, supports this standard and contains the following language: XIII. 115.232 Volunteer and Contractor Training, (1) The agency ensures that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. (2) The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. (3) The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

The CRS Program Director reported contractors and volunteers are provided the agency's zero tolerance policy on sexual abuse/sexual harassment. Each individual is required to sign an acknowledgement showing they understand their obligation and the agency zero tolerance policy. These acknowledgement forms are maintained in the CRS administration office. In addition, vendors are escorted by agency staff while in the facility. Each contractor and volunteer are required to review and sign the acknowledgement annually.

At the time of the onsite audit, the agency had 6 contractors approved to enter the facility and no volunteers who have been approved to enter the facility during this audit year. To demonstrate compliance the facility provided this auditor with the acknowledgements assigned by each contractor who was approved to enter this facility this audit year.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the facility to provide residents with information explaining the agency's zero tolerance policy for sexual abuse, sexual harassment and retaliations, how to report allegations, and the agency's policy to respond to sexual abuse and sexual harassment. SEMOBH's PREA policy, #70-074, supports this standard. The agency policy shows, "(1) During the intake process, offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment.

Intake staff who were interviewed reported that residents are provided a PREA brochure during the intake process. Each staff reported they review the brochure with the resident to ensure they are aware of their right to be free from sexual abuse and sexual harassment while housed at SEMOBH, the SEMOBH has zero tolerance for sexual abuse/harassment and that they know how to report. Residents confirmed that they were provided PREA reporting and zero tolerance information during the intake process. After receiving the above information, residents sign an acknowledgement.

The standard requires PREA education must be in formats accessible to all resident, included those with disabilities or non-English speaking. SEMOBH's PREA policy, #70-074, supports this policy and states, "(2) The agency provides offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills." As noted in standard 115.216, SEMOBH has both interpreter and translator services available. In addition, all written materials i.e. posters, PREA brochure, etc. are translates into other languages or large print as needed. During the tour I observed PREA posters in English and Spanish posted throughout the facility. There was also posters translated to Ukrainian.

The standard includes a requirement that key information be readily available and visible to the residents. SEMOBH's PREA policy, #70-074, supports this policy and states, "(5) In addition to providing such education, the agency ensures that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats." PREA information was readily accessible to resident in each resident hallway. All residents interviewed said there was PREA information posted in the halls.

During this reporting year, SEMOBH admitted 122 residents into the Community Reentry Services program and 2 residents who transferred from another community confinement facility. SEMOBH reported all residents admitted into the CRS program received PREA resident education during the intake process.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that investigators be trained on conducting sexual abuse investigations in confinement settings. The standard requires the training to include the following topics: techniques for interviewing victims, proper use of Miranda and Garrity warning, evidence collections, standards of evidence required to substantiate an investigation.

SEMOBH has five trained PREA investigators. All investigators completed the National Institution of Corrections, PREA Specialized Investigator training via Relias, an online training platform. This NIC training covers the elements required by this standard.

In addition, the standard requires the agency to maintain documentation showing investigators have completed the training. SEMOBH provided this auditor with documentation demonstrating these five staff had completed the required training.

SEMOBH PREA policy, #70-074, supports this standard and directs that only agency staff who have completed Specialized Investigator Training will conduct administrative investigations into allegations of sexual abuse or sexual harassment.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of

sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SEMOBH has a medical liaison who is responsible for scheduling medical and mental health appointments with community providers. Medical or mental health services are not provided onsite.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?
 Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires all residents to be assessed within 72 hours of intake and then again *within 30 days* of intake, for the risk of being sexually abused or sexually abusive to others. The intake assessment must consider the criteria outlined in the standard which includes, but is not limited to: mental, physical or developmental disability, age, physical build, previous incarcerations, criminal history, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming (LGBTI), etc.

SEMOBH utilizes an objective assessment tool, the Sexual Violence Assessment Tool, however, the tool does not include all the elements required by this standard such as:

- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility must affirmatively ask the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI). SEMOBH assessment requires the screener to ask if the identify as homosexual or bisexual.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- The standard requires the residents to be assessed *for prior acts of sexual abuse* as well as a *history of prior institutional violence or sexual abuse*. SEMOBH assessment only addresses "history of physical/sexual abuse in the past, inside prison/jail".

Staff who perform the risk screening reported they do not ask residents if they identify as LGBTI and they do not make a subjective determination based on their perception of the resident's gender non-conforming attributes. These staff reported they have residents that score high on the victim scale. When this happens, they notify the Community Reentry Services Director and he makes the room assignments.

SEMOBH PREA policy, #70-074, contains the standard language and requires residents to be assessed within 72 hours of intake and then again within 30 days. A review of assessments indicated the facility conducted assessments within 72 hours of intake and then again within 30 days. The facility utilizes a excel spreadsheet to track when assessments are due. During the onsite audit it was discovered that the formula used to determine when the second assessment was due was incorrect and was targeting assessments to be completed 30 days after intake, not within 30 days as required by the standard. Never the less, staff normally completed the assessment before the due date and therefore the assessments were within 30 days of intake as required by the standard. The facility addressed this issue immediately to ensure continued compliance.

The standard requires residents be reassessed with warranted and residents may not be disciplined for refusing to answer. Staff interviewed reported they would reassess if warranted or upon request. They also reported they would not discipline a resident for refusing to answer the questions. Staff reported they would not know if a resident identified as transgender since they only ask if they are bisexual or homosexual.

As noted in the narrative, B-Building houses a DMH funded social detoxification program as well as the CRS program. The residents of the DMH program are not subject to PREA standards, however, to ensure the safety of all residents within B-Building, SEMOBH has included additional questions on the DMH intake assessment. These questions include the following: Have you ever been victimized; have you ever victimized someone else; have you ever sexually assaulted anyone; have you ever forced anyone to have sex or sexual contact; have you ever been arrested for a sexual offense? If the resident answers yes to one of the questions, the staff member must notify the Director of Community Reentry Services who would ensure an appropriate room assignment

Upon completion of the risk assessment, it is filed in the resident's file. Only Community Reentry Services unit has access to the residents' files. CRT staff do not have access to the assessments or the score. CRTs interviewed reported they do not have access to the risk assessment.

CORRECTIVE ACTION:

The following criteria must be added to SEMOBH Sexual Violence Assessment Tool:

- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility must affirmatively ask the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)
- Whether the resident has prior convictions for sex offenses against an adult or child
- SEMOBH must revised their assessment to include "prior acts of sexual abuse" that did not occur in an institutional setting. It is also recommended the "history of physical/sexual abuse in the past, inside prison/jail" be revised to "history of physical/sexual abuse inside an institution", this would include lockup and juvenile settings.
 - It is also recommended that the assessment require staff to ask the resident if they would like to receive mental health services if they answered affirmatively to the question "history of physical/sexual abuse inside an institution".
- After the assessment tool has been updated, to demonstrated compliance, the facility should provide this auditor with the initial and within 30-day assessment of 10 randomly selected residents.

Recommendations:

- The victim checklist asked two question regarding first time offenders i.e. "First time incarcerated" and "Unfamiliar with prison environment". Both appear to be the same question and therefore is scored twice. I recommend the two questions be combined to "*Whether the resident has previously been incarcerated.*"
- The Sexual Violence Assessment Tool asks if the offender has a "non-violent offense". It is recommended this be revised to ask "*if the resident's criminal history is exclusively nonviolent*" as outlined in the standard.
- The Sexual Violence Assessment Tool asks "Whether the resident has experienced previous victimization". It is recommended that additional questions be added to the assessment to determine if this victimization occurred in a prison, jail, lockup or juvenile facility. If so, the resident should be offered mental health services.

CORRECTIVE ACTION PERIOD:

During the corrective action period SEMOBH made the following revisions to their PREA Risk Screener:

- Staff affirmatively ask each resident his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI.
- Whether the resident has prior convictions for sex offenses against an adult or child
- The screener now includes prior acts of sexual abuse that occurred in an institutional setting.
- If a resident reports a prior history of sexual abuse which occurred within an institution, lockup or juvenile setting if they would like to receive mental health services.
- The screener was revised to indicate "if the resident's criminal history is exclusively nonviolent" as outlined in the standard.

To demonstrate the new revised assessment had be implemented into the practice of the facility the agency provided 10 examples of assessments conducted over a two-month period. The initial screener was conducted within 72-hours of intake and follow up assessments was conducted within 30-days of intake as required by standard. In addition, the agency provided two examples of residents who reported past sexual abuse and were offered mental health services.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the

placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires that the information from the Risk Assessment be used to inform the resident's placement in housing, bed assignment, education or program assignments and that the agency make individualized determination to ensure the safety of each resident. SEMOBH PREA policy, #70-074, contains the standard language. SEMOBH's PREA policy, #70-074, shows, "The agency uses information from the Sexual Violence Assessment tool to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive." And, "The agency makes individualized determinations about how to ensure the safety of each resident."

The CRS Program Director provided documentation showing he makes individualized determination of room placement for all residents and closely monitors all beds moves throughout a resident's stay in the program. The agency provided this auditor with a copy of the document the director uses to track each room move. The document includes the PREA score for each resident and clearly shows residents are matched in a room according to the scores from the PREA risk assessment.

Interviews with case management staff as well as the CRS Program Director shows that male residents assessed as a high risk for sexual victimization would not be housed The Inn.

Staff interviewed all reported if a resident scored as high risk for sexual abuse or perpetration, staff would immediately call the Community Reentry Services person on call or the CRS Program Director for guidance. The CRS Program Director reported on all new male residents admitted into the program

are placed in “room 15” in the Inn until the PREA assessment is completed and an individualized room placement is determined. During the tour I observed that Room 15 is located next to the tech station and contained 8 beds.

This standard requires facilities to make individualized decisions on whether to place a transgender resident in a male or female housing. In addition, the standard requires transgender or intersex resident’s own views regarding their safety will be given consideration and they will be offered an opportunity to shower separately. SEMOBH’s PREA policy, #70-074, contains the standard language. SEMOBH CRS program did not house a transgender resident during the onsite audit. Staff interviewed reported an individualize housing decision would me made based on the PREA risk assessment, the transgender resident’s feeling of vulnerability and the safety of all residents would be considered.

SEMOBH’s PREA policy, #70-074 contains the following language, “Case Management staff will be the only staff privy to this information and will make the applicable unit and room assignments. Behavioral Health Technician staff will be informed of the room assignments but will not be privy to the information necessitating the specific unit and room assignment.” Interviews with CRT confirms that SEMOBH ensures the responses to the questions on the assessment are kept confidential, all CRT staff interviewed reported they did not have access to the assessments.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to have multiple ways for residents to report sexual abuse, harassment and retaliation, both internally and externally. The external reporting channel must allow the resident to make anonymous reports upon request.

SEMOBH's PREA policy, #70-074, contains the following language, "(1) The agency provides multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse or sexual harassment, and staff neglect that may have contributed to such incidents." The policy requires the agency to receive and act upon reports received verbally, in written, anonymously and third party.

The SEMOBH PREA brochure and PREA educational information posted in each hallway provides residents with several reporting avenues which includes, telling a staff member, reporting to law enforcement by dialing 9-1-1, using the Administrative Remedy process, etc.

The standard requires the agency to accept reports in writing, anonymously and from third parties. SEMOBH's PREA policy supports this subset of the standard. Staff interviewed reported they are trained to take all allegations of resident sexual abuse or sexual harassment seriously including third party and anonymous reports. Staff reported that should they receive an allegation of sexual abuse or

sexual harassment they would immediately report the allegation to the Community Reentry Services on-call staff or call the CRS Program Director and begin the agency's coordinated response protocol.

The standard requires that staff must be provided a way to report privately. All staff interviewed said they could privately report to their immediate supervisor or the CRS Program Director, and felt comfortable doing so.

During the tour I noted a display case in each building, The Inn and B-building, which contains PREA reporting posters in English and Spanish as well as Ukraine. These display cases also include advocacy posters.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH's PREA policy, # 70-074, contains the language of this standard includes the specific timeframes required in the standard. In addition, the agency's Complaints, Grievances and Appeals policy, #30-060, provides additional direction to staff. The policy shows the Chief Executive Officer will immediately be notified of all serious complaints which include allegations of sexual abuse and sexual harassment. The policy shows that all serious complaints will be reported to the U.S. Bureau of Prison Residential Reentry Manager within 24 hours. In the past 12 months, SEMOBH Aquinas Campus, CRS program has received no grievances filed that alleged a resident has been sexually abuse.

All residents are provided a copy of the CRS Resident Handbook at intake. The agency's compliant, grievance and appeals process is outlined on page 17 and 18 in the resident handbook. All resident

interviewed reported receiving a copy of the resident handbook upon intake. All residents interviewed reported they have not reported an allegation of sexual abuse at SEMOBH CRS program.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to provide residents with access to outside victim advocacy services by providing phone numbers and addresses. The facility must inform residents prior to giving access of the extent to which such communications are monitored. In addition, facility should attempt to enter into a MOU with an advocacy agency.

SEMOBH PREA policy, #70-074, supports this standard and contains the following language, “The facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, of local, State, or national victim advocacy or rape crisis organizations, and for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible. Residents will be provided the telephone number and address to Just Detention International and RAINN in their resident handbook and on posters displayed throughout the facility.” In addition, the policy clearly shows SEMOBH does not record phone calls and mail is not censored.

SEMOBH provided this auditor a copy of a letter from the Southeast Missouri Family Violence Council which outlines the agency’s agreement to provide support services to victims during the medical process along with providing follow up services after the assault.

During the tour I noted each building had a PREA educational display which included advocacy posters for RAINN that included the National Sexual Assault Hotline number and addresses and phone numbers to Just Detention International.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires the agency to establish a method to receive third-party reports of sexual abuse or sexual harassment and that this information be distributed publicly. SEMOBH's PREA policy, #70-074, contains the following language, "The agency has a method to receive third-party reports of sexual abuse and sexual harassment either in person, by phone, in writing, and anonymously through the agency's Administration Department and St. Francois County Sheriff's Department Crime Tip Hotline and distributes publicly information on how to report sexual abuse and sexual harassment on behalf of an offender on the agency website."

The information regarding third party reporting was not easily located on the agency's website, but there is information in the agency's annual report which can be found at: <https://semobh.org/wp-content/uploads/2019/09/Community-Corrections-Department-Annual-Report-FY2019.pdf>.

The annual report contains the following language, "The agency provides multiple internal ways for offenders and third-party reporters to privately report sexual abuse and sexual harassment, retaliation by other offenders or staff for reporting sexual abuse or sexual harassment, and staff neglect which may have contributed to such incidents. All allegations of sexual abuse or sexual harassment may be reported verbally, in writing, anonymously, or by third party through the agency's Administration Department as well as the St. Francois Co. Sheriff's Department Crime Tip Hotline (573) 431- 3131. Staff shall accept reports made verbally, in writing, anonymously, or by third parties and shall document all reports."

Since the onsite audit the agency has made third party reporting information readily available and easy to locate on the agency's website.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires that all staff immediately report any knowledge, suspicion or information regarding resident sexual abuse, sexual harassment or retaliation for making such a report. In addition, such report should remain confidential. The standard requires the facility to report all allegations including third party and anonymous to the facility's investigators.

SEMOBH's PREA Policy, 70-074, contains the standard language. During orientation each employee is provided "PREA Requirement Reporting Card" which includes the following language, "As an employee of Southeast Missouri Behavioral Health you are required to immediately report all allegations or observations pertaining to sexual abuse and sexual harassment of residents. Report are required to be made immediately to your director supervisor and the Community Reentry On-Call person." Each staff signs an acknowledgement which requires them to abide by the steps outlined on the card and to have the card on their person at all times while on duty.

During the onsite audit 10 randomly selected personnel files were reviewed, all contained a signed acknowledgement indicating the staff person received the PREA Requirement Reporting Card. In addition, all staff interviewed had their card easily accessible and verbalized their ongoing responsibility to report all allegations of sexual abuse or sexual harassment immediately and their responsibility to ensure all such reports remain confidential.

SEMOBH CRS program does not admit residents under the age of 18 therefore 115.261 (d) does not apply.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency to take immediately action when they learn that a resident is at imminent risk of sexual abuse. SEMOBH's PREA Policy, #07-074, contains the standard language. All staff interviewed reported they would take immediate action to protect a resident by moving the resident to a safe area and contacting the CRS Program Director or the CRS staff on-call immediately for guidance. During this reporting year, the agency did not have a resident that was determined to be at substantial risk of imminent sexual abuse.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard requires each agency to develop a policy requiring the facility to immediately report allegations of sexual abuse received from residents that are alleged to have occurred at another confinement facility. These allegations of sexual abuse must be shared with the effective facility within 72 hours of receipt. In addition, the agency must establish a policy that requires a facility to investigate all allegations that they received from another facility that is alleged to have occurred while the resident was assigned at their facility.

SEMOBH’s PREA policy, #70-074, contains the following language which supports the standard, “(1) Upon the agency receiving an allegation that an offender was sexually abused while confined at another facility, the Director of Community Reentry Services shall notify the head of the facility or agency where the alleged abuse occurred. (2) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. (3) The agency documents such notification. (4) Upon the agency receiving an allegation that a former offender was sexually abused while at the Aquinas facility, the Director of CRS shall immediately initiate an investigation.”

The agency reported during the last 12 months they have not received an allegation that a resident was abused while confined at another facility. In addition, they have received no allegations from other facilities that a resident reported they were sexual abuse while housed at SEMOBH CRS program.

The CRS Program Director shared that if a resident reported they were sexual abused while housed at another facility, he would contact BOP immediately and ensure the affected facility was notified within 72 hours. He reported that SEMOBH would ensure the resident was offered support/advocacy resources as well. In addition, the CEO stated that any report they receive alleging a resident was sexual abuse while housed at SEMOBH CRS program would be referred to law enforcement for investigation.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required 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, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires both security and non-security staff know how to respond should they be the first responder that encounters a resident who has been sexual abused. These actions include, separating the alleged victim and subject; preserving and protecting the crime scene; requesting the victim not to destroy physical evident, if applicable, and ensuring the subject does not destroy physical evidence.

SEMOBH's PREA policy #70-074, supports this standard and contains the following language, "(1) When a Community Reentry Services or Community Reentry Technician first-responder learns that an offender has been sexually abused, they shall take immediate action to protect the offender. This includes: (a) Separating the offender from the alleged perpetrator; (b) Preserving and protecting any crime scene until appropriate steps can be taken to collect evidence; and (c) If the abuse occurred within a time period that still allows for the collection of physical evidence, requesting that the alleged victim—and ensuring that the alleged abuser—not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (d) SEMO BH will contact Parkland Hospital to provide medical assistance for the victim

and Horizon of Hope to provide mental health assistance for the victim. (2) When the first staff responder is not a Community Reentry Services or Community Reentry Technician staff member, they shall request that the alleged victim not take any actions that could destroy physical evidence, and then notify the Community Reentry Services or Behavioral Health Technician staff.”

The CRS Program Director reported that all staff receive PREA training during orientation and annually thereafter which includes training on the duties of a first responder. PREA First Responder poster is posted in the staff breakroom as a reminder. Staff are also provided a PREA badge that explains the First Responder duties; this badge is worn on the agency lanyard along with their agency I.D. badge while they are on shift.

During the onsite audit I reviewed personnel files of 10 randomly selected staff members and found documentation showing each received the agency’s “PREA Requirement Reporting Card” which outlines the duties of the first responder. During the tour I observed the agency’s “PREA REFRESHER: Community Confinement First Responder Duties” poster in the staff breakroom which outlines the duties of first responders and their responsibility to security the crime scene. In addition, all staff interviewed had their first responder cards on their person as required by policy.

All staff could verbalize their first responder duties.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires that agencies have a coordinated response plan that coordinates the actions taken in response to an incident of sexual abuse among facility staff, first responders, medical and mental health practitioners, investigators and facility leadership.

SEMOBH's PREA policy, #70-074, contains a written plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The plan includes actions to be taken by staff and other stakeholders if a resident reports staff voyeurism, risk of imminent sexual abuse or harassment, as well as, if the facility receives a report of sexual abuse including non-consensual touching by another resident or staff member. The plan outlines the duties of the CRT, the House Supervisor II or the CRS on-call staff person and the CRS Program Director.

If a forensic exam is indicated, the victim will change clothes and clothing will be preserved as evidence and staff are to cooperate with the St. Francois County Sheriff's Department to ensure all evidence is preserved. The plan includes medical and mental health services as well as advocacy services.

The CRS Program Director reported BOP would be contact within two hours of the agency receiving an allegation.

During this reporting year, SEMOBH received one allegation of an inappropriate pat search. The agency provided this auditor with the investigation. The victim made the allegation two hours prior to being discharged from the program. The allegation was investigated, video was reviewed and the video showed the pat search was conducted by policy.

To determine compliance with this standard, this auditor requested and received a copy of an investigative file from September 2017 in which a female resident alleged nonconsensual touching by another resident. Upon review of this investigative file, I found the victim was immediately separated from the alleged abuser. Notifications were made as required by SEMOBH policy and the investigation was immediately initiated. The file shows the victim was offered mental health services as well as an advocate which she declined. The documentation indicated BOP was notified of the allegation and the investigative findings.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SEMOBH does not have a collective bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the agency to protect residents and staff who report sexual abuse or sexual harassment, as well as those that participate in an investigation, from retaliation by other residents or staff. This retaliation monitoring should continue for 90 days or longer if there is evidence of retaliation. However, monitoring can cease if the investigation is unfounded or when the victim is no longer housed at the facility.

SEMOBH PREA policy, #70-074, contains the following language, "(1) The agency's policy is to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. (2) The agency employs multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. (3) For at least 90 days following a report of sexual abuse, the agency Community Reentry Services staff monitors the conduct and treatment of offenders or staff who reported sexual abuse, and of offenders who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by offenders or staff, and shall act promptly to remedy any such retaliation. (4) The agency continues such monitoring beyond 90 days if the initial monitoring indicates an ongoing need. Monitoring shall include: (a) Periodic in-person conversations with offenders and/or staff; (b) Review of disciplinary incidents involving offenders; (c) Review of housing or program changes; and (d) Review of negative performance reviews or reassignments of staff. (5) The monitoring is documented in the client's electronic health record as well as the staff member's personnel file. (6) The agency's obligation to monitor terminates if the agency determines that the allegation is unfounded. (7) If a staff member has reported the harassment, the agency will monitor for at least 90 days following the report to ensure the staff member is not retaliated against. The monitoring will be documented in the staff member's personnel file."

While the agency has not received an allegation within this auditing year that would require retaliation monitoring, during interviews with the CRS Program Director and CEO, it was determined that SEMOBH does not have a solid plan outlining who would be responsible for monitoring staff or residents and how the retaliation monitoring would be documented.

Recommendation:

Upon consulting with the CEO, it is recommended that policy be revised to show the CRS Program Director will be responsible for resident retaliation monitoring with staff monitoring conducted by Human Resources.

In addition, the agency should determine a method to document all retaliation monitoring including the periodic resident status checks in order to have the ability to demonstrate compliance in future audits.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires agency investigations be conducted promptly, thoroughly and objectively including third party and anonymous reports. SEMOBH PREA policy, #70-074, supports this standard and shows that all criminal investigations will be forwarded to the St. Francois County Sheriff's Department unless the allegation does not involve potentially criminal behavior.

SEMOBH has five staff who have completed PREA Specialized Investigator Training. These staff conduct administrative PREA investigations for the agency. Through agency training records, I verified that SEMOBH investigators completed the National Institute of Corrections PREA Specialized Investigator Training.

The standard requires that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and that the report be documented in a written report that includes a description of the physical and testimonial evidence.

During this audit year, SEMOBH received only one PREA allegation which involved an allegation of an inappropriate pat search. This auditor was provided a copy of the investigation and supporting documents. I found that the investigation was conducted by one of the agency's trained investigators. The allegation was received by the facility on April 19, 2018. The investigation was initiated immediately. The report was finalized on April 20, 2018, and contained statements from the resident as well as staff. The report shows camera footage was reviewed and included the investigator's review of the footage. The pat search was found to have been conducted in a professional manner. Following

the completion of the investigation, a Complaint Response was completed by the investigator and forward to BOP for their review.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard requires and SEMOBH's PREA policy, #70-074, supports that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

As noted previously, SEMOBH CRS program only received one allegation during this audit year which was investigated by a trained investigator and unfounded based on video evidence. However, during my interview with an agency investigator he was readily aware of the standard of evidence needed to substantiate an administrative investigation.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The standard requires residents who have reported sexual abuse or harassment to be notified of the finding of an investigation. In addition, the resident must also be informed of the status of the subject of the investigation, whether the subject is a staff member or a resident, unless the investigation is unfounded. The agency's obligation to report terminates if the resident is released.

SEMOBH's PREA policy, #70-074, shows the Director of Community Reentry Services is responsible for notifying the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the completion of an investigation. In addition, if the investigation was conducted by the St. Francois County Sheriff's Department, SEMOBH will request relevant information in order to inform the resident.

The facility received one allegation this auditing year which was investigated by an agency investigator however, the alleged victim was released from the facility the same day the allegation was made therefore notification was not required by this standard.

The Director of Community Reentry Services reported during his interview that he is responsible for notifying the resident of the finding following the completion of an investigation. He stated he completes a Complaint Response form which includes the findings of the investigation. A copy of the Complaint Response is provided to the resident.

In addition, the CEO also reported the Director of Community Reentry Services was responsible for notifying the resident following the completion of an investigation.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SEMOBH's PREA policy, #70-074, mirrors this standard which requires staff to be discipline staff up to and including termination for violating the agency's sexual abuse or sexual harassment policies. With termination being presumptive discipline for staff who have engaged in sexual abuse of a resident.

SEMOBH's policy requires staff be terminated for violating the agency's sexual abuse or sexual harassment policies and that resignations by staff in lieu of termination, shall be reported to law enforcement, if criminal and to other relevant licensing bodies.

While SEMOBH's policy supports this standard, no staff has been disciplined at the facility since the last PREA audit for violating the agency's sexual abuse or harassment policies and nor has anyone resigned in lieu of discipline.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The standard requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents and requires the agency to report such conduct to law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. In addition, the standard requires agencies to take remedial measures and shall consider whether to prohibit further contact with residents. SEMOBH's PREA policy, #70-074, contains the standard language.

The CRS Program Director reported that all vendors and contractors are provided the agency's "Visitor/Vendor Notice" which outlines the agency's zero tolerance policy as well as provides the Visitor/Vendor avenues to report resident sexual abuse or sexual harassment. The visitors and vendors sign the notice and the signed copy of the notice is retained by the agency. During the last audit year SEMOBH had six visitors/vendors that were approved to enter the Aquinas campus. The CRS Program Director reported that all visitors and vendors are escorted.

The agency provided a copy of the signed Visitor/Vendor Notices of individuals approved to enter the facility this audit year.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard requires the agency to discipline a resident following an administrative finding that the resident sexually abused another resident or following a criminal finding of such an act. The disciplinary process shall consider whether a resident's mental disability or mental illness contributed to the behavior when determining the sanctions imposed. In addition, an agency shall not discipline a resident for a report made in good faith based upon a reasonable belief that the alleged conduct occurred.

SEMOBH PREA policy, #70-074, contains the standard language. The agency had no substantiated allegations of sexual abuse or harassment this auditing year. The CRS Program Director reported that SEMOBH must report all allegations of sexual abuse to BOP within two hours. BOP determines if law enforcement should be notified. Following the investigation, the investigative packet is forwarded to

BOP's Disciplinary Hearing Officer who determines sanctions. The agency must then meet with the suspect to report findings and discipline.

There was no disciplinary packet to review since SEMOBH has not had a substantiated finding this audit year.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- 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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SEMOBH's PREA policy, #70-074, contains the follow language that mirror the standard, "Offender victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Victims will be referred to Parkland Hospital for medical services and Horizon of Hope for mental health services. (2) Offender victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. (3) Treatment services shall be provided to the victim—without financial cost to the victim—and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Medical and mental health services are provided in the community. SEMOBH medical liaison works with the residents to obtain treatment. Should a forensic examination be indicated the resident would be transported to Parkland Health Center. SEMOBH provided a letter from Parkland Health Center which documents that forensic exams are conducted by trained Sexual Assault Nurse Examiners (SANE) however, if a SANE nurse cannot be made available, other qualified medical practitioners would perform the exam. The letter documents that all services are offered at no cost to the victim. In addition, mental health services are provided by Horizon of Hope.

While documentation for BOP shows all medical and mental health services, except for vision and dental are covered for BOP clients, I was informed by the medical liaison that U.S. probation clients must pay out of pocket for medical and mental health services or have Medicaid or other financial assistance. The facility provided documentation from Parkland Health Center showing emergency medical care would be provided to a victim at no cost, there is no documentation or indication that mental health services would be offered at no cost to the victim.

Recommendation:

While SEMOBH CRS program had no incidents that would require emergency medical or mental health services in the last year, it is recommended the agency determine how a U.S Probation resident would receive no cost emergency mental health services should there be an incident that indicated a need for a forensic exam.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SEMOBH’s PREA policy, #70-074, mirrors the standard and contains the following language:

XXXVII. 115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- (1) The facility has an MOU or makes referrals to local service providers for medical and mental health evaluation and, as appropriate, treatment to all offenders who have been sexually abused in a prison, jail, lockup, community corrections facility, or juvenile justice facility.
- (2) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
- (3) The facility shall provide such victims with medical and mental health services consistent with the community level of care.
- (4) Offender victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests, as medically necessary.
- (5) If pregnancy results from the conduct described in this section, victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, such as prenatal care and access to pregnancy termination services, where available.
- (6) Offender victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections, as medically appropriate.

(7) Ongoing treatment services shall be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

(8) The agency will attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

During interviews it did not appear this policy was in practice. Some of the staff interviewed who conduct assessments reported they would document a report of past sexual abuse on the assessment and one reported they would also report this to the CRS Program Director. Another staff member reported they had never been informed that residents who report history of past sexual abuse in the prison, jail, or juvenile facility should be offered medical and/or mental health services. The medical liaison reported she has never had to try to arrange services due to past sexual abuse.

Corrective Action Plan:

- SEMOBH must implement their policy noted above to ensure all residents who report a history of sexual abuse that occurred in a prison, jail, lock up and juvenile facility are offered mental health and/or medical services.
- The agency must develop a protocol that demonstrate victims received follow-up services
- To demonstrate compliance, SEMOHB must provide this auditor with documentation showing residents who report a history of sexual abuse in prison, jail, lockup or a juvenile facility was offered and received care if requested as outline this standard and SEMOBH’s policy.

Recommendation:

•SEMOBH may consider revising their assessment to include asking residents if they have a “history of physical/sexual abuse in the past, inside prison, jail, lockup or juvenile facility. This will assist the agency in determining the residents that require a referral to a medical and/or mental health provider.

CORRECTIVE ACTION PERIOD:

During the corrective action period SEMOBH revised their assessment to specifically ask each resident if they have history of being sexual abused while housed in an institutional setting which includes lockups and juvenile facilities. If they report a history of being sexual abused the resident is immediately offered mental health services. The offer of services and response is noted on the assessment. To demonstrate compliance the agency provided examples of assessments showing residents were offered services after reporting a history of sexual abuse within an institutional setting.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This standard requires the facility to conduct sexual abuse incident reviews following the completion of a sexual abuse investigation unless the investigation is unfounded. In addition, these incident review must be conducted with 30 days of the conclusion of the investigation. SEMOBH's PREA Policy #70-074, XXXVIII. 115.286 Sexual Abuse Incident Reviews contains the standard language and requires incident reviews to be conducted within 30 days from the conclusion of the investigation.

This standard requires the review team to include upper level management, with input from line supervisors, investigators and medical and mental health staff. And, requires this team to review the elements outlined in this standard. SEMOBH's PREA Policy #70-074, XXXVIII. 115.286 Sexual Abuse Incident Reviews, (3) supports this standard and shows the incident review team will include at minimum the CEO, other Executive Staff, Director of Community Corrections, CRS Director, Director of Operations, Director Farmington Area and staff involved in the investigation.

As reported previously, SEMOBH CRS program received one allegation this auditing year and following an investigation, the allegation was determined to be unfounded base on video evidence. Even through the investigation was unfounded, the facility conducted an incident review which included the Director of Community Corrections, Medical Director, CRS Program Director, Assist Director and Facility Director. The incident review is not dated; therefore, I was unable to determine if the review with conducted within 30 days of the conclusion of the investigation however, the report clearly addressed all elements required by this standard. In addition, I randomly selected a substantiated investigation from 2017 and was provided the investigation as well as the incident review which was dated and showed the review was conducted within 30 days as required by SEMOBH policy and this standard. The report shows all elements were reviewed and the review team included upper level management.

Interview with both the CEO and CRS Project Director reported this standard and policy to be in practice at SEMOBH CRS program.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH's PREA policy, #70-074, supports this standard and contains the following language: "XXXIX. 115.287 Data Collection, (1) The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using the Critical Incident Reporting system. (2) The Performance Improvement Department aggregates the incident-based sexual abuse data at least annually. (3) The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. (4) The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (5) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

The CRS Program Director reported all critical incidents which includes allegations of sexual abuse or sexual harassment are reported to BOP utilizing the agency's Critical Incident Report form. All Critical Incidents are tracked through the Performance Improvement Department and are reported quarterly.

In the review of an investigations conducted in 2017 as well as 2018, both included a completed Survey of Sexual Victimization form which the facility utilizing to ensure incident based data is collected on all investigations.

The DOJ has not requested incident based data from SEMOBH's CRS program.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH PREA policy #70-074, supports this standard and contains the following language: XL. 115.288 Data Review for Corrective Action (1) The agency reviews data collected and aggregated pursuant to Section 115.287 above in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: (a) Identifying problem areas; (b) Taking corrective action on an ongoing basis; and (c) Preparing an annual report of its findings and corrective actions and forwarding the report to the Bureau of Prisons. (2) Such report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse. (3) The agency's report shall be approved by the Chief Executive Officer and made readily available to the public through its website. (4) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but indicates the nature of the material redacted.

A review of the agency website shows the Community Reentry Services Annual Reports for 2017, 2018 and 2019 are available SEMOBH website at: <https://semobh.org/community-services/federal-program/>

While the agency policy supports the standard, the annual report does not address the areas required by the standard. A review of the annual reports posted on the agency's website shows the report covers different aspects of the Community Reentry Services program with a section devoted to PREA. The PREA section contains basically the same information for years 2017, 2018 and 2019. The

standard requires the annual report to contain a yearly review of its findings from the data review and any corrective action for the facility and agency. In addition, the annual report must include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse.

Corrective Action Plan:

- SEMOBH must revise their 2019 Annual report to include: a yearly review of its findings from the data reviewed, corrective action taken, and a comparison of the current year's data and corrective action with those of previous years.
- To demonstrate compliance, SEMOBH must post the revised report on the agency's website and provide the revised report and the website address where the report can be found to this auditor.

CORRECTIVE ACTION PERIOD:

During the corrective action period, SEMOBH updated and revised their 2019 annual report to include a yearly review of their investigative findings, corrective action taken and now contains a comparison of the current year's data with those from previous years. The updated report can be easily accessed at: <https://semobh.org/wp-content/uploads/2020/02/Community-Corrections-Division-Annual-Report-FY2019.pdf>

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH PREA policy #70-074, supports this standard and contains the following language: XLI. 115.289 Data Storage, Publication and Destruction, (1) The agency ensures that data collected pursuant to 115.287 are securely retained. (2) The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website. (3) Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. (4) The agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

While the agency's policy supports this standard, the agency's yearly aggregated sexual abuse data is not available to the public on the agency's website.

Corrective Action:

- To demonstrate compliance, SEMOBH must make aggregated sexual abuse data available to the public via the agency website. It is recommended this data be made available in the CRS program's annual report.

CORRECTIVE ACTION PERIOD:

SEMOBH aggregated sexual abuse data is readily available on the agency's website in their annual report which can be accessed at: <https://semobh.org/wp-content/uploads/2020/02/Community-Corrections-Division-Annual-Report-FY2019.pdf>

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

SEMOBH’s CRS program first PREA audit was conducted by this auditor the third year of the first audit cycle, December 16th through December 18th, 2015. The report was finalized on August 18, 2016. The current audit is being conducted on the first year of the 3rd audit cycle.

During the tour of the facility I observed the Notice of Audit posted throughout the facility. The auditor received no correspondence from staff or residents. During the audit of SEMOBH CRS program, I was provided a private conference room to conduct interviews of both staff and residents as well as access to all areas of the facility and all requested documentation.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has not posted the final PREA audit report, dated August 18, 2016, on the agency website.

Corrective Action:

- To demonstrate compliance, SEMOBH's must post the August 18, 2016, final report on the agency's website and provide the website address top this auditor.
- 90 days from the day this final report is issued to SEMOBH the agency must publish the final report on its website. `

CORRECTIVE ACTION PERIOD:

SEMOBH posted their 2016 audit report on the agency's website which is easily accessed at :
<https://semobh.org/wp-content/uploads/2020/02/PREA-final-report-2016.pdf>

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Vexia Sturm

June 16, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.