

# PREA AUDIT: AUDITOR'S SUMMARY REPORT

## ADULT PRISONS & JAILS



Name of facility: Maryville Treatment Center	
Physical Address: 30227 Highway 136, Maryville, MO 64468	
Date report submitted:	
<b>Auditor Information:</b> Ron Baker, Margie Phelps, Liz Rice	
Address: Kansas Dept of Corrections, 714 SW Jackson, Suite 300, Topeka, KS 66603	
E-Mail: <a href="mailto:ron.baker@doc.ks.gov">ron.baker@doc.ks.gov</a>	
Telephone number: 785-338-0971	
Date of facility visit: May 5-7, 2015	
<b>Facility Information</b>	
Facility mailing address: 30227 Highway 136, Maryville, MO 64468	
Telephone number: 660-582-6542	
The facility is:	
<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal <input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State <input type="checkbox"/> Private not for profit	
Facility Type: Adult Prison	
Name of PREA Compliance Manager: Gaye Colburn                                      Title: Deputy Warden	
E-Mail Address: <a href="mailto:Gaye.Colburn@doc.mo.gov">Gaye.Colburn@doc.mo.gov</a> Phone Number: 660-582-6542	
<b>Agency Information</b>	
Name of agency: Missouri Department of Corrections	
Governing authority or parent agency: (if applicable) State of Missouri	
Physical address: 2728 Plaza Drive Jefferson City, MO 65109	
Mailing address: (if different from above)	
Telephone Number: 573-526-9003	
<b>Agency Chief Executive Officer</b>	
Name: George Lombardi	Title: Director
E-Mail Address: <a href="mailto:George.Lombardi@doc.mo.gov">George.Lombardi@doc.mo.gov</a>	Telephone Number: (573) 526-6607
<b>Agency –wide PREA Coordinator</b>	
Name: Vevia Sturm	Title: PREA Coordinator
E-Mail Address: <a href="mailto:Vevia.Sturm@doc.mo.gov">Vevia.Sturm@doc.mo.gov</a>	Telephone Number: (573) 522-1634

# AUDIT FINDINGS

## NARRATIVE:

In order to determine compliance with Prison Rape Elimination Act (PREA) standards an onsite audit was conducted of the Maryville Treatment Center (MTC) on May 5-7, 2015 by DOJ certified auditors Ron Baker, Margie Phelps, and Liz Rice.

Prior to the onsite portion of the audit, auditors provided the facility with the Auditor Notice which was posted at least 6 weeks prior to the onsite audit. The Pre-Audit Questionnaire along with other supporting documentation was provided to the auditors to review in advance of the onsite portion of the audit. Auditors appreciated the very well organized questionnaire with supporting documentation that was received and reviewed prior to the onsite visit.

The auditors reported to MTC on 05/05/2015 at 08:30 hours to complete a tour of the facility. The tour was led by Deputy Warden of Offender Management and state PREA Coordinator. The tour included all areas outside of housing units where inmates may be present and several housing units, auditors returned to all housing units for interviews. Auditors were able to observe staff and offender interaction during the tour and noticed the positive culture among staff. Offender reaction indicated that that this positive staff interaction is common place in this facility.

During the onsite audit the PCM was very responsive to auditor's questions and provided additional supporting documentation for auditors as needed.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Maryville Treatment Center (MTC) is located at 30227 Highway 136, Maryville, MO. MTC opened in 1996 for 325 offenders and was formerly a school operated by Sisters of St Francis. In 1998 an expansion increased the population to 525 offenders. This facility is a long term treatment facility dedicated to providing drug and alcohol treatment in a therapeutic community model.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

<b>115.11</b>	<b>ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR</b>
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- |                                                                                                                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)                                                                   |
| <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) |
| <input type="checkbox"/> Does Not Meet Standard (requires corrective action)                                                                                |

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment Effective Date: December 26, 2014**

The agency has written policy D 1-8.13 mandating zero tolerance towards all forms of sexual abuse and sexual harassment. It outlines prevention, detection and responding to reports and mandates more specific procedures at the facility level.

The PREA Coordinator and PREA Compliance Manager stated that they have sufficient time and authority to develop and oversee compliance and each facility has a designated PREA Compliance Manager. The PREA Coordinator reports directly to agency Legal Counsel (see MDOC org chart dated June 2014), and the PREA Compliance Manager, who is also the Deputy Warden of Offender Management, reports directly to the Warden (see MTC org chart).

**115.12 CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF INMATES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

MTC does not contract with other entities for the confinement of offenders.

The MDOC, as parent agency, contracts with 4 community confinement facilities, although none of them are specifically tied to this facility.

The agency contract administrator draws up the contracts, while the probation/parole division monitors compliance. Current contracts require the facilities to complete and be PREA compliant to include a PREA audit this year. Additionally, probation and parole staff conducts compliance audits every 6 months.

**115.13 SUPERVISION AND MONITORING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

MDOC staffing analysis completed in 2009. Facility completes annual staffing plan evaluation: "The purpose of this staffing plan evaluation is to ensure that custody staff are deployed in a manner which provides a safe, secure environment for staff and offenders in accordance with PREA standards and established staffing guidelines."

2014 Custody Staffing Plan dated March 2, 2015 completed by Dusty Jones, Chief of Custody- Maryville Treatment Center. "A review of available data on the reported events did not indicate the necessity to alter operational functions of MTC. The incidents were quickly responded to and the alleged victims were appropriately protected. With the limited data available any alteration to current operations would be counterproductive and potentially detrimental."

MTC has 4 total housing units consisting of 3 general population units, 1 dedicated segregation unit (housing unit 1). MTC has 92 authorized Correctional Officer 1 positions, and a total combined custody force of 114 staff members.

The minimum daily total staffing for each shift has been established as follows:

- 1<sup>st</sup> Shift: 14
- 2<sup>nd</sup> Shift: 20
- 3<sup>rd</sup> Shift: 16

There were no incidents of shifts operating below these minimum staffing numbers in the past 12 months.

**115.14 YOUTHFUL INMATES**

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

<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p><b>MTC does not house youthful offenders.</b>  Agency policy D1-8.13 prohibits the placement of youthful offenders in a housing unit in which they would have sight, sound, or physical contact with any adult offender through the use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>In assessing the compliance at the agency level, auditors noted that State of Missouri regulation, Chapter 217 Department of Corrections Section 217.345, prohibits the placement of youthful offenders with adult offenders and requires physical separation and separate housing units. Institutional Services Procedure Manual, IS5-1.1 Diagnostic Center Reception and Orientation, outlines the procedure for notification, transportation, and housing of youthful offenders in the event one is admitted. Institutional Services Procedure Manual, IS5-3.1 Offender Housing Assignments, states, “youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made).”</p>	
<b>115.15</b>	<b>LIMITS TO CROSS GENDER VIEWING AND SEARCHES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p><b>IS20-1.3 Searches effective December 1, 2014:</b> IS20-1.3 addresses sections (a),(c), (d), (e) and (f) for offender searches. Section (b) is N/A - MTC does not house female offenders. Documentation provided indicated that MTC had one incident in which a female officer was used on a forced cell move that involved a strip search. Corrective action was taken to ensure that a similar incident does not occur in the future.</p>	
<b>115.16</b>	<b>INMATES WITH DISABILITIES AND INMATES WHO ARE LIMITED ENGLISH PROFICIENT</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Documentation was provided that list staff fluent in 15 languages that are available to translate as well as links to contracted translation services for written and spoken words and American Sign Language. PCM reports that “Maryville Treatment Center has not utilized inmate interpreters. “ in past 12 months</p> <p>MDOC has established procedures, in policy D1-8.13, for disabled and limited English proficient offenders to benefit from all aspects of their PREA efforts. PREA brochures and acknowledgement forms are available in several languages and posters are available in English and Spanish. There is also a brochure available in Braille for blind offenders. Auditors noted Spanish and English signs posted throughout the facility.</p>	
<b>115.17</b>	<b>HIRING AND PROMOTION DECISIONS</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>MDOC policy D1-8.13 as well as facility policy SOP D1-8.13 prohibits the hiring or promoting of anyone that has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied</p>	

threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse. These policies also mandate the consideration of sexual harassment in determining whether to hire or promote.

MDOC policy D2-2.2 Background Investigations further addresses background checks. This policy explicitly outlines all elements required for background investigations of all staff members (which is defined to include permanent, part-time, temporary, hourly, per diem employees and contractors, volunteers, and student interns). Part of this extensive background investigation is a criminal records check by running a query through the Missouri Uniform Law Enforcement System (MULES) and the National Criminal Information Center (NCIC) system. It also specifies, for promotions and other appointments, that “a check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for sustained allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is promoted or considered for other appointments.”

Both agency and facility policy (D1-8.13 and D2-2.2) as well as the employment application assert that material omissions are grounds for termination and address the contacting of previous institutional employers. MDOC Department Procedure Manual D2-11.14 Annual Employment Requirements asserts that criminal history checks are conducted annually, congruent to the employee’s birth month.

Auditors ascertained, regarding the release of information about former employee misconduct, that the agency is able to provide such information if the former employee were to be charged with offender sexual abuse (as it would be a public record). They would be prohibited in providing information on sustained administrative cases, however, unless they had obtained the written consent of the former employee.

Auditors randomly pulled employee files; each contained records of background checks and the auditor was also provided the compilation of contractor background checks to review as well. Documentation of promoted employees also contained internal inquiries regarding misconduct involving sexual abuse or sexual harassment. This information along with the interview conducted with the personnel clerk showed the facility is in compliance with 115.17.

**115.18 UPGRADES TO FACILITIES AND TECHNOLOGY**

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

**Auditor comments, including corrective actions needed if does not meet standard**

During CY2014, there were no significant facility modifications or alterations to the physical plant.

**115.21 EVIDENCE PROTOCOL AND FORENSIC MEDICAL EXAMINATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

D1-8.8 Evidence Collection, Accountability and Disposal Effective Date: August 28, 2014  
 There were no incidents during this reporting period that required forensic exam. MTC has a contract with St Francis Hospital in Maryville and Northwest medical Center in Albany, MO to conduct SAFE/SANE exams. Copies of MDOC and MO Hwy Patrol evidence handbooks were provided to provide evidence of compliance with this standard.

**D1-8.13 Offender Sexual Abuse and Harassment G. 3.**

“ Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care.

- a. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when

possible, for gathering of evidence.

b. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence.” MDOC was unable to secure contracts with advocacy centers, they have provided documentation that shows the Chaplin rotation used to provide victim advocacy as needed. Advocacy training was provided by Missouri Coalition against domestic violence and sexual assault.

**115.22 POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment Page 20 of 28 Section H**

**D1-8.4 Administrative Inquiries**

**D1-8.1 Investigation Unit Responsibilities and Actions**

A copy of MTC Coordinated Response Protocol was provided to auditors. Supporting documentation included examples of staff following CRP when reports have been received.

**115.31 EMPLOYEE TRAINING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment Page 8 of 28 Effective Date: December 26, 2014**

**Covers mandatory staff training**

MTC does not house female offenders. MTC has not had any transfers of staff from facilities housing the opposite gender. Basic and refresher training modules were reviewed and meet the required standard. A review of a random sample of training files was completed and showed 100% of those reviewed received required training. Specialized staff and random staff interviews indicate that staff has a good understanding of their responsibilities as first responders and some common behaviors to watch for that indicate possible sexual abuse. Staff at MTC are very invested in complying with the PREA standards.

**115.32 VOLUNTEER AND CONTRACTOR TRAINING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment Page 8 of 28 Effective Date: December 26, 2014**

e. Part-time Employees/Volunteers/Contract Staff Members/Vendors:

(1) All part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training.

(2) Vending contractors shall be escorted by a staff member at all times or shall receive PREA training prior to entering the facility.

\*\*\*SOP ADDITION: Vending contractors will be escorted by a staff member at all times.

(3) Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract.

(4) Work release supervisors shall receive specific PREA training during their offender work release procedure training.

A roster of volunteer training was reviewed and 2 volunteers were interviewed. The lessons plans for volunteer training were reviewed by auditors.

**115.33 INMATE EDUCATION**

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

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment** and April 2012 memo from Dave Dormire, Director Division of Adult Institutions. Copy of PREA brochure provided to auditors. Auditors were able to sit in on an offender education session at intake. A random sample of offender files were reviewed and documentation was in place to show that offender education was occurring that meets the standard.

A recent change to this process has been implemented that appears to better provide the education and to document the process. Upon arrival at Maryville Treatment Center, offenders participate in "intake". The offenders sit together in a group and case managers provide them with a PREA brochure and give a brief overview of what PREA is about. The offenders sign an acknowledgment form indicating they have read the brochure and discussed PREA with Classification Staff.

The following Monday, any offenders who arrived the week before will be called together to watch the PREA video. The video provides a more detailed explanation of PREA and the Department of Correction's stance of zero tolerance of sexual abuse and harassment. During the video the offenders have the opportunity to discuss any issues and concerns with staff thus providing a comprehensive education.

The PREA brochure is also available in Braille and there are posters in English and Spanish throughout the facility.

**115.34 SPECIALIZED TRAINING: INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

D1-8.1 Investigation Unit Responsibilities and Actions Effective Date: September 19, 2014  
Training modules that were developed 9/24/2012 were reviewed and contained required elements.  
Investigator McGee was interviewed.

**D1-8.13 Offender Sexual Abuse and Harassment Page 9 of 28 Effective Date: December 26, 20145.** PREA Specialized Training:

- a. Medical and mental health staff members shall receive annual specialized PREA training.
- b. All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training.

**115.35 SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE**

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

**Auditor comments, including corrective actions needed if does not meet standard**

**D1-8.13 Offender Sexual Abuse and Harassment Page 9 of 28 Effective Date: December 26, 20145.** PREA Specialized Training:

- a. Medical and mental health staff members shall receive annual specialized PREA training.
- b. All new investigator and administrative inquiry officers (AIOs) or designees assigned to investigate offender sexual abuse allegations shall receive specialized PREA training.

**115.41 SCREENING FOR VICTIMIZATION AND ABUSIVENESS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

The policy and procedure manual provided in pre-audit documentation, and also reviewed during interviews, included all of the elements of this standard. Interviews with staff and offenders found:

- During interviews with staff they were familiar with this classification process; they assign all offenders as Alpha (aggressor), Kapa (no issue) or Sigma (victim, need to be kept safe). Information from the screening is kept in a data base and is updated upon admission to this facility.
- Interviews with Corrections Case Managers (CCM) (who do the 72-hour and 30-day assessments at this facility) revealed that they are very thorough; they described examples of when the review caused the CCM to discuss changes in classifications based on behavior since admission to prison; and how the information gained during this assessment was useful in managing the offender. -Most frequently the assessment is done by the CCM within 24 hours, the morning after admission. When the assessment is done, it is entered into a database. A support staff weekly tracks the assessments, and sends reports to CCMs on when the 30-day reassessment is due.
- During the audit a report was provided from what is called the AIRA Assessment system, where 72-hour and 30-day assessments are done and tracked. All 72 hour assessments had been completed timely. In all but .009% of the cases 30-day assessments were completed within 30 days, and in the three instances that made up the .009% late rate, explanations were given. The practice is for the support staff to report this promptly to the Deputy Warden who addresses the issue as needed.
- Specific examples were given during CCM interviews of behavior during the first 30 days impacting classification/assignments. Again, during the 30-day assessment the CCMs are very thorough in this assessment, conduct research about any information in the data system or file; and use this assessment to get a good sense of the offender’s risk, as an aggressor or victim.
- In pre-audit documentation the screening instrument used was provided; and during interviews with CCMs, they had the screening instruments readily available; and were well-versed in the instrument. The instrument addresses all elements required by this standard. (Detention solely for civil immigration purposes does not apply at this facility.)
- In addition to the 72-hour and 30-day assessments, the policy and procedure manual specifically calls for incident-driven rescreening, and during interviews CCMs described this as the practice, and occurs for instance if there is a threat or incident of abuse, or an offender is in protective custody for a period.
- In interviews with offenders, they responded to questions indicating they were assessed, they were familiar with the issues addressed in the assessment; they had conversations with their case workers about the issues covered by the assessment; and no one reported they were penalized or threatened with any penalty based upon their level of participation in the discussion.
- Interviews with staff and observation during the tour reflected that those staff who need to know about the Alphas and Sigmas for housing, program and work assignments have access to the information; very frequent updates; and maintain the information physically out of viewing of any offenders.

**115.42 USE OF SCREENING INFORMATION**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided during the pre-audit process reflects policy and procedure that requires use of the classification to assist in determining appropriate housing, programs and work assignments to ensure offender safety, institutional security, and compliance with PREA guidelines. Also staff members who supervise offenders in required activity assignments are required to use the classification score to monitor offenders. Interviews and observations during the tour also found:

- Alphas and Sigmas are not housed in the same area; this is a treatment facility (therapeutic community) and each open bay is a “family” for treatment purposes; thus staff throughout identified that it is important that these two groups not be housed in the same bay. We were shown housing plans and assignments that supported this conclusion.
- All work supervisors are aware of classification, and Alphas and Sigmas are permitted to work on the same work detail/in the same area only when there is direct supervision; the most common practice is not to have them on the same work crew; it was reported that occasionally it is unavoidable, but it is only done with direct supervision. During the tour and when moving through the facility to conduct interviews, it was observed that inmate activity is closely monitored in this facility.
- Alphas and Sigmas can be in the same group for programming that is done above and beyond the substance abuse treatment done by “families.” Those making these group assignments were interviewed; they all reported two things: First, there is very



direct and close supervision and staff presence during all these programs; we observed this during the tour, with a high ratio of program staff (both contract and DOC) to the program participants; and this was reported in detail during interviews. Second, during interviews staff identified occasions where even with the close supervision it was felt there could be some challenge for a Sigma to participate in a group with an Alpha, so it was ensured there was no placement of the Sigma in a group with an Alpha. Documentation provided during the pre-audit process reflects policy and procedure that requires considering the health and safety needs of a transgender or intersex offender in housing and program assignments case by case; all of the elements of this standard are included in the policy. The policy calls for the formation of a Transgender Committee including the health services administrator, medical director, PREA coordinator, and others, to ensure compliance.

- This facility has had no transgender or intersex offender in the 12 months preceding the audit.
- In interviews staff articulated their understanding of the policy.
- A sample of the policy being followed in another facility was provided as part of documentation.

**115.43 PROTECTIVE CUSTODY**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects all of the elements of this standard are included in policy and procedure. Documentation was provided showing two examples in the 12-month period preceding the audit where the policy was followed, with temporary placement in segregation; with review within 30 days in one case (the offender was rehoused before 30 days in the other case); and with a specific statement of why this was necessary for the offender’s protection. Policy reflects that the offender has access to some programming and privileges; and the facility documents what opportunities were limited, duration and reasons. Interviews with staff indicated staff awareness of the need to consider any other housing alternative to involuntary segregation.

**115.51 INMATE REPORTING**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects all of the elements of this standard are covered in policy and procedure. Also a Memorandum of Agreement was provided between the Missouri DOC and the Department of Public Safety regarding reporting of sexual abuse. As well, copies of brochures and posters were provided, and these were seen prominently throughout the facility during the audit. Documentation also reflected that main room staff at this facility were directed on not opening any mail addressed to Department of Public Services, and to maintain strict confidentiality of any offender who addressed mail to that agency.

- Offenders can report by calling a hotline; by writing the Department of Public Safety, Crime Victims Services Unit, by telling or writing any staff member, private or anonymously, or through a third party.
- These options are reflected in an Arrival Packet provided to offenders upon admission; through a brochure that is given to the offender upon arrival at the facility; through a video that has been recently updated, through posters seen throughout the facility including by every offender phone; through an intake at admission to this facility (one of which was observed during the audit).
- During the tour and while in the facility for staff interviews, several times audit team members checked the phone line by calling it, and it worked, and a message could be left without any identifying information.
- During staff interviews they all expressed these various options for reporting.
- During inmate interviews they all expressed many of these options for reporting.
- During inmate interviews they expressed awareness of the video, giving specific details from the video.
- Because of the structure of the “families” for the therapeutic community, and because of some limits on phone privileges in the first few days of admission, offenders were specifically questioned about access to the phone line, and their answers indicated that any limits on phone access, or requirement of seeking approval through the therapeutic community, are exempted for PREA issues, which are to be treated as an emergency; inmates expressed being comfortable with their understanding that they could access the PREA hotline at any time, without seeking approval from anyone.

<b>115.52</b>	<b>EXHAUSTION OF ADMINISTRATIVE REMEDIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflects that the grievance policy has sections related to PREA which include all of the elements of this standard. The facility also provided a PREA Grievance Flow Chart for Sexual Abuse Grievances Only reflecting compliance with this standard.</p> <p>-The Corrections Case Manager who handles grievances for this facility was interviewed; she articulated a good understanding of the requirements of this standard and how a PREA grievance would be handled to comply with this standard.</p> <p>-One grievance had been filed in the 12-month period preceding the audit related to PREA; a review of the file reflected that the policy and standard had been followed. From the filing of the grievance to a resolution which the offender indicated was satisfactory took 38 days.</p> <p>-Offenders are informed in the Arrival Packet at the facility that they have the grievance process as an option and that the process will be expedited and that the offender will not be required to use any informal grievance process or attempt to resolve the incident with staff.</p> <p>-The facility has established a grievance-tracking process for PREA grievances specifically as a way to ensure the flow chart and process established is followed.</p> <p>-Interviews with inmates reflected they were aware they could access the grievance process for PREA reports, and they believed it would be treated as an emergency grievance with a quick response.</p>	
<b>115.53</b>	<b>INMATE ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES AND LEGAL REPRESENTATION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflects that policy and procedure include the elements of this standard, with specific provisions for the two organizations which have agreed to provide outside confidential victim advocacy and support services, and requiring that posters with contact information be available in housing units, chapel, library and other various locations in the facility.</p> <p>-Numerous efforts have been made to engage other organizations, and these efforts have been documented; funding for local organizations is the main barrier.</p> <p>-During the tour and otherwise while in the facility during the audit, postings with name, address, and phone number (including specifically how to make the calls) for the two organizations that have agreed to provide outside confidential victim advocacy and support services were observed in the living unit, the library, the chapel, visiting, and other places in the facility.</p> <p>-The postings inform the offenders that the phone calls may be monitored.</p> <p>-Interviews with offenders indicated they were aware of these services; some specifically commented that they knew the names of the organizations very well because they saw the postings whenever they made a phone call due to the location of the postings.</p> <p>-Contact information for these outside organizations is included in fliers/brochures throughout the facility; by policy and per interviews with staff by practice the flier is made available to any offender placed in temporary segregation.</p>	
<b>115.54</b>	<b>THIRD-PARTY REPORTING</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflects that the Missouri DOC includes a place on its public website with information about</p>	

PREA, and with a specific email address to make a third party report of sexual abuse or sexual harassment (along with a phone number or mailing address). See <http://doc.mo.gov/OD/PREA.php>. Interviews with staff indicated they are aware offenders can report through a third party. Interviews with inmates indicated they are aware they can have a person outside report for them, such as a family member, an attorney, a mentor, a pastor, or a friend.

**115.61 STAFF AND AGENCY REPORTING DUTIES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects that Missouri has a statute requiring any employee of the department who has reasonable cause to believe an officer in a correctional center has been abused to report it immediately in writing to the Director of the Missouri DOC, see Missouri Revised Statutes Section 217.410.1. The policy and procedure of the agency also requires staff to report, however the information is received.

-Staff interviews indicated that all staff are aware of the duty to report, whether they receive information in writing, verbally, anonymously, or through a third party; and that the duty to report is immediate, and they indicated they would do so both verbally and in writing, to their supervisor.

Policy also limits dissemination of sensitive information related to offender sexual abuse; and requires that medical and mental health staff shall inform offenders of their duty to report. Staff are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.

-Staff interviews with uniformed staff and case managers indicated they are all aware of the duty not to share any information about an incident of offender sexual abuse or harassment except as necessary to respond to the event and protect the offender. Documentation provided pre-audit reflects that medical and mental health staff at this facility have not had any situation requiring a report of any sexual abuse.

-Interviews with medical/mental health staff reflected their understanding of the duty to report, and that they should and would inform the offender of this duty and this limit on confidentiality at the initiation of services.

-There are no offenders under the age of 18 at this facility. Agency policy requires that if an offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws. Missouri Revised Statutes Section 630.005 mandates this reporting.

Policy, posted notices, information given to offenders at intake, and the Coordinated Response to Offender Sexual Abuse protocols all reflect that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous, to the facility’s designated investigator.

-Interviews with staff indicated they understood thoroughly that all reports, from whatever source, in whatever form, were to be reported to the supervisor immediately. Interviews with supervisors indicated they understood these reports were to be forwarded to the facility’s investigator (one on site, one remote), with no screening out of any for any reason.

-The facility reported they had not received any anonymous or third-party reports to forward for investigation.

**115.62 AGENCY PROTECTION DUTIES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided by the facility pre-audit reflects that policy and procedure require an immediate response if the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse.

-Interviews with uniformed staff and case workers reflected their understanding that if they had information from any source regarding an imminent threat, they should respond immediately. Corrections Officers indicated they would immediately notify their shift supervisor; shift commanders indicated they would respond immediately including addressing housing, notifying the investigator and PREA coordinator, and using the coordinated response protocols as needed.

-This facility has not had any offenders placed in segregated housing due to imminent risk of sexual abuse.

<b>115.63</b>	<b>REPORTING TO OTHER CONFINEMENT FACILITIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflects that the policy and procedure is that if an allegation that an offender was sexually abused at another Missouri DOC facility is made, the facility will initiate a coordinated response, and all relevant information forwarded to the site coordinator of the facility where the abuse was alleged to have occurred; if abuse is alleged to have occurred at a facility outside of the Missouri DOC, a coordinated response is initiative and forwarded to the PREA coordinator within 72 hours, and the PREA coordinator ensures notification is made to the outside agency within 72 hours.</p> <p>-The facility provided documentation of three instances of a report of sexual abuse occurring in an outside facility. In each instance, the event was alleged to have occurred in a jail, and the Sheriff in charge of the jail was notified within 72 hours.</p> <p>-The facility has not received any allegations from other confinement facilities.</p> <p>-Interview with the Deputy Warden (also the PREA Coordinator for the facility) reflected her understanding that notification was to occur of any event alleged to have occurred in another facility; and that a coordinated response would occur if a report was made of an event in another facility or of an alleged event in this facility.</p>	
<b>115.64</b>	<b>STAFF FIRST RESPONDER DUTIES</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflected that policy and procedure include all of the elements of this standard.</p> <p>-The facility has established an event check list for a PREA allegation notification, and provided examples of completed check lists from when allegations occurred.</p> <p>-The facility provided a copy of training that is provided to staff regarding staff first responder duties, and documentation that staff had completed the training.</p> <p>-Staff interviews reflected a thorough awareness by officers of first responder duties. Corrections officers have been provided a laminated short check list that is affixed next to their identification with steps, as a quick reminder. Clearly the officers were well versed in their first responder duties. They were able to give very specific steps regarding notification; regarding preserving physical evidence (when applicable); and regarding separating the alleged victim and abuser.</p> <p>-Staff interviews with case workers reflected their awareness that they should request that the alleged victim not take any actions that could destroy physical evidence, and then immediately notify security staff.</p>	
<b>115.65</b>	<b>COORDINATED RESPONSE</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Documentation provided pre-audit reflects that policy and procedure include a written institutional plan for a coordinated response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The coordinated response is detailed, clear, and explicit; and one has been developed and implemented for penetration events and non-penetration events. The importance of the coordinated response has been emphasized to staff verbally on an ongoing basis, and in writing, by senior department and facility staff. A check list has been developed and used to ensure the protocols of the coordinated response are followed.</p> <p>-Samples of the use of the check list were provided.</p> <p>-Interviews with first responders, medical, mental health, investigator and facility leadership staff all indicated their familiarity with the coordinated response, the importance of it, and the use of it.</p>	

-Interviews with offenders indicated that they are aware the facility is serious about PREA; and that there will be a response promptly to any allegation.

**115.66    PRESERVATION OF ABILITY TO PROTECT INMATES FROM CONTACT WITH ABUSERS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects that policy and procedure require that the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Current labor agreements were provided, one with probation/parole and one with corrections officers, both of which expressly give management the right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime.

**115.67    AGENCY PROTECTION AGAINST RETALIATION**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects that policy and procedure require that immediately following any reported incident of sexual abuse or harassment, monitoring for retaliation shall be conducted, with specific steps and time frames consistent with this standard.

- The facility has established a protocol/checklist for assessment of retaliation status
- The facility provided samples of documentation of monitoring following a reported incident
- Interviews with staff reflected their understanding that retaliation is prohibited
- Interviews with offenders found no reported instance of retaliation, and their understanding they were to be free from retaliation
- Interviews with Deputy Warden and staff charged with monitoring reflected an understanding and implementation of this policy and protocol.

**115.68    POST-ALLEGATION PROTECTIVE CUSTODY**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Documentation provided pre-audit reflects that the policy and procedure is that if there is an allegation of sexual abuse, the shift commander is to ensure the offender is housed in the least restrictive housing available to ensure safety. The policy includes all elements of 115.43.

- Interviews with segregation and senior staff at the facility indicate that offenders are not routinely placed in segregation when an allegation of abuse occurs. See further details at 115.43 above.
- This facility has not had any offenders placed in segregation housing due to imminent risk of sexual abuse.

**115.71    CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS**

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

Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D 1-8.1 and D 1-8.4 dictate compliance with Standard 115.71.

Investigators are trained to collect and preserve evidence, interviewing, report writing and continuing an investigation to prosecution when warranted. Investigation reports are well documented and are maintained by the agency. The PREA Coordinator has a tracking system which accounts for each referral and the status thereof.

MTC provided investigations for pre-audit review as supporting documentation. Auditors also reviewed investigation files on-site. Investigations reviewed indicated they were done in a prompt, thorough and objective manner.

The agency investigator interviewed was able to articulate elements of this standard and provided elements of agency training and investigations protocol. The investigator interviewed was also able to articulate procedures for counseling with prosecutors and outside law enforcement agencies.

**115.72 EVIDENTIARY STANDARDS FOR ADMINISTRATIVE INVESTIGATIONS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility does not employ a standard higher than a preponderance of evidence as proof in determining whether allegations of sexual abuse or sexual harassment are substantiated. Review of the investigations supported this as practice.

**115.73 REPORTING TO INMATES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates facility compliance with Standard 115.73.

The policy dictates, upon the conclusion of an investigation, the facility informs the offender whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.73(b) is not applicable to this audit.

The policy dictates that following an allegation involving staff-on-offender sexual abuse, (unless determined to be unfounded) the facility informs the offender when; the staff member is no longer posted within the offender's living unit, the staff member is no longer employed at the facility, the agency learns the staff member has been indicted on a charge related to sexual abuse, or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing this offender notification.

The policy dictates that, following an offender's allegation he/she has been abused by another offender, the facility informs the alleged victim when; the agency has learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PREA Site Coordinator is charged with providing the notification to the offender.

The policy dictates the notifications shall be done in writing.

The auditors viewed examples of this policy being followed.

<b>115.76</b>	<b>DISCIPLINARY SANCTIONS FOR STAFF</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and Policy D2-11.10 dictate compliance with Standard 115.76.

The policy dictates staff are subject to disciplinary sanctions up to and including termination for violations of agency sexual abuse or sexual harassment policies.

The policy dictates termination as the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

Policy D2-11.10 Staff Member Conduct addresses incidents of staff misconduct of a sexual nature and includes sexual abuse and harassment of offenders.

Policy D1-8.13 dictates 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

When the personnel clerk was interviewed she indicated the policy would be followed and staff are aware of the policy. MTC reported there were no incidents to report to relevant licensing bodies during this audit period.

<b>115.77</b>	<b>CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.77.

The policy dictates contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement and relevant licensing bodies.

The policy further dictates the facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in cases of any other violations.

Policy D2-13.1 Volunteers addresses conduct pertinent to volunteers and dictates any allegation of sexual abuse or sexual harassment will be referred for investigation.

MTC reported there were no incidents involving a contractor or volunteer to report to law enforcement or relevant licensing body during this audit period.

**115.78 | DISCIPLINARY SANCTIONS FOR INMATES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.78.

The policy dictates offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse.

The policy dictates sanctions shall be commensurate with the nature of and circumstances of the abuse committed, the offender’s disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The policy dictates if an offender’s mental disability or mental illness contributed to his behavior this should be considered when determining sanction(s).

The policy dictates if found guilty, the offender shall be referred for appropriate treatment to include therapy or counseling by mental health staff.

The policy dictates an offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent.

MTC provided MDOC Conduct and Rules Sanctions IS19-1.1 addressing consensual and non-consensual sexual activity of offenders.

**115.81 | MEDICAL AND MENTAL HEALTH SCREENINGS; HISTORY OF SEXUAL ABUSE**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy IS11-32 Receiving Intake Unit and D1-8.13 Offender Sexual Abuse and Harassment address compliance with Standard 115.81.

Both policies dictate that if an offender discloses victimization or perpetration of sexual abuse whether it occurred in an institutional setting or in the community, staff offer a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Adult Internal Risk Assessment (PREA screening) documents whether a mental health referral was accepted or declined and, if accepted, prompts staff to complete the mental health referral.



Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments or as otherwise required by state or local law. Both policies dictate medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

MTC also provided medical and mental health PREA event logs and offender confinement records as supporting documentation for this standard.

**115.82 ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.82.

The policy dictates that offenders shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The scope of such services is to be determined by medical and mental health practitioners according to professional judgment. Documentation and specialized staff interviews supported this as practice.

The policy dictates that offender victims of sexual abuse while incarcerated shall be offered timely information about and time access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

The policy dictates services will be provided to the victim without financial cost whether the victim names the abuser or cooperates with the investigation.

MTC utilizes CORIZON as the medical provider and provided Part 2.4 of the contractual agreement between MTC and CORIZON as supporting documentation denoting CORIZON's obligation to provide medical and mental health services to MTC offenders in compliance with the PREA Standards.

The same contractual agreement denotes in the Offsite Hospital Care section, CORIZON will be responsible for and will arrange timely payment for all hospital care and related health care expenses.

Staff interviewed articulated facility practice and agency policy in regards to medical and mental health care provided in incidents of sexual abuse.

**115.83 ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 dictates compliance with Standard 115.83.

MTC offers medical and mental health evaluations and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The policy dictates follow-up services shall be provided and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody.

The policy and practice indicates that MTC provides services consistent with the community level of care.

The policy dictates victims of sexual abuse shall be offered prophylaxis for sexually transmitted infections.

115.83(d), (e), do not apply as MTC is an all-male facility.

The policy dictates treatment services are provided without financial cost and regardless of whether the victim names the abuser or cooperates with the investigation.

The policy dictates an offender perpetrator of sexual abuse shall receive mental health evaluation by a qualified mental health practitioner within 60 days of learning of such abuse.

MTC has not had any referrals to show as examples of follow up care provided to offenders as supporting documentation for this standard.

**115.86 | SEXUAL ABUSE INCIDENT REVIEWS**

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

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 addresses compliance with Standard 115.86.

The policy dictates MTC shall conduct a sexual abuse incident review, or “debriefings,” at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation was determined to be unfounded. It is documented on the PREA sexual abuse debriefing form and submitted to the PREA Coordinator, Chief Administrative Officer, and assistant division director.

The policy dictates such reviews shall be held within 30 days of a formal investigation, that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners, and that facilities shall implement the recommendations for improvement or document its reasons for not doing so.

MTC provided as supporting documentation a sample review which documented all elements of Standard 115.86(d) 1-6.

Auditors concluded based on supporting documentation provided by MTC and the interviews of staff who articulated the importance of sexual abuse reviews and their relevance to enhance the safety of offenders and staff that policy is being followed.

<b>115.87</b>	<b>DATA COLLECTION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	
<p><b>Auditor comments, including corrective actions needed if does not meet standard</b></p> <p>Agency policy D1-8.13 addresses compliance with Standard 115.87.</p> <p>The policy describes the collection of uniform data by the Agency PREA Coordinator. Data is collected and reported on BJS Survey of Sexual Violence in addition to maintaining data in the information network (COIN) system. Policy and practice indicated that data is collected annually, at a minimum.</p> <p>MTC provided documentation of monthly incident based data for years 2013 and 2014, and the annual report by facility for 2013.</p> <p>115.87(e) does not apply to this audit.</p>	
<b>115.88</b>	<b>DATA REVIEW FOR CORRECTIVE ACTION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action) <b>Auditor comments, including corrective actions needed if does not meet standard</b>	
<p>Agency policy D1-8.13 dictates compliance with Standard 115.88.</p> <p>The policy outlines the Agency PREA Coordinator’s responsibilities in collecting and aggregating data and preparing an annual report, pursuant to 115.88. Data was available and was reviewed by auditors on the agency’s website.</p> <p>Data is collected and used to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Problem areas are identified and corrective actions are noted on an ongoing basis. The agency prepares an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>The report(s) compares data from previous years along with corrective actions and denotes the agency’s progress in addressing sexual abuse.</p> <p>The reports are submitted and approved by the agency head, the Agency PREA Coordinator, and are provided on the agency’s website. The website was reviewed by auditors and was found to be compliant with element(s) of this standard.</p> <p>The agency redacts specific material from reports when publication would present a clear and specific threat to the safety and security of a facility. The agency indicates the nature of the material redacted.</p> <p>MTC provided the MTC PREA yearly report for 2013 and the Missouri Department of Corrections yearly PREA report for 2013 as supporting documentation.</p>	
<b>115.89</b>	<b>DATA STORAGE, PUBLICATION, AND DESTRUCTION</b>
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard) <input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period) <input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

**Auditor comments, including corrective actions needed if does not meet standard**

Agency policy D1-8.13 and practice assert that data is securely retained. Data is available via website and can be viewed by the public. Personal information is redacted.

**AUDITOR CERTIFICATION:**

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

*Raw Baker*  
\_\_\_\_\_  
Auditor Signature

5/21/2015  
Date