

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: April 24, 2017

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| Auditor Information | | | |
| Auditor name: Bobbi Pohlman-Rodgers | | | |
| Address: PO Box 4068, Deerfield Beach, FL 33442-4068 | | | |
| Email: bobbi.pohlman@us.g4s.com | | | |
| Telephone number: 954-818-5131 | | | |
| Date of facility visit: 03/28/2017 | | | |
| Facility Information | | | |
| Facility name: Tillamook Youth Correctional Facility | | | |
| Facility physical address: 6700 Officer Row, Tillamook, OR 97141 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 503-842-2565 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input checked="" type="checkbox"/> State | <input type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input checked="" type="checkbox"/> Correctional | <input type="checkbox"/> Detention | <input type="checkbox"/> Other |
| Name of facility's Chief Executive Officer: Superintendent Mike Riggan | | | |
| Number of staff assigned to the facility in the last 12 months: 37 | | | |
| Designed facility capacity: 50 | | | |
| Current population of facility: 42 | | | |
| Facility security levels/inmate custody levels: Close Custody | | | |
| Age range of the population: 14-24 | | | |
| Name of PREA Compliance Manager: Mike Riggan | | Title: Superintendent | |
| Email address: mike.riggan@oya.state.or.us | | Telephone number: 503-842-2565 | |
| Agency Information | | | |
| Name of agency: Oregon Youth Authority | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text. | | | |
| Physical address: 530 Center Street NE, Suite 200, Salem, OR 9731 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 503-373-7205 | | | |
| Agency Chief Executive Officer | | | |
| Name: Fariborz Pakseresht | | Title: Director | |
| Email address: fariborz.pakseresht@oya.state.or.us | | Telephone number: 503-373-7212 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Dallas Tully | | Title: PREA Coordinator | |
| Email address: dallas.tully@oya.state.or.us | | Telephone number: 503-373-7203 | |

AUDIT FINDINGS

NARRATIVE

Tillamook Youth Correctional Facility received an on-site PREA audit beginning on March 28 and March 29, 2017. DOC Certified PREA Auditor Bobbi Pohlman-Rodgers conducted the two day on-site audit. Prior to the on-site audit, the auditor sent to the facility the Audit Notices in both English and Spanish to be posted at the facility in areas that were accessible to both residents and staff. The facility provided to the auditor, within 4 weeks of the on-site audit, a completed Pre-Audit Questionnaire and flash drive which contained all requested documents. One week prior to the audit, the auditor contacted the Camp Director and reviewed the daily itinerary, as well as requested additional documents to be made available upon the auditor's arrival. The documents included a current list of staff and residents from which the auditor would select interviewees.

The auditor met with Superintendent/PREA Compliance Manager Mike Riggans, Assistant Camp Director Tony Kornegan, Camp Counselor Jared Hartford, Treatment Manager Dan Howard, and Agency PREA Coordinator Dallas Tully. Director Fariborz Pakseresht, Chief of Operations Denessa Martin, Rules & Policy Coordinator Winifred Skinner, and Internal Auditor Jodi Cochran joined the entrance meeting by phone on March 28, 2017. The discussion included the daily activities for the one day on-site audit, interviews, tour of the facility, additional documentation request time frames, and the process of the final report.

Upon completion of the meeting, the auditor reviewed the list of staff and residents. The auditor selected at random both staff and residents to interview, which included 10 random and 13 random staff. Ten specialized positions were interviewed on the day of the audit that included the Superintendent, PREA Compliance Manager, Upper Level Management, Medical, Mental Health, Intake Staff, Risk Screening staff, Segregation staff, Incident Review Staff, and Retaliation Monitor. Additionally, on March 28, 2017 the auditor interviewed the Agency Director, investigator, and human resources staff. On March 29, 2017, the auditor interviewed the agency-wide PREA Coordinator.

A tour of the facility was conducted. The auditor viewed all areas of the single building and all outside areas. Observed during the tour were the Audit Notices, internal and external methods of reporting sexual abuse and sexual harassment, and information on access to the local sexual assault support services.

On March 30, 2017, an exit meeting was held to discuss concerns that had been addressed during the audit and included agency staff by phone.

DESCRIPTION OF FACILITY CHARACTERISTICS

Tillamook YCF is under the guidance of the Oregon Youth Authority (OYA). The mission of the Oregon Youth Authority is to protect the public and reduce crime by holding youth offenders accountable and providing opportunities for reformation in safe environments. The agency vision is that youth who leave OYA go on to lead productive, crime-free lives. OYA's core values provide the foundation for the decisions, actions and practices that make up the agency's daily work. These core values guide and inform all that agency staff do to protect public safety, reduce crime, hold youth offenders accountable, aid in their reformation, and keep them safe.

Tillamook Youth Correctional Facility (YCF) is located in the city of Tillamook, within Tillamook County, nearby to cities South Prairie, Fairview and Hathway-Mead. This building was opened in 1997, sits on 10 acres, and is nearby to the Tillamook Air Museum, Tillamook Airport, Tillamook County Sheriff's Office, and the Oregon State Police building.

Tillamook YCF is a 50-bed correctional facility with specialized services for youth that have a sexual offense history. The goal is to assist each youth to successfully address their specific education and treatment needs in an age appropriate manner as determined by their Multi-Disciplinary Team (MDT), which meets quarterly and includes the youth and approved family members. Approximately half of the population are youth convicted as adults from the Department of Corrections that are preparing for parole or early release hearings while being productive with their educational and treatment goals during their incarceration. Youth earning their high school diploma can continue their education with on-line College courses, which is an important opportunity and incentive for many of the youth who may not have access to higher education in the community.

Treatment goals are determined by a youth's MDT, which develops goals for a successful community transition. Goals may include participating and completing treatment groups, working towards a high school diploma, passing a sexual history disclosure polygraph, and preparing for community transition.

Educational needs are met through the Tillamook District Trask River High School. Opened in 2010, this school sits adjacent to Tillamook YCF and offers both a high school diploma and transferrable college credits. The high school also offers vocational education involving metal and wood shop projects. Treatment services include Aggression Replacement Training (ART), Pathways (D&A), Changing Offender Behavior (COB) and Skill Streaming (Boys Town Curriculum). Sex offender treatment includes Pathways, polygraphs, relapse prevention, community safety plans, and victim/family clarification. Mental health, psychiatric and family services are available as well. A facility canteen, grill and coffee shop is available for youth and visitors. Visitation is held two times a week and advance notice is preferred. Special visits may be arranged through the Treatment Manager.

Tillamook YCF is a single story building that contains administrative offices, conference room, multi-use seclusion room, medical clinic, indoor gymnasium offering weights and basketball, canteen, staff offices, and laundry. An outdoor area provides space for recreational activities such as baseball and volleyball. There are 85 cameras and recording capability is approximately 30 days. There are no cameras that view bathrooms or showers.

There are two distinct housing units – Orca and Trask. Each unit operates independently and provides treatment. The units are dorm-like with a sleeping area that houses 25 youth. Each unit is assigned a Treatment Manager and Unit Coordinator who oversees the youth's progress. Group Life Coordinators are staff that oversee and supervise the day to day activities. Privacy is offered through general use bathrooms that are not viewable by staff unless they enter the area. Doors in the shower areas provide privacy for youth. Each unit has a day room with computers, televisions, tables, couches, and lockers. Within the units the auditor observed the pre-audit notice and both internal and external ways to report sexual abuse and sexual harassment. While telephones are available by youth request in the Treatment Manager/Unit Coordinator offices, there is a mobile phone that is used within the housing unit.

SUMMARY OF AUDIT FINDINGS

The on-site audit concluded with a meeting with the Superintendent/PREA Compliance Manager, Treatment Managers, and Agency PREA Coordinator, and by phone the Director, Deputy Director, Chief of Operations, Rules & Policy Coordinator and the Internal Auditor. The auditor addressed a few areas where additional information would be needed to make a determination of compliance. Prior to the writing of this report, the facility provided documentation that met the needs of the standard and the auditor for compliance.

It is noted that there were four allegations of sexual abuse in the past 12 months. Of these, three were reported in a time frame to respond to the report and separated the alleged victim and abuser, none were reporting within a time frame to preserve and collect physical evidence.

Staff interviews confirmed the staff's knowledge of policies, procedures and practices, as well as expectations of protecting residents. Resident were able to articulate the various methods of reporting sexual abuse and sexual harassment. Sexual abuse and sexual harassment reporting was observed throughout the facility.

The auditor thanks the Oregon Youth Authority and staff for their dedication towards compliance with PREA standards. The facility staff were open to the audit process and most welcoming. It has been the auditor's pleasure to work with both the agency and this facility.

Number of standards exceeded: 4

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: This Zero-Tolerance policy provide guidelines for staff to prevent, detect, and respond to all forms of sexual abuse and sexual harassment within OYA facilities and community placements. It includes strategies and responses to reduce and prevent sexual abuse and sexual harassment, including policy definitions, requirements to respond to and investigate allegations of sexual abuse and sexual harassment, staff training, youth education, confidentiality, youth reporting, third-party reporting, retaliation, youth placement, responding to allegations, and data collection and monitoring.

Mike Riggans serves as both the Superintendent and the PREA Compliance Manager. While he has only been in this position for 7 weeks, he has served as both at a prior facility. He reports approximately 10% of his time is spent on PREA related tasks. Coordination of the facilities efforts to comply with PREA standards includes staff meetings, tours of the facility, reviewing documentation, and staff refreshers. In addressing an identified issue, he work on communicating expectation, meetings/trainings, utilizing the agency wide PREA Coordinator, meeting with youth, and inspecting the outcome.

Dallas Tully is the agency wide PREA Coordinator. This position is a legislative funded position since 2006. Oregon Youth Authority Organizational Chart showing that the Agency-wide PREA Coordinator is a position within Professional Standards. The position answers directly to the Chief Investigator. She reports that she feels she has enough time to manage all of the PREA duties. She currently has 10 facilities and 9 PREA Compliance Managers that she works with on a regular basis. She reports that actions/processes to address deficiencies include working with all program areas, clearly identifying the deficient, troubleshooting, finalization of resolutions and implementation. She also works with other disciplines on policy reviews to ensure continued compliance.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

The agency does not contract with any other facilities for the confinement of residents. This standard is N/A.

Standard 115.313 Supervision and monitoring

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

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

Agency policy II-A-3.0, SUPERVISION OF OFFENDERS, revised 12/30/2014: Requires facility management staff to conduct unannounced rounds to every living unit and program area of the facility to enhance offender supervision, and identify and deter safety and security issues. The rounds must be conducted on differing shifts and staff are not permitted to alert other staff that the rounds are occurring, unless it is related to the operational functions of the facility. Rounds must be documented in JJIS Unit Logs.

The agency requires that each facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against abuse. There are no obligations (legal, regulatory or through judicial consent decrees) to maintain staffing ratios of staff to resident 1:8 during waking hours and 1:16 during sleeping hours. The plan is reviewed annually in collaboration with the PREA Coordinator.

The agency wide PREA Coordinator reports that the Assistant Director of Facility Services meets annually with Superintendents and Camp Directors, as well as herself, to review staffing plans and make adjustments if necessary. Additionally, Administrative Incident Review information used to help addresses any staffing concerns.

The current staff to resident ratios are 3:25 on both day and swing shift, and 1:25 between 10 PM and 6 AM. Given current staffing patterns for the facility, there are a minimum of three direct care staff on duty during day shift; three on swing shift; and one during sleeping hours. This facility has two Treatment Managers and a Unit Coordinator who are able to assist with supervision and two Qualified Mental Health Professional (QMHP) also has the requisite training to provide direct supervision of youth.

The staffing plan review was last conducted on November 11, 2016. The staffing plan identified no external or internal, judiciary, or federal investigative agency findings of inadequacy; considers generally accepted practices, composition of the population, programming on each shift, applicable state or local laws, regulations or standards, and prevalence of incidents of sexual abuse; and addresses the overtime rotation and that supervisory staff are trained and available to fill in as needed.

Weekly unannounced PREA rounds are conducted by the Treatment Managers and these are documented clearly on the unit log.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Agency policy II-A-2.0, SEARCHES OF YOUTH AND YOUTH PROPERTY IN OYA FACILITIES, revised 05-24-2016: Policy

identifies when searches are to be performed. Searches authorized through policy include mechanical searches (metal detection), frisk search, and comprehensive search. Policy prohibits physical body cavity searches in OYA facilities. Both frisk and comprehensive searches require same gender staff to conduct these searches. An exception to the same gender staff search if a transgender or intersex youth requests opposite gender staff to search them. In this case, the transgender or intersex youth's wishes shall be documented in the Juvenile Justice Information System (JJIS) as an Alert. All cross-gender searches are required to be documented in the JJIS Unit Log. Policy prohibits searching a youth for determining biological gender, and if needed, the staff must refer to the health care provider to obtain this information. The comprehensive search requires two staff of the same gender be present.

Agency policy II-A-3.0, SUPERVISION OF OFFENDERS, revised 12/30/2014: Requires that staff of the opposite gender of the offenders must announce their presence when entering an area where offenders are likely to be performing bodily functions; or revealing their genitalia, breasts, or buttocks while changing clothes or showering. Opposite-gender staff are required to announce their presence when entering a living unit dormitory or sleeping area. Policy addresses the supervision of residents in restrooms and showers noting that cross-gender viewing of an offender's genitalia, breasts, or buttocks is prohibited, and only a staff member of the same gender as the offenders may supervise an offender who is showering, changing clothes, or toileting. Staff are required to position themselves in a manner that allows them to oversee and hear the offenders while providing appropriate personal space for the offenders to complete hygiene care. Video monitoring is prohibited in restrooms and shower rooms. Transgender and intersex offenders are given the opportunity to shower separately from other offenders.

Training material: PowerPoint – Introduction to Contraband and Youth Search Refresher Training were reviewed.

Staff does receive annual training on searches and the facility does not permit cross-gender comprehensive searches or any body cavity searches. The facility offers privacy to residents through separate areas where youth toilet, shower and change clothing. While all staff have received appropriate training on the requirement for cross-gender staff to announce themselves, staff interviews report that they do not always hear the female staff announce themselves when entering the unit. Prior to the writing of this report, the Superintendent conducted a training for all staff on this requirement.

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

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires the provisions of youth education that includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric, or speech disabilities).

Agency policy I-D-2.1, USE OF LANGUAGE SERVICES, effective 04/29/2016: Addresses situations where the use of language services is required – including Multidisciplinary Team meetings, notifying a youth of the youth's rights, responsibilities, and grievance process, communications involving medical, psychological or technical information, investigations and disciplinary procedures, collection of evidence or other sensitive situations (except temporarily in unforeseen emergency circumstances), court or legal proceedings, when seeking consent, explanations of conditions or probation, parole, or release, and outlining violations of probation/parole and recommendations. The policy also requires that language services must be sought when communicating with youth or their family members first with bilingual staff as identified by the agency Human Resources Office, other staff fluent in the language or interpretation, contracted in-person interpreters, contracted telephonic interpreters, and lastly youth, family members, or volunteers may be used during an unforeseeable emergency while staff are waiting for an authorized interpreter.

The agency has contracts for the provision of the following services: Oral Interpretation, Written Translation, and Deaf and Hard of Hearing services. The Agency Director confirms that all efforts are made to ensure that youth understand their rights and that in addition to the MOU's in place for services, the agency has identified 9 staff within the agency who are qualified to act as interpreters.

Interviews with staff confirm that residents are not utilized for interpreter services. Agency staff interpreters are available if needed. Youth are assessed prior to and on intake for additional needs.

Standard 115.317 Hiring and promotion decisions

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires criminal records check and child abuse registry checks on every applicant and contractor who may have direct contact with youth, 5-year criminal records checks on staff members and contractors, and criminal record checks on the promotion of a staff member. Requires best effort to contact all previous institutional employers to obtain information on substantiated allegations of sexual abuse and sexual harassment, consideration of incidents of substantiated sexual harassment when determining whether to hire or promote staff or enlist the services of any contractor who has contact with youth, an a duty to disclose at hire and annually. Considers omissions regarding such conduct or the provision of false information as grounds for termination. Provides information on substantiated allegations of sexual abuse or sexual harassment upon receiving a request from an institutional employer.

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires that the Professional Standards Office must report findings of an investigation to specific state agencies and relevant licensing bodies as required by law or as determined by the director, or designee.

PREA Acknowledgement System – An annual computerized system that requires staff to answer “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement or other institution?”, “Have you ever been convicted of engaging or attempting to engage in sexual activity by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?”, “Have you ever been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?”, and affirming and attesting that they have read, understand and agree to comply with the I-A-10.0 PRMOSA policy.

In an interview with a Human Resources staff member it was confirmed that all employees, contractors, volunteers, and interns would receive a criminal records check prior to contact with youth. Additionally, employees who are pending promotion also receive a criminal records check. Employees, contractors and volunteers receive a repeat criminal records check annually, as well as an annual Driver’s License check. The three required questions regarding sexual abuse in the community or any civil or administrative adjudications are asked of every person at hire, and employees and contractors repeat this every year as a part of their PREA education component. Information regarding previous misconduct is provided to potential employers automatically if the potential employer is in Oregon, otherwise an authorization for release for information is required. He also reported an MOU with the Department of Human Services that provides the Oregon Youth Authority of any allegation in which an employee is mentioned.

A review of the random files selected, criminal record checks were conducted annually during the past three years.

Standard 115.318 Upgrades to facilities and technologies

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

- Does Not Meet Standard (requires corrective action)

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

The Oregon Youth Authority Director confirmed that all designs, modification or planning of modifications to buildings are conducted with PREA requirements in mind. Specifically, the design must ensure direct line of sight for youth and staff safety. The same considerations are given when planning or upgrading/installing video recording equipment.

There were no substantial expansions or modifications to the existing facility since the last audit. The facility did enhance the camera system since the last audit to ensure clear video for investigative purposes.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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Agency Form YA 1958, FACILITY FIRST RESPONDERS TO SEXUAL ABUSE CHECKLIST, revised 05/2015: Form used by first responders to document any information that may indicate evidence is present up to 96 hours after an allegation of sexual abuse.

Agency Form YA 1959, FACILITY SARRT SEXUAL ABUSE INCIDENT CHECKLIST, revised 05/15: Forms used by the SARRT Team member to ensure medical evaluation and treatment is sought, complete notifications, make referral for mental health assessment of victim and alleged perpetrator, coordination for immediate transport of both victim and alleged perpetrator to a designed health care facility for collection of forensic evidence, and begin the Sexual Abuse Response and Resource Coordinator (SARRC) Log documentation/monitoring.

Interagency Agreement with the Oregon State Police, dated 11/13/2014: Requires sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon State and best practice.

Memorandum of Understanding with the Tillamook County Women’s Resource Center, dated November 12, 2014, which provides a victim advocate to support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referrals. Tillamook County also provides a community based SART program that involves the Tillamook County Women’s Resource Center, District Attorney’s office, representatives of law enforcement, medical center staff, and the county Victim’s Assistance Program. Tillamook Regional Medical Center has SANE services, and as a part of the SART program, will immediately contact the Women’s Resource Center for the provision of a victim advocate.

The agency is responsible for Administrative investigations only. The Oregon State Police is responsible for criminal investigations and there is an Interagency Agreement to this effect. The agency has a protocol that is developmentally appropriate for youth and was based on the most recent information available.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires that the Professional Standards Office, who is supervised by and acts on behalf of the Oregon Youth Authority director or designee, must coordinate and assist OYA's compliant process by receiving, tracking, or investigation sexual abuse or sexual harassment allegations. Requires that the Professional Standards Office must investigate each allegation/complaint it receives or refers the investigation to the appropriate agency and must contact law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as the liaison with any law enforcement investigating a staff or nonstaff.

Interagency Agreement with the Oregon State Police, dated 11/13/2014: Requires sexual assault investigations will be conducted in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon State and best practice. A copy of this Interagency Agreement is on the OYA website.

The interview with an investigator provided that all allegations of sexual abuse or sexual harassment are referred to the Oregon State Police if the allegation involves potentially criminal behavior. There were 4 allegations of sexual abuse in the past 12 months and all 4 received both an administrative and criminal investigation.

Standard 115.331 Employee training

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires all staff shall receive instruction related to the prevention, detection, reporting and investigating of youth sexual abuse and sexual harassment during New Employee Orientation (NEO) and annual In-service Training (through ILEARN) which includes gender specific training. Topics include the zero-tolerance policy, how to prevent, detect, report and respond to allegations of sexual abuse and sexual harassment, youth's right to be free from sexual abuse and sexual harassment, staff and youth rights to be free from retaliation for reporting sexual abuse and sexual harassment incidents, dynamics of sexual abuse and sexual harassment in juvenile facilities, field offices, and community programs, common reactions of juvenile victims of sexual abuse and sexual harassment, how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth, how to avoid inappropriate relationships with youth, how to communicate effectively and professionally with youth, including LGBTQQI, and gender nonconforming youth, and relevant laws regarding the applicable age of sexual consent.

Agency Form YA 4014, FACILITY ACCESS – LEVEL II – EMPLOYEES, VOLUNTEERS, CONTRACTORS, INTERNS, AND PERSONS CONDUCTING BUSINESS WITHIN AN OYYA FACILITY, revised 06/15: Requires the visitor's acknowledgement of

understanding that they must report to a staff member or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender.

Employee PREA Course was provided and reviewed. The course contains all topics as noted above. Refresher training through the PREA Information Packet that includes refresher training on all above noted topics. Random staff files reviewed showed that staff have completed the PREA training annually, along with PREA refresher information sent out.

Standard 115.332 Volunteer and contractor training

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

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

Volunteers Training Overview: A review of this required training for all volunteers includes the Prison Rape Elimination Act, Child abuse laws and reporting, and Boundaries. This training also requires volunteers to report any information, suspicion or knowledge of sexual abuse or sexual harassment to the agency.

Agency Form YA 4007, FACILITY ACCESS – LEVEL 1 – OFFENDER VISITER AND FACILITY GUESTS, revised 06/15: Requires the visitor's acknowledgement of understanding that they must report to a staff member or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender.

Agency Form YA 4014, FACILITY ACCESS – LEVEL II – EMPLOYEES, VOLUNTEERS, CONTRACTORS, INTERNS, AND PERSONS CONDUCTING BUSINESS WITHIN AN OYYA FACILITY, revised 06/15: Requires the visitor's acknowledgement of understanding that they must report to a staff member or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender.

Agency Form, YA 4016, FACILITY ACCESS – VET – PERSON ENTERING WITH A NON-FACILITY VEHICLE, EQUIPEMENT OF TOOLS, revised 06/15: Requires the visitor's acknowledgement of understanding that they must report to a staff member or the Oregon State Police of any observed, suspected, or reported abuse or harassment of an offender.

Volunteers and contractors are provided appropriate training prior to working with youth.

Standard 115.333 Resident education

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised
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06/18/2015: Requires all youth to receive a Youth Safety Guide and Hotline card at intake. Staff shall document in JJIS, and on form YA 4033 – INTAKE CLOSE-CUSTODY YOUTH SAFETY ORIENTATION that the Youth Safety Guide and Hotline card were given and explained to the youth, and the youth indicated an understanding. Requires that staff must also provide each youth with a comprehensive age-appropriate presentation (in-person and electronic) regarding the youth’s right to be free from sexual abuse and harassment, free from retaliation for reporting incidents, and how OYA must respond to such incidents within 10 days of a youth’s commitment to OYA custody and that this is documented on for OYA 4034. Requires that facilities must have information readily available and displayed for youth regarding sexual abuse and sexual harassment and how to report. Requires that youth education includes formats accessible to all youth, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills, or are otherwise disabled (e.g., intellectual, psychiatric or speech disabilities). Requires all facilities and field offices to provide youth with, or display in an accessible area, mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations; OYA safety posters, hotline information posters, and Youth Grievance forms (YA 1300).

OYA Youth Safety Guide provides youth with the agency zero-tolerance policy, definitions, what to do if sexually assaulted and how to report in youth appropriate language.

OYA Hotline Card is a laminated card provided to youth with all methods of reporting any threats, harassment or abuse (emotional, physical or sexual).

Interviews with the staff who conducts intake found that all youth receive the Youth Safety Guide and OYA Hotline Card upon intake. Comprehensive education is provided by the same person within 10 days. The majority of the files reviewed showed the youth had been at the facility prior to the start of this system; however those who arrived afterwards received the education as required by policy and PREA standards.

Standard 115.334 Specialized training: Investigations

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires that Professional Standards Office investigators must complete specialized training specific to conducting sexual abuse investigation in juvenile justice settings.

Training provided to investigators includes the NIC: Specialized Training: Investigating Sexual Abuse in Confinement Settings; OYA/PREA Interviewing Training; Washington County Sheriff’s Office and Training Force USA: Prison Rape and Sexual Assault Investigations inside Correctional Facilities, and Moss Group Module 2: Legal Considerations in Investigating Sexual Assault and Staff Sexual Misconduct.

A Professional Standards Office investigator was interviewed. He confirmed that he completed the NIC specialized training in 2015, as well as completed an annual PREA education through ILEARN. Topics covered in the specialized training included definitions, process, investigative process, techniques for interviewing, Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

A review of the investigators transcript found that he has completed required general PREA training as well as specialized training required for investigators.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires that medical and mental health care practitioners must completed specialized training on how to detect and asses signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, and how and where to report allegations or suspicions of sexual abuse or sexual harassment.

Both medical and mental health staff interviews confirmed that they are required to complete both general PREA education annually and specialized training. File reviews indicated that all received the annual general PREA education and specialized training is through the National Institute of Corrections.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires that a mental health practitioner will evaluate a youth within 72 hours of a youth’s initial intake to close custody, transfer to another OYA facility and annually, specifically to determine the youth’s vulnerability to sexual abuse and sexual harassment through the following risk factors: age, physical size and stature, intellectual or developmental disabilities, level of emotional and cognitive development, mental illness or mental disability, physical disabilities, current charges and offense history including sexual offenses, first-time-youth status, past history of victimization, any gender nonconforming appearance or manner or identification as LGBTQQI, youth’s own perception of vulnerability and any other specific information about the youth that may require an increase in supervision, additional safety precautions, or separation from certain youth. Requires that a mental health practitioner will evaluate a youth within 72 hours of the youth’s initial intake to close custody, transfer to another OYA facility, and annually, specifically to determine if there are indications that the youth is prone to sexually abusing other youth, including history of sexually aggressive behavior, history of violence – especially if related to a sex offense with same gender victim, and antisocial attitudes indicative of sexually aggressive behavior.

Sexual Violence Assessment Tool: Tool used to assess youth for vulnerability or sexually aggressive behavior that contains all areas as required by policy and PREA standards. There are two versions – female and male.

Interview with the agency wide PREA Coordinator found that access to a resident’s risk assessment and other screening information is based upon need to know and permissions. Hard copies are kept in the confidential medical files where are accessible to medical and mental health providers, and to the multidisciplinary team for treatment planning.

An interview with the staff who conducts the risk assessment verified that the risk screening is typically started within 20 minutes of a youth's arrival at the facility. The Sexual Violence Assessment Tool (SVAT) is completed as required by policy. There was some uncertainty of whether the SVAT is completed again when new information became known. The agency provided refresher training on the policy prior to the writing of this report. A review of random files found that the SVAT is completed on the day the youth arrives at the facility.

Standard 115.342 Use of screening information

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

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

Agency policy, II-F-1.0, OFFENDER RIGHTS, effective 12/30/2014: Requires that youth have a right to not be placed in a particular housing, bed, or other assignment solely on the basis of race, ethnicity, religious beliefs, national origin, physical or mental disabilities, sexual orientation, gender identity or intersex status.

Agency policy, II-B-1.2, USE OF TIME-OUT, ISOLATION AND SPECIAL PROGRAM PLACEMENTS IN OYA FACILITIES, revised 03/15/11: Allows for isolation only when an offenders is a danger to him/herself or others or is an immediate threat to the safety, security or order of the facility. Requires consideration whether other less restrictive interventions are more appropriate considering the offender's behavior and its effects on persons in the area where the behavior occurred. Requires that living conditions for time-outs, isolation, special program placements, and administrative holds must include the following items: food, clothing, bedding, mail, reading materials, personal hygiene items, access to the OYA Compliant Hotline, medical services, personal visits, recreation, religious services, education and treatment.

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Prohibits a youth's identification as LGBTQQI as an indicator of the likelihood of being sexually aggressive.

The Superintendent/PREA Compliance Manager reports that all youth are generally treated the same in regards to risk since there is a high number of youth involved in the sex offender treatment program. However, the SVAT results are used to for determining placement and this is reviewed by the MDT quarterly with input from the youth. The facility does maintain a list of SVAT results that indicate if a youth is at high risk of vulnerability or of being sexually aggressive that is only available to staff who need to know for purposes of bed assignments or reassignments.

The facility has a multi-use seclusion room that can be used for isolation or time-out. The facility may use the time-out process however it has not been used in the last 12 months for youth who are at high risk of vulnerability or for LGBTQQI youth.

Standard 115.351 Resident reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Provides that youth can report sexual abuse and sexual harassment incidents, retaliation for reporting incidents, and perceived staff neglect or policy violations that may have contributed to sexual abuse or sexual harassment incidents through the youth grievance process, OYA hotline, regular safety surveys, confidential access to agencies that provide legal services – including legal aid offices, and confidential access through correspondence to the Governor’s Constituency Services Office that receives and forward reports of sexual abuse and sexual harassment to OYA officials, allowing youth to remain anonymous upon request.

Agency policy II-F-1.1, OFFENDERS GRIEVANCE PROCESS, revised 12/30/2014: Allows for a grievance to be filed on behalf of an offender by the offender’s representative when the offender agrees on the filing. Staff must document an offender’s declination of a representative’s offer to file a grievance on behalf of the offenders. Requires that grievance filed by a parent/guardian are not conditioned of the offender agreeing to have the grievance filed on the offender’s behalf. Requires that there is no time limit on when an offender may file a grievance.

Agency policy II-F-3.6, OFFENDER LEGAL ASSISTANCE, revised 10/31/2013: Allows correspondence and communication between an offender and the offender’s attorney or the attorney’s authorized representative that is confidential or conducted with as much privacy as possible within the limitations of the facility’s physical design while making or receiving incoming or outgoing attorney phone calls.

Agency policy II-F-3.4, USE OF TELEPHONES, revised 12/14/2012: Allows an offender access to the OYA Hotline as soon as possible from the offender’s request to call and prior to the end of the staff member’s shift. Requires offender’s privacy as is possible given the limitation of the facility’s physical design. Staff are prohibited from asking the purpose of the call, documenting the call, and may not deliberately listen to the offender’s conversation. Staff shall ensure only the OYA Hotline number is called and may visually monitor the offender for safety and security reasons while the offender is on the telephone. Calls that cannot be made before the end of a staff members shift will be the responsibility of the on-duty supervisor or the officer-of-the-day. If the call is delayed because the offender poses a danger to him/herself or others, the supervisor or officer-of-the-day must notify the Professional Standards Office of the offender’s request.

Agency Policy 0-2.3, MANDATORY REPORTING OF OFFENDER ABUSE AND CHILD ABUSE, revised 12/30/2014: Requires that staff and nonstaff must report any abuse of an offender that occurred while in OYA legal or physical custody, regardless of the offender’s age.

Agency Procedure FAC I-E-4.0, YOUTH INCIDENT REPORTS (YIR), effective 04/11/2014: Requires staff to complete a Youth Incident Report when involved in or witnessing an offender related incident no later than the conclusion of their work shift, unless unable to for medical reasons.

Information for reporting sexual abuse and sexual harassment, both internal and external to the agency, is provided to residents upon intake and is posted throughout the facility for their viewing. Resident interviews confirmed that they are aware of the reporting options, and most of the youth were able to show the hotline card that they receive on intake. Staff interviews confirmed that they can report to their Supervisor or to the Professional Standards Office.

Standard 115.352 Exhaustion of administrative remedies

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

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

Agency policy II-F-1.1, OFFENDERS GRIEVANCE PROCESS, revised 12/30/2014: Requires that there is no time limit on when an offender may file a grievance. Does not require that an informal grievance process prior to the filing of a formal grievance. Provides PREA Audit Report

procedures for emergency grievances where immediately notification of the superintendent/camp director, or officer-of-the-day – and must be responded to as soon as possible but no longer than 24 hours from receipt. Requires notification of the Professional Standards Office if the grievance concerns a civil rights violation or criminal matter. Provide that locked boxes are available for youth have daily access to for submission of grievances, and designated staff that does not have routine contact with offenders to collect from these locked boxes no less than once a day, except on weekends and holidays. Prohibits the subject of the grievance to be assigned as the grievance responder. Requires that grievances are address with youth within 10 days and schedule a review to be held within 30 calendar days allowing a representative may act on the behalf of the youth and present testimony and documentary evidence during the formal grievance review and a formal response within 10 days of the review. An extension of the timeframe for the formal review may be made based on agreement of all parties. The formal response must include instructions for filing an appeal with the OYA Director. Maintains that a written record of the review be retained.

All grievances that allege sexual abuse, imminent danger or sexual harassment are treated as Emergency Grievances. These are responded to within 24 hours and are called to the Professional Standards Office for investigation. There have been no grievances received that allege sexual abuse or sexual harassment in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires the Compliance Manager to ensure that youth who report a sexual abuse are provided emotional support services. Requires the Superintendent, Camp Direction, Sexual Abuse Response and Resource Coordinator (SARRC) or PREA Compliance Manager is to remind the victim of victim rights and advocacy information, and that a qualified victim advocate is available to the youth.

Agency policy II-F-3.6, OFFENDER LEGAL ASSISTANCE, revised 10/31/2013: Allows correspondence and communication between an offender and the offender’s attorney or the attorney’s authorized representative that is confidential or conducted with as much privacy as possible within the limitations of the facility’s physical design while making or receiving incoming or outgoing attorney phone calls.

Agency policy II-F-3.4, USE OF TELEPHONES, revised 12/14/2012: Requires that communication between an offender and his/her attorney or the attorney’s authorized representative is confidential.. Requires offender’s privacy as is possible given the limitation of the facility’s physical design. Staff are prohibited from asking the purpose of the call, documenting the call, and may not deliberately listen to the offender’s conversation. Staff shall ensure only the OYA Hotline number is called and may visually monitor the offender for safety and security reasons while the offender is on the telephone. Calls that cannot be made before the end of a staff members shift will be the responsibility of the on-duty supervisor or the officer-of-the-day. If the call is delayed because the offender poses a danger to him/herself or others, the supervisor or officer-of-the-day must notify the Professional Standards Office of the offender’s request.

Agency policy II-F-3.0, OFFENDER MAIL IN OYA FACILITIES; revised 05/29/2012: Identifies official correspondence is mail sent to or received from officials of the Oregon Youth Authority, any confining or community supervising authority, the Governor, the Secretary of State, any state or federal legislator, administrations of grievance systems, foreign embassy consulates, attorneys, courts, court officials, or any agency that provides legal services to an offender, including legal aid offices. Requires the OYA facility to provide no limits on the amount of official correspondence an offender sends or receives.

Agency policy II-E-2.5, VISITS WITH YOUTH, revised 09/27/2015: Requires the facility to provide visits from family members, attorneys, persons involved in treatment plans, and other persons as approved by the youth’s probation/parole officer, multi-disciplinary team, and facility superintendent/camp director.

Memorandum of Understanding with the Tillamook County Women’s Resource Center, dated November 12, 2014, which provides confidential hotline support and crisis intervention services seven (7) days a week and provide youth with referrals for treatment after release

from custody or upon transfer to another facility.

Residents are provided information related to seeking outside confidential support services through an MOU with Tillamook County Women's Resource Center. Information about these services is provided to youth upon intake and in a variety of areas within the facility. Residents are also provided opportunities to communicate with attorneys/lawyers and parents/guardians. Interviews with staff and residents confirm the availability to have contact with attorneys/lawyers and parents/guardians.

Standard 115.354 Third-party reporting

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Includes strategies and responses to reduce and prevent sexual abuse and sexual harassment, including policy definitions, requirements to respond to and investigate allegations of sexual abuse and sexual harassment, staff training, youth education, confidentiality, youth reporting, third-party reporting, retaliation, youth placement, responding to allegations, and data collection and monitoring.

Document YA 9531, A GUIDE FOR PARENTS AND FAMILIES OF YOUTH COMMITTED TO THE OREGON YOUTH AUTHORITY, revised 10/2010: Provides information on the reporting of abuse to either the Department of Human Services or directly to the OYA Professional Standards Office.

Handbook, A GUIDE FOR PARENTS AND FAMILIES OF DEPARTMENT OF CORRECTIONS YOUTH IN THE CUSTODY OF THE OREGON YOUTH AUTHORITY, revised 10, 2010: Provides information on the reporting of abuse to either the Department of Human Services or directly to the OYA Professional Standards Office.

Document, OREGON YOUTH AUTHORITY ISSUE BRIEF, March 2014: Provides information for anyone who sees or suspects abuse, harassment, or victimization of any kind to report it promptly through the Professional Standards Office Hotline or e-mail, complete an Oregon Youth Authority complaint form, or mail a letter to the Oregon Youth Authority.

Form, OYA COMPLAINT FORM: Document completed by anyone who suspects, has knowledge of, or information about abuse, harassment or victimization of any kind in a facility.

Form YA 1951, FINAL SAFETY SURVEY – FAMILY, revised 01/22/2009: A form sent to families of youth who have been released that provides information as to the youth's stay at the facility, including any issues on youth safety while at the facility.

Form YA 1952, FINAL SAFETY SURVEY – CLIENT, revised 01/22/2009: A form that allows youth to disclose any concerns they may have had while at the facility, including any issues with fears, treatment, and safety.

Oregon Youth Authority, Keeping Youth Offenders Safe Fast Facts Brochure, January 2014: Defines the Oregon Youth Authority's commitment to keeping all youth safe. This addresses reporting abuse, investigations, and steps that youth can take to stay safe.

The agency identifies that it will accept third-party reporting, and offers information directly to youth, parents, and families of both accepting these reports, but directing them directly to the Oregon Department of Human Services. This was confirmed through interviews and review of policies and guides. A review of the information provided to the parent/guardian shows that they are given information for reporting abuse or harassment.

Standard 115.361 Staff and agency reporting duties

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires that any staff member who becomes aware a youth who has been sexually abuse shall separate the youth, notify their supervisor or officer-of-the-day a member of the Sexual Abuse Response and Resource Coordinator (SARRC), and the Professional Standards Office Chief Investigator. Staff are required to document the information on a Youth Incident Report and follow mandatory reporting laws. Prohibits staff from disclosing any information except on a needs-to-know basis and according to state and federal privacy laws, professional licensure, and ethical standards. Requires medical and mental health practitioners to notify youth at the initiation of services of their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the youth’s prior sexual victimization that did not happen in an institutional setting. Requires that if the youth is under the guardianship of the child welfare system, the PREA Coordinator must ensure the Department of Human Services is notified. Requires that if the youth is committed to OYA through a juvenile court and has an attorney or legal representative on record, the PREA Coordinator must ensure that person is notified within 14 days of the sexual abuse allegation.

Agency policy 0-2.3, MANDATORY REPORTING OF OFFENDER ABUSE AND CHILD ABUSE, revised 12/30/2014: Requires that both staff and nonstaff must immediately report any observed, suspected, or alleged abuse to their supervisor or officer-of-the-day and must report to the Department of Human Services.

Staff interviews confirmed that they are required to report any knowledge, suspicion, or knowledge of sexual abuse or sexual harassment, and they are not to share the information with anyone who is not specifically identified as involved in the investigation.

Standard 115.362 Agency protection duties

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires that any staff member who becomes aware of a youth who is at risk of sexual abuse must ensure the youth’s safety and contact their supervisor or officer-of-the-day, and a Sexual Abuse Response and Resource Coordinator (SARRC).

The Agency Director reports that all actions following a report of sexual abuse must be immediate and appropriate to the situation – separation and notification being key factors.

Staff interviews confirm that they are required to keep a resident safe and separate them from others while reporting to their supervisor or officer-of-the-day.

Standard 115.363 Reporting to other confinement facilities

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires notification, within 72 hours, the head of the facility where the alleged abuse occurred, the other facility's or office's investigative agency and the Professional Standards Office. The Professional Standards Office must document the notification in its case management system.

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires the Professional Standards Office to notify the agency where the allegation occurred within 24 hours of having received the allegation.

The Agency Director confirms that all allegations of sexual abuse or sexual harassment that are received that are alleged to have occurred in another facility and directly reported to that facility, as well as to the Professional Standards Office. This was confirmed with the Superintendent.

Both the Agency Director and Superintendent confirm that forward any allegations received by other facilities would be reported to the Professional Standards Unit immediately.

Standard 115.364 Staff first responder duties

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires the first person who becomes aware of an allegations shall ensure the safety of the victim by separating them from the alleged perpetrator, notifying their supervisor or officer-of-the day, and requesting both the victim and alleged abuser not take any action that could destroy physical evidence.

Agency Form YA 1958, FACILITY FIRST RESPONDERS TO SEXUAL ABUSE CHECKLIST, revised 05/2015: Form used by first responders to document any information that may indicate evidence is present up to 96 hours after an allegation of sexual abuse, and includes a directive to ensure the safety of the victim by separation from the alleged abuser.

Local Operating Protocol TYCP-I-A-10.00, SEXUAL ABUSE RESPONSE PLAN, effective January 15, 2016: Clearly identifies the first

responder to separate, preserve evidence, and report to the Supervisor or officer-on-duty.

Staff interviews confirmed that they are required to protect the youth by separating them from others, preserving any evidence, securing the scene where the allegation occurred, and to report to their Supervisor or officer-of-the-day.

Standard 115.365 Coordinated response

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

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

Local Operating Protocol TYCP-I-A-10.00, SEXUAL ABUSE RESPONSE PLAN, effective January 15, 2016: Clearly identifies the first the actions of the first responders, supervisors, mental health staff, medical staff, investigators, and the SARRC.

The Superintendent reported that in the case of an allegation of sexual abuse they would follow the Coordinated Response Plan which addresses the actions that are specifically addressed in the Plan. The plan details specifics to his facility and to the duties of the staff who would be involved in the response.

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

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

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

COLLECTIVE BARGAINING AGREEMENT: The Oregon Youth Authority contracts with SEIU Local 503, OPEU. The agreement allows Oregon Youth Authority to remove an employee from contact with youth and requires a written initial reason for the action within seven calendar days, an initial interview with the employee within thirty calendar days, and a completed investigation within one-hundred twenty calendar days. Any extension of required timeframes must be provided to Department of Administrative Services and the Union of the specific reason(s) and the amount of additional time needed which shall be no more than thirty days at a time.

The Agency Director confirms that there is nothing in the collective bargaining unit agreement that prohibits the agency from removing an alleged perpetrator from contact with youth.

A review of the agreement finds that the agency can remove a union member from contact with residents.

Standard 115.367 Agency protection against retaliation

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires the PREA Compliance Manager to ensure the reporter, victim or anyone who cooperates with an investigation is protected from retaliation by other youth or staff. Protections may include housing changes, facility transfer, and emotional support. Requires that retaliation monitoring must be conducted for a minimum of 90 days and must be documented in the Sexual Abuse Response and Resource Coordinator (SARRC) Log.

The Qualified Mental Health Professional is responsible for retaliation monitoring and reports that she took over this task in January 2017 and has completed training. She reports that she would meet with a youth typically on the same day of the report to initiate crisis intervention and retaliation monitoring. She would also meet weekly with the youth and these would be documented. Besides face-to-face meetings, she would review behavior changes, Incident Reports/violations and read the daily log. She does not monitor staff. That is the duty of the PREA Compliance Manager. She does note that she would monitor a youth for up to 90 days and beyond if warranted.

Standard 115.368 Post-allegation protective custody

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

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

Agency policy, II-B-1.2, USE OF TIME-OUT, ISOLATION AND SPECIAL PROGRAM PLACEMENTS IN OYA FACILITIES, revised 03/15/11: Allows for isolation only when an offenders is a danger to him/herself or others or is an immediate threat to the safety, security or order of the facility. Requires consideration whether other less restrictive interventions are more appropriate considering the offender's behavior and its effects on persons in the area where the behavior occurred. Allows use of isolation for no longer than five days. Requires that living conditions for time-outs, isolation, special program placements, and administrative holds must include the following items: food, clothing, bedding, mail, reading materials, personal hygiene items, access to the OYA Compliant Hotline, medical services, personal visits, recreation, religious services, education and treatment.

This facility has a multi-use Seclusion Room that is used for isolation and open door time out. The staff who supervises this area reports that it has not been used for the isolation of a victim of sexual abuse or sexual harassment.

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires that Oregon Youth Authority will respond to, investigate, and support the prosecution of sexual abuse in its facilities, field offices, and community placements in partnership with law enforcement and the judicial system.

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires the Professional Standards Office to coordinate and assist the Oregon Youth Authority’s complaint process by receiving, tracking, or investigating sexual abuse or sexual harassment. Requires contact with law enforcement agencies in the event of suspected criminal activity by staff or nonstaff and act as Oregon Youth Authority’s liaison with any law enforcement agency investigating Oregon Youth Authority staff or nonstaff. Requires that an investigation cannot terminate based on the department of the complainant’s alleged victim or perpetrator from the agency employment or control, or if the source of the allegation recants. Requires investigations to be confidential and all interviews to be conducted in private. Requires investigation records to include, but not be limited to investigations reports, transcripts of statement, copies of documentation relevant to the investigation, and all related material from other agency incidents as may be applicable. Requires the credibility of an alleged victim, subject or witness must be assessed on an individual basis and never be determined by the person’s status as a youth, staff, or nonstaff. Requires that investigations must include an effort to determine whether staff/nonstaff actions or failures to act contributed to the incident being investigated and must be documented in writing to include investigative facts and findings. Requires that investigative records be maintained for 20 years from the date of investigation closure.

A Professional Standards Office investigator confirmed that all allegations of sexual abuse or sexual harassment receive an investigation – either through the facility, Professional Standards Office or law enforcement, depending on the type of allegation. Whether reported by the victim or information received through a third-party, all allegations are investigated the same. Investigations begin with information regarding the allegation, a review of the incident report, interview with witnesses and the victim, evidence gathering, and interview with the alleged perpetrator. Evidence collected is not limited to videos, statements, and prior complaints. Once an allegation is determined to contain criminal elements, the Oregon State Police would be notified. Credibility of the victim or witnesses is based on the current allegation. He reported that polygraphs are not used by the Professional Standards Office investigators. Staff termination or separation from the agency would not stop an investigation, nor does the release of a victim. When an investigation is taken over by the Oregon State Police, the Professional Standards Office would act as liaison between the law enforcement agency and the Oregon Youth Authority, as well as obtain a copy of the full unredacted report with evidence tracking.

The agency wide PREA Coordinator confirms that the Professional Standards Office is the responsible department to act as the liaison with law enforcement.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015:

Requires that investigators must impose a preponderance of evidence standard when determining whether any youth sexual abuse or sexual harassment complaint or allegation is substantiated.

The investigator confirmed that no standard greater than a preponderance of the evidence is used to substantiate an allegation.

Standard 115.373 Reporting to residents

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Requires the PREA Compliance Manager or designee to make notification to a youth of the outcome of the investigation, including substantiated allegations against staff where the staff member is no longer assigned to work in the youth’s housing unit, the staff member is no longer employed at the facility where the youth is residing, when the staff member has been indicted on a charge related to the allegation or when the staff member has been convicted on a charge related to the allegation. Requires notification to the youth when the alleged perpetrator has been indicted on a charge related to the allegation or the alleged perpetrator has been convicted on a charge related to the allegation.

The Superintendent reports that victim notification is made by himself as the PREA Compliance Manager. The Professional Standards Office would notify him of the investigation outcome and notification would be made as soon as possible.

Standard 115.376 Disciplinary sanctions for staff

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: States that termination is the presumptive disciplinary sanction for staff, contractors, or volunteers who have engaged in sexual abuse.

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires that the Professional Standards Office must report findings of an investigation to specific state agencies and relevant licensing bodies as required by law or as determined by the director, or designee.

COLLECTIVE BARGAINING AGREEMENT: The Oregon Youth Authority contracts with SEIU Local 503, OPEU. The agreement allows Oregon Youth Authority to remove an employee from contact with youth and requires a written initial reason for the action within seven calendar days, an initial interview with the employee within thirty calendar days, and a completed investigation within one-hundred

twenty calendar days. Any extension of required timeframes must be provided to Department of Administrative Services and the Union of the specific reason(s) and the amount of additional time needed which shall be no more than thirty days at a time. The principles of progressive discipline shall be used when appropriate. Discipline shall include, but not be limited to: written reprimands; denial of an annual performance pay increase; reduction in pay; demotion; suspension without pay; and dismissal.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: States that termination is the presumptive disciplinary sanction for staff, contractors, or volunteers who have engaged in sexual abuse.

Agency policy I-D-4.0, PROFESSIONAL STANDARDS OFFICE ADMINISTRATIVE INVESTIGATIONS, revised 05/27/2015: Requires that the Professional Standards Office must report findings of an investigation to specific state agencies and relevant licensing bodies as required by law or as determined by the director, or designee.

The Superintendent reported that should he receive an allegation against a volunteer or contractor, the alleged perpetrator would be prohibited from entering the facility and any youth contact until the investigation is completed. The Professional Standards Office would make notification to law enforcement and licensing as required by policy.

Standard 115.378 Disciplinary sanctions for residents

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, Revised 06/18/2015: Allows the refocusing of a youth for a behavior violation regarding an unfounded allegation if it can be determined that they youth made the allegation in bad faith.

Agency policy II-B-2.1, YOUTH ACCOUNTABILITY IN OYA FACILITIES, revised 03/10/2015: Requires that youth may be held accountable for negative behavior through the behavior management system which includes holding youth accountable for their actions through refocus options. Refocus options may include Special Program Placement, Special Management Unit Placement, isolation, transfer to another facility, or transfer or return to the Department of Corrections. Requires notification of mental health practitioner assessment of emotionally instability or if a youth’s mental health is at risk. Requires notification to youth and allows youth to appeal refocus options imposed.

Pre-audit questionnaire addresses the availability of therapy, counseling, or other interventions designed to address and correct underlying reasons for motivations for the abuse and interviews with mental health staff confirm that these are available on a base-by-base case.

Agency policy, II-B-1.2, USE OF TIME-OUT, ISOLATION AND SPECIAL PROGRAM PLACEMENTS IN OYA FACILITIES, revised 03/15/11: Allows for isolation only when an offenders is a danger to him/herself or others or is an immediate threat to the safety, security or order of the facility. Requires consideration whether other less restrictive interventions are more appropriate considering the offender's behavior and its effects on persons in the area where the behavior occurred. Requires that living conditions for time-outs, isolation, special program placements, and administrative holds must include the following items: food, clothing, bedding, mail, reading materials, personal hygiene items, access to the OYA Compliant Hotline, medical services, personal visits, recreation, religious services, education and treatment.

The Treatment Manger reported that the multi-use seclusion room may be used for an alleged perpetrator in order to ensure safety for all youth; however if more than three day, the youth would be transferred to MacLaren Youth Correctional Facility. The Superintendent confirmed that the use of any disciplinary action would take into consideration the mental status of the youth, the seriousness of the incident, and availability of additional counseling or interventions. There has not been an incident in the past 12 months where the multi-use seclusion rooms was used as a disciplinary measure for an alleged perpetrator of sexual abuse.

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

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires medical and mental health practitioners to notify youth at the initiation of services of their duty to report, limitations of confidentiality, and must obtain informed consent from youth who are 18 years old or older before reporting information about the youth's prior sexual victimization that did not happen in an institutional setting. Requires that a youth who discloses any previously unknown sexual victimization or perpetration must be offered an individual meeting with a mental health practitioner to further access related treatment and placement needs within 14 days of disclosure. Requires that this meeting be documented in the Mental Health Full Access group in the Juvenile Justice Information System. Access to this information is limited to persons with specific access to the Juvenile Justice Information System.

Form, ASKING FOR HEALTH CARE AND MENTAL HEALTH SERVICES, revised 01/2015: Form the youth's signs at intake informing them of the medical and mental health staff's duty to report when they are made aware of any physical injury or sexual abuse, even if it occurred before the youth came into the Oregon Youth Authority.

Form, INFORMED CONSENT & AWARENESS OF INFORMATION SHARING FORM: Form that the youth signs acknowledging that all Oregon Youth Authority employees are legally required to report suspected child abuse. This form is signed by the youth as a part of the mental health screen.

Agency form OYA 4408, YOUTH CORRECTIONAL FACILITY INITIAL HEALTH SCREEN, revised 08/2014: Requires the verbal and written disclosure of limitations of confidentiality and duty to report by staff is provided to the youth upon intake. The form is signed by youth acknowledging they have received the information.

Both medical and mental health staff report following policy regarding obtaining informed consent for youth 18 years of age and older. There is a standard form that is used to document the youth's consent. For youth under 18, both report they are required to report this information to the Department of Human Services as they are mandated reporters. Mental health staff report that any youth who alleges a prior history of sexual abuse will be referred to him within 14 days.

Standard 115.382 Access to emergency medical and mental health services

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Prohibits denial of access to treatment resources of a youth who is victim of sexual abuse because the youth refuses to disclose sexual abuse incident details. Requires a medical examination in the local community at a facility equipped to evaluate and treatment sexual abuse victims if an allegation is made within 96 hours of the occurrence. Requires health services staff to follow the Health Services Manual when responding to sexual abuse incidents. Requires prophylactic treatment and follow-up care for sexually transmitted or other communicable disease must be offered to the victim, as appropriate, and documented. Requires a mental health intervention counseling session within 24 hours of the medical examination.

Agency policy II-D-1.0, FACILITY HEALTH SERVICES, revised 08/08/2013: Requires health services staff must arrange for transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse if the abuse is reported within 96 hours. Staff must schedule the offender to see a medical practitioner upon the offenders return to the facility. Requires referral with a mental health practitioner within 24 hours of the medical examination.

Health Services Procedure HS I-A-10.0, PREVENTING, RESPONDING TO AND MONITORING OFFENDER SEXUAL ABUSE/ASSAULT, effective 04/08/2013: Requires immediate medical stability without compromising forensic evidence, arrangements for transportation to a medical emergency room, arrangements for follow-up appointments with the medical provider once the offender returns to the facility where determination is made for prophylactic assessment and treatment is provided to all youth.

Both medical and mental health staff were interviewed. Access to medical treatment and crisis intervention service when a youth alleges sexual abuse will be immediate. If the allegation is reported within 96 hours, the youth will be transported to Tillamook Regional Medical Center for SANE services. If reported after 96 hours, the nature and scope of services are according to professional judgement, policy and any physician orders or protocols. Medical reports that STD prophylaxis is provided either at the hospital or through physician orders or protocols. All orders will be documented in the youth’s medical/mental health file.

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

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Prohibits denial of access to treatment resources of a youth who is victim of sexual abuse because the youth refuses to disclose sexual abuse incident details. Requires a medical examination in the local community at a facility equipped to evaluate and treatment sexual

abuse victims if an allegation is made within 96 hours of the occurrence. Requires health services staff to follow the Health Services Manual when responding to sexual abuse incidents. Requires prophylactic treatment and follow-up care for sexually transmitted or other communicable disease must be offered to the victim, as appropriate, and documented. Requires a mental health intervention counseling session within 24 hours of the medical examination. Requires access to treatment resources regardless if the youth refuses to disclose sexual abuse incident details.

Agency policy II-D-1.0, FACILITY HEALTH SERVICES, revised 08/08/2013: Requires health services staff must arrange for transportation to a medical emergency room or a facility in the community that is equipped to evaluate, collect physical evidence, and treat victims of sexual abuse if the abuse is reported within 96 hours. Staff must schedule the offender to see a medical practitioner upon the offenders return to the facility. Requires referral with a mental health practitioner within 24 hours of the medical examination. Requires the physician or nurse practitioner to determine if all necessary prophylactic treatment has been provided at the hospital, and if not to administer all necessary prophylaxis – including follow-up care for sexually transmitted diseases and other communicable diseases as appropriate.

Health Services Procedure HS I-A-10.0, PREVENTING, RESPONDING TO AND MONITORING OFFENDER SEXUAL ABUSE/ASSAULT, effective 04/08/2013: Requires immediate medical stability without compromising forensic evidence, arrangements for transportation to a medical emergency room, arrangements for follow-up appointments with the medical provider once the offender returns to the facility where determination is made for prophylactic assessment and treatment is provided to all youth. Requires follow-up monitoring for pregnancy for female offenders. Requires a referral to a mental health practitioner for crisis intervention, assessment for suicide risk and counseling within 24 hours of the medical examination.

Both medical and mental health staff were interviewed. Mental health services would begin upon the youth's return to the facility if they had not met with the youth prior to a hospital transport. Mental health services include an assessment, regular meetings, 30/6/90 day retaliation monitoring, and treatment plan update as necessary. A referral to the Psychiatrist may be made. If services are on-going when the youth is ready for release, a referral to a community resource would be made. Additionally, resident-on-resident abusers would be offered treatment which is available at this facility.

Medical staff reports that they youth would receive all follow-up care as ordered by the hospital or facility physician order or protocols, including and testing and further treatment for STD's. The youth would also be referred to the physician on the practitioner's next day at the facility but no less than 1 week later. Emotional support would be provided through the MOU with Tillamook County Women's Resource Center as needed.

Standard 115.386 Sexual abuse incident reviews

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires an Administrative Incident Review Report completed within 7 days after the conclusion of a sexual abuse investigation whether the allegation is unsubstantiated or substantiated.

Agony Form YA 0024, ADMINISTRATIVE INCIDENT REVIEW REPORT, revised 07/2015: Form used to document the sexual abuse incident review and contains all required components of the standard to include brief chronological summary, acknowledgment of what went well during the incident, whether the response/action was in compliance with agency policies, , policy changes, motivation of the incident, physical barriers, monitoring technology deployment or augmentation, medical and mental health services provided, youth rights explained, outcome of the investigation, youth notification of the outcome of the investigation and corrective actions taken/needed.

Agency policy I-E-4.0, INCIDENT REVIEWS, effective 08/03/2015: Requires an incident review in addition to any investigations by the Professional Standards Office or law enforcement with an outcome of unsubstantiated or substantiated allegation/incident of youth sexual abuse. Requires that two staff conduct the review who were not involved in the incident and have appropriate experience, training, and

knowledge of agency policies, procedures and practices necessary to conduct the review, accumulation of all relevant information such as reports and documents and additional interviews for clarification. This must be submitted to the applicable Superintendent or Camp Director or Filed Supervisor and the Assistant Director. Requires the any corrective action recommended is addressed in a plan within 30 days and is included in the agency wide improvements mentioned in the Critical Incident Review Action Plan with Cabinet on a quarterly basis until the plan is fully implemented.

The Treatment Manager who is required to sit on the Incident Review team was interviewed. He reported that he had not ever sat on a meeting yet. He and the auditor reviewed the policy and PREA standards. One Incident Review was documented and was completed solely by the Superintendent/PREA Compliance Manager. A discussion followed with both the Superintendent/PREA Compliance Manager and the agency wide PREA Coordinator. The Superintendent was going to convene the Incident Review Team as required by policy and conduct training, and repeat the one Incident Review that had been previously conducted as a part of the training process. This was completed prior to the writing of the report.

Standard 115.387 Data collection

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires the Agency PREA Coordinator must coordinate the Oregon Youth Authority PREA data collection and generate any requires needed to comply with National PREA Standards. Information gathered meets the requirements of the Department of Justice, Survey of Sexual Violence. The data will be retained for 20 years after related investigations are completed. The PREA Coordinator is responsible for monitoring the PREA data and alerting the Oregon Youth Authority Cabinet of any notable trends.

The agency wide PREA Coordinator reports that she collects and maintains data from each facility on a monthly basis. This information is used to identify trends and create corrective actions for an individual facility or agency wide.

Standard 115.388 Data review for corrective action

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

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

The agency wide PREA Coordinator report that the annual report is created by the PREA Coordinator and Communications, and submitted to the Director for approval. This is posted on the agency website for public viewing and does not include any identifying information. The comprehensive report includes comparison data for the agency beginning in 2005, facility specific data from 2011, facility specific activities, agency activities.

The Agency Director reports that they rely heavily on the agency wide PREA Coordinator for the collection and assessment of data that is used to improve their currently policies, procedures and practices to keep youth safe.

Standard 115.389 Data storage, publication, and destruction

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

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

Agency policy I-A-10.0, PREVENTING, DETECTING, AND RESPONDING TO YOUTH SEXUAL ABUSE/HARASSMENT, revised 06/18/2015: Requires that data will be retained for 20 years after related investigations are completed.

Agency policy I-E-3.2, INFORMATION ASSET CLASSIFICATION AND PROTECTION, effective 12/30/2014: Requires that sensitive information where disclosure will jeopardize the privacy or security of agency employees, clients, partners, or individuals is required to be “Restricted – Level 3”. The Matrix addresses the Transmission by mail, facsimile or e-mail, the storage, destruction and physical security of “Restricted – Level 3” documents.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Bobbi Pohlman-Rodgers

April 28, 2017

Auditor Signature

Date