

**PREA AUDIT REPORT    INTERIM    FINAL  
JUVENILE FACILITIES**

**Date of report:** 09/26/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Steven Jett			
<b>Address:</b> 21023 Briarwood Dr. Greenleaf, ID			
<b>Email:</b> sjett.preajuvaudit@gmail.com			
<b>Telephone number:</b> 2084590602			
<b>Date of facility visit:</b> 03/14/16-03/16/16			
<b>Facility Information</b>			
<b>Facility name:</b> Sequel TSI of Idaho – Mountain Home Academy			
<b>Facility physical address:</b> 2850 NE Industrial Way Mountain Home, ID 83647			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 208 587 2679			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Kelly Stone			
<b>Number of staff assigned to the facility in the last 12 months:</b> 56			
<b>Designed facility capacity:</b> 60			
<b>Current population of facility:</b> 52			
<b>Facility security levels/inmate custody levels:</b> Staff Secure			
<b>Age range of the population:</b> 10-18			
<b>Name of PREA Compliance Manager:</b> Tanesha Fane		<b>Title:</b> PREA Compliance Manager	
<b>Email address:</b> Tanesha.fane@sequelyouthservices.com		<b>Telephone number:</b> SAA	
<b>Agency Information</b>			
<b>Name of agency:</b> Sequel Youth and Family Services			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Sequel Youth and Family Services			
<b>Physical address:</b> SAA			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> <a href="#">Click here to enter text.</a>			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> John Stupak		<b>Title:</b> President and CEO	
<b>Email address:</b> John.Stupak@sequelyouthservices.com		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Sonja Schierling		<b>Title:</b> PREA Coordinator	
<b>Email address:</b> sonja.schierling@sequelyouthservices.com		<b>Telephone number:</b> 941 526 8763	

## **AUDIT FINDINGS**

### **NARRATIVE**

The site-visit portion of the PREA audit of the Mountain Home Academy was performed March 14-16, 2016, in Mountain Home, Elmore County, Idaho. Present throughout the visit were Executive Director Kelly Stone, and PREA Compliance Manager Tanesha Fane. Others present at various times included Group Living Director Demetric Fane, Nurse Carol Litz, Clinical Director Cody Ellis, Education Director Vance Griffin and others.

During the audit visit, the population of the facility was 51 residents. The number of staff is 56.

All areas of the facility were toured, including the seven buildings on campus. The buildings housed the kitchen/cafeteria, administration, education, dorms, medical, etc.

Interviews were held with staff and residents. Staff from all shifts were interviewed, including night shift. 12 staff were formally interviewed, with other staff contributing through informal interactions as we toured the facility. 11 residents were interviewed. Both staff and residents were selected randomly from rosters presented to me at the start of the audit.

The audit went very well, and due to the fact that other Sequel facilities had been previously audited and had shared information, there was a minimal amount of corrective action deemed necessary.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

Sequel TSI of Idaho's Mountain Home Academy is a sixty-bed therapeutic residential treatment center for adjudicated and non-adjudicated adolescent males, ages 10-18 with sexually maladaptive behavior problems. The campus includes a six-bed dorm for students with Neurodevelopmental Disorders whom also exhibit sexually maladaptive behaviors.

Mountain Home Academy's clinical team utilizes a balanced & restorative justice approach in treating the mind, body and spirit of each student. Clinical interventions focus on changing destructive, deviant patterns of thought and in turn the behaviors related to those thought processes. Students participate in individual, group, and family therapy, focusing on their sexual behavior problems, as they progress toward graduation. Early stages of treatment emphasize accountability, responsibility and victim empathy. Later stages of treatment integrate a restorative justice approach as the student works through clarification (when appropriate) and relapse prevention planning in preparation for community reintegration.

All students at Mountain Home Academy are part of a community that promotes a Normative Culture System utilizing a Group Guided Interaction (GGI) method. In this system, conformity is achieved largely via commonly accepted group norms collectively endorsed and enforced by all program participants. A level system based on weekly ratings and related rules enforced by trained staff also provide additional support and structure for students in the program.

### **Program Information**

#### **Residential Treatment Center**

- 24-hour supervision in a staff-secure therapeutic setting for moderate- to high-risk students
- Specialized Sexual Behavior Treatment Group Therapy; 8 hours weekly
- Individual and family therapy sessions facilitated by licensed masters-level therapists certified in Trauma-Focused Cognitive Behavior Therapy (TF-CBT) and by The Association for Treatment of Sexual Abusers (ATSA)
- Substance Use Psycho-Education
- Onsite medical services
- Onsite accredited education services to include;
  - High school diploma or GED
  - Special education

### **Population Served**

Typical students admitted to Mountain Home Academy have sexually maladaptive behavior problems; serious emotional disturbance and/or learning disorders. Students typically struggle with issues such as a low degree of empathy for others, impulsivity, mismanagement of anger control and aggression, irresponsibility, negative behavior denial/justification, self-reinforced antisocial values and behaviors, lack of self-discipline, and noncompliance with authority.

#### **Student Profile**

- Males, 10-18 years old
- Sexually maladaptive behaviors

- May have a Neurodevelopmental Disorder
- May have low cognitive functioning and special needs
- IQ 70 or higher (case by case as needed)
- Serious Emotional Disturbance (SED)
- Mental Health Disorders
  - Bi-Polar, Conduct,
  - Oppositional Defiant,
  - PTSD,
  - ADHD,
  - Substance Abuse
- Academic underachievement or may have Individualized Education Plan (IEP)
- Lacks prosocial skills

## **SUMMARY OF AUDIT FINDINGS**

[Click here to enter text.](#)

Number of standards exceeded: 5

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 2

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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)

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The facility does not contract with any other facility to hold residents. Therefore, this 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)

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*The staff ratios in all of the dorms is well within the 1:8 ratio, and often exceeds it. Two dorms are reserved for housing special needs residents, with developmental disabilities and younger age. The ratio in one of the two is 1:6, and the other dorm is 1:3. Staff interaction with the residents was observed and deemed very effective. (The Mountain Home Academy does have a perimeter fence surrounding the campus, however, the fence is unlocked from the inside, meaning entry is prohibited, but exit is always possible.)*

#### **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)

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#### **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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

#### **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)

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At the time of the audit, the facility was out of compliance with this standard due to the fact that the questions listed in 115.317a were not being asked of applicants or employees as part of ongoing evaluations. During the Corrective Action Period, the facility furnished me with updated forms and documentation that this will be done.

### **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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

### **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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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**Standard 115.331 Employee training**

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

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At the time of the audit, the facility was out of compliance with this standard in two areas.

First, the duties of staff to fulfill their responsibilities was lacking as staff interviews showed that the items in 115.364a 3 1nd 4 were not known or understood strongly enough. Therefore, both policy editing and subsequent training was needed in that area.

Second, staff training rosters did not include any clause that the staff understood the training, as required in 115.331d.

During the Corrective Action Period, the facility came into compliance by furnishing me with updated training material based on edited policy, and also updated training record forms that were used in the training of staff.

#### **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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

#### **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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with the exception of one issue.

The facility was not affirmatively asking the question about LGBTI status. During the Corrective Action Period, the facility furnished me with the updated assessment form and intake samples that showed that the question regarding LGBTI status has been implemented.

#### **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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

In fact, the Mountain Home Academy’s process for classifying residents is very, very good. Since the facility deals exclusively with sex offenders, they take extra precautions during the intake process to try to ensure safety. Therefore, I believe the MHA exceeds the requirements of this standard.

#### **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)

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#### **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)

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During the on-site audit visit, it was found that the facility's policy did not specifically prohibit the referral of any grievance to the staff member that was the subject of the grievance.

During the Corrective Action Period, this was rectified through policy edit and this was furnished to me.

#### **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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

### **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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

### **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)

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During the audit visit, it was found that the facility's policy was unclear regarding the prohibition of disclosing information regarding sexual abuse reports as required in 115.361c.

During the Corrective Action Period, the facility furnished me with edited policy and staff training

records.

**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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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)

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Prior to and during the audit visit, it was determined that facility policy did not require the facility head to contact the investigating agency of any other facility where abuse allegedly occurred, as required by 115.363a. This was rectified through policy edit and furnished to me.

**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)

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It was determined that policy and training materials were not in compliance with 115.364a, b, specifically dealing with the items listed in 115.364a3, 4. During the Corrective Action Period, the policy and training materials were edited, and training for staff was completed.

**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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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)

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### **corrective actions taken by the facility.**

The facility does not enter into any collective bargaining agreements. Therefore, this standard is N/A.

### **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)

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### **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)

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Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary. Especially relevant is the facility's prohibition of isolation.

### **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)

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#### **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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

#### **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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective

action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with medical and mental health staff, the facility was deemed to exceed this Standard. Mental health services for abusers and victims, in particular, is a specialty at the MHA, and those services that are available here surpass most other facilities.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with medical and mental health staff, the facility was deemed to exceed this Standard. Mental health services for abusers and victims is a specialty at the MHA, and those services that are available here surpass most other facilities

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with medical and mental health staff, the facility was deemed to exceed this Standard. Mental health services for abusers and victims is a specialty at the MHA, and those services that are available here surpass most other facilities. Most other facilities I have audited have had some difficulty in providing ongoing services for abusers, in particular. The Mountain Home facility specializes in those offenders, and is able to meet that standard well.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary. The State of Idaho also requires the incident review and has furnished forms.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.**

Based on documentation including but not limited to, logs, files, policies and procedures, reports, and records, as well as observed practices and interviews with residents and staff, the facility was deemed to be compliant with Standard at the time of the issuance of the Interim Audit Report, with no corrective action necessary.

**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.

Steven G. Jett

September 25, 2016

Auditor Signature

Date