

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

**Date of Report**    Friday, December 21, 2018

## Auditor Information

<b>Name:</b> Roger Lynn Benton	<b>Email:</b> roger.benton@cdcr.ca.gov
<b>Company Name:</b> California Department of Corrections and Rehabilitation (CDCR)	
<b>Mailing Address:</b> 1515 S Street 344-N FOPS/SH	<b>City, State, Zip:</b> Sacramento, CA 95811
<b>Telephone:</b> (916) 798-9953	<b>Date of Facility Visit:</b> September 25-27, 2018

## Agency Information

<b>Name of Agency:</b> Montana Department of Corrections		<b>Governing Authority or Parent Agency (If Applicable):</b> Not Applicable	
<b>Physical Address:</b> 5 South Last Chance Gulch		<b>City, State, Zip:</b> Helena, Montana 59620	
<b>Mailing Address:</b> P.O. Box 201301		<b>City, State, Zip:</b> Helena, Montana 59620	
<b>Telephone:</b> (406) 444-3930		<b>Is Agency accredited by any organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>The Agency Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> The Montana Department of Corrections staff enhances public safety, supports the victims of crime, promotes positive change in offender behavior and reintegrates offenders into the community.			
<b>Agency Website with PREA Information:</b> <a href="http://cor.mt.gov/PREA">http://cor.mt.gov/PREA</a>			

## Agency Chief Executive Officer

<b>Name:</b> Reginald Michael	<b>Title:</b> Director, Montana DOC
<b>Email:</b> Reginald.Michael@mt.gov	<b>Telephone:</b> (406) 444-4913

## Agency-Wide PREA Coordinator

<b>Name:</b> Michele Morgenroth	<b>Title:</b> Montana PREA Coordinator
<b>Email:</b> MMorgenroth@mt.gov	<b>Telephone:</b> (406) 444-6583
<b>PREA Coordinator Reports to:</b> Montana Quality Assurance Director	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 5

## Facility Information

<b>Name of Facility:</b> Pine Hills Correctional Facility			
<b>Physical Address:</b> 4 North Haynes Avenue, Miles City, Montana 59301			
<b>Mailing Address (if different than above):</b> Same as Above			
<b>Telephone Number:</b> (406) 232-1377			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
<b>Facility Mission:</b> The Montana Department of Corrections staff enhances public safety, supports the victims of crime, promotes positive change in offender behavior and reintegrates offenders into the community.			
<b>Facility Website with PREA Information:</b> <a href="http://cor.mt.gov/PREA">http://cor.mt.gov/PREA</a>			

### Superintendent/Superintendent

<b>Name:</b> Steve Ray Jr.	<b>Title:</b> Superintendent
<b>Email:</b> sray2@mt.gov	<b>Telephone:</b> (406) 233-2290

### Facility PREA Compliance Manager

<b>Name:</b> Jeff Holland	<b>Title:</b> Performance and Quality Assurance
<b>Email:</b> jholland@mt.gov	<b>Telephone:</b> (406) 233-2313

### Facility Health Service Administrator

<b>Name:</b> Sandy Fogle	<b>Title:</b> Medical Service Manager
<b>Email:</b> sfogle@mt.gov	<b>Telephone:</b> (406) 233-2205

### Facility Characteristics

<b>Designated Facility Capacity:</b> 120		<b>Current Population of Facility:</b> 94	
<b>Number of inmates admitted to facility during the past 12 months</b>			73 Youth & 240 Adults
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>			233
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>			313
<b>Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:</b>			0
<b>Age Range of Population:</b>	<b>Youthful Inmates Under 18:</b> 10-17	<b>Adults:</b> 18-54	
<b>Are youthful inmates housed separately from the adult population?</b>		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA

<b>Number of youthful inmates housed at this facility during the past 12 months:</b>	73
<b>Average length of stay or time under supervision:</b>	Adults- 52 days Youths- 224 days
<b>Facility security level/inmate custody levels:</b>	All General Population
<b>Number of staff currently employed by the facility who may have contact with inmates:</b>	86
<b>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</b>	53
<b>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</b>	5
<b>Physical Plant</b>	
<b>Number of Buildings:</b> 8	<b>Number of Single Cell Housing Units:</b> 6, all housing units are single cells
<b>Number of Multiple Occupancy Cell Housing Units:</b>	0, all housing units are single cells
<b>Number of Open Bay/Dorm Housing Units:</b>	0, all housing units are single cells
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	0 There is no Ad/Seg at Pine Hills
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> Digital video monitoring of multiple points in all housing units, school classrooms and most external recreation and vocational areas. Video is routed to our main control room, located just inside the secure perimeter and at the south end of the common hallway for housing units A-D. Video retention capacity prior to roll over is approximately 15 calendar days.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	24 hour on-call medical staff
<b>Forensic sexual assault medical exams are conducted at:</b>	Holy Rosary Hospital, Miles City, MT
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	51 total. (18 Vol. and 33 Cont.)
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	11 (4 on-site and 7 at HQ)

## Audit Findings

### Audit Narrative

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

The Prison Rape Elimination Act (PREA) on-site audit of the Pine Hill Correctional Facility in Miles City, Montana was conducted on September 25-27, 2018 by Roger Benton, as the Lead Auditor and John Katavich, as support staff, from the State of California, both are United States Department of Justice Certified PREA Auditors for adult facilities.

Audit notices were sent from CDCR staff to the Montana Department of Corrections PREA Coordinator, via electronic mail, on July 13, 2018. Audit notices were copied and posted throughout the facility on August 10, 2018, over six weeks prior to the on-site review, and date stamped photographic evidence was submitted demonstrating the timely posting of the notices. The facility was requested and agreed to keep all notices posted for six weeks prior to and after the on-site review. This request was agreed to and documented. As of the date of this report, I have not received any correspondence from staff, offenders or a 3<sup>rd</sup> party, from the address listed on the posted audit notifications.

The Pine Hills Correctional Facility PREA Compliance Manager was requested to complete the *Pre-Audit Questionnaire* and it was emailed to me, by the Quality Assurance Director on August 10, 2018. On August 13, 2018, I received the supporting documentation contained on a compact disk, again, 6 weeks prior to the on-site review portion of the audit. Pre-audit preparation by me included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed *Pre-Audit Questionnaire*. The documentation reviewed included agency policies, procedures, forms, education materials, training curriculum, training certifications, organizational charts, posters, brochures and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted several questions that were placed in written form and emailed to the Pine Hills Correctional Facility's PREA Compliance Manager, on September 5, 2018, in the form of bulleted questions for clarification or additional information needed. Responses to those questions were requested be sent to me, via electronic mail, prior to the on-site portion of the audit.

Answers to the questions were submitted by the Pine Hills Correctional Facility's PREA Compliance Manager on September 10, 2018, two full weeks before the on-site portion of the audit and reviewed by me prior to the on-site review. This quick turnaround was appreciated.

I, along with John Katavich, conducted an entrance conference with facility administration on the morning of September 25, 2018. After introductions and welcoming remarks by the Superintendent, the discussion focused on the audit schedule and an overview of the process. Present were Superintendent Ray, PREA Coordinator Morgenroth, PREA Compliance Manager Holland, the Program Manager for Youthful Offenders, the Program Manager for Adult Offenders and the 2 Auditors.

The Pine Hills Correctional Facility is located at 4 North Haynes Avenue, Miles City, Montana, which is located within the City of Miles City, approximately 340 miles east of the state capital in Helena, Montana.

The Pine Hills Correctional Facility is participating in a Prison Rape Elimination Act (PREA) audit conducted by a certified auditor from the California Department of Corrections and Rehabilitation (CDCR). The on-site portion of the audit was conducted at the address stated above during the period of September 25-27, 2018.

Following coordination, preparatory work and collaboration with management staff at the Pine Hills Correctional Facility, pre-audit work was completed prior to traveling to the facility for the on-site review portion of the audit.

## **PRE-AUDIT PHASE**

On July 13, 2018, the CDCR provided the audit notice to the agency's PREA Coordinator with instructions to post copies in the housing units and other places deemed appropriate by facility staff. Notices were to be posted in areas accessible to both offenders and staff.

The PREA Compliance Manager at the Pine Hills Correctional Facility emailed the auditor time/date stamped pictures of different locations within the facility to include all housing unit informational bulletin boards, (Housing Units A, B, C, D, E & F), the Visiting Room, Food Services, Infirmary, Education Building, Gymnasium, Vocational areas, Warehouse, and Intake.

The pictures were date and time stamped on August 10, 2018, to indicate when/where they were posted with upcoming audit information. During our on-site audit tour, the information was noted to still be in the areas indicated in the emails.

Pre-audit Section of the compliance tool: I received the completed Pre-Audit Questionnaire on August 10, 2018. I also received the pre-audit questionnaire, audit process map, checklist of all PREA related policies/procedures and other documents from the Montana Quality Assurance Manager on August 13, 2018. I started completing the Audit section of the Auditor Compliance Tool (ACT) by transferring information from the pre-audit questionnaire and supporting documentation to the pre-audit section of the compliance tool.

I did not receive letters from any offenders housed at the facility prior to my arrival, while at the institution or, so far, during the post-audit portion of this audit. I also did not receive any letters from an anonymous or third-party source (family member of an offender) or staff.

It should be noted that the last time the Pine Hills Correctional Facility received their PREA Final Report, from their last 3-year cycle, was on December 20, 2016. They were known as the Pine Hills Youth Correctional Facility due to their mission at the time of the audit.

Since the facility's mission has changed to an adult facility, that also houses youthful offenders, the facility's name was officially changed to the Pine Hills Correctional Facility on March 22, 2018.

## **ON-SITE PHASE**

On September 25, 2018, the audit team arrived at the Pine Hills Correctional Facility.

The audit team consisted of 2 auditors, which included John Katavich, a DOJ Certified Auditor and retired Superintendent for CDCR and myself, a DOJ certified auditor and retired Captain for CDCR. Both members of the auditing team have completed several In-state Pre-Audits and numerous Out-of-State formal audits.

As a team, we spent approximately 55 hours on-site at the Pine Hills Correctional Facility and approximately 4 hours completing telephonic interviews with staff, SANE, Victim Advocate, Volunteers, ect.) that were not on-site during our visit.

Upon arrival to the facility, the audit team met with Pine Hills Correctional Facility's Superintendent, PREA Compliance Manager and two Program Managers, (1 for the Adults and 1 for the Youthful Offenders) and the Statewide PREA Coordinator, for greetings, introductions and information sharing. The audit team was escorted to a conference room which served as a home base for audit preparation and organization.

Prior to arrival at the Pine Hills Correctional Facility, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who would be interviewed during the on-site portion of the audit. The auditor also requested a current listing of all staff working at the Pine Hills Correctional Facility as well as a current list of all offenders housed at the Pine Hills Correctional Facility. Once settled in the conference room, all the requested information was provided to the auditors.

The audit team reviewed the lists and highlighted, in pink and yellow, the names of random staff and random offenders we wished to interview. The reviewed list that the audit team received contained all the custody and non-custody staff scheduled to work on the days of the on-site review, sorted by shift. The other list contained all offenders currently housed at Pine Hills Correctional Facility, sorted by housing unit.

A majority of the Pine Hills Correctional Facility custody staff work one of 3, 8-hour shifts. (1<sup>st</sup> watch, 0600-1400 hours, 2<sup>nd</sup> watch, 1400-2200 hours and 3<sup>rd</sup> watch, 2200-0600 hours) A few custody staff work varied schedules that are closely related to the majority. Most Medical and Mental Health staff work 0700-1700 and 0800-1800 and 0730-1630 hours.

The staff names were randomly chosen to include various work areas, shift schedules and classifications to get a formal response of wide-spread information from around the institution.

The offender names were randomly chosen to include some from each of the housing units and classification/custody level.

The auditor also requested a list of offenders, if any, classified/known in any of the following categories:

- Physical Disability
- Disabled Inmates (Hearing, Vision & Mobility)
- Limited English Proficient Inmates
- Cognitive Disability
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening

This list did not specifically identify offenders according to any/all the seven above referenced categories, however, the PREA Compliance Manager worked with the auditor to identify the offenders in the categories, and, after review, a complete list was later supplied.

On-site Review: The audit team conducted a thorough on-site review of the facility. The PREA Coordinator and the PREA Compliance Manager escorted the tour as the team broke into two groups.

Both members of the team toured the facility to include all Housing Units (A, B, C, D, E and F), reviewed all informational bulletin boards, tested the telephone system, walked through the Visiting Room, Food Services, Infirmary, Education Building, Gymnasium, Vocational areas, Warehouse, and Intake. As the tour moved throughout the facility, the team would make a notation on the supplied site map indicating which area had been visited and reviewed.

During the tour, both audit team members asked impromptu questions (Informal interviews) of staff and offenders, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, and inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. In offender housing units, audit team members tested offender telephones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Using the offender accessible telephone, I called the listed Rape Crisis Center telephone number posted on the wall and a staff person answered. The staff member, at the Rape Crisis Center, explained this telephone number was monitored 24 hours a day, 7 days a week. Information is obtained from the caller, then directed to the responsible coordinator for immediate action.

In offender work areas, audit team members assessed the level of staff supervision and asked questions (Informal interviews) to determine whether offenders are in lead positions over other offenders. Audit team members also noted the placement of some PREA information posters, Montana Department of Corrections contact numbers and outside agency's numbers, located in offender housing/limited work areas and placement of the PREA audit notices provided to the facility. In most areas, an audit team member took photos to document the on-site review.

### PREA Management Interviews:

The Montana Department of Corrections, Agency Director was interviewed, telephonically, on September 26, 2018.

The Montana Department of Corrections Agency Contract Administrator was interviewed, telephonically, on September 26, 2018.

The Pine Hills Correctional Facility's Superintendent and the Statewide PREA Coordinator, were interviewed on-site, on September 27, 2018.

The Pine Hills Correctional Facility's PREA Compliance Manager was interviewed, on-site, on September 26, 2018.

The auditors worked with facility staff to schedule a time for each interview. Both audit team members were escorted to the offices of the respective manager or arranged to utilize another office where the auditor conducted the interviews using the applicable interview protocols and recorded the responses by hand.

All their summarized remarks and documentation presented, are in this report.

Specialized Staff Interviews: Using the list of specialized staff, received from the PREA Compliance Manager, audit team members were escorted to the work locations or centralized offices of individual specialized staff to perform the required interviews.

The audit team also identified 20 additional specialized staff classifications to be interviewed. Interviews included staff from the following areas:

- 1 Intermediate/Higher level staff responsible for unannounced rounds.
- 2 Line Staff that Supervise Youthful Offenders
- 1 Staff that Educate Youthful Offenders
- 2 Medical staff members
- 2 Mental Health staff members
- 1 Non-medical staff involved in cross-gender searches
- 1 Administrative (Human Resource) staff member
- 1 Sexual Assault Nurse Examiner (SANE) from the Holy Rosary Health Facility (Telephonically)
- 1 Victim Advocate from the Custer Network Against Domestic Abuse Center (Telephonically)
- 2 various Volunteers (Religious and Education)
- 2 various Contractors (Cleaning and Hair Styling)
- 2 Investigator Staff members (1 who performs Criminal and 1 who performs Administrative)
- 1 Staff who perform Screening for Risk of Victimization and Abusiveness
- 0 Staff who supervise offenders in Administrative Segregated. There is no Administrative Segregation at the Pine Hills Correctional Facility.
- 2 Sexual Abuse Incident Review Team Members
- 1 Person Responsible for Monitoring Retaliation
- 2 First Responders, both security and non-security, staff members
- 1 Staff who conduct Intake Screening
- 1 Person Responsible for Institutional Contractor and Volunteer Clearances
- 1 Head of Education for adult and Youthful offenders
- 1 staff member that oversees the Pine Hills Correctional Facility's Training Department

Pine Hills Correctional Facility currently has 65 custody staff line positions that includes 1 Chief of Security, 14 Unit Shift Supervisors, 36 Correctional Counselors, and 14 Correctional Officer positions.

Random Staff Interviews: The audit team identified random staff to be interviewed. The random staff were selected from the shift rosters, considering a variety of work locations and both shifts. Audit team members were escorted to various locations or a centralized office where identified staff members were located for the interviews. The interviews were conducted individually and in private offices. The auditors introduced themselves, communicated the advisory statements to the staff, proceeded to ask the line of questions from the PREA interview protocols for random staff and recorded the answers by hand.

Audit team members asked for clarifications where needed to ensure the responses were clear enough to make a determination of compliance with applicable standards. A total of 14 on-site formal and 12 informal random staff interviews were conducted from various categories of staff from all 3 shifts.

During the on-site tour, auditors would stop, speak to staff (Informal interviews) in all categories, and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

Work shifts for custody staff are as follows:

- 1<sup>st</sup> watch: 0600-1400 hours.
- 2<sup>nd</sup> watch: 1400-2200 hours.
- 3<sup>rd</sup> watch: 2200-0600 hours

A few custody staff work varied schedules that are closely related to the majority. Most Medical and Mental Health staff work 0700-1700 and 0800-1800 and 0730-1630 hours.

Random Offender Interviews: The auditor determined that at least 2 or more offenders from each housing unit would be interviewed. Audit team members were assigned responsibility for the various offender interviews. Audit team members used the alphabetical roster of offenders to randomly select offenders, from various age groups, ethnicities and races, from their assigned housing units.

Audit team members were escorted to a centralized office where the identified offenders were made available to participate in the interview in a private interview room/office. During our on-site tour, auditors would stop, speak to numerous offenders in all categories,(Informal interviews) and ask 2 to 3 questions about PREA issues to include, training, actions taken, response, communications, etc. These conversations would not take the place of the formal process of questions, they would only be used as an additional tool to supplement the overall audit informational gathering process.

A total of 15 formal and 10 informal random offenders' interviews were conducted from offenders living in various housing units. There were a total of 106 offenders housed at the Pine Hills Correctional Facility.

PREA-Interest Offender Interviews: Audit team members were assigned responsibility for interviewing specific categories of offenders identified for interviews based upon their relevance to specific PREA standards.

Due to the current mission of the Pine Hills Correctional Facility, there are a limited number of offenders in the following categories.

These 10 categories are:

- 8 Youthful Offenders
- 0 Physical Disability
- 0 Disabled Inmates (Hearing, Vision & Mobility)
- 0 Limited English Proficient Inmates
- 0 Cognitive Disability
- 1 Transgender & Intersex Inmates
- 0 Gay & Bisexual Inmates
- 0 Inmates in Segregated Housing for Risk of Sexual Victimization. No Ad/Seg at Pine Hills.



- 1 Inmates who Reported Sexual Abuse
- 1 Inmates who Disclosed Sexual Victimization during Risk Screening

Audit team members selected offenders from the list received from the PREA Compliance Manager. Each offender's housing location was determined from the alphabetical roster and audit team members were either escorted to the offender's housing unit or provided a centralized private office for interviews.

The offenders were escorted to where the auditor was located. The auditor would tell the offender why they were at this institution, what their role was in the PREA Audit process and explain why the interviews were being conducted. The auditors would also explain that the offender's participation, although helpful, is voluntary and they could stay or leave at their convenience.

The auditor then asked if the offender wanted to participate, and if so, begin to ask the line of questions in the respective interview protocols. Audit team members also conducted additional interviews of the same offender if a random offender interviewee also disclosed information suggesting that one of the above categories of PREA interest applied to them. These additional interviews would be reflected in this report but only counted as 1 category or the other, but not both.

Document Reviews: The document review process was divided up between the 2 auditors.

1 auditor reviewed all 7 files that were related to allegations of sexual abuse/sexual harassment. The review and Compliance Log, corresponded, and indicated the following:

6 allegations were for Sexual Abuse and 1 was for Sexual Harassment.

Of the 7 allegations, 2 were completed and 5 are still pending completion.

The 2 investigations that were complete were as follows:

1 Inmate on Inmate Sexual Abuse and 1 Staff on Inmate Sexual Abuse. Both were Unfounded.

The 5 investigations still pending were as follows:

4 for Inmate on Inmate Sexual Abuse and 1 for Sexual Harassment

The PREA Compliance Manager provided the audit team with completed Sexual Incident Reports (SIR) for the 7 allegations received during the previous 12 months.

The list included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The auditor obtained the Sexual Incident Report and Investigative reports from facility investigative staff for each allegation. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case#/ID
- Date of Allegation
- Date of Investigation
- Staff or Inmate on Inmate
- Sexual Abuse or Sexual Harassment
- Final Disposition
- Is Disposition Justified
- Investigating Officer
- Notification Given to Inmate

Audit team members recorded this information for the case reviewed and provided additional relevant information in the space provided for additional notes.

Auditors also reviewed training records, personnel records, contractor and volunteer records, offender files, Medical and Mental Health files and reviewed the records maintained through the offender intake process. The auditors collected copies of documents, as necessary.

A thorough review of the Montana Department of Corrections Policies and Procedures was included in all three phases of the audit: Pre-Audit, On-site portion and the Post-Audit.

Of the 10 personnel files reviewed all 10, various category, staff personnel files, chosen from a list of new employees, employees who were promoted and those who have been at Pine Hills Correctional Facility for longer than 12 months for review. All 10 showed they were in full compliance with all PREA related information at the time of initial review. Sporadic informational reviews also indicated full compliance.

Of the 10 training files reviewed, 9 of them reviewed showed full compliance with all PREA related information at the time of review. One of the files reviewed was missing of when or if training was conducted. Prior to the on-site audit, staff found the training file had been incorrectly filed and added it to the correct training folder, bringing them into full compliance. Overall training requirements also indicated full compliance.

12 offender files, chosen randomly from a Master Roster sheet, which contained Adult and Youthful offenders, living in every housing unit, were reviewed. The review indicated that all 12 offenders, indicated, though their signed acknowledgement sheets, that all had received an Orientation Booklet, PREA Brochure, a face-to-face conference and Risk Assessment during intake, upon arrival at Pine Hills Correctional Facility. There was a lack of documentation as to whether an additional review or assessment was completed after that within 30 days. This will be addressed later in the report.

Throughout the on-site review, the team had discussion about what was being observed and reviewed and discrepancies that were being identified.

Where the circumstances dictate, the auditors would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standards. Audit team members would seek clarification, when discrepancies were identified to ensure that we were not missing pertinent information.

The audit team scheduled a close-out discussion with Superintendent Ray, the PREA Coordinator, the PREA Compliance Manager and 11 additional management staff on September 27, 2018.

During this close-out discussion, Pine Hills Correctional Facility staff were provided with a detailed overview of what had been identified as areas of concern during this audit.

## **POST-AUDIT PHASE**

Following the on-site portion of the audit, the audit team met and discussed the post-audit phase and the next steps. I gathered all written information and feedback from the other team member and took responsibility for completing the final report.

Per PREA procedure, starting on August 20, 2016, which is the first day of the first year of the second 3-year audit cycle, certified auditors are required to submit a report to the audited agency within 45 days of completion of an on-site audit.

It is expected that if an auditor determines that a facility does not meet one or more of the standards, this report will be considered an "interim report," triggering a 180-day corrective action period, and the auditor will include in the report recommendations for any required corrective action and shall jointly develop with the agency a corrective action plan to achieve compliance.

The auditor is required to "take necessary and appropriate steps to verify implementation of the corrective action, such as reviewing updated policies and procedures or re-inspecting portions of a facility."

At the completion of the corrective action period, the auditor has 30 days to issue a “final report” with final determinations.

Section 115.404 (d) states that, “After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.”

The final report, which is a public document that the agency is required to post on its web site or otherwise make publicly available, should include a summary of the actions taken during the corrective action period to achieve compliance.

If Pine Hills Correctional Facility meets all of the Standards, without the need for a Corrective Action Plan, the final report must be submitted to the facility by November 11, 2018.

The PREA Compliance Manager and I agreed that any documents not received during the pre-audit phase or on-site review would be requested via email and provided by the PREA Compliance Manager.

Audit team members documented all clarification questions, missing information, and requests for additional documentation, etc. to follow-up with the PREA Compliance Manager and sent the request, through email, on September 30, 2018.

After receiving several completion documents and verification photographs from the PREA Compliance Manager, an updated request was sent, via email, to the PREA Compliance Manager and PREA Coordinator. During these times, there were multiple telephone calls to and from the PREA Compliance Manager and myself.

After several emails and telephone calls, all completed information that was requested was returned to the auditor by Wednesday, November 7, 2018.

Most of the concerns, which the audit team had addressed during both the on-site audit and exit interview, with the Pine Hills Correctional Facility Administrative Staff, were addressed, documented and satisfactorily corrected by Wednesday, November 7, 2018. The documents provided were reviewed for completeness and to verify that they meet the requirements per PREA Standards. This report was written to include any corrective actions that took place to correct any listed deficiencies plus any additional item that required additional monitoring and updates.

A PDF copy of this document was forwarded to the Montana Department of Corrections PREA Coordinator and the PREA Compliance Manager of the Pine Hills Correctional Facility on November 11, 2018.

Audit Section of the Compliance Tool: The auditor reviewed on-site document review notes, staff and offender interview notes and site review notes and began the process of completing the Audit section of the compliance tool. The auditor used the Audit section of the PREA Compliance Tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable Sub-Section of each standard, the auditors completed the “Overall Determination” section at the end of the standard indicating whether the facility’s policy, procedure and practice exceeds, meets or does not meet standard.

Where the auditor found the facilities policies, procedures and practice did not meet the standard, the auditor entered appropriate comments explaining why the standard is not met and what specific corrective action(s) is/are needed for facility’s policies and procedures to comply with the standard. The auditor entered this information in the designated field at the end of the standard in review.

## Facility Characteristics

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

Pine Hills Correctional Facility is located on the original site of the Montana Territorial Women's Reformatory, which was erected in 1884, then located two miles east of Miles City. The town grew over the years and the Pine Hills Correctional Facility is now within the confines of Miles City, located at the east end of Main Street. The current facility is located within Custer County and is located at 4 North Haynes Avenue, Miles City, Montana, 59301

In March of 1893, the Pine Hills Correctional Facility ended its role as a Women's Reformatory and became the Montana State Reform School which was established to serve juveniles. On January 24, 1894 the first President of the Reform School was selected, and his duties commenced. By March 6th of that year, a teacher, a night watchman, a housekeeper, and a cook had been employed. With these staff in place the Reform School was officially opened March 15, 1894. Two weeks later the first admissions arrived, one boy and three girls.

In 1996, the facility transitioned operational control from the Department of Health and Human Services to the Montana Department of Corrections. During this transition the average daily population served at the facility ranged around 100.

Due to the ongoing decrease in youth placements at the facility and housing pressure within adult corrections, in May 2016, the Pine Hills facility instituted a Training and Treatment Program serving adult male residents. Placement of adult male residents at the facility was expanded until March of 2018, when the population of adult residents exceeded juvenile residents.

On March 22, 2018, the Montana Department of Corrections formally declared the Pine Hills Correctional Facility to be an adult institution.

Today, the Pine Hills Correctional Facility serves adult and juvenile male residents convicted or adjudicated to the Montana Department of Corrections. The facility offers a four-year accredited high school program that includes special education and remedial services, High School Equivalency Diploma and college preparatory programs. Facility programming includes on and off campus work restitution programs, sex offender treatment, chemical dependency treatment, medical services, clinical services, group and individual counseling, religious and spiritual services (multi-denominational including Native American Culture), Alcoholic and Narcotic Anonymous classes, Bible Study volunteer programs, and recreation. Their motto is 'Prisoner Health is Community Health'. They also have Vocational training opportunities include horticulture, culinary preparation classes, automotive and small engine repair and construction related training including carpentry, welding, and electrical.

The Pine Hills Correctional Facility also has an outdoor recreation yard and indoor gymnasium.

The facility consists of the following housing plan:

- The A (Alpha) Housing Unit is a General Population/Treatment Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 2 telephones, a dayroom/dining room with television, counseling offices, the security staff enclosed control room and 3 individual shower rooms. Currently it houses 22 Adult offenders.
- The B (Bravo) Housing Unit is a General Population Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 2 telephones, a dayroom/dining room with television, counseling offices, the security staff enclosed control room and 3 individual shower rooms. Currently it houses 17 Adult offenders.
- The C (Charlie) Housing Unit is a General Population Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 2 telephones, a dayroom/dining room with television, counseling offices, the security staff enclosed control room and 3 individual shower rooms. Currently it houses 20 Adult offenders.
- The D (Delta) Housing Unit is a General Population Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 2 telephones, a dayroom/dining room with television, counseling offices, the security staff podium and 3 individual shower rooms. Currently it houses 12 Youthful offenders.
- The E (Echo) Housing Unit is a General Population Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 2 telephones, a dayroom/dining room with television, counseling offices, the security staff podium and 4 individual shower rooms. Currently it houses 13 Youthful offenders.
- The F (Foxtrot) Housing Unit is a General Population Unit with a maximum capacity of 24 offenders. In this unit, there are 24 single cells with a toilet within each cell. The dayroom area contains 1 telephone, a dayroom/dining room with television, counseling offices, the security staff enclosed control room and 3 individual shower rooms. Currently it houses 10 Youthful offenders.

The Pine Hills Correctional Facility currently houses 106 offenders in the following racial/ethnic composition:

- There are 68 White offenders
- There are 11 Black offenders
- There are 7 Hispanic offenders
- There are 16 Native American/Alaskan Descent offenders
- There are 4 Listed as Other

There is a Controlled Area in which all staff and visitors must pass through to enter or exit the secured facility. Identification is shown, visitors sign in and no contraband, to include cellular telephones, is permitted without written authorization.

Pine Hills Correctional Facility offers activities to all offenders. These activities include Chemical Dependency Treatment, Sexual Offender Treatment, Counseling, Community Service, Employment Skills and Education, which is accredited by the Montana Office of Public Instruction, to earn their High School Diploma or their High School Equivalency Diploma. Vocational activities include Agriculture, Horticulture, Car and Small Engine repair, Welding and basic Building Trades and Construction Practices.

**Within the audit, the Montana Department of Corrections (DOC) policies are listed as follows:**

- DOC 1.1.17 06/12/18 Prison Rape Elimination Act of 2003
- PHCF 1.1.17 07/25/18 Prison Rape Elimination Act
- PHCF 1.1.17.001 08/08/18 Sight and Sound Separation of Youth and Adult Residents
- SEC-15 07/01/16 Group Movements
- PHCF 3.1.17 08/08/18 Searches and Contraband Control
- SEC-30 02/12/15 Cross Gender Announcements
- SEC-31 07/01/16 Cross Gender Searches
- SEC-32 04/11/14 Limits of Cross Gender Viewing
- PHCF 4.2.2 03/29/10 Special Needs Youth
- PHCF 1.2.9 07/15/15 Contracts
- DOC 1.3.55 08/28/17 Criminal Conviction in Employment
- DOC 1.3.2 01/03/17 Performance and Conduct
- DOC 3.1.19 03/11/15 Investigations
- DOC 3.1.28 10/09/15 Crime Scene and Physical Evidence Preservation
- DOC 1.3.13 03/11/15 Administrative Investigations
- DOC 1.3.16 01/07/15 Volunteer Services
- PHCH 3.3.3 08/09/10 Resident Grievance Procedure
- DOC 3.4.1 09/09/16 Offender Disciplinary System
- DOC 3.4.2 05/06/15 Prohibited Acts

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** 0

**Number of Standards Met:** 45

### **Prevention Planning**

- 115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17 and 115.18

### **Responsive Planning**

- 115.21 and 115.22

### **Training and Education**

- 115.31, 115.32, 115.33, 115.34 and 115.35

### **Screening for Risk of Sexual Victimization and Abusiveness**

- 115.41, 115.42 and 115.43

### **Reporting**

- 115.51, 115.52, 115.53 and 115.54

**Official Response following an Offender Report**

- 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67 and 115.68

**Investigations**

- 115.71, 115.72 and 115.73

**Discipline**

- 115.76, 115.77 and 115.78

**Medical and Mental Care**

- 115.81, 115.82 and 115.83

**Data Collection and Review**

- 115.86, 115.87, 115.88 and 115.89

**Auditing and Corrective Action**

- 115.401 and 115.403

**Number of Standards Not Met:** 0

**Summary of Corrective Action (if any)**

The on-site portion of the audit was a consistent paced review of all areas of the institution. Facility staff were very helpful and responsive to the questions and concerns expressed during this portion of the audit. Facility staff went above and beyond, regarding seeing to the needs of the auditors and the continued hospitality.

The audit of this institution went very well. Pine Hills Correctional Facility staff were very helpful and responsive to the needs of the auditors and any concerns that were expressed, in the pre-audit, on-site portion and post-audit process. The audit team thanks the Superintendent, the PREA Coordinator, the PREA Compliance Manager and the entire staff for this because it simplified the process that needed to be completed.

Overall, it is evident that staff at the Pine Hills Correctional Facility has been working toward continual compliance with the PREA standards. It is also apparent that staff understand the PREA Standards, as the few items identified were quickly fixed or a process was put into place to meet compliance.

Due to their hard work and dedication to achieving sexual safety for the offenders, the facility was in full compliance with a large majority of all the standards at the beginning of the post-audit phase of this audit process. They are to be commended.

Some of the positives observed by the audit team included:

- I am very impressed with the overall knowledge and understanding, to include all PREA standards that the Statewide PREA Coordinator and Pine Hills Correctional Facility's PREA Compliance Manager possess. All information needed and documentation requested, was provided quickly and accurately.
- Announcement of opposite gender staff entering the housing units seemed to be routine and part of everyday business.
- Pine Hills Correctional Facility staff have a great understanding of the PREA standards and were able to provide all needed information when interviewed.

- Curtains and half-doors in the shower and toilet areas, provide good mitigation to cross gender viewing in all 6 adult and youth housing units.
- The information provided by the offender population indicates they understand their rights to be free from sexual abuse and explained to the auditors how they would report an allegation. Every adult and youthful offender interviewed, stated they could freely speak to staff about PREA issues.

Some of the areas of concern, at the completion of the on-site audit included:

Under 115.13 (D) Supervision and Monitoring Within (d), it states 'a facility shall implement a policy and practice' as it speaks about unannounced rounds. Concerning the practice portion of this Standard, I believe the intermediate-level or higher-level supervisors are making rounds, they are just not documenting that information within the units on an ongoing basis. Touring notes within the unit logbooks were sporadic at best.

**Initial Update:** The auditor was notified that the procedure, that had already begun prior to our on-site arrival, was still in effect and the logbook/training documentation was being gathered to show full compliance that staff are making rounds, and any issues would be noted. A 60-day review period is in process and information and documentation will be sent, via email, to the auditor, by December 5, 2018. This Standard is still under review.

**Final Update:** On December 5, 2018, this auditor was sent, via email from the PREA Compliance Manager, several documents of photocopied Shift Logbooks from every housing unit. (A, B, C, D, E and F). Upwards of 30 shifts were covered from each housing unit from the requested review period of September 30 through November 30, 2018. The written Logbook pages indicated that managerial staff toured each housing unit at least once per shift. The pages also indicated that the PREA Compliance Manager toured each housing unit one or more times each day. With the inclusion of the interview information, the department and institutional policy and the documented information provided, this satisfies this Standard.

115.13 (a)(5) Blind Spots Within the Food Service area, there are two areas that form an L-shape in back sections of the main room. These areas are difficult for staff to see offenders without physically going back into those areas. I understand that two round mirrors have been ordered and are going to be placed in each of those areas to mitigate the blind spot.

**Update:** On November 7, 2018, this auditor was sent, via email, 5 photographs indicating where two half-round bubble type mirrors had been placed within the food service area. These photographs showed how it mitigated the previously seen blind spots. Along with the photographs, the PREA Compliance Manager sent the Learning Action Plan documentation given to staff that worked in those areas. This additional documentation and information bring this Standard into compliance.

115.15 (d) Limits to Cross-Gender Viewing: When offenders are placed in Observation/Suicide Cells within several housing units, where a camera is mounted on the wall within those Observation/Suicide Cells. Upon review of the monitors, it was noted that the monitors can see directly at the cell toilet and can be monitored by Cross-Gendered staff.

**Update:** On November 7, 2018, this auditor was sent, via email from the PREA Compliance Manager, indicating that each camera, within each Observation/Suicide cell, has had an opaque block placed on each camera lens, within the camera's protecting housing. This blocks the direct view of the toilet so that opposite gender staff cannot see that section of the cell on the monitors. By placing the block on the lens within the housing, neither staff nor offenders can remove this block without dismantling the camera housing unit. Photographs show the block from the offenders' view and also on the monitor from the staff members' view. This view-block placement and documentation brings this Standard into compliance.



115.17 Hiring/Promotions Decisions In (a), the Standard states the 'agency shall not hire or promote anyone who may have contact with inmates, and addresses the three questions that shall be asked. During our review of personnel files, we found these questions asked to all employees but could not prove they were asked/considered by Contractor employee.

**Update:** On November 7, 2018, this auditor was sent, via email, a spreadsheet indicating that a file review, of all Contractors and Volunteers, had been performed. Over the past month, all of the current Contractors and Volunteers file information have been reviewed and updated, if necessary. If needed, the Contractor and Volunteer PREA Disclosure Forms were updated and placed on file. Copies of every form updated was attached to the email. This updated documentation brings this Standard into compliance.

115.41 Screening for Risk of Victimization/Abusiveness During reviews of offender files, we found every one of the offenders were given their Initial Risk Screening within the required 72-hours. Considering the 30-day or less re-assessment, through interviews, it is believed that most Intake interviews are being completed but we could not show that all the 30-day follow-ups were either completed or documented.

**Initial Update:** The auditor was notified that the procedure, which had already begun prior to our on-site arrival, was still in effect. Staff had received documented training prior to the on-site audit and all offenders' files were reviewed to indicate if there was a documented 30-day orientation completed. After review of the files was completed, any offenders, whose file did not indicate completion, was given a documented orientation to bring current offenders into compliance. Subsequent to staff training on this matter, newly arrived residents are receiving post-intake reassessment within 30 days. A 60-day review period is in process and information and documentation will be sent, via email, to the auditor, by December 5, 2018. This Standard is still under review.

**Final Update:** On December 5, 2018, this auditor was sent, via email from the PREA Compliance Manager, copies of the 30-Day Risk Assessment forms from 19 offenders housed at Pine Hills Correctional Facility. This review was completed from September 30 through November 30, 2018. (60-days). The information indicated that documented training and documented 72-hour and 30-Day reviews were completed on all offenders that arrived and remained at Pine Hills Correctional Facility during this review period. This additional documentation and information bring this Standard into compliance.

115.51/53 Inmate Reporting/Inmate Access to Outside Confidential Support Services. During our tours of the six housing units, we called the posted phone numbers that were used for outside Victim Support and or listed internal numbers that an offender can use to contact either of these services. We found the process difficult to use as the process was convoluted. We also found that an offender was required to utilize their Personal Identification Number to complete such a call. We later understood that the names and numbers called were kept confidential from the institution, however, it was learned through offender interviews that the offender population does not believe the numbers are confidential and would not use that process if the need arose.

**Update:** On November 7, 2018, this auditor was sent, via email, information from the offender phone provider (contracted). The procedure, which is now in effect, is that the offender can now utilize a speed dial number instead of the 1-800 number and does not require the offender to enter their Personal Identification Number to access it. This information is posted by offender telephones and states it is not recorded and kept confidential. The new speed dial number is also set it to go to an external reporting mechanism. During our tour, we found other means to contact external sites but this additional method allows a broader way of communications for the offender. This updated phone system and documentation provide by the Department and the offender phone provider fully satisfies this Standard.

115.86 (b) Sexual Abuse Incident Review. The Standard states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be Unfounded. This review shall ordinarily occur within 30 days of the conclusion of the investigation. During our reviews of the Incident Review committees, one allegation had been completed and the review was beyond the 30 days. Additionally, there are currently 4 more sexual abuse investigations pending.

**Update:** On November 7, 2018, this auditor was sent, via email, the scanned images of the 4 additional sexual abuse investigations that were previously pending. Since our on-site review, these 4 investigations had been completed and a Sexual Abuse Incident Review was scheduled and completed for each one. All were completed within the 30-days and the minutes of all 4 committee meetings, indicating who was there, what was discussed and what recommendations were or were not implemented, were included in this email. This updated documentation brings this Standard into compliance.

Additionally, I requested a signed and dated copy from the Montana Department of Corrections, indicating when the Pine Hills Correctional Facility official changed their mission to an Adult facility.

**Update:** On October 19, 2018, I received a memorandum, via email, authored by the Director of Quality Assurance, showing that the Pine Hills Correctional Facility officially became an Adult facility, on March 22, 2018, by the Montana Department of Corrections.

Verbally, during the exit on September 27, 2018 and again through email, sent on September 30, 2018, I notified the staff of the Pine Hills Correctional Facility of all above listed concerns. The PREA Compliance Manager and the PREA Coordinator stated they would continue working on these concerns to bring them into full compliance.

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

##### 115.11 (a)

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

##### 115.11 (b)

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

##### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA Compliance Manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA Compliance Manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  Yes  No  NA

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager

The Montana Department of Corrections policy 1.1.17, Prison Rape Elimination Act, updated on 06/12/18, was reviewed. The 15-page document, which outlines policy, Definitions, General Directives, Prevention and Intervention, Training, Offender Education, Screening process for Risk of Victimization or Abusiveness, Offender Reporting procedures, First Responder Duties, Employee and Service Provider Reporting, Retaliation Monitoring, Medical, Mental Health and Victim Services, Investigation Protocols, Reporting to Offenders, Incident Review procedures, Data Collection, Review, Storage, Publication and Destruction and Employee and Offender Sanctions. On page 1, section 1, this policy details the need for zero tolerance toward all forms of sexual abuse and sexual harassment.

The Agency Organization Chart, dated December 2014, was provided and reviewed for completeness.

The Pine Hills Organization Chart, dated June 2011, was provided and reviewed for completeness.

The Pine Hills procedure 1.1.17, Prison Rape Elimination Act, updated on 07/25/18, was reviewed. This 19-page document, which outlines the facilities purpose, Definitions, General Procedures, Prevention and Intervention, Training, Resident Education, Screening process for Risk of Victimization or Abusiveness, Resident Reporting procedures, First Responder Duties, Employee and Service Provider Reporting, Retaliation Monitoring, Medical, Mental Health and Victim Services, Investigation Protocols, Reporting to Residents, Incident Reviews, Data Collection, Review, Storage, Publication and Destruction and Employee and Offender Sanctions. On pages 3 and 4, this local policy speaks to the PREA Coordinator and PREA compliance Manager duties and responsibilities.

Additionally, attached to this procedure are the First Responders Checklists, Medical Treatment Refusal, Resident PREA Intake Acknowledgement Form, Resident PREA Education Acknowledgment Form, Service Provider PREA Acknowledgement Form. Sexual Victimization Predictor Scale, Sexual Victimization Predictor Scale Instructions, Staff Comprehensive PREA Acknowledgement.

In many cases this policy/procedure mirrors the language contained in the PREA Federal Standards.

The PREA Coordinator's job description was provided and reviewed for completeness and clarity.

During interviews, the Director of the Department of Corrections and Pine Hills Correctional Facility's Superintendent confirmed the agency's commitment to achieving PREA certification and the agency's zero tolerance policy.

The policy mandates that a Statewide PREA Coordinator will be assigned at the Agency Level position. Michele Morgenroth is currently assigned as the agencies' PREA Coordinator. This is confirmed by review of the agency organizational chart provided with the pre-audit questionnaire. Ms. Morgenroth has regular contact with the 4 assigned PREA Compliance Managers through site visits, emails and direct conversations. In addition, Ms. Morgenroth was at the facility for the entire on-site-review and answered questions as needed. Ms. Morgenroth is leading the agency's commitment to attain PREA compliance. During her on-site interview with the auditors, it was evident Ms. Morgenroth was very knowledgeable about the standards and could explain the processes that each facility followed in preparation for this audit. Ms. Morgenroth's job is complex, and, even with her other duties within the Department of Corrections, she has assured, and demonstrated, that she is able to fulfill all required duties as the Statewide PREA Coordinator and has the authority to make any/all changes to any needed PREA issue.

The policy mandates the assignment of the facility PREA Compliance Manager. Through memorandum and the facility's organizational chart, it was shown that Jeffrey Holland is currently assigned to the role of PREA Compliance Manager at the Pine Hills Correctional Facility. Mr. Holland reports to the PREA Coordinator, Ms. Morgenroth, for any/all PREA related questions and issues. During formal and informal discussions with the auditors, it was evident that Mr. Holland was very knowledgeable about the standards and could explain the processes the facility followed in preparation for this audit. Once reviewed, any questions or concerns during the audit process were responded to with factual answers and/or documentation.

Mr. Holland indicated that, due to the size, staffing levels and mission of the facility, he has several other duties within the facility. During the interview with auditor's, Mr. Holland stated that the PREA process is time consuming but he is able to fulfill all required duties as the Pine Hills Correctional Facility's PREA Compliance Manager and has the authority to make any/all changes to any needed PREA issue.

The staff at Pine Hills Correctional Facility look to Ms. Morgenroth and Mr. Holland to provide direction regarding PREA compliance.

During interviews with staff and offenders, it was clear that Mr. Holland provides training, information and guidance to staff and the offender population concerning PREA Standards on a regular basis.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

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

#### **115.12 (a)**

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

## 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Agency Contract Administrator

Under DOC 1.1.17A, the Quality Assurance Office Audit Procedure Manual, dated 10/19/16, was provided and reviewed. This 14-page manual, produced with the Quality Assurance Office, strives to mitigate risk and liability as well as increase performance and economy Department-wide through active monitoring of contracts and licenses, internal controls, and development and maintenance of quality policies and procedures.

During an interview with Pine Hills Correctional Facility Superintendent Ray, he stated that contracts for the confinement of offenders are enacted at an agency/Department level and no staff, including himself, at the Pine Hills Correctional Facility, were in charge of monitoring or responsible for any aspect of those contracts. Superintendent Ray also stated that if any contracts for the confinement of offenders that he controlled, were to be put into place in the future, all required language would be in compliance with the PREA Standard.

During an interview with the Agency Contract Administrator, he stated that the Montana Department of Corrections has contracted with 4 private agencies or other entities during this audit timeframe, for the confinement of offenders. All contracts were provided in their entirety. The Agency Contract Administrator also stated the contracts are drafted, reviewed and finalized by staff at the Agency level. Finally, the Agency Contract Administrator stated that documented reviews, reports and all self-audits, for the compliance of all PREA Standards, which Montana Department of Corrections staff attend, are forwarded to him.

Upon review, I found that the website of the Montana Department of Corrections, under the heading Adult Prisons, (<http://cor.mt.gov/Adult/RegionalPrivatePrisonPhone>) states there was 4 privately operated facilities currently contracted for confinement of offenders.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  
 Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

### 115.13 (b)

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

### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Superintendent
  - PREA Compliance Manager
  - Intermediate or Higher Level Facility Staff
- Observations of supervision ratios during our on-site review rounds

The Pine Hills procedure 1.1.17, Prison Rape Elimination Act, updated on 07/25/18, was reviewed. This 19-page document, which outlines the facilities Purpose, Definitions, General Procedures, Prevention and Intervention, Training, Resident Education, Screening process for Risk of Victimization or Abusiveness, Resident Reporting procedures, First Responder Duties, Employee and Service Provider Reporting, Retaliation Monitoring, Medical, Mental Health and Victim Services, Investigation Protocols, Reporting to Residents, Incident Reviews, Data Collection, Review, Storage, Publication and Destruction and Employee and Offender Sanctions.

Additionally, the procedure states that the Superintendent will conduct random unannounced rounds, and will require the Deputy Superintendent, Program Managers, Unit Managers, Chief of Security, SEC-USS and security designees to conduct random unannounced rounds to identify and deter employee or service provider sexual abuse and sexual harassment. These rounds must be documented in an unannounced rounds log and cover all shifts and all areas of the facility. Staff are prohibited from alerting others of the conduct of such rounds.

### Staffing Plan Requirements/Limitations:

- Location specific staffing ratios of a minimum of 1:8 during waking hours and 1:16 during sleeping hours will be maintained.
- Should an exigent circumstance arise which precludes meeting this supervision ratio, the event and justification shall be thoroughly documented. Should staffing ratios fail to be met, the event will be reviewed by the Superintendent, PREA compliance manager and management team with recommendations to mitigate or eliminate causal factors completed within 30 days.
- The staffing plan for this calendar year is based on the following:
  - an estimated maximum youth population of 50
  - an (eventual) estimated young adult population of 20
  - an average of 68 security trained employees and average total of 116 PHYCF staff.

This staffing plan was originated during the time Pine Hills was a Youth Facility. Since that time, Pine Hills has become an Adult and Youth Facility but the staffing levels have not changed at this point.

Meeting notes were reviewed from the Annual Staffing Plan Review Committee meeting, dated 02/15/17.



The Pine Hills Correctional Facility PREA Unannounced Rounds Guide, dated 07/24/18, states that *“intermediate level and higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment”*. As the standard states in its title, these rounds are to be UNANNOUNCED. That means that facility staff is prohibited from alerting other staff that such rounds are being conducted. All staff have received PREA training and are aware that unannounced rounds are required and that they are prohibited from giving a “heads up” to other staff that you are on the way. If you suspect that this has occurred or confirms this has occurred, report the situation to the Superintendent and PREA Compliance Manager. The incident will be investigated and if confirmed, the staff responsible for violating this prohibition will face corrective action and/or disciplinary action.

An Unannounced Rounds log document was provided and reviewed.

Deviations from the staffing plan are documented on the shift rosters, as required by policy. Once a deviation is discovered, line staff informs the shift commander who locate appropriate staff to fill the watch. If staff is not available, the shift commander notifies the Head of Security to review, fill and maintain a full watch.

Policy also states that at least one time per year, the facility will hold a meeting to assess, determine and document whether adjustments are needed to the staffing plan, the facility’s deployments of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan. At the conclusion of the meeting, documentation of the review shall be forwarded to the PREA Compliance Manager with a copy sent to the PREA Coordinator for review. The minutes of the most recent annual Staffing Meeting were provided to the auditor.

**Concern:** Under 115.13 (D) Supervision and Monitoring Within (d), it states ‘a facility shall implement a policy and practice’ as it speaks about unannounced rounds. Concerning the practice portion of this Standard, I believe the intermediate-level or higher-level supervisors are making rounds, they are just not documenting that information within the units on an ongoing basis. Touring notes within the unit logbooks were sporadic at best.

**Initial Update:** The auditor was notified that the procedure, which had already begun prior to our on-site arrival, was still in effect and the logbook/training documentation was gathered to show full compliance that staff are making rounds and any issues would be noted. A 60-day review period is in process and the information and documentation will be sent, via email, to the auditor, by December 5, 2018. This Standard is still under review.

**Final Update:** On December 5, 2018, this auditor was sent, via email from the PREA Compliance Manager, several documents of photocopied Shift Logbooks from every housing unit. (A, B, C, D, E and F). Upwards of 30 shifts were covered from each housing unit from the requested review period of September 30 through November 30, 2018. (60-days) The written Logbook pages indicated that managerial staff toured each housing unit at least once per shift. The pages also indicated that the PREA Compliance Manager toured each housing unit one or more times each day. With the inclusion of the interview information, the department and institutional policy and the documented information provided, this satisfies this Standard.

**Concern:** 115.13 (a)(5) Blind Spots Within the Food Service area, there are two areas that form an L-shape in back sections of the main room. These areas are difficult for staff to see offender’s without physically going back into those areas. I understand that two round mirrors have been ordered and are going to be placed in each of those areas to mitigate the blind spots.

**Update:** On November 7, 2018, this auditor was sent, via email, 5 photographs indicating where two half-round bubble type mirrors had been placed within the food service area. These photographs showed how it mitigated the, previously seen, blind spots. Along with the photographs, the PREA Compliance Manager sent the Learning Action Plan documentation given to staff that worked in those areas. This additional documentation and information bring this Standard into compliance.

**Corrective Action:** No additional corrective action was required for this standard.

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - Staff who Supervise Youthful offenders
  - Staff who Educate or Program with Youthful Offenders
  - Youthful Offenders

The Pine Hills procedure 1.1.17, Prison Rape Elimination Act, updated on 07/25/18, was reviewed. This 19-page document, which outlines the facilities purpose, Definitions, General Procedures, Prevention and Intervention, Training, Resident Education, Screening process for Risk of Victimization or Abusiveness, Resident Reporting procedures, First Responder Duties, Employee and Service Provider Reporting, Retaliation Monitoring, Medical, Mental Health and Victim Services, Investigation Protocols, Reporting to Residents, Incident Reviews, Data Collection, Review, Storage, Publication and Destruction and Employee and Offender Sanctions.

It is policy of the Montana Department of Corrections and Pine Hills Correctional Facility to separate youth and adults housed within Pine Hills Correctional Facility and ensure youth residents are not subject to threats, intimidation, physical assault or other forms of physical or psychological abuse from adult residents.

Control Measures within the policy indicate the following:

- Sight and sound separation of youth from adult residents shall be maintained in all areas of the facility utilizing various control measures including but not limited to, assignment of adults and youth to separate residential areas, time phased programming, control of all resident movements internal and external to the facility and the direct staff supervision of youth residents.
- youth and adult residents shall be housed in separate residential areas.
- visual and auditory barriers shall be in place between youth and adult residential areas, including recreation areas attached to the housing unit (i.e. bullpens).
- youth residents shall not be allowed access to adult residential areas, nor shall adults be allowed access to youth residential areas.
- admission processes and programming (counseling, education, recreation, vocational training, and health care services) shall be time phased to prohibit the simultaneous use of non-residential areas by youth and adult residents.
- movement of all residents within facility grounds shall be coordinated through Central Control and conducted in accordance with facility *Post Order SEC-15*, ensuring staff are in close-proximity to youth when controlling all youth resident movements.
- youth and adult residents shall not be transported together outside the facility.
- staff shall maintain continuous direct supervision of youth residents during programming activities and post in close-proximity to youth residents, positioning themselves between adult and youth residents whenever sight and sound contact between youth and adult residents may be possible.
- staff noting sustained sight or sound contact between adult residents and youth shall intervene, taking immediate action to end such contact.

During the interview with the Superintendent, he stated that the Pine Hills Correctional Facility maintains sight, sound and physical separation is maintained at all times in all areas of the facility. This was seen during our tours and random visits throughout the facility during the on-site audit. Additionally, during our tour, we saw youthful offenders in both the indoor and outdoor recreation areas throughout each morning we were there.

Per memorandum, authored by the Pine Hills Correctional Facility's PREA Compliance Manager, stated that the Pine Hills Correctional Facility, has never placed youthful offenders in the same housing units as adult offenders during the entire time adults has been at this facility. Through housing reviews, both current and past, we did not detect any youthful offenders ever being housed with adult offenders.

Pine Hills Correctional facility procedure 1.1.17.001, Sight and Sound Separation of Youth and Adult Residents, dated 08/08/18, states the following:

- movement of all residents within facility grounds shall be coordinated through Central Control and conducted in accordance with facility *Post Order SEC-15*, ensuring staff are in close-proximity to youth when controlling all youth resident movements.
- youth and adult residents shall not be transported together outside the facility.
- staff shall maintain continuous direct supervision of youth residents during programming activities and post in close-proximity to youth residents, positioning themselves between adult and youth residents whenever sight and sound contact between youth and adult residents may be possible.

Also, in that procedure, it states that absent an emergency or other exigent circumstance, control measures will not include the use of isolation or confinement to ensure sight and sound separation nor prohibit or restrict youth and adult residents from:

- the opportunity to participate in at least one hour of large muscle exercise daily.
- reasonable visitation privileges,
- participation in facility services, including but not limited to, education, programs, access to medical services and work opportunities.

Additionally, SEC-15, Group Movements states the following:

- Staff will ensure that group movements are conducted maintaining adult and youth residents' sight and sound separation.
- Staff will be present (in close proximity to youth), providing direct staff supervision of youth outside housing units, ensuring sight/sound separation between youth and adult residents during mass movements and at any time where potential visual and/or physical contact could occur between a youthful resident(s) and adult residents.
- Staff will utilize time phasing and area control to prevent and/or quickly resolve incidental contact (sight or sound, even from a distance) and immediately verbally report all instances of incidental contact to the Chief of Security (or designee) and in writing to the Superintendent, and PREA compliance manager.
- Unescorted adult movement will be communicated via radio, and security staff will prohibit such movement if doing so poses a risk of creating a failure in sight/sound separation.

During interviews, with staff and offenders, all stated that youth and adult offender separation is one of their highest, if not their highest, priorities and each member is accountable for those they escort, and take that responsibility seriously.

During on-site tours, document reviews and interviews, the audit team found that, through time management and careful communications, the Pine Hills Correctional Facility does not mix any youthful and adult offenders in the same area at the same time. This undertaking of this process is to be commended.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.15: Limits to cross-gender viewing and searches**

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

#### 115.15 (a)

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

#### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No (Male offender institution)

#### 115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

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

#### 115.15 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Staff Roster
- Offender Roster
- Interviews with the following:
  - Random Staff
  - Random Offenders
  - Offenders who identify as Gay or Bisexual
  - Offenders that Identify as Transgender or Intersex
- Observations of announcements being made by staff during our on-site review rounds

PHCF 1.1.17, PREA, states that Cross-gender unclothed searches for all residents are strictly prohibited. Staff trained in searches may conduct cross-gender clothed searches on adult residents. Cross-gender clothed searches of youth residents will not be conducted unless in exigent circumstance. In the event a cross-gender pat search is conducted on a youth it will be documented in writing and routed to the area manager, PREA Compliance Manager, and Superintendent or designee.

DOC 3.1.17, Searches and Contraband Control, states that Cross-gender clothed body searches of all residents in juvenile facilities; juveniles and adult females will be documented.

Additionally, it states, staff will conduct clothed body searches of individuals of the same gender as themselves whenever possible. Cross gender clothed body searches of residents in juvenile facilities; juveniles and adult females are not permitted unless an exigent circumstance requires a cross gender clothed body search.

Further, it states that trained staff will conduct unclothed body searches and do so in a respectful and dignified manner. Staff is prohibited from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status.

Finally, it states that Facility administrators will require staff training to include how to conduct cross-gender clothed body searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

DOC 3.1.21, Inmate Count and Supervision, states facility procedures will ensure that inmates are able to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Also, procedures will require staff of the opposite gender to announce their presence when entering an inmate housing unit.

PHCF SEC-31, Limits to Cross Gender Searches states, Security staff shall not conduct visual body cavity searches (meaning a search of the anal or genital opening). Such searches will only be conducted with justifiable, documented need and then performed by medical practitioners. Staff shall not conduct cross-gender strip searches except in exigent circumstances or when performed by medical practitioners

Also, if an exigent circumstance occurs that requires a cross-gender strip search, cross-gender visual body cavity search or cross-gender pat-down search, the incident must immediately be documented on a Critical Incident Report and will include at a minimum the following:

- Exact location, time and date of the search
- Complete description of the exigent circumstance necessitating the search
- Names of staff person(s) performing the search and other staff present if any
- Name of all resident(s) searched

PHCF SEC-30, Cross Gender Announcements states, It is the responsibility of all employees to provide residents reasonable privacy when engaged in daily routines (showering, toileting, changing clothes, etc.) and to ensure that cross-gender viewing does not occur directly or by video camera except in exigent circumstances or when such viewing is incidental to routine cell checks

Females are required to announce their presence when entering any area where residents are likely to be showering, performing bodily functions, or changing clothing (housing units, gymnasium showers, if/when entering/checking bathrooms in the school/intake area etc.).

- A. As a female enters one of the areas listed above she will verbally announce her presence using language such as, "female present", "woman on shift" or "Officer/Caseworker/Mrs./Miss \_\_\_\_\_ present". If a female staff person is present and visible when another female enters the area, no additional announcement is required.
- B. When a female enters one of these areas and is unsure if another female staff is present, she will announce her presence.
- C. Staff (male or female) will supplement the verbal cross-gender announcement to insure deaf or hearing impaired residents are given adequate notice of the potential for cross-gender viewing.

Females posted in control areas where cross-gender viewing by video is possible will either re-post to a different location or cover the portion of the screen showing the toilet; taking which ever action most appropriate for the situation to ensure proper security and supervision of the resident.

These procedures are taught in the In-Service Training in a Lesson Plan and PowerPoint.

The pre-audit questionnaire reported no incidents of cross gender strip or body cavity searches in the last 12 months. During the interviews with the Superintendent and the PREA Compliance Manager, there were no incidents of cross gender strip searches in the past 12 months.

Of the approximately 10 formal offenders interviewed, all reported that they were able to toilet, shower and change clothes outside the view without staff of the opposite gender viewing them. The offenders explained areas such as doors on the toilet area and curtains covering the shower areas. The offenders reported hearing opposite gender staff announce their presence when entering the housing unit.

There was 14 formal staff questioned about cross gender search practices. All staff reported that cross gender strip searches or cross gender body cavity searches do not occur at this facility.

All staff interviewed reported that opposite gender staff announcements are made when entering the housing units. Further, staff indicated that Cross Gender search techniques are taught in training but no staff member had performed a cross gender search that they could remember, during this audit period

During our on-site tour, we saw cameras mounted in Observation/Suicide Cells. within each housing unit. When offenders are placed in either of the, a camera is mounted on the wall within the Observation/Suicide Cells. Video from the camera is routed to a monitor within the housing unit control area. Upon review of the monitors, it was noted that the monitors can see directly at the cell toilet and can be monitored by Cross-Gendered staff.

**Concern:** 115.15 (d) Limits to Cross-Gender Viewing When offenders are placed in either of the two Observation/Suicide Cells within each housing unit, a camera is mounted on the wall within those Observation/Suicide Cells. Upon review of the monitors, it was noted that the monitors can see directly at the cell toilet and can be monitored by Cross-Gendered staff.

**Update:** On November 7, 2018, this auditor was sent, via email, from the PREA Compliance Manager indicating that each camera, within each Observation/Suicide cell, has had an opaque block placed on each camera lens, within the camera's protecting housing. This blocks the direct view of the toilet so that opposite gender staff cannot see that section of the cell on the monitors.

By placing the block on the lens within the housing, neither staff nor offenders can remove this block without dismantling the camera housing unit. Photographs show the block from the offenders' view and also on the monitor from the staff members view. This block placement and documentation brings this Standard into compliance.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

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

### 115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?  
 Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  
 Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?  
 Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?  
 Yes  No



- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Rosters
- Interviews with the following:
  - Director
  - Random Staff
  - Any Offenders with Physical Disabilities
  - Any Offenders who are Deaf, Blind, or hard of Hearing
  - Any Offenders who are Limited English Proficient
  - Any Offenders with a Cognitive Disability
- Observations of multi-language PREA posters during our on-site review rounds
- The contract with CyraCom International, Incorporated, based out of Tucson, AZ, was reviewed.
- Pine Hills Correctional Facility, has certain criteria that must be met before going to the their facility.
- The Montana Department of Corrections, and specifically, the Pine Hills Correctional facility, has a contract with CyraCom International, Incorporated. Founded in 1995, CyraCom International provides language facilitating services for health care industry. It focuses on health care communication between physicians and limited English-proficient population of the United States. Its services include over-the-phone interpretation, document translation, and medical interpreter testing and training. CyraCom International supports more than 150 languages. It has patented a dual-handset phone ClearLink for medical interpretation. Its document translation division translates consent forms, patient handbooks, treatment options and discharge instructions.
- CyraCom provides, 24 hours a day, 7 days a week, telephonic Language Translator services, Braille writing and Transcription and Video Translation for American Sign Language. This contract was updated 08/09/18.

Due to the limited mission at the Pine Hills Correctional Facility, the pre-screening process, completed prior to going to Pine Hills Correctional Facility. Offenders that cannot or have difficulty communicating in English, with any staff, are escorted to a custody office where a staff member can call the Language Translator Service and ask to speak to an interpreter, in the language the offender requires.

A memorandum, authored by the PREA Compliance Manager, stated that in the past 12 months there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used or any extended delay in obtaining another interpreter could have compromise the resident's safety.

In fact, inmate interpreters have never been utilized at the facility and there has yet to be an occurrence or need to utilize the contracted interpretive service.

Policy states that inmates with disabilities and inmates who are limited English proficient shall have access to all aspects of the Department's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Written documents, to include the PREA brochures and posters are provided in English and Spanish to the offender population. During the tour, it was noted that PREA posters and Victim Advocate memorandums were prominently displayed in areas in both English and Spanish. Additionally, the telephone numbers to a Victim Advocate and to a reporting line are posted on the walls near the offender accessible telephone. The information provided is that the calls would be unrecorded, unmonitored and free of charge. This information is printed in both English and Spanish languages.

During discussion with the PREA Compliance Manager, he shared that brochures are available in braille, for offenders who are able to/needed to read braille. Pine Hills Correctional Facility currently does not have any offenders that require braille items.

The PREA Compliance Manager stated the offender handbook is also provided in English and Spanish, and could be transcribed into Braille, if needed.

It was discovered during interviews that the use of this system was not very frequent, most staff stated they had never seen it used, due to the current limited mission of the institution and current offender population.

During the 12 random staff that were interviewed, all recalled the process of utilizing a telephonic interpreter for interpreter services. All interviewee's indicated they would first try to find a staff member to provide translation and, if they could not, they would then contact a supervisor. The Supervisory staff interviewed were all aware of the posting that included the phone numbers and the interpreter access process. The telephone numbers for the translator service were posted in all but one supervisory office. A copy was made and placed in the final office. All staff interviewed stated they had never had a need to utilize this translation line.

While interviewing intake staff, they explained the process of how they read the PREA policy, and other pertinent information, to offenders who are vision impaired or unable to read or clearly understand English. Information learned from these interviews indicate these times are very limited due to the current mission of the institution.

An offender that was listed as Limited English Proficient (Spanish) was interviewed and stated that he was able to understand all information given to him in English, however, if he did receive information he couldn't understand, he could ask any of the staff. He also stated, although not needed, he has a copy of the PREA information and other Corrections information, including the Offender handbook, written in the Spanish language.

He also understands that there are staff interpreters or a specialized phone line but hasn't needed them since he arrived at Pine Hills Correctional Facility two months prior to the on-site audit.

During the tour of the facility, English and Spanish versions of the PREA posters were posted in each housing unit and work area.

All staff interviewed indicated that offender assistance as interpreters would not be used, except in extreme emergencies and only until they have enough information to understand the allegation, when responding to a PREA allegation as this would be deemed confidential.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.17: Hiring and promotion decisions**

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

### 115.17 (a)

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

### 115.17 (b)

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

### 115.17 (c)

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

### 115.17 (d)

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

### 115.17 (e)

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

### 115.17 (f)

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

### 115.17 (g)

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

### 115.17 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Pre-Employment Questionnaire for new applicants
- Interviews with the following:
  - Administrative (Human Resources) Staff
- Personnel files for current employees, new employees and employees receiving promotions.

DOC 1.2.9, Contracts, Administration and Management, is a 5-page policy that covers the procedure of assurance for all contracts, both new and renewed. It also covers procedures for delegation, contract liaison, Monitoring Contracted Services and Evaluation of Contractor Performance, Quarterly Contract Reporting and Contract Compliance.

The State of Montana's Department of Corrections Code of Ethics, which is provided to each employee to review and sign, was provided. Ten copies of completed forms from various categories of employees was also provided and reviewed.

This form contains 10 statements that the employee must agree and adhere to, four of which are as follows:

- I shall maintain respect and professional cooperation in my relationship with other Department staff members. I will not sexually harass or condone sexual harassment of any person. I shall treat others with dignity, respect, and compassion.
- I shall report job-related illegal or unethical behavior to the appropriate authority.
- I shall provide offenders with humane custody and care, void of retribution, harassment, abuse or mistreatment. I shall maintain confidentiality of information that has been entrusted in me and designated as such. I will not incur any personal obligation that could lead any person to expect official favors.

Additionally, policy states that the Pine Hills Correctional Facility prohibits enlisting the services of any contractor who may have contact with residents, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); or who has been convicted of and/or civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Completed Reference Checks, Authorization to Release Information, Acknowledgement and Disclosure and Performance and Conduct forms were all provided and reviewed for compliance.

The number of persons hired over the past 12 months who may have contact with offenders who have had criminal records checks was reported as 53.

Of the 10 personnel files reviewed by the audit team, all were up to date with the current questions and documentation. The thoroughness of this form captures all PREA related information required.

During the interview with the Superintendent, he explained that in the event that a contractor, volunteer or an employee is no longer allowed on grounds or access to offenders, due to violation of sexual abuse policy, their name is placed on a statewide 'Do Not Allow' list. This list is reviewed when completing security clearances for new contractors, volunteers or employees and placed at the front security office of each facility.

Personnel documentation was reviewed, and showed that the three questions, containing all information required, are being asked on state applications and on the pre-interview questionnaires for correctional staff.

Backgrounds checks on custody and non-custody staff are also maintained and reviewed on site. Both were reviewed by audit team members. Personnel file reviews are required prior to making hiring decisions.

During the interview with the Supervisor of Human Resources, she stated the facility performs criminal record background checks, on all employees every 5 years, per DOC 1.3.55 policy, through the National Crime Information Center, and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees being considered for promotions.

DOC 1.3.55 policy imposes upon employees a continuing affirmative duty to disclose any such previous misconduct. It mandates that material omissions regarding sexual misconduct, or the provision of materially false information, shall be grounds for termination and requires the agency to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The facility responds to requests from other institutions to allow access to the entire personnel file and status of ongoing and incomplete investigations.

Copies of completed Background Information Request forms for Promotion, for transfer and for new hires were provided for review.

**Concern:** 115.17 Hiring/Promotions Decisions In (a), the Standard states the 'agency shall not hire or promote anyone who may have contact with inmate', and addresses the three questions that shall be asked. During our review of personnel files, we found these questions asked to all employees but could not prove they were asked/considered by Contractor employee.

**Update:** On November 7, 2018, this auditor was sent, via email, a spreadsheet indicating that a file review, of all Contractors and Volunteers, had been performed. Over the past month, all of the current Contractors and Volunteers file information have been reviewed and updated, if necessary. If needed, the Contractor and Volunteer PREA Disclosure Forms were updated and placed on file. Copies of every form updated was attached to the email. This updated documentation brings this Standard into compliance.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager
- Observations of physical plant during our on-site review rounds

DOC 1.1.17, Prison Rape Elimination Act states 'When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect the offenders from sexual abuse.'

When installing or updating video monitoring system, electronic surveillance system or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect offenders from sexual abuse.'

In December 2017, the housing unit named Foxtrot was brought back on line as a youth housing unit, designated as an "honor lodge" with a maximum population of 8 residents, with eventual expansion to 16 residents (with applicable staffing ratio adjustment). The video monitoring system was re-engaged for this area but was not updated initially due to cost constraints. Upgrades to this unit's video monitoring system occurred in September of 2018 with the addition of 4 cameras to the housing unit.

Several other upgrades to facilities and monitoring systems were just completed and noted in the last PREA audit.

During an interview with the Superintendent, he told the auditor that the Pine Hills Correctional Facility reviews all previous PREA reports and considers identified blind spots, offender movement or staffing issues in determining the placement of cameras. The Superintendent also stated that the Pine Hills Correctional Facility has only had 1 upgrade to buildings or technology since the last audit, which was the opening of the Foxtrot Housing Unit.



During interviews with the PREA Coordinator, she stated that when any projects where installation or updating of video equipment is anticipated, a case by case review is included in the determination of locations within any facility.

The PREA Compliance Manager indicated there have been no recent modifications/additions to the video monitoring system, with the exception of Foxtrot Housing Unit.

The video process was viewed during the on-site review and the PREA Compliance Manager explained that the placement and camera angles cover virtually all areas on institutional grounds and takes into further consideration, areas that PREA incidents were alleged to have occurred. Monitors were reviewed in Control to see all housing units and various locations throughout the institution.

**Corrective Action:** No corrective action was required for this standard.

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No (Memorandum of Understanding)

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

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

**Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Offender Roster
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Required SAFE/SANE staff from the Holy Rosary Healthcare, located in Miles City, Montana, to include their MOU.
  - Required Victim Advocate staff from the Custer Network against Domestic Violence, located in Miles City, Montana to include their MOU.
  - Offenders that reported Sexual Abuse

PHCF 1.1.17, Prison Rape Elimination Act, states that Victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, to the level determined necessary by medical and mental health professionals. Services must be made available without financial cost to the victim and must include, at minimum, access to medical examination and treatment to include follow up care and referrals;

- a. mental health crisis intervention and treatment;
- b. timely access to STD tests, prophylaxis, and
- c. access to a victim advocate or rape crisis center counselor who can offer emotional support services throughout the investigative process, or access to a qualified facility staff person if the youth requests.

The agency is responsible to conduct both administrative and criminal sexual abuse investigations for incidents of offender on offender and staff sexual misconduct. Policy provides uniform evidence protocol for sexual abuse. In policy, there is specific language for staff to separate victim and perpetrator and to ensure both do not destroy evidence, secure the scene and either secure or obtain usable physical evidence

DOC 1.1.17, Prison Rape Elimination Act states that services must be made available to allow offenders' access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigation process, or access to a qualified employee or service provider. Additionally, it states that administrative investigations of sexual abuse or sexual harassment allegations will be conducted by trained Department employees.

Policy further states that Medical, Mental Health, and Investigative Staff must take the training class for their respective specialized areas concerning PREA. The agency will maintain documentation that these specialized staff members have been trained.

DOC 3.1.28, Crime Scene and Physical Evidence Preservation, which contains the process of Initial Response, Responsibilities, Documentation and Evidence of On-Site Secure Care facilities, was provided and reviewed.

During the interview with the PREA Compliance Manager he verified that the role of the Victim Advocate is provided by Custer Network Against Domestic Abuse, located in Miles City, Montana, and provided the current 4-page, Memorandum of Understanding, dated March 1, 2016.

Additionally, the PREA Compliance Manager verified that the role of Sexual Assault Nurse Examiner is located at the Holy Rosary Health Care, located in Miles City, Montana, and provided the current 8-page, Memorandum of Understanding, dated April 10, 2017.

During formal Interviews with 14 random staff, when asked about their actions, when notified of a sexual assault, they indicated they would separate the victim and subject (if known). Staff would quickly assess the need for Medical or Mental Health assistance. Then staff would contact their supervisor, initiate evidence protocols by closing off the crime scene area to limit who had access.

Further, staff would make sure all available evidence was collected and the offender was offered a SANE exam, if warranted. Staff indicated that investigators from their facility or the agency's Criminal Investigative Staff, in most cases, handles this part of the process.

Based on discussions with staff and a review of the policy, the agency offers all offenders who experience sexual abuse access to a forensic medical examination at no financial cost to the victim, where evidentiary or medically appropriate. Exams are performed by SAFE or SANE staff where possible and the facility documents efforts to provide SANE or SAFE staff when needed.

Policy also indicates that when SAFEs or SANEs are not available, a qualified medical practitioner performs the forensic medical examination. The SAFE/SANE contract indicated they have someone available 24 hours per day/ 7 days per week to conduct forensic exams.

If requested by the victim, a victim advocate provides assistance and support during the forensic medical examinations through the local court process. Victims are provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

According to the Pre-Audit Questionnaire, interviews with all involved in the process and document reviews, over the past 12 months, no forensic medical exam had been required, requested or conducted.

Through telephonic interviews with the Victim Advocate Director for the Custer Network Against Domestic Abuse and the Quality Assurance Director for the Holy Rosary Health Care, both are very knowledgeable of PREA Standards and have good communications with the institutions/areas they serve and both provided services 24 hours a day 7 days a week.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

### 115.22 (b)

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

### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

### 115.22 (d)

- Auditor is not required to audit this provision.

### 115.22 (e)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Director
  - Investigative Staff

DOC 1.1.17, Prison Rape Elimination Act states that facilities will provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.

Facilities must provide at least one way for offenders to report abuse or harassment to a public or private entity that is not part of the department, and that is able to receive and immediately forward any reports from offenders of any sexual abuse or harassment to facility or department officials, allowing the offender to remain anonymous upon request.

Offenders who are victims of or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:

- report the incident to an employee or service provider verbally, in writing, anonymously or through a third party;
- utilize the “locked box” formal grievance procedure in accordance with *DOC Policy 3.3.3 Offender Grievance Program*;
- use the Department-approved free confidential telephone hotline operated by an external agency; or
- use the inmate phone system following the instructions on the phone to leave a message for a Department employee.

Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports.

Policy also indicates that allegations of sexual abuse and sexual harassment are to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. All such referrals will be documented.

All investigations shall be conducted by either the facility’s Internal Investigator or staff from the agency’s criminal investigations bureau. It further requires that all allegations of sexual abuse shall be investigated even when the alleged perpetrator or alleged victim have left the Department’s employment, or are no longer under the Department’s authority. The facility documents all allegations on a Sexual Incident Report.

During the interviews with the offender population, all interviewed knew at least three ways, to notify someone of an issue or concern.

During the interview with the Superintendent, he stated that all allegations of sexual abuse and sexual harassment are taken seriously. He insures that every allegation received is investigated completely.

During the interview with the Director, he stated that the agency, through the PREA Coordinator, ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

During interviews with Investigative staff, they stated that the agency has authority to conduct criminal investigations. Also, they stated that all allegations are documented on a Sexual Incident Report and are referred to them for investigation.

All non-confidential policies are on the agencies public website.

**Corrective Action:** No corrective action was required for this standard.

# TRAINING AND EDUCATION

## Standard 115.31: Employee training

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

### 115.31 (a)

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

### 115.31 (b)

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

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No

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

### 115.31 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Random Staff
  - In-Service Training Records
- Training curriculum, both hard copy/electronic
- Training verification Logs
- Employee training records

DOC 1.1.17, Prison Rape Elimination Act states the following;

That prior to working with offenders, all Department employees with direct and/or incidental contact with offenders must receive documented PREA training. If an employee is unable to attend comprehensive PREA classroom training prior to contact with offenders, they must receive pre-service training in the form of reviewing the PREA policy and a PREA brochure and signing an acknowledgment form. The employee must then attend the next available classroom training.

Comprehensive classroom training and pre-service training will include, but is not limited to:

- review of this policy, *DOC Policy 1.3.12 Staff Association and Conduct with Offenders*, appropriate site-specific procedures, and any other applicable state or federal laws;
- the Department's zero tolerance policy for sexual abuse and sexual harassment;



- how employees and service providers fulfill their responsibilities under the department's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- an offender's right to be free from sexual abuse and sexual harassment;
- offender and employee rights to be free from retaliation for reporting sexual abuse and harassment;
- the dynamics of sexual abuse and harassment in confinement;
- common reactions of sexual abuse and sexual harassment victims;
- how to detect and respond to signs of threatened and actual sexual abuse;
- how to avoid inappropriate relationships with offenders;
- how to communicate effectively and professionally with offenders who might be lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming;
- how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
- facility procedures on sharing confidential information; and
- gender-specific information tailored to the gender of the offenders at the facility.

Additionally, each employee will attend refresher training in odd numbered years to cover the topics in C.2 above. In even numbered years, employees will receive refresher information on current sexual abuse and sexual harassment policies.

The Director's Office and the Pine Hills Correctional Facility's Organizational charts were provided, current and reviewed.

Policy states that all staff, contract personnel and volunteers shall be considered mandatory reporters and have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment or sexual contact that takes place within any Montana Department of Corrections facility or involving a Montana Department of Corrections offender.

Through 14 formal random staff interviews, the auditors learned that all 14 staff had either received formal training and/or the refresher On-the-job training on PREA within the last 24 months. The training included prevention, detection, reporting and response.

During staff interviews, all staff interviewed stated they had received the training and signed an acknowledgement form stating they understood the content. Staff also indicated they had been provided with written information.

During the on-site visit, 10 training record reviews were conducted and it was determined that the 10 staff reviewed, to include custody, non-custody, contract and volunteers, had received and are current in the mandatory PREA training by the conclusion of our post-audit.

PREA training requirements mandate attendance at the required training, is documented, through employee signature, that they understand the training they have received.

Ten copies of the Employees Acknowledgement of Training forms were reviewed. All forms were signed and dated by the employee, indicating that they understood the training received

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.32: Volunteer and contractor training**

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Volunteers
  - Contractors
- Training curriculum, both hard copy/electronic.
- Training verification Logs
- Volunteers and Contractor training records

DOC 1.1.17, Prison Rape Elimination Act states that all volunteers and service providers who have contact with offenders will be trained at a minimum on the Department's zero tolerance policy concerning sexual abuse and harassment, prevention, detection, and response methods, and how to report such incidents. The level and type of training provided to volunteers and service providers will be based on the services they provide and the level of contact they have with offenders, and could rise to the level of employee training. Volunteers and service providers will sign a training acknowledgment form.

Additionally, policy states that sexual conduct between staff and inmates, volunteers, or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative discipline, up to and including termination, and criminal sanctions and referred to local law enforcement authorities for possible criminal prosecution. Licensed professionals engaging in sexual conduct with inmates will be reported to any relevant licensing body.

The policy mandates all volunteers and contractors who have contact with offenders to be trained in their responsibilities under PREA.

A PREA brochure is provided to every employee, contractor and volunteer that has contact with offenders at the Pine Hills Correctional Facility. It shares information on what PREA is, what zero tolerance is, what is sexual abuse, what sexual harassment is, what consequences will occur if found non-compliant in this process and how to report observed or suspected instances of sexual abuse and/or sexual harassment

Copies of completed training and acknowledgement sheets were provided to the auditors.

The facility has up to 55 volunteers and contractors currently authorized to enter the facility. A majority of these are religious-based. The policy further mandates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with offenders. The volunteers and contractors have been notified, through documented training, of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During the site visit, 2 volunteers and 2 contractors were interviewed and their training records were checked. All training records reviewed consistently showed that the training had been provided previously and during the last 12-month period. The facility has a good process in place to ensure contractors and volunteers receive PREA training.

During the interviews with various contractors and volunteers, auditors were told that volunteers and contractors are provided PREA training annually through a PowerPoint and handout materials. All 4 of the individuals who were interviewed were able to explain to the auditor the components of the training and the requirement to report immediately, should they be made aware of an incident. Verification of this training being received is recorded via completion of the PREA Acknowledgement of form with signature and the day of training's date. This form indicates the information was provided and the employee, volunteer or contractor understood it. (See below informational form)

Volunteers, Contractors and Vendors fall under the same policies and procedures as staff in regard to boundaries and contact.

Therefore,

Volunteers, Contractors and Vendors **must not**:

- a. have any physical contact with the residents beyond a simple handshake, except contact necessary and appropriate to perform required functions such as cutting hair or providing medical or dental services.
- b. be isolated with a resident at any time.
- c. impede the line of sight supervision of residents by facility staff.
- d. disclose their personal addresses or telephone numbers to residents.
- e. allow the residents to send them mail or make contact with anyone outside of the facility on their behalf.
- f. disclose information of a personal nature to residents.
- g. write or telephone a resident in the facility.
- h. bring cell phones into the facility without expressed written permission of the Superintendent and if authorized, must not allow a resident to use their cell phone.
- i. take pictures, speak with or interview a resident without the Superintendent's written permission.

- j. give anything to the residents during visits, including food items, treats, candy, and gum, except items appropriate and required for medical/dental treatment or other professional services.
- k. allow other persons' access to residents or the facility (unauthorized colleagues, relatives, children, etc.)
- l. bring contraband into the facility. Contraband is defined as tobacco products, drugs or substances of any sort, weapons or any item that may pose a safety and security risk into the facility.
- m. enter or attempt to enter the facility at any time not previously scheduled by the Social Workers, Administration, or other authorized facility personnel.

Volunteers, Contractors and Vendors **must**:

- a. immediately report to facility staff if they witness or suspect sexual abuse or sexual harassment of a resident.
- b. notify a staff member immediately if a resident says or does anything that the volunteer/contractor thinks inappropriate.
- c. keep discussion with residents' general, resident oriented, and in accord with services provided.
- d. stay in designated areas and in the presence of escorting staff.
- e. use only "staff" designated bathrooms.
- f. read and signify their understanding of the Pine Hills Contractor, Vendor and Volunteer Training Brochure, DOC Policy 1.1.17, Prison Rape Elimination Act of 2003 (PREA) and DOC Policy 1.3.12, Staff Association and Conduct with Offenders before being allowed admission into the facility.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

### 115.33 (c)

- Have all inmates received such education?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are Limited English Proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Intake staff
  - Random Offenders
- Facility Orientation Booklet
- Facility PREA Brochure
- On-site review of physical plant, PREA poster locations, educational material within housing units, common areas, education areas and work/recreation stations.

DOC 1.1.17, Prison Rape Elimination Act, states the following, as it pertains to Offender Education;

1. Within 72 hours of facility intake for adult offenders and during the intake process for residents at juvenile facilities, employees will communicate to offenders, verbally and in writing:

- a. information about the Department's zero tolerance of sexual abuse and sexual harassment;
- b. how to report incidents or suspicion of abuse or harassment; and
- c. this policy, *1.3.12 Staff Association and Conduct with Offenders*, *3.3.3 Offender Grievance Program*, and corresponding site-specific procedures.

2. Within 30 days of intake for adult offenders, or within 10 days of intake for residents at juvenile facilities, the facility will provide education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for reporting and responding to such incidents.

3. Offenders will receive education upon transfer to a different facility regarding any policies and procedures of the offender's new facility that differ from those of the previous facility.

4. Each facility must take appropriate steps to ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps will include access to interpreters and written materials provided in formats or through methods that ensure effective communication. The facility will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills.

5. The facility will maintain documentation of offender participation in PREA education sessions and have offenders sign an acknowledgment form.

6. The facility will ensure that PREA information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.

All offenders that are housed at Pine Hills Correctional Facility are given the following form to read and sign, stating they understand the content. Staff also explain the form and attached information during the intake process.

- Sexual Abuse, Sexual Harassment Prevention and Intervention Booklet
- What You Should Know About Sexual Abuse and Harassment Pamphlet
- DOC Policy 1.3.12, Staff Association and Conduct with Offenders
- DOC Policy 1.1.17, Prison Rape Elimination Act (PREA)
- The Pine Hills zero tolerance policy regarding sexual abuse and sexual harassment.
- The various means to report sexual assault/harassment available including how to file an emergency grievance.

A 'What you should know about sexual abuse and sexual harassment' brochure is given to every offender during the intake process. The brochure covers information such as, How to Report, What to do if Assaulted or Abused, What is Sexual Abuse and Sexual Harassment. Residents are also advised during intake that Pine Hills has a Zero Tolerance for sexual abuse and sexual harassment. Additionally, they are told how to report incidents or suspicions of sexual abuse or sexual harassment.

The Offender Handbook, both Adult and Youthful Offender, the Offender Orientation packet, PREA Offender Orientation Checklist, and PREA posters were reviewed by the audit team. The audit team reviewed written materials in English and Spanish.

A 20-page, very detailed, PowerPoint presentation is used for both offenders and staff training.

During interviews with Intake staff, they shared that offenders are provided with orientation upon intake at their facility. Offenders sign an acknowledgement form which is maintained in the offender's file. The orientation is generally provided on the same day, most times within 1 hour, as the offender arrives, or in rare cases, the following day.

During the 14 formal interviews, all of the offenders remembered receiving some type of written materials (Offender handbook and brochure) the same day they arrived at the institution. The offenders interviewed that had been at the facility for more than 12 months indicated that they saw a video and had seen information in the offender handbook. All of the inmates formally interviewed remembered the information provided.

The offenders were asked to explain what they were trained on and we received the following generalized responses: to be free from harassment and abuse, who they can talk to, what phone numbers to use in case of incident, where the numbers and address were located (posters).

Staff in charge of the Intake Process indicated that residents receive the PREA brochure and a PREA Briefing upon arrival to Pine Hills Correctional Facility during intake.

This booklet includes Zero-Tolerance information, definitions of sexual abuse and sexual harassment, prevention/avoidance assault, reporting, investigation process, Victim's Rights, Reporting, what to do and the Investigating process. Additional information, such as, contact telephone numbers and addresses, of services for PREA victims. This booklet is written in English and Spanish. Staff can also read the booklet to offenders in need of such assistance.

The facility maintains documentation of offender participation in PREA education sessions. Documentation is made via their signature on the Pine Hills Correctional Facility's Intake PREA Acknowledgement Form which is maintained in the offender file.

The auditing team was walked-through the Intake process to include the objective Screening Tool that is completed for each individual offender that comes into the Pine Hills Correctional Facility. The staff members in charge of the orientation process showed us the 3 minute initial intake video, about 10 minutes of the 30 minute follow-up Orientation Video and shared information about each area of the Intake process. Afterwards, we reviewed 10 offender files that showed the date the offender had received the required information with a signed receipt indicating their name and their Montana Offender Identification number, by the 3 minute video, the 30 minute comprehensive video and the 30 day reassessment meeting notation.

Two offender files did not indicate the 30-day reassessment as they had only been at the facility for less than 2 weeks.

During the site visit, the team observed various PREA contact posters available for viewing around the institution in housing units and other areas.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.34: Specialized training: Investigations

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

#### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings?
- (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart
- Interviews with the following:
  - Investigative Services staff
- Training curriculum
- Training verification certificates for investigators

DOC 1.1.17, Prison Rape Elimination Act states that all employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Additionally, policy states that all training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, they use the Comprehensive PREA Training Acknowledgement form.

DOC 3.1.19, Facility/Program Operations states that investigators must complete specialized training prior to conducting sexual assault or other specialty type investigation.

The current PREA 'Investigations' training, dated June 19, 2018, consisted of a 96-slide PowerPoint presentation, which covered all aspects of the investigation process, was provided and reviewed.

The PREA Compliance Manager provided sign-in sheets and completion certification for all 4 trained investigators.

The Local and Headquarters' Investigative staff interviews confirmed knowledge and receipt of specialized training in all areas required per this provision during continual training and the investigators academy/training.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.35: Specialized training: Medical and Mental Health care

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

### 115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes

#### 115.35 (b)

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

#### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Agency Organizational Chart

- Interviews with the following:
  - Medical staff
  - Mental Health staff
- Training curriculum and certificates

DOC 1.1.17, Prison Rape Elimination Act, states that Medical and Mental Health providers will receive additional, specialized training relevant to their role in detecting and assessing signs of sexual abuse and sexual harassment, preservation of evidence, and responding effectively to victims of sexual abuse and sexual harassment.

Additionally, all training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgment.

The on-line 3-hour, National Institute of Corrections course entitled 'Medical Health Care for Sexual Assault Victims in a Confinement Setting' was taken by 4 medical staff at the Pine Hills Correctional Facility in July 2015. They also completed these materials in 2018 as refresher exposure to the materials. All cited staff completed this 2018 refresher training prior to the on-site audit.

The on-line 3-hour, National Institute of Corrections course entitled 'Behavioral Health Care for Sexual Assault Victims in a Confinement Setting' was taken by 4 Mental Health staff at the Pine Hills Correctional Facility in July 2015. They also completed these materials in 2018 as refresher exposure to the materials. All cited staff completed this 2018 refresher training prior to the on-site audit.

Policy states that all Medical and Mental Health Care practitioners receive general PREA training mandated for all employees, volunteers & contractors as identified in policy and outlined in PREA standards, depending upon the practitioner's status in the agency.

During the on-site visit, audit team members reviewed and verified attendance at PREA training through the facility's training records. Documentation is maintained that medical and mental health practitioners have received the general PREA training and the specialized training referenced in standard 115.35 from the agency. Acknowledgement of Receipt of NIC Training are completed for general training. Additional documentation was provided to the auditors during the pre-audit to indicate participation in specialized PREA training.

All Medical and Mental Health staff interviewed at the Pine Hills Correctional Facility indicated they have received the generalized PREA training as per policy. This training is provided by the Pine Hills Correctional Facility's In-Service Training Department.

All of the Pine Hills Correctional Facility medical and mental health staff indicated during interviews that they had received the generalized training. During document reviews, the auditors were provided with all 8 PREA Specialized Training certificates.

Through discussions with supervisory personnel, it was clear that all medical staff are prohibited, by policy, from performing forensic examinations on sexual abuse victims.

The Pine Hills Correctional Facility utilizes the Holy Rosary Hospital Center, in Miles City, Montana for all forensic exams. The auditor interviewed the SAFE/SANE Nurse via telephone and she confirmed the hospital's responsibility to conduct such exams.

She also confirmed that they have constant communications with the institution but has not had the need of their services in the past 12 months.

**Corrective Action:** No corrective action was required for this standard

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

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

### 115.41 (a)

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

### 115.41 (b)

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

### 115.41 (c)

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

### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible to screen for risk of victimization
  - Random Offenders
  - PREA Coordinator
  - PREA Compliance Manager
- Offender electronic files
- Risk Screening tool: Electronic
- Mental Health Referral forms

DOC 1.1.17, Prison Rape Elimination Act, when screening for Risk of Victimization or Abusiveness, the facility will perform the following;

1. Risk assessment of all offenders using an objective screening instrument for victimization or abusiveness will take place within 72 hours of intake into a facility.
2. Within 30 days of intake the facility will reassess the offender's risk of victimization or abusiveness, taking into consideration any additional relevant information received by the facility since the initial screening.
3. The facility will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse.
4. The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:

- whether the offender has a mental, physical, or developmental disability;
- the age of the offender;
- the physical build of the offender;
- whether the offender has previously been incarcerated;
- whether the offender's criminal history is exclusively nonviolent;
- whether the offender has prior convictions for sex offenses against an adult or child;
- whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- whether the offender has previously experienced sexual victimization; and
- the offender's own perception of vulnerability.

5. The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the offender's risk for being sexually abusive.

6. Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment.

PHCF 1.1.17, Prison Rape Elimination Act, states Intake staff will conduct a risk assessment of all residents using an objective screening instrument for victimization or abusiveness will within 2 hours of intake into the facility using PHCF 1.1.17A Sexual Victimization Predictor Scale. Information obtained during intake screening and subsequent risk assessments shall be used to make housing, bed, program, education, and work assignments for residents on a case-by-case basis with the goal of keeping all residents safe and free from sexual abuse. Using the identification of a resident as gay, bisexual, transgender or intersex (LGBTI) as an indicator of likelihood of being sexually abusive is prohibited, nor shall such residents be placed in particular housing bed or other assignments solely on the basis of such identification or status. 115.41 (a)(b)

Intake staff will interview and evaluate all residents for Sexual Predatory Behavior or Victim tendencies utilizing the predictor scale approved by the Director of Clinical Services and Clinical Therapist (attachment PHCF 1.1.17 A). Information shall be ascertained through conversation with the resident during the intake process, medical and mental health screenings; classification assessments; and by reviewing court records, case files, behavioral records, and other relevant documentation. The completed predictor scale will be filed in their clinical file.

When the assessment indicates the resident is a known victim/abuser or a potential victim/abuser, the screening officer will notify the Chief of Security, SEC-USS (or designee), housing unit, medical, and mental health staff prior to transitioning the resident from intake to the designated housing unit

If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, the Mental Health Service Manager (or designee) shall ensure that the resident is offered a follow-up meeting with a mental health and medical practitioner within 14 days of the intake screening.

- This meeting will be documented in case notes in addition a copy of the note will be provided to the Facility PREA Compliance Manager. 115.41(c)(d)

Within 30 days of intake clinical staff will reassess the resident's risk of victimization or abusiveness, taking into consideration any additional relevant information received by the facility since the initial screening.

- a. Youth: 30-day assessments will be completed by assigned mental health staff during the development of the resident's treatment plan, and during subsequent quarterly case progress reviews,
- b. Adult: within 30 days of the resident's arrival at the facility the Mental Health Services Manager (or designee) will ensure reassess the residents risk of victimization or abusiveness based upon any additional relevant information received by the facility since intake screening. 115.41(f)

- The facility will conduct additional screening assessments for residents whenever warranted based on any new information, referral, request, or incident of sexual abuse. 115.41 (g)

Of the 10 formal offenders interviewed, all indicated they had been asked questions about sexual abuse when they arrived at this facility. Of the offenders which remembered participating in an intake screening, all indicated that it occurred either on the day they arrived or the next day.

Auditors interviewed intake and classification staff regarding this process. They were very knowledgeable about the classification process and verified that the screening/assessment was completed in a prompt manner. Auditors also interviewed screening staff regarding this process. They verified that the screening/assessment was generally completed within 1-2 hours of the offender's arrival and that the risk screening is completed utilizing a standardized PREA Intake/Transfer Assessment Tool. Intake staff also indicated that all offenders are reassessed within 30 days of arrival, by a caseworker, at their facility based on criteria outlined in standard provision.

Offenders are provided with the Offender Orientation handbook, as well as, a 2-sided brochure which outlines the Montana Department of Correction's PREA policy.

Classification staff reviews the offender's history and flags, then assigns the offender housing. The case worker or case manager screens the offender and provides them PREA education. During their interview with the offender, the staff goes over the intake packet and the offender's conduct report looking at their prior criminal history. They discuss programs available and again tell the offender how to report abuse.

During the on-site visit, auditors observed the entire intake process. The screening/assessment process is completed as part of an overall intake assessment and the standardized PREA Intake Assessment Tool was being used. Ten offender file hard copies or electronic versions of the Intake and Screening records were also reviewed by the audit team to demonstrate accurate process of this screening practice. It was noted that PREA Intake Assessment Tool forms were present in the offender files that were reviewed.

115.41 Screening for Risk of Victimization/Abusiveness During reviews of offender files, we found every one of the offenders were given their Initial Risk Screening within the required 72-hours. Considering the 30-day or less re-assessment, through interviews, it is believed that most Intake interviews are being completed but we could not show that all the 30-day follow-ups were either completed or documented.

**Initial Update:** The auditor was notified that the procedure for completing 30-day follow-up assessment, that had been implemented prior to our on-site arrival, was still in effect. Staff had, at the time of the site visit, received documented training on this process. (supplemental monitoring, coaching and follow up occurred after the site visit to ensure that 30-day reassessments were being completed for new arrivals according to facility policy. After review of the files was completed, any offenders, whose file did not indicate completion, was given a documented orientation to bring current offenders into compliance. A 60-day review period is in process and information and documentation will be sent, via email, to the auditor, by December 5, 2018. This Standard is still under review.

**Final Update:** On December 5, 2018, this auditor was sent, via email from the PREA Compliance Manager, copies of the 30-Day Risk Assessment forms from 19 offenders housed at Pine Hills Correctional Facility. This review was completed from September 30 through November 30, 2018. (60-days). The information indicated that documented training and documented 72-hour and 30-Day reviews were completed on all offenders that arrived and remained at Pine Hills Correctional Facility during this review period. This additional documentation and information bring this Standard into compliance.

**Corrective Action:** No additional corrective action required

## Standard 115.42: Use of screening information



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

### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

### 115.42 (b)

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

### 115.42 (c)

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

### 115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  Yes  No

### 115.42 (e)

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

### 115.42 (f)

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

### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Staff responsible for Risk of Victimization
  - PREA Coordinator
  - PREA Compliance Manager
  - Offenders who Identify as Gay or Bisexual
  - Offenders who identify as Transgender or Intersex
  - PREA Compliance Manager
- Offender electronic file
- Risk Screening tool: Electronic form
- Mental Health Referral form

DOC 1.1.17, Prison Rape Elimination Act, states that information from the risk assessment for victimization or abusiveness will be provided on a need to know basis to individuals who make housing, bed, work, education, and program assignments and used with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

In deciding whether to assign a transgender or intersex offender to a facility, and in making other housing and programming assignments, the Department will consider on a case-by-case basis the placement's effect on the offender's safety, whether the placement would present management or security problems, and whether such placement would likely endanger the safety of other offenders.

A review committee consisting of a qualified health care professional, qualified mental health professional, PREA coordinator, chief legal counsel or designee, and the Montana State Prison and Montana Women's Prison Wardens or designees will determine appropriate facility placement of transgender and intersex offenders based on their review of all relevant information.

The review committee will conduct an individual assessment of each transgender and intersex offender based upon their specific areas of expertise, knowledge, and control.

- This assessment will occur as soon as possible following notification to the Department that a transgender or intersex offender has been committed to a Department secure facility but no later than 30 days after arrival at a facility.
- The review committee may request information or participation from other subject matter experts as needed.
- All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location.
- The recommendation for facility placement by the review committee will be given to the Director for final approval.

Placement and programming assignments for each transgender or intersex offender will be reassessed at least twice each year to review any threats to safety experienced by the offender. A transgender or intersex offender's own views with respect to his or her own safety will be given serious consideration.

PHCF 1.1.17, Prison Rape Elimination Act also states that transgender and intersex residents will be given the opportunity to shower separately from other residents either through physical separation by separate shower stalls, or by time-phasing the scheduling of showers.

Pine Hills will not place lesbian, gay, bisexual, or transgender or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status.

In deciding whether to assign a transgender or intersex resident to a facility, and in making other housing and programming assignments, the facility will consider on a case-by-case basis the placement's effect on the resident's safety, whether the placement would present management or security problems, and whether such placement would likely endanger the safety of other residents

Policy states that transgender and intersex offender's own views are seriously considered when determining housing placement and programming assignments. The Pine Hills Correctional Facility reassesses all offenders twice a year.

Staff responsible for risk screening stated that transgender and intersex offender's views of their own safety would be taken into serious consideration in housing placement and programming assignments and that they would be allowed to shower separately from other offenders. Housing units have bathrooms in the cells with individual shower stalls/curtains on the main tier.

Staff interviewed also indicated that if a transgender or intersex offender asked to shower separately, when other offenders are not utilizing the bathroom area they would be allowed to.

The Pine Hills Correctional Facility had no transgender or intersex inmate during this audit.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.43: Protective Custody

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

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?  Yes  No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?  Yes  No

### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population every 30 days?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent

The Pine Hills Correctional Facility does not have an Administrative Segregation Unit.

DOC 1.1.17, Prison Rape Elimination Act, states that victims of sexual abuse and offenders at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment of all available alternatives has been made and a determination is made that there is no alternative means of separation. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in segregated housing for up to 24 hours while completing the assessment. The facility will clearly document the basis for the facility's concern for the offender's safety and the reason no alternative means of separation could be arranged. The facility will review each offender placed in segregated housing for protective purposes every 30 days.

Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations.

DOC 3.5.1, Locked Housing Unit Operations, states that an adult facility operational procedure will include the following requirements;

- There will a documented process to admit an offender to a locked housing unit. Offenders will only be admitted when there is documentation that this status is warranted and no reasonable alternatives were available.
- The classification committee or other authorized staff group will conduct a status review of offenders in administrative segregation and special management units every 30 days.
- There will be a documented review process to release an offender from administrative segregation and special management status.
- A hearing by a disciplinary committee or hearing officer must be completed before placing an offender in disciplinary detention for a rules violation.
- Offenders held in disciplinary detention for periods exceeding 60 days will be provided the same program services and privileges as offenders in administrative segregation and special management units.

DOC 4.2.2, Special Needs Offenders, states that the facility/program administrator will establish procedures to:

- Require that offenders are screened within 24 hours of arrival at the facility to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior.
- Ensure that offenders identified as high risk with a history of sexually assaultive behavior are assessed by a mental health or other qualified professional
- Require that the offenders with a history of assaultive behavior are monitored and counseled by a qualified professional
- Ensure that offenders identified as At-Risk for sexual victimization are monitored and counseled by a qualified professional.

The team also reviewed the intake screening process as indicated in Standard 115.41 & 115.42.

Over the past 12 months there have been no offenders who were identified to be at risk of sexual victimization, held in involuntary segregation.

During the interview with the Superintendent, he confirmed that Pine Hills Correctional Facility does not place offenders who are at high risk of sexual victimization in segregated housing unless all other alternatives have been eliminated. The Superintendent also noted that, due to the current mission, Pine Hills Correctional Facility does not have Administrative Segregation housing. If Administrative Segregated housing were needed, the offender would need to be transferred to another institution.

The Superintendent did explain that the institution has different housing units running different programs that offer options when housing offenders that have victimization concerns. But, if alternate housing is not identified, the offender may need to be transferred.

No staff who supervises offenders in segregated housing at the Pine Hills Correctional Facility were interviewed as the Pine Hills Correctional Facility does not have an Administrative Segregation housing unit.

During the tour, it was noted that there were no offenders currently housed in any type of segregated housing due to PREA related victim concerns.

**Corrective Action:** No corrective action was required for this standard.

# REPORTING

## Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Staff
  - Random Offenders
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

DOC 1.1.17, Prison Rape Elimination Act, states the following;

Facilities will provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.

Facilities must provide at least one way for offenders to report abuse or harassment to a public or private entity that is not part of the department, and that is able to receive and immediately forward any reports from offenders of any sexual abuse or harassment to facility or department officials, allowing the offender to remain anonymous upon request. Offenders who are victims of or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:

- report the incident to an employee or service provider verbally, in writing, anonymously or through a third party;
- utilize the "locked box" formal grievance procedure in accordance with *DOC Policy 3.3.3 Offender Grievance Program*;
- use the Department-approved free confidential telephone hotline operated by an external agency; or
- use the inmate phone system following the instructions on the phone to leave a message for a Department employee.

Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports and reports made in bad faith, which includes deliberately malicious reports

PHCF 1.1.17, Prison Rape Elimination Act, states that residents who are victims of or have knowledge of sexual abuse or sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, should immediately report the incident by one of the following methods:

- a. report the incident to an employee or service provider, verbally, in writing, anonymously or through a third party;



- b. utilize the "locked box" formal grievance procedure in accordance with *PHCF 3.3.3 Grievance Program*;
- c. use the inmate phone system and follow the instructions near the phone to leave a message for the PREA Compliance Manager (or designee)
- d. use the inmate phone system and follow the instructions posted near the phone to access the Department-approved free confidential telephone hotline operated by an external agency, residents may request to remain anonymous upon request;
- e. use the inmate phone system and follow the instructions posted near the phone to contact the Custer Network Against Domestic Abuse (CNADA) an external/non-departmental entity, allowing the resident to remain anonymous upon request.; or
- f. write a letter to the Custer County Victim Witness Assistance Program or Custer Network Against Domestic Abuse (CNADA) as per *PHCF 3.3.6 Resident Correspondence*. 115.51 (a)(b)

Policy also states that employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports.

Finally, policy states that staff will immediately report to the Superintendent (or designee) and facility PREA Compliance Manager (or designee) any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment at Pine Hills or while the resident was confined in another facility; retaliation against residents or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All such reports shall be handled in a confidential manner.

Through discussion with the PREA Coordinator and records review, the Montana Department of Corrections does not house offenders detained solely for civil immigration reasons.

During the 14 formal staff interviews, staff indicated they would accept any type of report from the offender and document on a memorandum to be forwarded to their supervisor. They shared that offenders can report several different ways including reporting to any staff, calling the number on the posters, internal voice mail to the PREA Compliance Manager, external calls to YWCA or CNADA, writing letters, or "kites" to staff, writing a confidential letter to the Custer County Victim Witness Assistant, telling a peer and telling family. Staff who were interviewed stated that they can privately report sexual abuse or harassment of offenders. In all cases, staff believed they could report to a supervisor, and it would be kept private.

The 10 offenders that were formally interviewed reported that there are several ways they could report. These include telling staff, use the telephone number from the posters or paintings near the telephones, victim advocates, tell family, tell staff, and put a note in the mail box. Most indicated they would just tell staff if anything was to happen.

During the tour, the audit team noted the posters information for the Montana Department of Corrections and Rape Crisis Center contact information, providing reporting information in English and Spanish. The audit team were also given brochures that are provided to offenders. The audit team tested the numbers posted.

On the call to the Rape Crisis Center telephone line, a person answered the call and explained the call is monitored 24 hours a day, 7 days a week.

**Concern:** 115.51 Inmate Reporting/Inmate Access to Outside Confidential Support Services. During our tours of the six housing units, we called the posted phone numbers that were used for outside Victim Support and or listed internal numbers that an offender can use to contact either of these services. We found the process difficult to use as the process was convoluted. We also found that an offender was required to utilize their Personal Identification Number to complete such a call.

We later understood that the names and numbers called were kept confidential from the institution, however, it was learned through offender interviews that the offender population does not believe the numbers are confidential and would not use that process if the need arose.

**Update:** On November 7, 2018, this auditor was sent, via email, information from the offender phone provider (contracted). The procedure, which is now in effect, is that the offender can now utilize a speed dial number instead of the 1-800 number and does not require the offender to enter their Personal Identification Number to access it. This information is posted by offender telephones and states it is not recorded and kept confidential. The new speed dial number is also set it to go to an external reporting mechanism. During our tour, we found other means to contact external sites but this additional method allows a broader way of communications for the offender. This updated phone system and documentation provide by the Department and the offender phone provider fully satisfies this Standard.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 a)

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (e)

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

#### 115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

## 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Offenders that reported Sexual Abuse
- Offender Orientation Booklet
- Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access.

PHCF 3.3.3, Offender/Resident Grievance Program states the following;

Grievances are processed from initiation to final disposition within 180 days with the exception of grievances alleging sexual abuse.

1. Emergency grievances (i.e. grievances alleging staff use of excessive force, or that the resident is subject to a substantial risk of imminent danger etc.) must be forwarded to the Deputy Superintendent or designee, or in the event of a weekend, holiday, or time that the Deputy Superintendent or designee is not available, the emergency grievance should be forwarded to the Chief of Security or the Security Unit Shift Supervisor on duty who will review the complaint, and immediately take any needed action to ensure the safety of resident.
2. Emergency Grievances must be responded to in writing within 48 hours of receipt.
  - a. The response will be presented to the grievant, who will sign it, and be given a copy.
3. All emergency grievances require a copy of the signed grievance response to be forwarded to the Deputy Superintendent or designee immediately.

4. To file an Emergency Grievance, a resident must follow these steps:
  - a. Fill out a grievance form completely and write "EMERGENCY" at the very top of the completed form.
  - b. Place the grievance in the housing unit's locked grievance box.
5. All grievances that contain allegation of sexual abuse or report a substantial risk of imminent sexual abuse are considered and will be processed by staff as emergency grievances (whether labeled as such or not) and in accord with *PHCF 1.1.17 Prison Rape Elimination Act*.
6. Residents alleging sexual abuse will not be required to use an informal grievance system nor must they be required to resolve such a grievance with staff or submit the grievance to the staff member who is the subject of the complaint and the grievance will not be referred to the staff member who is the subject of the complaint 115.52(c)-1
7. There will be no time limit placed on the filing of a grievance alleging sexual abuse. Applicable time limits may be applied to any portion of a grievance that does not allege an incident of sexual abuse.
8. At any level of the process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.
  - a. A Final decision on the merits of any portion of a grievance alleging sexual abuse must be issued within 90 days of the initial filing of the grievance. This does not include time consumed by the resident in preparing any appeals. 115.52(d)-1
  - b. If the 90-day time period for response is insufficient to make an appropriate decision an extension of up to 70 days may be allowed to respond. The offender must be notified in writing of any such extension and provided a date by which a decision will be made.
9. Procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse must include:
  - a. the grievance, or any portion thereof that alleges the substantial risk of imminent sexual abuse, will immediately be forwarded to the Superintendent or designee and the PREA Compliance Manager or designee.
  - b. an initial response will be provided within 48 hours;
  - c. a final decision will be made within five calendar days; and
  - d. the initial response and final decision will document the determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
10. Third parties are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of a resident, with the following exceptions:
  - a. adult residents must give permission for the third party to file requests and must personally pursue any subsequent steps in the grievance process;
  - b. if the alleged victim is a youth, a parent or legal guardian is allowed to file a grievance, including appeals, on behalf of the juvenile without the agreement of the juvenile;
  - c. if the alleged victim is a juvenile and the third party is not a parent or legal guardian, the facility may require the juvenile to agree to have the request filed on his or her behalf and may require the juvenile to personally pursue any subsequent steps in the grievance process;

d. if the resident declines to have the request processed on his or her behalf the facility will document the residents' decision.

11. A resident may be disciplined for filing a grievance related to alleged sexual abuse only where the facility or program demonstrates that the resident filed the grievance in bad faith

According to the Pine Hills Correctional Facility's PREA Compliance Manager, the Pine Hills Correctional Facility had not received any PREA related grievances in the past 12 months.

After reviewing all allegations and several other random grievances, the auditors did not find any that were PREA related. The auditor obtained offender grievance forms from staff for review.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.53: Inmate access to outside confidential support services**

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

### **115.53 (a)**

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

### **115.53 (b)**

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

### **115.53 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
  - Random Offenders
  - Offenders who reported sexual abuse
  - Head of the Victim Advocate staff from the Custer Network against Domestic Violence, located in Miles City, Montana to include their MOU.
  - Observations of the physical plant during our on-site review rounds, to include available information concerning PREA issue that the offenders can access, to include Rape Crisis Center telephone numbers

PHCF 1.1.17, Prison Rape Elimination Act, states the following;

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations.

The facility enables reasonable communication between residents and these organizations in as confidential a manner as possible)

The facility informs residents, prior to giving them access of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities (posted in housing units, by the inmate phone).

PHCF 1.1.17, Prison Rape Elimination Act, states that victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, to the level determined necessary by medical and mental health professionals. Services must be made available without financial cost to the victim and must include, at minimum:

- a. access to medical examination and treatment to include follow up care and referrals;
- b. mental health crisis intervention and treatment;
- c. timely access to STD tests, prophylaxis, and
- d. access to a victim advocate or rape crisis center counselor who can offer emotional support services throughout the investigative process, or access to a qualified facility staff person if the youth requests.

'Advocates: Your helping hands' brochure was provided and reviewed. This brochure is available to every offender and staff.

'What you should know about sexual abuse and sexual harassment' brochure was provided and reviewed. This brochure is available to every offender and staff.

The 'Every PREA Allegation is Investigated' poster, which is posted in the facilities, was provided and reviewed.

The contracted off-site offender housing with YWCA, in Missoula, Montana, states they will provide confidential support services and crisis intervention contacts to victims of sexual abuse. They will follow all PREA Standards set forth by the Montana Department of Corrections, they will maintain documentation and have it ready for review, when needed.

The 3-page Memorandum of Understanding between Pine Hills Youth Correctional Facility and Custer Network Against Domestic Abuse & Sexual Assault was provided and reviewed. Residents can use the inmate phone system to contact CNADA directly at any time, this is an unrecorded, confidential call.

The Montana Department of Corrections has a telephone number, #99, that is accessible from offender telephones that are not monitored or recorded. The telephone call is confidential.

This telephone number as well as other internal and external contact information is provide to the offender population through either the Offender Handbook, Resource Guide or PREA Pamphlet that each are given upon intake.

The audit team interviewed 10 offenders during formal interviews concerning the topic of allegations of sexual abuse or harassment. Overall, the offenders knew about the outside victim advocate for support services and how to contact them. The offender population explained how the information is 'posted everywhere' if they needed it.

The offender population explained to the auditors where the posters were located within the facility. They shared that they had received a PREA brochure when they arrived at the institution and given one during their recent classification committee. The audit team observed posters in the housing units which provided contact information for the outside victim advocate.

The audit team contacted the victim advocate at the Rape Crisis Center in Miles City, Montana. Staff stated they have ongoing contact with staff at the Pine Hills Correctional Facility and but have not received PREA related calls from offenders in the past 12 months. When the call is received, it is answered by a volunteer 24 hours a day, 7 days a week.

**Concern:** 115.51/53 Inmate Reporting/Inmate Access to Outside Confidential Support Services. During our tours of the six housing units, we called the posted phone numbers that were used for outside Victim Support and or listed internal numbers that an offender can use to contact either of these services. We found the process difficult to use as the process was convoluted. We also found that an offender was required to utilize their Personal Identification Number to complete such a call.

We later understood that the names and numbers called were kept confidential from the institution, however, it was learned through offender interviews that the offender population does not believe the numbers are confidential and would not use that process if the need arose.

**Update:** On November 7, 2018, this auditor was sent, via email, information from the offender phone provider (contracted). The procedure, which is now in effect, is that the offender can now utilize a speed dial number instead of the 1-800 number and does not require the offender to enter their Personal Identification Number to access it. This information is posted by offender telephones and states it is not recorded and kept confidential. The new speed dial number is also set it to go to an external reporting mechanism.



During our tour, we found other means to contact external sites but this additional method allows a broader way of communications for the offender. This updated phone system and documentation provide by the Department and the offender phone provider fully satisfies this Standard.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.54: Third-party reporting

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

### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Offender Orientation Booklet
- Observations of the physical plant and visiting areas during our on-site review rounds, to include available information concerning PREA issue that the offenders can access concerning 3rd party notification

The auditor reviewed the Montana Department of Corrections website, <https://cor.mt.gov/PREA>, and found information available to the public on reporting.

DOC 1.1.17, Prison Rape Elimination Act states that offenders who are victims of or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:

- Report the incident to an employee or service provider verbally, in writing, anonymously or through a third party.
- utilize the "locked box" formal grievance procedure in accordance with *DOC Policy 3.3.3 Offender Grievance Program*;
- use the Department-approved free confidential telephone hotline operated by an external agency; or

- use the inmate phone system following the instructions on the phone to leave a message for a Department employee.

The facility provided the auditor with a copy of the Visitor Information Brochure. The brochure was reviewed and the required information was also included. During the tour of the Pine Hills Correctional Facility, the audit team observed PREA posters and PREA information posted in the visiting room.

Additionally, the PREA Compliance Manger explained that the Offender handbook and PREA Resource Guide informs the offender population of these numbers and addresses that they can shared with their family and friends.

**Corrective Action:** No corrective action was required for this standard.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

### 115.61 (d)

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

### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Coordinator
  - Random staff
  - Medical staff
  - Mental Health staff
- Internal Investigative reports

PHCF 1.1.17, Prison Rape Elimination Act, states that apart from reporting to designated supervisors and officials, employees and service providers are prohibited from sharing or revealing any information related to an instance or report of sexual abuse or sexual harassment to anyone other than those with a bona-fide need to know in order to make treatment, investigation and other security or management decisions required to ensure the welfare and safety of residents.

Staff will immediately report to the Superintendent (or designee) and facility PREA Compliance Manager (or designee) any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment at Pine Hills or while the resident was confined in another facility; retaliation against residents or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Employees and service providers may privately report sexual abuse and sexual harassment of residents through their chain of command to the Chief of Security, SEC-USS, PREA Compliance Manager or Department PREA Coordinator, HR Specialist, Department Office of Investigations, and/or the Superintendent or designee.

- If the alleged victim is a youth resident (under the age of 18): upon receiving any allegation of sexual abuse,
- a. the Superintendent (or designee) must promptly report the allegation to the Department of Public Health and Human Services in accordance with *41-3-201, MCA*.
  - b. the Superintendent (or designee, normally the assigned caseworker or designated mental health staff) shall:
    - 1) promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
    - 2) if the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
    - 3) if a juvenile court retains jurisdiction over the alleged victim, the Superintendent (or designee) shall report the allegation to the youth's attorney or other legal representative of record within 14 days of receiving the allegation.
  - c. All reports made under this section will be documented in writing. The report will include at a minimum, the date and time of notification and the contact's name. Completed reports shall be forwarded to the facility PREA Compliance Manager.

If the alleged victim is at least 60 years old or is a person with a developmental disability, the Superintendent (or designee) must report the allegation to the Department of Public Health and Human Services in accordance with *52-3-811, MCA*. This report shall be documented in writing. The report will include at a minimum, the date and time of notification and the contact's name. Completed reports shall be forwarded to the facility PREA Compliance Manager.

Unless otherwise precluded by law, medical and mental health practitioners will report sexual abuse according to facility procedures and will inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services.

Interviews with 12 formal random staff and specialized staff at all levels of this facility indicate that all PREA related allegations/reports go to the facility PREA investigators for investigation. During the random interviews with staff, it was confirmed that staff is aware of this requirement and could explain how they would immediately report an allegation of sexual abuse. They further stated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know such as their supervisor and medical staff.

During interviews with medical and mental health staff, they shared their understanding of the policy and their duty to report. They also stated that they explain to the offender the limitations of confidentiality prior to the initiation of services. Further, the staff provided me with the forms they use.

The Superintendent informed the audit team that the Pine Hills Correctional Facility does house offenders under the age of 18 but not under the age of 10, this is written in statute. If the offender is considered a vulnerable adult, the institution would report to the appropriate agency, as required in state law. All allegations of sexual abuse or sexual harassment are reported to designated investigators at the facility.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.62: Agency protection duties

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

## 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Superintendent
  - Random staff

PHCF 1.1.17, Administrative and Management states that the Superintendent, or designee, will immediately respond to allegations of sexual abuse and sexual harassment, ensure the facility fully investigates reported incidents, pursue disciplinary action, and when appropriate, refer for investigation those who violate the requirements set forth in this procedure.

Further, policy states that upon learning of an allegation that a resident was sexually abused, the first security staff to respond to the report will follow and complete the *First Responder Checklist* which includes the following:

- a. separate the alleged victim and alleged perpetrator;
- b. intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide;
- c. preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with *DOC 3.1.28 Crime Scene and Physical Evidence Preservation*;
- d. if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser do not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- e. Document the situation in compliance with this procedure, including the date/time the staff learned the resident is subject to a substantial risk of imminent sexual abuse and the amount of time that passed before enacting protective measures. 115.62 (a)

If the first employee or service provider to learn of an allegation that a resident was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify The Chief of Security, Security Unit Shift Supervisor (or designee).

The facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership.

During the interview, the Director indicated that if he received such information, he would notify the facility where the offender is housed and direct the staff to take immediate action to protect the offender.

During the interview with the Superintendent, he stated that if he received an allegation, he would take immediate action to protect the offender. This may require that they move the offender back to a place where he would be safe until the suspect is identified and the investigation was concluded. This may require that the offender be transferred to another institution.

Also, he stated that at the time of the audit, Pine Hills Correctional Facility has had no cases in which it learned that an offender was subject to a substantial risk of imminent abuse.

Through 12 random staff interviews, they indicated that if they received an allegation, they would immediately separate the victim and suspect, (if known) then notify their supervisor, the PREA Compliance Manager and investigations staff.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Superintendent
  - Investigative Services staff
  - PREA Compliance Manager

PHCF 1.1.17, Prison Rape Elimination Acts states that all allegations that a resident was sexually abused while at another facility must be reported by the Superintendent or designee to the administrator of the facility where the abuse occurred as soon as possible but no later than 72 hours after the initial report.

When a report is made by phone the date and time will be documented and a supplemental written notice mailed to the administrator where the abuse occurred.

Written documentation of the call and a copy of the written notice will be routed to the PREA Compliance Manager.

All notifications shall include a copy to the Agency PREA Coordinator.

During the interview with the Director, he stated that if any such allegation is received, it is referred to the Investigations Department with a copy to the Agency PREA Coordinator. Contact is made with the PREA Compliance Manager of the involved facility and an investigator is assigned to conduct the review.

Both the Superintendent and the PREA Compliance Manager indicated once an allegation of sexual abuse is received from another agency, it is assigned to an investigator to conduct the investigation. The Superintendent stated the notification comes, via email, from the Superintendent/Warden or designee to him. A follow-up phone call is made if needed.

During the interview with 2 of the Investigators, they indicated that work closely with all other outside agencies, to include the local law enforcement and Department of Health and Human Services, other Montana Department of Corrections institutions and the local District Attorney's office, to name a few. Staff indicate they continually monitor each open casefile for any follow-up information needed. Investigative staff stated they make telephone calls or send emails weekly to ensure timelines are not delayed and information is sent to the right department when required.

On May 9, 2017, public clarifications came from the National PREA Resource Center in the form of a Frequently Asked Question.

As of that date, the facility's notification begins with an email from the Hiring Authority (Superintendent, Police Chief, Sheriff...) to the other confinement center's Hiring Authority (Superintendent, Police Chief, Sheriff...) stating what information need to be sent, via email, to the other facility.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - First Responder staff
  - Random staff
  - Offenders that Reported Abuse
- First Responder training curriculum

PHCF 1.1.17, Prison Rape Elimination Act, states that upon learning of an allegation that a resident was sexually abused, the first security staff to respond to the report will follow and complete the *First Responder Checklist* which includes the following:

- a. separate the alleged victim and alleged perpetrator;
- b. intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide;
- c. preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with *DOC 3.1.28 Crime Scene and Physical Evidence Preservation*;
- d. if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser do not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- e. Document the situation in compliance with this procedure, including the date/time the staff learned the resident is subject to a substantial risk of imminent sexual abuse and the amount of time that passed before enacting protective measures.

If the first employee or service provider to learn of an allegation that a resident was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify The Chief of Security, Security Unit Shift Supervisor (or designee).

The PREA First Responder Checklist, for the staff at the Pine Hills Correctional Facility, was provided and reviewed.

This 1-page, 6-step checklist, dated June 2015 and updated on July 20, 2018, gives all the procedural items that needs to be done to ensure the safety and security of the victim/perpetrator, assess medical needs, preserve and protect a crime scene, who to contact and what needs to be documented.

The remainder of the checklist asks about date and times of incident, where it occurred, what does the victim remember, did the victim know the perpetrator, was there any evidence that needs to be collected...type information.

A copy of the 2-page, Sexual Assault Response Checklist, has several checklist items to include the Notification Tracking checklist of all needed agencies and contact numbers. On the second page, there are additional considerations that will assist staff with the entire process.

During the 12 formal interviews, Custody Staff First Responders stated they would separate the victim from the alleged abuser and immediately notify their supervisor and investigative staff. They would take the victim to medical (if needed) and inform the offender why they should not to use the bathroom or clean off any potential evidence. If the incident occurred in a cell or open area, they would secure the cell door or cordon off the area, to preserve the crime scene. They would secure the abuser as soon as the abuser was known.

Although the First Responders are trained in evidence collection, responding Investigator may also collect the evidence.

Non-custody staff First Responders said they would notify custody staff and urge the alleged victim to not destroy evidence. Through those interviews, staff stated they would protect the offender, separate him from the alleged perpetrator, call the supervisor for further direction and notify investigators. All would be kept confidential except for staff that has a need to know.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - First Responder staff
  - PREA Compliance Manager
- PREA Incident Operational Plan
- Various First Responder Checklists

PHCF 1.1.17, Prison Rape Elimination Act, states that the facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership.

PHCF 1.1.17, Prison Rape Elimination Act, states that upon learning of an allegation that a resident was sexually abused, the first security staff to respond to the report will follow and complete the *First Responder Checklist* which includes the following:

- separate the alleged victim and alleged perpetrator;
- intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide;
- preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with *DOC 3.1.28 Crime Scene and Physical Evidence Preservation*;
- if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser do not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- Document the situation in compliance with this procedure, including the date/time the staff learned the resident is subject to a substantial risk of imminent sexual abuse and the amount of time that passed before enacting protective measures.

The 7-page, PREA Coordinated Facility Response Plan was provided and reviewed. This Protocol is based upon "A National Protocol for Sexual Assault Medical Forensic Examinations-Adults/Adolescents, second edition" April 2013. Montana Department of Corrections policies, Final PREA Standards and the NIC PREA Investigators, Medical and Mental Health trainings.

This form contains information to coordinate PHCF actions taken in response to incidents of sexual abuse amongst first responders, medical and mental health practitioners, investigators, and facility leadership and ensure compliance with PREA standards.

The Superintendent stated that the facility has a local procedure which describes the coordinated actions to be taken by the facilities Response Team members. This response procedure mirrors the agency policy.

The PREA Compliance Manager was able to tell the auditing team, step by step, how the Pine Hills Correctional Facility staff responds to a PREA incident. In addition to the policy and check list, the Shift Commander has contact information for managers who play a more significant role in the response to PREA so that they can be reached at any time of day or night. All of the staff, volunteers, and contractors interviewed knew what their specific role was when responding to a PREA incident.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.66: Preservation of ability to protect inmates from contact with abusers**

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Superintendent

The 29-page, 2017-2019, Collective Bargaining Agreement between the Montana Department of Corrections, to include the Pine Hills Correctional Facility and the Pine Hills Education Association, MEA-MFT, was provided and reviewed.

The 23-page, 2017-2019, Montana Public Employees Association, was provided and reviewed.

Interviews with the Director and the Pine Hills Correctional Facility's Superintendent, confirmed that they currently have a Collective Bargaining contract with several bargaining units that affects the staff at the Pine Hills Correctional Facility. Further, they both stated that they are not restricted, in any way, from removing any employee from offender contact that has an allegation of sexual abuse against an offender, pending the outcome of an investigation.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

### 115.67 (b)

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

### 115.67 (c)

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

### 115.67 (d)

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

### 115.67 (e)

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

### 115.67 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Director
  - Superintendent
  - Staff charged with Monitoring Retaliation
  - Offender who Reported Abuse
  - PREA Compliance Manager

DOC PHCF 1.1.17, Prison Rape Elimination Act states the following as it pertains to Retaliation Monitoring Residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment. Pine Hills will not tolerate retaliation against residents, employees, or other parties for reporting sexual abuse or sexual harassment or cooperating with an investigation. Individuals that retaliate against any resident or witness are subject to disciplinary action.

- A. Pine Hills employs multiple protective measures, such as unit transfers or program removal/reassignment to separate victims from abusers, and emotional support services for residents and staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- B. The facility will monitor, for at least 90 days, the conduct and treatment of residents and employees who reported sexual abuse or sexual harassment, residents who were reported to have suffered sexual abuse or sexual harassment to prevent retaliation and any individual (employee or resident) who cooperates with a sexual abuse or sexual harassment investigation and expressed a fear of retaliation. Monitoring will continue beyond 90 days if there is a continuing need.

- C. Employee retaliation monitoring is coordinated by the facility Human Resources Officer in conjunction with the employee's chain-of-command supervisor/manager (i.e. Unit Manager, Program Manager, Principal, etc.). They will assess the conduct and treatment of the employee to see if there are changes that may suggest possible retaliation by residents or staff.
- D. Monitoring staff shall also conduct periodic (weekly), in-person status checks with the employee. All monitoring efforts shall be documented in writing and maintained by the Human Resources Officer.
- E. Resident retaliation monitoring is coordinated by the Mental Health Services Manager (or designee) in conjunction with the resident's assigned caseworker.

They will assess the conduct and treatment of the resident including review of the resident's disciplinary reports, housing or program logs, programmatic changes and the reassignments of employees to see if there are changes that may suggest possible retaliation by residents or staff. This monitoring shall also include periodic (weekly), in-person status checks. All monitoring efforts shall be documented in writing and forwarded to the PREA Compliance Manager.

Should a resident or employee monitoring team detect retaliation, they will immediately report their finding to the Superintendent (or designee) and the PREA Compliance Manager. The Superintendent (or designee) will act promptly to remedy any detected retaliation. This corrective action will be documented in writing and forwarded to the PREA Compliance Manager.

Auditors requested and received blank and completed copies of the Prison Rape Elimination Act Retaliation Monitoring Data Sheets. This contains the time frames on when to monitor, what to look for and how to respond to actions taken. The checkoff at the bottom of the page shows results of Monitoring Complete or Continue Monitoring, and spaces for reasoning.

Interviews with the PREA Compliance Manager and Staff charged with Monitoring Retaliation stated that all inmates and staff will be monitored for a minimum of 90 days. The reasons for continuance of more than 90 days, would be the termination to an Unfounded investigation, a transfer to another institution, will all be documented on the Protection Against Retaliation form. In the case of transfer, the other institution will continue the process and send the copies back to the original institution.

During the interview with the Director, he stated that the facility will use the Protection Against Retaliation process to follow-up with victims and those who report. Staff will take appropriate action if there appears to be any retaliation. Once follow-up is completed, the documents are maintained in the offender's packet. If retaliation is suspected or confirmed, possible actions may include additional monitoring, transfer of housing or work location and possible discipline for the individual (staff or offender) who is retaliating.

The Superintendent, during his interview, indicated the different measures used to protect offenders and staff from retaliation includes monitoring for appropriate changes in housing or work assignment, disciplinary actions, etc. The Superintendent also stated that retaliation is not acceptable and those who retaliate would be disciplined.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.68: Post-allegation protective custody**

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

## 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent

It should be noted that the Pine Hills Correctional Facility does not have an Administrative Segregation Unit. If an offender needs segregated housing, they are transferred to another facility.

PHCF 1.1.17, Prison Rape Elimination Act, Victims of sexual abuse and residents at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment completed by the Mental Health Services Manager (or designee) in consultation with the Chief of Security (or designee) that all available alternatives has been considered, and a determination is made that there is no alternative means of separation. If the facility cannot conduct such an assessment immediately, the facility may hold the resident in segregated housing for up to 24 hours while completing the assessment. The Mental Health Services Manager (or designee) will document in writing the basis for the facility's concern for the resident's safety and the reason no alternative means of separation could be arranged. The facility will review each offender placed in segregated housing for protective purposes every 30 days. This document will be routed to the PREA Compliance Manager.

Segregated residents will maintain access to legally required educational programming, special education services and receive not less than one hour of large muscle exercise daily.

The facility Mental Health Services Manager (or designee) in conjunction with the unit Program Manager and/or Unit Manager will review each resident placed in segregated housing for protective purposes every 7 days. Weekly reviews, as with the initial justification, for the continuation of segregation or determination to end segregation must be documented in writing and include a statement regarding the basis for concern for the resident's safety and the reason(s) why an alternative means of separation can or cannot be arranged. This document will be routed to the PREA Compliance Manager.



The audit team observed no Pine Hills Correctional Facility offender who alleged to have suffered sexual abuse were held in involuntary segregated housing in past 12 months.

The Superintendent stated that the facility has different housing options or programs that give them the ability to separate offenders. Additionally, the Superintendent explained that the Pine Hills Correctional Facility does not have an Administrative Segregation unit. Finally, the Pine Hills Correctional Facility has not housed any offenders in protective custody who have alleged to have suffered sexual abuse during this audit period.

**Corrective Action:** No corrective action was required for this standard.

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

### **Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager
  - Investigative staff
  - Offender who Reported Abuse
- Investigative Reports
- Training Records for Investigators

PHCF 1.1.17, Prison Rape Elimination Act, states that employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Further, policy states that all reported incidents of sexual abuse and sexual harassment will be investigated. Criminal investigations will be conducted by the Law Enforcement Agency of Jurisdiction or Department's Office of Investigations in accordance with *DOC Policy 3.1.19 Investigations*.

Administrative investigations of sexual abuse or sexual harassment allegations will be conducted by trained Department employees. Administrative investigations of employees will be conducted in accordance with *DOC 1.3.13 Administrative Investigations*; individuals assigned to conduct administrative investigations of employees will work in cooperation with the Office of Human Resources and be trained in all specialized investigative training topics relevant to confined settings, sexual abuse and interviewing youth.

Residents who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation.

Investigative materials including, but not limited to incident reports, statements, and investigative reports will be stored in a designated investigative case file. Investigative case files must be submitted to the Investigations Manager or designee, the PREA Compliance Manager, and the PREA Coordinator.

All administrative and criminal investigation written reports will be retained for as long as the alleged abuser is incarcerated or employed by MSP or the Department, plus 5 years.

DOC 1.3.13, Administrative Investigations states the following:  
Department employees must:

- report immediately, in writing, any received information or personal knowledge regarding misconduct;

- ensure information regarding investigations is kept confidential and disclosed only with the approval of the Human Resources director; and
- cooperate with an investigation and may not provide erroneous and/or malicious information in a complaint or statement which they know or suspect to be false or the employee may be subject to disciplinary or corrective action in accordance with *DOC Policy 1.3.2 Employee Performance and Conduct*.

2. Investigators must:

- conduct fair and objective investigations and exercise professionalism during the course of an investigation;
- conduct investigations in such a manner that information is kept confidential and disclosed only with the approval of the Human Resources director or designee; and
- follow procedures outlined within the Office of Human Resources for Administrative Investigations including the administration of warnings to employees who are the subject of an investigation or participating in an investigation.

A copy of the Case Plan checklist for Administrative Investigations was provided and reviewed.

A copy of the Request for Investigations checklist for was provided and reviewed.

A copy of a PREA Case File that covers the following sections, was provided and reviewed;

- PREA Summary Report
- Incident Statements
- Investigative Reports
- Interview Reports
- Miscellaneous Documentation
- Audio/Video/Photographs
- Medical/Mental Health Documents

The auditors requested and received the 7 specialized training certificates for the Montana Department of Correction's Investigations Bureau staff.

The auditors requested and received the 4 specialized training certificates for the Pine Hills Correctional Facility's Investigative staff.

The 89-slide 'Prison Rape Elimination Act' PowerPoint and the lesson plan, was provided and reviewed.

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. Montana Department of Corrections, Investigations Bureau staff, based out of Helena, Montana and facility-based investigators, conduct all investigations to including those arising from third party and anonymous reports.

Completed Sexual Incident Reports demonstrate that all allegations were investigated promptly, when the allegation was received from either the victim, a third party, or anonymously. 7 allegations of sexual abuse/harassment were alleged during the past twelve months.

The PREA Coordinator, provided hard-copy Sexual Incident Reports for the 7 allegations. During the site review, investigative reports were reviewed and collected. Sexual Incident Reports document that all allegations were investigated promptly and when the allegations was received.

The PREA Compliance Manager confirmed that all 4 facility-based investigative staff receive specialized training which meet this provision of the standard.

Certificates indicating completion of other specialized trainings were also provided to the audit team, for these 4 staff as well as for the 7 agency investigators based in Helena.

Auditors conducted 2 interviews with investigative staff who indicated that investigations for allegations of sexual abuse or harassment are initiated immediately, are investigated objectively and thoroughly. Of the 7 allegations made, all of them were reviewed and investigated.

Utilizing a Case Plan checklist, the investigator reviews reports and evidence, reviews the crime scene, looks at photographs or video, interviews any/all witnesses, interviews the victim, interviews any known suspects and reviews any medical records. The investigators then document all essential information on a confidential report. Through these file reviews, Investigative staff have shown that they are objective and treat each allegation on a case-by-case basis.

Investigative staff said when they are assigned and contacted for a PREA allegations investigation, they respond directly to the facility. They investigate and gather evidence whether the allegations are against staff or offenders and review past history and prior complaints. They do not use any type of truth telling device as a condition of proceeding with an investigation. The local Investigator and the Headquarters Investigators, both stated they will confer with each other during case reviews. Investigators further stated that they continually keep in contact with any outside agency if they are needed during an investigation.

Finally, Investigators stated that all investigations continue even if a staff leaves the facility or retires or if an offender is transferred to another facility or is paroled.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - Investigative staff
- All Investigative reports for allegations of Sexual Abuse

DOC 1.1.17, Prison Rape Elimination Act, states, as it pertains to Investigative Protocols, Investigators will not use a standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.

- Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

Policy states that a Preponderance of Evidence is evidence that is of greater weight or more convincing than the evidence that is offered in opposition to it. That is, evidence which, as a whole, shows that the fact sought to be proved is more probable than not.

All investigations will be handled in a confidential manner, and findings will be determined by the preponderance of the evidence.

During the interview with the Superintendent, he stated the outcome of all allegations is based on the evidence presented, in totality, of the reports.

- Substantiated: The allegation was determined to have occurred by a preponderance of the evidence. The training that all Appointing Authorities attend teaches that substantiation is 51% that they are sure that the event occurred.
- Unsubstantiated: Evidence was insufficient to make a final determination that the allegation was true or false.
- Unfounded: The allegation was determined not to have occurred.
- Substantiation is based on a preponderance of evidence.

During interviews, Investigative staff interviews confirmed that no evidentiary standard higher than a preponderance of evidence is utilized when determining whether allegations are substantiated for administrative investigations.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - Investigative staff
  - Offender who Reported Abuse
- All Investigative reports for allegations of Sexual Abuse

DOC 1.1.17, Prison Rape Elimination Act, as it relates to Reporting to Offenders, states the following;

- Following an investigation into an offender's allegation of sexual abuse or sexual harassment in a facility, the facility will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- If the investigation is conducted by a LEAJ, the Department will request relevant information from the LEAJ in order to inform the offender.
- Following an offender's allegation that an employee or service provider has committed sexual abuse against the offender, the facility will inform the offender, unless the allegation is unfounded, whenever:
  - The employee or service provider is no longer posted within the offender's unit;
  - The employee or service provider is no longer employed at the facility;
  - The department learns that the employee or service provider has been indicted on a charge related to sexual abuse within the facility; or
  - The department learns that the employee or service provider has been convicted on a charge related to sexual abuse within the facility.
- Following an offender's allegation that he or she has been sexually abused by another offender, the facility will inform the alleged victim whenever:
  - The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
  - The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility.
- All such notifications or attempted notifications will be documented.
- A facility's obligation to report will terminate if the offender is released from the department's custody.

Montana Department of Correction's facility staff conducts administrative investigations on all PREA related matters. Should a criminal component arise, the Montana Department of Correction's Headquarter Investigation staff will begin a criminal investigation. Staff at the facility will maintain continual contact with the Headquarters staff during this process.

During interviews, Investigative staff stated they also indicated that they have a local liaison with law enforcement if they are investigating any cases. Also, they maintain the allegation/incident file and review it daily for any needed information, or notifications required.

During the interview with the PREA Compliance Manager, he stated that once the offender is notified of the outcome of any investigation, that process and notification is, at a minimum, written into the Investigation Report. The auditor was provided with several Investigation Reports that indicated the date the offender was informed of the outcome and which staff member spoke to them.



During the interview with the Superintendent, he stated he regularly receives information from the Investigator, the PREA Coordinator and the PREA Compliance Manager as to updates on any ongoing and/or completed cases.

**Corrective Action:** No corrective action was required for this standard.

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.

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

### **Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent

PHCF 1.1.17, Prison Rape Elimination Act, as it pertains to Employee and Service Provider Reporting states that employees are mandatory reporters and must report abuse according to state child abuse reporting laws. Employees must accept reports of sexual abuse and sexual harassment they receive verbally, in writing, anonymously and/or from third parties, then immediately report any knowledge, suspicion or information they receive regarding an incident of any type of abuse or harassment to the Superintendent (or designee) and PREA Compliance Manager. Any employee or service provider who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information may face dismissal or other disciplinary action.

PHCF 1.1.17, Prison Rape Elimination Act, as it pertains to Sanctions states that the Employees and service providers who violate this policy are subject to administrative discipline including termination of employment, criminal sanctions, or both. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

All terminations for violations of department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Through the interview with the Superintendent, the auditor learned that the Pine Hills Correctional Facility had no substantiated, staff involved, PREA violations or allegations of any form of staff sexual misconduct during this audit period.

Also, the Pine Hills Correctional Facility had no terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

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

- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  
 Yes  No

#### 115.77 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager

PHCF 1.1.17, Prison Rape Elimination Act, states that employees and service providers who violate this policy are subject to administrative discipline including termination of employment, criminal sanctions, or both. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse.

Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

All terminations for violations of department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Service providers or volunteers who engage in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Department will take appropriate remedial measures, and will consider whether to prohibit further contact with residents, in the case of any other violation of Department sexual abuse or sexual harassment policies by a service provider.

During an interview with the PREA Compliance Manager, he stated that In the past 12 months, there have been no accusations of, investigation for or need to report contractors or volunteers to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

During this audit period, the Pine Hills Correctional Facility has had no contractors or volunteers' corrective actions regarding acts concerning PREA cases.

As there have been no instances or accusations of any type of sexual misconduct by contractors or volunteers, no supplemental documentation providing proof of practice is available, or documentation that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer

Interviews with the Superintendent and PREA Compliance Manager confirmed that all allegations against contractors and volunteers would be immediately investigated and the contractor or volunteer suspended from facility grounds pending completion of the investigation and its finding. (Facility Gate Stop).

Additionally, the Superintendent stated that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

### 115.78 (e)

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

### 115.78 (f)

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

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - Medical staff
  - Mental Health staff

PHCH 1.1.17, Prison Rape Elimination Act, states, as it pertains to Offender sanctions:

A resident may be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

a. In the event a disciplinary sanction for resident on resident sexual abuse results in the isolation of a resident the following must be provided to the sanctioned resident:

- Not less than one-hour daily access to large muscle exercise
- Legally required educational programming and special education services
- Documented daily visits from medical staff

- Documented daily visits from mental health care workers which include therapy, counseling or other interventions intended to address and correct the resident's underlying reason(s) or motivation(s) for committing sexual abuse.
- Access to work opportunities and other programming to the greatest extent possible
  - b. When providing or offering the sanctioned resident therapy, counseling or other interventions the facility shall consider whether to require the resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.

Access to general programming or educational services shall not be made conditional upon participation in such behavior-based incentives.

Sanctions will be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.

The disciplinary process will consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

A resident may be subject to disciplinary sanctions for sexual contact with staff only upon finding that the staff member did not consent to such contact.

A resident may be subject to disciplinary sanctions for violation of the facility's prohibition of all sexual activity between residents.

The facility shall deem such activity sexual abuse only if the behavior is coerced.

Residents will not be sanctioned for a report of sexual abuse or sexual harassment made in good faith based upon a reasonable belief the alleged conduct occurred, even if subsequent investigation does not establish evidence sufficient to substantiate the allegation.

A resident may not engage in sexual acts, make sexual proposals or threats or engage in indecent exposure pursuant to *DOC 3.4.2 Prohibited Acts*, and is subject to disciplinary action for violations. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

DOC 3.4.2, Prohibited Acts, states that although it is impossible to define every possible prohibited act or rule violation, the following acts, in part, are prohibited in all Department facilities:

- Assaulting any person
- Engaging in sexual acts, making sexual proposals or threats
- Indecent Exposure

DOC 3.4.1, Offender Disciplinary System, was provided and reviewed. The policy covers General Requirements, Rules of Conduct, Resolution of Minor Infractions, Disciplinary Reports, Pre-Hearing Action, Disciplinary Hearing, Conduct of Hearing, Hearing Decisions, Hearing Records, Administrative Reviews and Appeal Process.

DOC 1.1.17, Prison Rape Elimination Act, as it pertains to Sanctions states the following:

Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.

Sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility will consider whether to require the offender to participate in such interventions as a condition of access to programming or other benefits.

The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

An offender may not engage in sexual acts, make sexual proposals or threats or engage in indecent exposure pursuant to *DOC 3.4.2 Prohibited Acts*, and is subject to disciplinary action for violations. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

During interviews with Mental Health Staff, indicated that their actions, if needed, would comply with stated policy. They shall conduct a mental health evaluation of the known offender abuser within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate. Additionally, the auditors were told the facility offers specialized therapy, counseling and other interventions to address underlying reasons for abuse. The offender's issues would be addressed during regular counseling sessions, group counseling sessions or individual counselling sessions, as needed.

At the Pine Hills Correctional Facility, participation in this type of counseling is not made a condition of access to programming or other benefits.

When interviewed, the Superintendent said that offender discipline is based on the level of the violation and penalties are imposed comparable to other offender's penalties. Penalties might include placement in restricted housing, program reassignment, individualized behavior plans and prosecution. If the offender has a mental health history, mental health staff will be involved throughout the process. Additionally, the Superintendent states that Mental Health concerns are always considered when the investigation and adjudication occur.

The Superintendent also stated that the Pine Hills Correctional Facility has never disciplined a resident for reporting a potential PREA related case in good faith, even if the findings in the case were unsubstantiated or unfounded. However, when warranted, a resident has been disciplined or received sanction as a result of a PREA case that was investigated and a resident was determined to have potentially committed a crime. These cases are turned over to the county attorney for prosecution or an administrative investigation, determined by preponderance of evidence, that a reported PREA event was substantiated. Residents have received sanctions when this has occurred.

**Corrective Action:** No corrective action was required for this standard.

## **MEDICAL AND MENTAL CARE**

### **Standard 115.81: Medical and mental health screenings; history of sexual abuse**

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

### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  
 Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Offenders that disclosed Victimization during Risk Screening
  - Medical Staff
  - Mental Health Staff
  - Staff who screen for Victimization
  - Offenders who disclosed during Risk Screening
- Offender Custody file

PHCF 1.1.17, Prison Rape Elimination Act, states, as it pertains to Screening, that if the screening indicates that a resident has experienced prior sexual victimization, or has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, the Director of Clinical Services shall ensure that the resident is offered a follow-up meeting with a mental health and medical practitioner within 14 days of the intake screening.

In addition to case notes/treatment logs, follow-up meetings conducted for this purpose shall be documented in log form and a copy of this log shall be provided to the Facility PREA Compliance Manager quarterly.

Additionally, it states that all youth will be screened within 2 hours of arrival for a risk of predatory sexual behavior or sexual abuse/victimization by intake staff and/or medical staff utilizing information from the county of commitment and the medical/mental health screening.

Intake staff will interview and evaluate all youth for Sexual Predatory Behavior or Victim tendencies utilizing the predictor scale approved by the Director of Clinical Services and Clinical Therapist (attachment PHYCF 1.1.17 A). The completed predictor scale for all youth is to be filed in their clinical file.

Using the identification of a youth as gay, bisexual, transgender or intersex (GBTI) as an indicator of likelihood of being sexually abusive is prohibited.

When the screening officer determines a youth to be at risk of sexually abusing another or susceptible to sexual victimization, s/he will take action to reduce the risk of sexual abuse by or upon a resident and ensure timely access to medical and mental health services as warranted. When clear determination is uncertain, screening staff are directed to take action, erring on the side of caution for the safety and security of the individual, other youth and facility.

This response will occur before the youth is transitioned from intake to the designated housing unit; and will include, as needed, communication/notification of youth's screening status to the housing unit, medical and mental health staff, adjustment to housing assignment, changes in security status and/or requiring increased supervision until such time as medical/mental health staff can assess the youth completely.

During interviews with the Medical and Mental Health staff, they stated that they obtain consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

They ask each offender for their consent to inform other, non-medical or mental health staff due to the nature of the information. This consent is obtained on a Disclosure of Victimization form.

The PREA Compliance Manager indicated that any of the above listed information is kept confidential and only certain classifications can view the information.

Interviews with staff who perform risk screening, using the Sexual Aggressor and Sexual Victim Scales, related that offenders who indicate they have previously perpetrated sexual abuse, during the Intake process, are offered a follow-up meeting with a medical and/or mental health practitioner. Further, after completion of the screening forms, staff that control housing, programs and education can access the information to best assess the needs of the offender.

Policy further states all services provided for the above related treatments shall be free of charge.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

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

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

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

#### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

## Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - First Responders
  - Medical staff
  - Mental Health staff
  - Offenders that reported Sexual Abuse

DOC 1.1.17, Prison Rape Elimination Act, as it pertains to Medical, Mental Health and Victim Services, states that Medical and Mental Health services for victims will be consistent with the community level of care.

Policy states that the administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at minimum:

- access to medical examination and treatment to include follow up care and referrals;
- mental health crisis intervention and treatment;
- timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services; and
- access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider.

Policy further states that department employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:

If the victim refuses medical or mental health attention, document the refusal on the Medical Treatment Refusal form;

- if reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to a medical facility equipped with medical personnel certified as Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and
- if reported more than 72 hours after the incident, and with the victim's permission, adhere to the following:
  - refer the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will
  - complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and
  - upon request from law enforcement, transport the victim to a community medical facility for evidence collection.

Additionally, PHCF 1.1.17, Prison Rape Elimination Act, states as it pertains to Medical, Mental Health and Victim Services

Facility employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:

- a. if the victim refuses medical or mental health attention, document the refusal on the *Medical Treatment Refusal* form;
- b. if reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to Holy Rosary Hospital, a medical facility equipped with medical personnel certified as Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility

- with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and contact Custer Network Against Domestic Abuse (CNADA) so they may offer victim advocacy services on site; and
- c. if reported more than 72 hours after the incident, and with the victim's permission, adhere to the following:
- 1) refer the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required;

The Memorandum of Understanding between the Montana Department of Corrections and the Holy Rosary Hospital Center was provided and reviewed.

The Memorandum of Understanding between the Montana Department of Corrections and the Custer Network Against Domestic Abuse was provided and reviewed.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

All Medical and Mental Health staff interviewed stated they have received the 'Specialized Training for Medical and Mental Health training. Certificates were provided to the auditors.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim or the victim is transported to the medical service area. Either way, treatment will occur in a private area.

During interviews with the SANE staff at the Holy Rosary Hospital Center, in miles City, Montana, the Director stated that they provide 24/7 service to victims. The Director stated there is always someone on call, but in a rare occasion that a SANE nurse was not available, the Emergency Room Doctor will perform the forensic exam.

**Corrective Action:** No corrective action was required for this standard.

## **Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

### **115.83 (a)**

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions.*

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

### **Evidence Reviewed (documents interviews, site review)**

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Medical staff
  - Mental Health staff
  - Offenders that reported Sexual Abuse

PHCF 1.1.17, Prison Rape Elimination Act, as it pertains to Ongoing Medical and Mental Health services for victims will be consistent with the community level of care.

Victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, to the level determined necessary by medical and mental health professionals. Services must be made available without financial cost to the victim and must include, at minimum:

- access to medical examination and treatment to include follow up care and referrals;
- mental health crisis intervention and treatment;
- timely access to STD tests, prophylaxis, and
- access to medical examination and treatment to include follow up care and referrals;
- mental health crisis intervention and treatment;
  
- access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider; contact information for these services is available to staff within the facility SART checklist and Facility Coordinated response plan and available to residents on postings within the housing units.

During interviews with Custody and Non-Custody staff, who acted as first responders stated that when an incident call is received, the staff isolate the victim and immediately secure the area. Staff stated their first concern is the safety, medical and mental health of the victim. If needed, medical staff is summoned to the scene to treat the victim, or the victim is escorted to the medical services area.

During interviews with Medical and Mental Health staff, they shared that staff respond immediately when noticed of an incident of sexual abuse. The medical care is their priority and all treatment is based on their professional judgement. Offender victims of sexual abuse, while incarcerated, are offered, without financial cost, timely information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate.

**Corrective Action:** No corrective action was required for this standard.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.86: Sexual abuse incident reviews**

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Compliance Manager
  - Incident Review Team Members
- Meeting notes, with sign-in sheets

DOC 1.1.17, Prison Rape Elimination Act, states the following as it pertains to Incident Reviews;

1. The facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review will occur within thirty (30) days of the conclusion of the investigation.

2. The review team will include upper-management from the facility, the facility's PREA compliance manager, line supervisors, investigators, qualified medical or mental health professionals, and other employees with direct involvement.

3. The review team will:

- a. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse;
- b. consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, STG affiliation or was motivated or caused by other group dynamics at the facility;
- c. examine the area where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse;
- d. assess the adequacy of staffing levels in that area during different shifts;
- e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- f. prepare a report of its findings and any recommendations for improvement and submit the report to the facility administrator, the Department PREA coordinator and facility PREA Compliance Manager.

Interviews with the PREA Compliance Manager and 2 of the facility Sexual Incident Review Committee members indicates that the committee reviews each investigation and addresses each of the criteria required per the standard. The minutes are submitted to the Superintendent and the PREA Compliance Manager to ensure any modifications recommended by the committee are completed. following these facility-based actions, a final examination of Incident Review documentation is conducted by PREA Coordinator Morgenroth to ensure full standard compliance and process integrity.

115.86 (b) Sexual Abuse Incident Review. The Standard states that the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be Unfounded. This review shall ordinarily occur within 30 days of the conclusion of the investigation. During our reviews of the Incident Review process, one allegation had been completed and the review was beyond the 30 days. Additionally, there are currently 4 more sexual abuse investigations pending.



**Update:** On November 7, 2018, this auditor was sent, via email, the scanned images of the 4 additional sexual abuse investigations that were pending during the on-site review. Since our on-site review, these 4 investigations had been completed and a Sexual Abuse Incident Review was scheduled and completed for each one. All were completed within the 30-days and the minutes of all 4 committee meetings, indicating, who was there, what was discussed and what recommendations were or were not implemented were included in this email. This updated documentation brings this Standard into compliance.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Coordinator
  - PREA Compliance Manager
- Annual Report posted on the Montana Department of Corrections website

DOC 1.1.17, Prison Rape Elimination Act, states, under the Data Collection, Review, Storage, Publication and Destruction heading the following;

1. There will be a system in place to collect data on incidents of sexual abuse or sexual harassment. Such data will be analyzed to determine possible corrective action or improvement.
2. The Department will collect accurate, uniform data for every allegation of sexual abuse at facilities and programs under its direct control using a standardized instrument and definitions set forth in this policy.
3. The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.
4. The Department's Office of Investigations will maintain records of all criminal investigations of sexual abuse and sexual harassment conducted by that office or as provided by the LEAJ. Each facility will maintain records of all administrative investigations of sexual abuse and sexual harassment at that facility. Records will include information on the outcome of any criminal or disciplinary charges.
5. The Department will aggregate the incident-based sexual abuse data at least annually. The Department will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
6. Each facility PREA compliance manager will maintain records of all allegations, investigations, and Incident Reviews and report such information to the PREA coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice.
7. The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection.

The auditor also received and reviewed the 6-page, 2016 Survey of Sexual Victimization State Juvenile System's Summary form, as well as the, 6-page, 2016 Survey of Sexual Victimization State Prison System's Summary form.

The Department has established a SharePoint site for allegation data collection.

SharePoint is a web-based program that all PREA Compliance Managers, the PREA Coordinator, and investigations staff have access to. Compliance Managers will enter all allegations in SharePoint and can document all information needed for the annual SSV forms as well as track the investigation process, retaliation monitoring information, medical/mental health referrals, investigation outcomes, and incident reviews. Because the PREA Coordinator and investigation staff have access to the site, they can review all allegations.

This provides Department level oversight to ensure proper investigations, track responses to allegations, and provide expertise into matters regarding sexual abuse. All PCMs were trained to use SharePoint on 8/30/17 and the program was active 9/15/17.

The Montana Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts on its public website at <http://cor.mt.gov/Portals/104/Resources/Reports/PREA/PREAAnnualReport2016.pdf>

During the interview with the PREA Compliance Manager, he stated that each individual Sexual Incident Report is submitted to him and discussed at the next facility Sexual Incident Review Committee meeting. The PREA Compliance Manager also stated and provided documentation, that he maintains a record of all reports of sexual abuse at the facility. The PREA Compliance Manager also discussed and provided the Monthly PREA Incident Tracking Logs that are reviewed by the Superintendent, PREA Coordinator and PREA Compliance Manger monthly.

The PREA Coordinator stated that the facilities have access to the agency's Sexual Incident Reporting system. This is the system utilized to collect PREA data. The information is then compiled and reported to the Department of Justice, annually.

The audit team was provided with the agency's current and last year's Annual Assessments. They also reviewed the agency's website and observed previous Surveys of Sexual Victimization posted there.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

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

### 115.88 (c)

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

### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - Superintendent
  - PREA Coordinator
  - PREA Compliance Manager

DOC 1.1.17, Prison Rape Elimination Act, states that there will be a system to collect data on incidents of sexual abuse or sexual harassment. Such data will be analyzed to determine possible corrective action or improvement.

Policy also states that the Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection.

The 10-page 2016 Prison Rape Elimination Act, Montana Department of Correction's Annual Report was provided and reviewed. This document was also found on the Departments website at <http://cor.mt.gov/Portals/104/Resources/Reports/PREA/PREAAnnualReport2016.pdf> .

This document covers data from 7 different facilities, to include the Pine Hills Correctional Facility.

The 2-page 2017 addendum to the 2016 Prison Rape Elimination Act, Montana Department of Correction's Annual Report was provided and reviewed. This document was also found on the Departments website at <http://cor.mt.gov/Portals/104/Resources/Reports/PREA/2016%20Addendum.pdf>

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. She further indicated that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

Through the interview with the Superintendent, the auditor was informed that each allegation is reviewed by the Facility PREA Sexual Assault Incident Committee and that information is provided to the PREA Coordinator for the annual review. Any issues identified during the Facility PREA Committee meetings are addressed at that time.

The PREA Compliance Manager indicated all Sexual Incident Report information is provided quarterly to the PREA Coordinator for review and annual reporting. After completion, this report is posted on the Montana Department of Corrections website.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  Yes  No

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### Evidence Reviewed (documents interviews, site review)

- Pine Hills Correctional Facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation provided.
- Interviews with the following:
  - PREA Compliance Manager
- Montana Department of Corrections website

The Montana Department of Corrections policy 1.1.17, Prison Rape Elimination Act, updated on 06/12/18, was reviewed. The 15-page document, which outlines Policy, Definitions, General Directives, Prevention and Intervention, Training, Offender Education, Screening process for Risk of Victimization or Abusiveness, Offender Reporting procedures, First Responder Duties, Employee and Service Provider Reporting, Retaliation Monitoring, Medical, Mental Health and Victim Services, Investigation Protocols, Reporting to Offenders, Incident Review procedures, Data Collection, Review, Storage, Publication and Destruction and Employee and Offender Sanctions.

DOC 1.1.17 states that the Department's Office of Investigations will maintain records of all criminal investigations of sexual abuse and sexual harassment conducted by that office or as provided by the LEAJ. Each facility will maintain records of all administrative investigations of sexual abuse and sexual harassment at that facility. Records will include information on the outcome of any criminal or disciplinary charges.

Additionally, this policy states that the Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department's website. All personnel identifiers will be removed from this data prior to making it public. The Department maintains sexual abuse data for at least 10 years after the date of initial collection.

The Montana Department of Corrections publishes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, on its public website at <http://cor.mt.gov/Portals/104/Resources/Reports/PREA/PREAAnnualReport2016.pdf>

**Corrective Action:** No corrective action was required for this standard.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)  Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited?  Yes  No

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### Evidence Reviewed (documents interviews, site review)

The Pine Hills Correctional Facility was audited during the previous 08/20/13-08/19/16 audit cycle, on June 13-17, 2016.

This audit was conducted during the current audit cycle, 08/20/16-08/19/19 on September 25-27, 2018.

The Montana Department of Corrections PREA website, <https://cor.mt.gov/PREA/ArchiveDocs> states all 7 institutions under their control, received an audit during the last audit cycle.

During the on-site audit, auditors were able to speak with any staff member or offender, at any time, in a confidential setting. We were also provided any and all documentation requested/required in a timely fashion. Finally, the auditors were able to walk throughout all areas of the institution, under escort, that were requested/required.

During offender interviews, auditors were informed that offenders had access to send confidential mail to the posted auditors address at any time during the pre, on-site and post audits. It should be noted, I did not receive any correspondence from offenders at the Pine Hills Correctional Facility, at this time.

This commitment to PREA related issues, by the Montana Department of Corrections, was reiterated and confirmed during interviews with the Director, Superintendent and Agency PREA Coordinator.

**Corrective Action:** No corrective action was required for this standard.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years preceding this agency audit.  Yes  No  NA
- In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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



**Evidence Reviewed (documents interviews, site review)**

The completed Montana Department of Corrections PREA Audit reports are located and available to be reviewed on the department's website. (<https://cor.mt.gov/PREA/ArchiveDocs>)

The past audit, dated December 20, 2016, which was posted on the agency website, was reviewed prior to this audit.

**Corrective Action:** No corrective action was required 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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

## Auditor Instructions:

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

**Roger Lynn Benton**  
Auditor Signature

**December 21, 2018**  
Date

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

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