



## **AUDIT FINDINGS**

### **NARRATIVE**

On August 3, 2015, the onsite portion of the PREA audit was conducted at CMI Dahlia. CMI Dahlia is a 120 bed male facility currently operating under contract with the Colorado Division of Criminal Justice and Denver County, respectively, to provide community reentry services for offenders. The Dahlia Facility is operated by Correctional Management, Inc. (CMI).

The PREA audit notice was posted by the Dahlia Staff on June 22, 2015; six weeks prior to the onsite audit. No communication or correspondence from Dahlia residents, staff, visitors, or other third party individuals were received by this auditor related to the Dahlia Facility and their PREA audit.

The onsite audit commenced shortly after 9:00 am on August 3, 2015. Following a brief entrance meeting, in which the expected audit schedule and format was discussed, a tour of the Dahlia facility was conducted. The tour of the Dahlia Facility was conducted in accordance with the PREA audit compliance tool, "Instruction for PREA Audit Tour", with emphasis on resident living quarters, resident shower and bathroom areas, intake area, cafeteria, kitchen, laundry room, recreational area, and other resident accessible areas as it relates to staff's ability to monitor, supervise and otherwise detect, prevent, and deter incidents of sexual assault and sexual harassment within the Dahlia Facility. The Dahlia Facility has actively worked to minimize, if not eliminate, potential blind spots utilizing multiple tools to enhance CMI staff's ability to prevent, detect, and deter incidents of sexual abuse and sexual harassment within the CMI Facility. Upon conclusion of the facility tour, random staff and resident interviews commenced.

Random and specialized staff interviews were conducted using the format and protocols for community confinement centers and as available on the National PREA Resource Center's website. In total, well over 70% of the Dahlia staff were interviewed and the staff sample group included CMI staff from all job classifications as well as encompassing staff from all shifts. Additionally, approximately 20-25% of the Dahlia resident population were interviewed during the onsite portion of the audit. All resident interviews followed the interview protocols for community confinement centers available on the PREA resource center website with emphasis on ensuring the sample size of residents interviewed included residents from each of the populations served at CMI Dahlia, those specifically identified in the resident interviews protocols, and from varying room assignments.

Prior to the onsite audit, and as part of the post audit review, supporting documentation provided by the Dahlia Facility was reviewed. These items included: Organizational Chart, Dahlia Facility floor plan, CMI Personnel Manual, CMI 2014 Residential policies and procedures, CMI PREA Advisements (staff, resident, contractors, etc.), MOUs with local community entities and supportive services (as will be noted and named throughout this report), CMI training curriculum, CMI employee personnel files (background checks) and training records, CMI Coordinated Response plan and flow chart, pre-audit questionnaire, and other documentation referred to in the remainder of this audit report.

## **FACILITY CHARACTERISTICS**

Located at 4511 East 46th Avenue, CMI Dahlia is situated in a section of Denver, Colorado comprised primarily both commercial buildings. The CMI Dahlia facility is a 9,770 square foot single floor building constructed in 1953. The CMI Dahlia facility has a maximum rated capacity of 120 male offenders with risk factors ranging from minimum to low-medium risk offenders.

Resident living quarters are primarily located along the western perimeter of the rectangle shaped building with two larger residential rooms on the north eastern corner of the building. CMI staff offices occupy the interior rooms of the rectangular shaped building with additional office space allocated along portion of the south eastern section of the facility. There is one large multi-person restroom containing toilets, urinals and sinks for the residential population. Adjacent to the residential bathroom is a large multi-person shower room with a changing area for the CMI residents to utilize prior to returning to their assigned room/bed. The facility is also equipped with staff restrooms and a bathroom used for resident urine screenings.

CMI Dahlia provides residents with adequate privacy when showering, changing, or using the lavatory. To that point, CMI female staff assigned to the Dahlia facility do not enter the resident bathrooms where residents may be showering and/or changing. Female staff stand in the hallway and at the threshold to the bathroom conduct head counts verbally with follow up visual confirmation of the resident's presence at the security office. All female staff are required to "knock and announce" their presence prior to entering any area in which a resident may be in any state of undress. This practice was confirmed through staff and resident interviews.

The CMI Dahlia facility is currently equipped with one DVR recording video footage from 39 cameras with 5 convex mirrors strategically placed so as to eliminate blind spots and assist staff in detecting, deterring and preventing sexual abuse and sexual harassment.

## **SUMMARY OF AUDIT FINDINGS**

CMI Dahlia did not have any PREA incidents in the 12 months prior to the onsite audit. CMI Dahlia staff, in conjunction with their colleagues at the other six CMI facilities and under the direction and supervision of the CMI PREA coordinator, have actively worked to achieve and maintain their level of compliance with the PREA standards. There are PREA posters posted throughout the facility which contain the telephone number for PREA reporting and additional information related to PREA, the facility's zero tolerance, and contact information for PREA reporting is included in a variety of printed materials (Resident Handbook, and PREA informational pamphlet). At the time of the onsite audit, it was recommended the number of PREA postings be increased given the physical plant design. CMI Dahlia residents, in addition to having access to community resources, also have access to emergency services through their own approved cell phones or through CMI provided payphones for which the calls to the posted help line telephone numbers are toll free. During the onsite audit the auditor was able to confirm contact with the posted tip lines from the residential payphones.

As conveyed during the random resident interviews, residents of the CMI Dahlia were each provided with the facility's resident handbook, PREA pamphlet, CMI PREA advisement and have all received screenings related to assessment of the individuals' potential for victimization and/or abusiveness during the intake process. Residents also relayed that staff "knock and announce" their presence whenever entering a resident's housing area and when entering the bathroom/shower area. CMI Dahlia residents were generally aware of the process for reporting PREA related concerns and were also generally aware of community resources available to them.

The CMI Dahlia staff also actively work to implement a safe, secure environment for residents and staff alike. The staff are very aware of their responsibilities to create a zero tolerance environment, reporting responsibilities, and first responder duties as was conveyed to this auditor during the staff interviews. Staff were very knowledgeable about their responsibilities in responding to a recently occurring incident of sexual assault and were able to communicate the steps as outlined in the CMI Dahlia coordinated response plan. Staff were also able to confirm receipt of PREA related trainings during their orientation and frequent refreshers during their "TeachBack" meetings.

Throughout the audit process, the CMI Dahlia staff, and in concert with CMI audit teams at their sister facilities, worked to revise policies, forms, procedures, and training curriculum offered (staff, contractor, resident, and specialized training materials) to better capture the requirements set forth in the national PREA standards. Auditor recommendations were well received and corrective actions quickly implemented both at the CMI Dahlia facility as well as across the CMI facility spectrum.

A thorough review was performed of the supporting documentation provided by the CMI Dahlia facility. The results of the thorough review, along with the information gathered from the tour as well as the interviews, were used to generate this report. Noted throughout this report will be references to the documentation used to support the determinations of compliance, non-compliance, or non-applicable. Overall, the audit findings for the CMI Dahlia facility are as follows:

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2





































### §115.263 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.**

CMI PREA policy (Section 7(c)(1-4) outlines the Agency’s expectation for staff members to communicate information pertaining to allegations of sexual abuse which occurred at another confinement facility to the facility director. The Director, in turn, will consult with the CMI PREA Coordinator. The Facility Director, will make notification to the facility head of the institution at which the alleged sexual abuse/sexual harassment is to have occurred. CMI policy clearly identifies: the 72-hour time frame mandated by PREA standard 115.263(b) (CMI PREA Policy: section 7(c)(2)); said notification is to be formally documented (CMI PREA Policy: Section 7(c)(3)) as required in 115.263(C); and, the expectation that the facility director receiving the allegation ensures the allegation is investigated in accordance with the PREA standards as noted in 115.263(d) (CMI PREA Policy: Section 7(c)(4)).

CMI Dahlia has met all the requirements for this standard.

### §115.264 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.**

CMI PREA Policy, section 7(d) (1-3) and the aforementioned CMI Dahlia coordinated response plan covers all of the requirements in §115.264(a) (1-4) (b) with overall intent of preserving any evidence and protecting the crime scene and exceed the requirements of the standard with regards to ensuring all staff are trained in first responder duties. The CMI PREA policy, staff training curriculum, and the CMI Dahlia written coordinated response clearly capture all requirements of §115.264(a) (1-4). Year to date, CMI Dahlia has not had any incidents requiring a first responder response.

While CMI ensures all staff are trained in and familiar with first responder duties, to be enacted following an allegation of sexual abuse, and does not differentiate between the job classifications of the first CMI staff member to respond to a sexual abuse incident, the PREA standard does make that distinction in §115.264(a) and §115.264(b) instructing non-security first responder staff only to request that the alleged victim not take any actions that could destroy evidence and then notify security staff. To that point, the CMI PREA audit teams, to include input from representative for CMI Dahlia, worked collaboratively to revise the CMI PREA policies in an effort to ensure there are both no missteps or mishandling of evidence (the crime scene, victim, perpetrator(s), etc.) and addressing the immediate needs of the victim while maintaining compliance with all aspects of the PREA standards. Following the audit team's revisions, the CMI PREA policy and coordinated response plans (to include the articulated first responder duties) provide specific direction to those individuals not trained in first responder duties. The policy now directs individuals not trained in first responder duties to instruct the alleged victim not to shower, change, etc. and "then notify a trained staff member".

CMI Dahlia meets all the requirement for this standard and exceeds the staff training requirement.

### §115.265 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.**

CMI has a written institutional plan of coordinated actions taken in response to an incident of sexual abuse (flow chart) as well as in written policy (CMI PREA Policy). While the basis for the written plan is a template used by all CMI facilities, the CMI Dahlia coordinated response plan is specific to the CMI Dahlia facility, in that staff are directed to use specific locations within the CMI Dahlia facility to separate the alleged victim and abuser. The coordinated plan, per §115.265(a), shall also be developed to coordinate actions between first responders, facility management staff and external parties such as those with whom CMI has a MOU to provide services for CMI clients who are the victim of sexual abuse. The current coordinated response plan captures and outlines the responsibilities of the CMI Dahlia staff (first responders, Dahlia management staff, and CMI corporate staff); however, did not capture the expected duties/responsibilities of the external agencies. These parties include, but are not limited to: law enforcement entities; victim advocacy services, and SAFE/SANE services at no cost to the resident victim.

The CMI Dahlia coordinated response plan, as a result of the audit process, outline the expected actions/services these organizations will provide (per the agreements identified in the respective MOU's). For example, Denver PD should include but not necessarily limited to: the collection of evidence; processing of evidence; interviews (witness, victim, perpetrator); Miranda warnings; referral for prosecution. Expected responsibilities for the Blue Bench might include, but also not limited to: accompaniment during forensic exam, counseling; follow-up supportive services; etc. The same is outlined for St. Anthony's North Neighborhood Health Center and the Springs Institute for Cultural Learning in the CMI Dahlia coordinated response plan.

CMI Dahlia has a comprehensive written coordinated response plan with all staff members trained and very much aware of their responsibilities as first responders, etc. CMI Dahlia has met all the requirements for this standard.

### **§115.266 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.**

CMI employees, including those employed at their CMI Dahlia facility, are not unionized and no collective bargaining agreement exists. As such, there is nothing prohibiting the management staff of the CMI Dahlia facility, as empowered through the CMI PREA Policy, PREA Acknowledgment and Agreement form, code of ethics, and other expected employee practices described in the CMI Personnel Manual from removing any alleged staff abusers from contact with any residents.

CMI Dahlia meets the requirements of standard 115.266.

### §115.267 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.**

In review of CMI PREA Policy, section 7(f) (1-3), CMI Dahlia has established multiple mechanisms to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse and/or sexual harassment investigations from retaliation by other residents or staff. CMI further identifies which staff members/departments are responsible for monitoring of both residents and non-resident persons. In the case of CMI Dahlia residents, the assigned case manager is responsible for completing the monitoring, through periodic status checks. CMI Dahlia has identified the staffing position responsible for monitoring "any other individual who cooperates with an investigation" and/or "expressed a fear of retaliation".

In the 12 months prior to the PREA audit, CMI Dahlia has had zero PREA related reports/allegations requiring retaliation monitoring. Per CMI PREA Policy, monitoring will occur for at least 90 days following a report and can extend the monitoring period if circumstances and/or evidence suggest otherwise. Monitoring, per policy and per §115.267(f) would terminate if the allegation was determined to be unfounded or if the resident is released from supervision prior to the expiration of the ninety-day monitoring period. Throughout the audit process the audit team worked to develop a retaliation monitoring template, identification of individuals/departments responsible for retaliation monitoring, and refinement of the CMI PREA policy in order to provide clear staff directives on the fulfillment of their responsibilities as it relates to the national PREA standards.

CMI Dahlia has met all the requirements for this standard.



### §115.271 Criminal and administrative investigations

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

**Auditor 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.**

As outlined in CMI PREA Policy (Procedures, Section 8(a) (1-11) CMI has established policies for investigating allegations. CMI staff do not conduct criminal investigations; rather, these are forwarded to local law enforcement (Denver Police Department) and/or the Colorado Inspector General’s Office depending on the classification of the alleged victim. As noted in §115.221, CMI has formally requested of both entities their compliance with the national PREA standards.

In the 12 months prior to this audit, CMI Dahlia did not receive any reports or allegations of sexual abuse. All criminal investigations would be conducted by the Denver Police Department or the Department of Corrections Inspector General’s Office should an allegation of sexual abuse and/or sexual harassment be received by CMI Dahlia staff. CMI staff would be responsible for conducting administrative investigations of sexual abuse and/or sexual harassment involving CMI Dahlia residents and have received specialized investigation training; covering all required components as identified in §115.234.

CMI Dahlia has met all the requirements for this standard.

### §115.272 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.**

CMI PREA policy, Procedures (8)(b) is consistent with the intent, expectations and spirit of §115.272. CMI as an organization, and CMI Dahlia as an extension of agency, utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded.

CMI Dahlia has met all the requirements for this standard.

### §115.273 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.**

CMI PREA Policy (Procedures, Section 8(c)) outlines the expectation that resident victims of sexual abuse suffered in an agency facility will be informed of the outcome of an investigation into an allegation. CMI further expresses the expectation that the Director of their facilities, in this case CMI Dahlia, to be vigilant in their efforts to remain informed about an ongoing investigation so as to be able to keep the resident victim informed.

The CMI policy covers all aspects of the requirements of §115.273. It did not completely capture the specific requirements of §115.273 in that, CMI policy initially identified four notification milestones (employee no longer employed at the facility, employee no longer employed with the company, CMI learns the staff member was indicted/charged with an offense related to sexual abuse within the facility, and CMI learns the staff member was convicted on said charges), the policy also accounts for the possibility of suspension of the employee pending the outcome of an investigation, which is, essentially, the employee being removed from his/her “post” within the resident’s “housing unit”. Throughout the audit process the audit team worked to refine the CMI PREA policy so as to incorporate specific language aimed at providing both clear direction for CMI staff and capturing all the required notification milestones, verbiage, and intent of §115.273.

CMI Dahlia has met all the requirements of this standard.

### §115.276 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.**

CMI Dahlia, through the CMI PREA Policy, CMI PREA Policy Staff Acknowledgement form, and CMI Personnel clearly identifies CMI employee prohibited behaviors including all forms of harassment, abuse, and otherwise inappropriate behaviors, actions and/or non-verbal gestures. The CMI PREA Policy (Procedures, Section 9(b)) refers the reader to the CMI Personnel Manual, Corrective and Disciplinary Action which appears on page 14 of said manual. In this section of the manual, the disciplinary process does not fully capture the expectation in 115.276(b) in which “termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse”. This is clearly articulated in both the PREA standards and the CMI Personnel Manual (page 11, “Code of Ethics”, item 38). Similarly, CMI should verbalizes the criteria in §115.276(c) when taking disciplinary action relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse).

The criteria, established through this subsection of §115.276, are that disciplinary action be: commensurate with the nature and circumstances of the acts committed; the staff member’s disciplinary history; and, the sanctions imposed for comparable offenses by other staff with similar histories. Additionally, reporting of staff members terminated, or who would have been terminated if not for their resignation, to relevant licensing agencies was not specifically captured either in policy or in the CMI Personnel Manual; though this information did appear in the CMI Zero Tolerance Staff Acknowledgement. To complete the circuit and to fully capture the requirements of this particular PREA standard as expected practice within the organization, the CMI audit team (to include representatives from various CMI facilities, senior management, and corporate staff members) was tasked to specifically include these aspects within written policy and in the CMI Personnel Manual – Discipline and Corrective Action section as this is the section of the manual referred to in policy.

With these aspects included in the CMI Personnel Manual and/or written policy, CMI Dahlia has met the requirements of this standard.

### §115.277 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.**

Similar to the suggestions for the previous standard's audit narrative, while CMI's Zero Tolerance Acknowledgement form does accurately reflect the requirements set forth in §115.277(a) and (b); the CMI Audit team was tasked with inclusion of similar verbiage in either the CMI Personnel Manual speak to the four mandatory actions to be taken by CMI Dahlia following receipt of a report of sexual abuse of a CMI Dahlia resident by a volunteer/contractor. Those required actions included:

- Removal of contractor's and/or volunteer's from contact with CMI Dahlia residents when alleged to have engaged in sexual abuse
- Notification to law enforcement (when appropriate);
- Notification to relevant licensing agencies; and,
- Taking remedial measures up to and including prohibition from further contact with residents for any other violation of the CMI Zero Tolerance policy (aside from engaging in sexual abuse).

With these aspects included in the CMI Personnel Manual and/or written policy, CMI Dahlia has met the requirements of this standard.

## §115.278 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.**

CMI Residential Policy 1.110, Procedures, Section 5 (a-f) (page 30 of the CMI Residential Policy Manual) outlines the disciplinary sanctions for CMI residents to include CMI Dahlia residents. The aforementioned policy accurately captures and mirrors the requirements of §115.278 (a-f) with the notable exception of the requirements identified in §115.278(d) requiring facilities who provide therapy, counseling, etc. to “offer therapy, counseling, or interventions designed to address and correct underlying reasons or motivations for the abuse”. In that regard, §115.278(d) would not be applicable to CMI Dahlia for two reasons.

First, CMI does not offer therapy, counseling or other interventions; rather, CMI outsources these services from approved vendors as identified by the contractor. To that point, CMI has mechanisms in place (as referenced in CMI Residential Policy 3.200) to access community resources and continued dialogue with said community resources to help address deviant or prohibited behaviors and/or concerns in advance of any sexual abuse.

Second, it is important to note, as a private contractor providing services to Colorado Department of Corrections, Colorado Division of Criminal Justice (DCJ), et al, CMI would not be permitted to retain a resident accused of sexual abuse; rather, the appropriate legal entities (DOC, Denver Police Department, etc.) would remand the alleged abuser until final disposition. As such, with confirmation of CMI’s request of these respective law enforcement entities to adhere to the federal PREA standards currently in hand, as noted in §115.221, CMI, and CMI Dahlia specifically, has demonstrated due diligence in their efforts to comply with all aspects of the PREA standards.

CMI Dahlia has met all the requirements for this standard.

### **§115.282 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.**

The CMI PREA Policy (Procedures, section 10 (a) (1-4)) outlines the Agency’s stated objectives to provide resident victims of sexual abuse with access to emergency medical treatment and crisis intervention services. CMI’s MOU with the Blue Bench also provides for advocacy and emotional supportive services; furthermore, CMI’s MOU with St. Anthony North Neighborhood Health Center outlines the expected duties of both CMI and St. Anthony North Neighborhood Health Center respectively. In the MOU, section D – “Roles And Understanding Of The Parties: Access to Emergency Medical Health Services”, the requirements set forth in §115.282(a)(c)(d) are specifically covered and articulated.

Additionally, speaking to §115.282(b), CMI has set forth written directives (as noted in 115.265) to ensure that notification to appropriate medical and mental health practitioners occurs upon determination that an incident of sexual abuse has occurred (CMI PREA Policy, Procedures, Section 10(a)(1-4)) and, following suggested revisions to said policy, also imposes the expectation that the notification to medical and/or mental health practitioners is “immediate” as noted in the latter part of §115.282(b) (CMI PREA Policy, Procedures, Section 10 (a)(1)).

CMI Dahlia has met all the requirements for this standard.

### **§115.283 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.**

CMI PREA Policy (Procedures, Section 10(b)(1-8)) captures each of the applicable elements of PREA standard 115.283(a-h) with the notable exceptions of 115.283(d)(e) which would not be applicable as CMI Dahlia is an all-male facility. The remaining portions of the standard (115.283(a)(b)(c)(f)(g) and (h) are fully articulated in the above referenced policy. As has been previously noted, CMI Dahlia has not had an occurrence of sexual abuse nor a report of sexual abuse occurring at another facility (while the resident is housed at CMI Dahlia).

The existing arrangements with local community resources, as captured in the aforementioned MOU's (Blue Bench, St. Anthony North Neighborhood Health Center, etc.) and via documented efforts to establish said MOU's, provide for the ongoing medical and mental health care for sexual abuse victims consistent with the level of care offered in the community.

CMI Dahlia has met all the requirements for this standard.

### **§115.286 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.**

CMI PREA Policy and Procedures, Procedure Section 11(a) (1-5) outline the Agency's expectation on the scope, the participants, responsibilities and areas to be reviewed, and functionality of sexual incident review committee and its quorum. During the pre-audit and onsite audit, the auditor worked with the facility to develop a template for recording the sexual abuse incident review committee's meeting minutes. The template includes all the criteria identified in §115.286(d) (1-6).

CMI Dahlia has not had any incidents of sexual abuse occurring, or allegedly occurring, at CMI Dahlia in the 12-month period prior this audit. As such, CMI Dahlia has not had reason to convene a Sexual Abuse Incident Review committee. As has been documented and reviewed as part of the audit process for other CMI facilities, the Sexual Abuse Incident Review Committee, should the need to convene the committee exists, consists of a multi-dimensional team of executive, upper, and middle management personnel. The committee would be expected to review any substantiated or unsubstantiated sexual abuse allegation using the aforementioned CMI sexual abuse review committee template and retained as part of the investigation process.

CMI Dahlia has met all the requirements of this standard.

### §115.287 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.**

As an agency, CMI, as directed by CMI’s PREA Policy and Procedure, Procedures, Section 11(b)(1-4), collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control and does so by using a set of definitions. Information is gathered at each CMI facility, to include CMI Dahlia, and forwarded to the CMI PREA Coordinator. At the time of this report, the CMI sexual abuse data is posted and available on the CMI website. The data includes aggregate information for each individual facility, including CMI Dahlia, and the agency as a whole.

CMI Dahlia has met all the requirements for this standard.

### §115.288 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.**

CMI PREA Policy and Procedures, Procedures section 11(c) (1-4) captures all of the required elements set forth in §115.288(a-d) and as noted above in §115.287, data collected pursuant to §115.287 has been aggregated, analyzed, and made available on the CMI website in the form of a 2014 Annual PREA report. The report provides a comparison of 2014 and 2013 data for each CMI facility. Consistent with the



compiled data showing only isolated reports/allegations in the CMI facilities and the utilization of ample video surveillance coverage and strategically placed convex mirrors, there were no identified "problem areas" requiring identification of corrective actions.

It is recommended that future Annual PREA reports speak to an assessment of the agency's progress in preventing, detecting, deterring, and investigating incidents of sexual abuse and/or sexual harassment. As CMI, and CMI Dahlia specifically, have demonstrated significant staff effort to implement and maintain a zero tolerance culture throughout their facilities, the inclusion of progress in all PREA related aspects (policy revisions, specialized trainings, etc.) is recommended so as to speak to evolution of the comprehensive CMI PREA policies and practices.

CMI Dahlia has met all the requirements for this standard.

<b>§115.289 Data storage, publication, and destruction</b>
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor 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.**


CMI, through the CMI PREA Policy and Procedures, Procedure Section 11(d) (1-4) capture each of the requirements of PREA standard §115.289 and, as has been noted in the previous two standards, CMI has compiled, aggregated and published data collected for 2013 and 2014 respectively in their Annual PREA Report. As noted in the standards §115.288, it is recommended that future annual reports include or speak to an assessment on the agency's progress in addressing sexual abuse.

CMI Dahlia has met all the requirements for this standard.

**AUDITOR CERTIFICATION**

I certify that:

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

  
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2-21-2016  
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Auditor Signature

Date