# PREA AUDIT: AUDITOR'S SUMMARY REPORT
## JUVENILE FACILITIES

<table>
<thead>
<tr>
<th>Name of Facility: Highfields Inc.</th>
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<tr>
<td>Physical Address: 5123 Old Plank Road, Onandaga, MI 49264</td>
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<tr>
<td>Date report submitted: March 22, 2015</td>
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<tr>
<td>Auditor information: Dorothy Xanos</td>
<td></td>
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<tr>
<td>Address: 914 Gasparilla Dr. NE, St. Petersburg, Florida 33702</td>
<td></td>
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<tr>
<td>Email: <a href="mailto:dxconsultants@gmail.com">dxconsultants@gmail.com</a></td>
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<tr>
<td>Telephone number: (813) 918-1088</td>
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<tr>
<td>Date of facility visit: March 3-4, 2015</td>
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### Facility Information

#### Facility Mailing Address:
(if different from above)

#### Telephone Number: (989) 776-0400

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<tr>
<th>The Facility is:</th>
<th>Military</th>
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<th>Federal</th>
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<td>Private for profit</td>
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<td>√ Private not for profit</td>
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<tr>
<th>Name of PREA</th>
<th>Compliance Manager: Darryl Scott</th>
<th>Title: Manager of Operations</th>
<th>Telephone Number: (517) 628-2287</th>
</tr>
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<tbody>
<tr>
<td>Email Address: <a href="mailto:dscottA@highfields.org">dscottA@highfields.org</a></td>
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### Agency Information

#### Name of Agency: Juvenile Justice Programs

#### Governing Authority or Parent Agency: (if applicable) Michigan Department of Human Services

<table>
<thead>
<tr>
<th>Physical Address: 235 S. Grand Ave. Suite 1315, Lansing, Michigan 48909</th>
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<tr>
<td>Mailing Address: (If different from above)</td>
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<tr>
<td>Telephone Number: (517) 335-3489</td>
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<tr>
<td>Agency Chief Executive Officer</td>
<td></td>
</tr>
<tr>
<td>Name: Maura Corrigan</td>
<td>Title: Director</td>
</tr>
<tr>
<td>Email Address: <a href="mailto:CorriganM@Michigan.gov">CorriganM@Michigan.gov</a></td>
<td>Telephone Number: (517) 335-3489</td>
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### Agency Wide PREA Coordinator

<table>
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<tr>
<th>Name: Patrick Sussex</th>
<th>Title: PREA Juvenile Coordinator</th>
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<tr>
<td>Email Address: <a href="mailto:SussexP@Michigan.gov">SussexP@Michigan.gov</a></td>
<td>Telephone Number: (517) 648-6503</td>
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AUDIT FINDINGS

NARRATIVE:

Highfields Inc. is a 24 bed staff secure male residential treatment facility contracted with the State of Michigan Department of Human Services (DHS). The facility provides services to young men who have been referred directly from the juvenile court system or through DHS Juvenile Justice Assignment Unit. Highfields Inc. operates two (2) specialized programs (the Phoenix Program and the Stabilization Program) within the facility. Residents who participate in the Phoenix Program, their average length of stay is 4-8 months and those who participate in the Stabilization Program, their average length of stay is 14-90 days. Length-of-stay is non-determinant and release from the facility is determined by the Court that has jurisdiction over the resident. Additionally, both programs have successful completion rates of 83% (Phoenix Program) and 100% (Stabilization Program). There were twenty-three (23) residents at the facility at the time of the review. Highfields Inc. is accredited by the Council on Accreditation (COA) and is affiliated with the Michigan Federation for Children and Families.

The facility is staffed with forty (40) full-time and part-time employees including contracted services from a substance abuse counselor and a psychiatrist. The staff consisted of: Director of Residential Services; Manager of Operations; Manager of Clinical Services; Intake Coordinator; two (2) Direct Services Supervisor; Overnight Supervisor; two (2) Family Counselors; twenty-one (21) Residential Counselors; six (6) Overnight Worker; and four (4) staff (Clerical Specialist; Food Service Team Leader; and Food Service Specialist). Medical and dental services are provided off site at Eaton Rapids Medical Center. Emergency services and forensic examinations are conducted at the Sparrow Hospital in Lansing, Michigan. Education services are delivered on site by Special Education instructors of the Ingham County Intermediate School District.

Highfields Inc. has two (2) specialized programs within the facility:

The Phoenix program includes a highly structured, staff rich, cognitive-behavioral treatment regimen. Residents participating in this program learn to improve their thought processes and behavioral responses, and learn to take responsibility for their actions. The focus for residents participating in this program is to improve residents’ thought processes and behavioral responses, teach residents to take responsibility for their actions and to make amends for harm done to others. Services also focus on family treatment to address the issues that contributed to the resident’s delinquency, strengthen familiar relationships, and prepare the resident and family for effective and sustainable re-entry back to the home and community.

Treatment practices are based on four (4) premises: 1) Positive adult attention as a primary need in a child's development; 2) The need for adolescents to develop strong personal values as the result of living in a disciplined environment; 3) Therapeutic adult-child interaction; and, 4) Positive peer relationships. Key treatment programs components include education, assessment, treatment planning, individualized behavioral intervention, work and recreational opportunities, community service, and group therapy.

The Stabilization Program is a short-term intervention program. Residents participating in the program are provided opportunities to change the behaviors that caused them to be unsuccessful at home, in school or in the community, or led to violations of probationary status. The program is designed to provide residents with enough time away from the community to correct behaviors that could otherwise result in probation violations or long term out-of-home placement.

The structure of the program includes staff-directed cognitive behavioral and experiential programming. Therapeutic interventions are provided in concert with educational remediation to refocus residents. Interventions and activities include restorative justice, cognitive behavioral therapy, extensive use of experiential activities, and educational support.
Additional treatment services at Highfields Inc. include a substance abuse treatment group, grief and loss counseling group (through Ele's Place), and individual counseling as necessary. Special activities include weekend home visits, Restorative Justice community projects, participation in the Michigan Alternative Athletic Association (basketball, football) and an Explore Michigan summer program which includes visit to landmarks and universities across the state. Family weekends are held several times a year and include parenting education sessions, family treatment meetings, and recreational activities for the residents and their families.

**DESCRIPTION OF FACILITY CHARACTERISTICS:**

Highfields Inc. is a privately-operated treatment and family service organization in Michigan that has been providing services to families and children since 1962. A pioneer in early-intervention for at-risk youth, Highfields Inc. has responded aggressively to the changing needs of resident and at-risk families. Highfields Inc. community services, educational services, and residential services deliver effective ways to reduce school truancy, defiant behavior, abuse and neglect, delinquency, substance abuse, and domestic violence. The organization's mission is to provide opportunities to children, youth, families, and other individuals to become more responsible for their own lives and to strengthen their relationships with others. Their vision is to create bright futures for children, families, and communities.

The Highfields Inc. residential treatment facility is housed on 144 scenic acres in Onondaga, Michigan. The campus contains four (4) houses for residential living with a capacity of 48 residents; however, the facility is licensed for 36 residents. Currently, three (3) of the four (4) houses are open and within each house there is a staff office, multipurpose room, six (6) double occupancy bedrooms, shower and bathroom area. Also, the campus has a school building, an administrative building that includes a kitchen and dining hall and four (4) visitor cabins. The cabins are located on the property's waterfront on Lake Telford and are used for housing resident families on weekends. The campus also contains a full Adventure Education program with facilitated activities, a low ropes course and a 160 ft. zip line across the lake. The facility uses a video surveillance system to monitor the living areas of the houses occupied by the residents.

The school operates with certified education teachers that provide state accredited educational services for the residents. This allows residents to continue their education while receiving assistance and support with their treatment needs while at the facility. The credits they earn towards graduation can transfer back to their public school if that is part of their individualized treatment plan. The school is equipped with a full service library including technological equipment to enhance student learning. Additional Accommodations are provided for those with IEPs and/or diagnosed Learning Disabilities, resident's originating school district, and parents/guardians in order to ensure continued implementation. Tutoring is arranged if needed.

**SUMMARY OF AUDIT FINDINGS:**

The notification of the on-site audit was posted on January 18, 2015, six weeks prior to the date of the on-site audit. The posting of the notices was verified by photographs received electronically from the DHS PREA Coordinator. The photographs indicated notices were posted in various locations throughout the facility including the housing and administrative areas. The Pre-Audit Questionnaire, policies, procedures, and supporting documentation were received on February 9, 2015. The documents, which were uploaded to a UBS flash drive, contained half of the information. The initial review revealed the need for additional information in regard to the Pre-Audit Questionnaire and supporting documentation which did not sufficiently address all the standards. After a discussion with the DHS PREA Coordinator, and providing a list of noted concerns, the DHS PREA Coordinator advised the documents needed would be provided during the on-site visit. Specific corrective actions during the on-site visit taken to address some of the deficiencies are summarized in this report under the related standards.
The on-site audit was conducted on March 3-4, 2015. An entrance briefing was conducted with the DHS PREA Coordinator, Director of Residential Services and Manager of Operations. During the briefing, it was explained the audit process and a tentative schedule for the two (2) days to include conducting interviews with the staff and residents and reviewing the documentation. A complete guided tour of the entire facility was conducted on the first day including the two (2) houses, kitchen area, administrative area and school building. During the tour, residents were observed to be under constant supervision of the staff while involved in school and other activities. The facility was clean and well maintained except in the shower/bathroom areas. Apparently, there are plans to renovate all shower/bathroom areas in the houses. Notification of the PREA audit was posted in various locations throughout the facility primarily in the houses as well as postings informing residents of the telephone numbers to call against sexual abuse and harassment and to call the victim advocate.

The digital video recording capability located in the houses indicated by Director of Residential Services and Manager of Operations has enhanced their capabilities to assist in monitoring blind spots and the review of incidents. There are no cameras in the resident’s rooms or shower/toileting area so residents are not seen on the surveillance system while showering or toileting, but can be viewed by same sex staff as they supervise the community shower area. During the tour, it was observed the shower/toilet areas in the male housing units did not allow for privacy. This was corrected right away during the on-site visit by placing shower curtains in the shower/toilet areas to provide privacy for the male residents.

During the two (2) day on-site visit, there were a total of twenty-three (23) residents in the facility. There are two (2) houses and four (4) residents were randomly selected from each house for the interview process. A total of eight (8) residents were interviewed on the first day of the audit. Most of the residents seemed to be informed of their right to be free from sexual abuse and harassment and how to report sexual abuse. However, the youth interviews indicated several weak areas. The first area is during the resident’s intake process most residents did not remember being asked the questions on how they identify themselves i.e. gay, bisexual, transgender or if they think they might be in danger of sexual abuse here. The second area is residents remembered the reporting process to a staff but not to any of the outside sources including the hotline, parent/guardian etc. Lastly, residents did not know about the victim advocate. It was decided to re-educate all residents and to provide the documentation of the training within two weeks prior to the submission of the final report.

Sixteen (16) staff including those from all three (3) shifts, administrative and supervisory staff, mental health staff, contracted staff, the Director of Residential Services and Manager of Operations were interviewed. The DHS PREA Coordinator had been interviewed previously at another facility. Overall, the interviews revealed the staff is knowledgeable of PREA standards and were able to articulate their responsibilities. However, the staff interviews also indicated two (2) weak areas one of which was the vocabulary and policy i.e. cross gender, transgender etc. The other area was their knowledge on how staff privately report using outside sources such as the hotline. This was discussed during the exit briefing. It was decided to re-train all staff and to provide the documentation of the training within two weeks prior to the submission of the final report.

At the end of the second day, an exit briefing with a summary of the findings was conducted with the DHS PREA Coordinator, Director of Residential Services and Manager of Operations. It was determined additional documentation would be sent to this auditor within the next two (2) weeks to be in compliance with all the PREA standards.
Number of standards exceeded: 1
Number of standards met: 38
Number of standards not met: 0
Number of standards Not Applicable: 2

**Standard 115.311: Zero tolerance of sexual abuse and sexual harassment.**

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

**Auditor Comments:**

The initial review of State of Michigan, Department of Human Services (DHS) Policy JR5 560 (PREA) and Highfields Inc.’s PREA policy outlines how the facility implements its approach to preventing, detecting and responding to sexual abuse and harassment, includes definitions of prohibited behaviors and sanctions for those found to have participated in prohibited behaviors. Additionally, the policy provided guidelines for implementing the facility’s approach to include the zero tolerance towards reducing and preventing sexual abuse and harassment of residents.

The DHS policy is in compliance with the standard; however, initially Highfields Inc.’s policy required some additional information. The policy was updated to reflect the required information. DHS has a designated juvenile PREA Coordinator who indicated he has sufficient time and authority to develop, implement and oversee compliance efforts of thirty-four (34) private and public facilities. Highfields Inc.’s Manager of Operations is designated as their PREA Compliance Manager who also indicated that he has sufficient time to oversee the facility’s PREA compliance efforts and perform other duties as assigned.

**Standard 115.312: Contract with other entities for the confinement of residents.**

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

**Auditor Comments:**

DHS has entered into/renewed approximately fifty (50) contracted juvenile justice residential programs operating in thirty-four (34) facilities (private and public). Highfields Inc. is a private facility. These contractors are monitored by DHS to ensure compliance with the PREA standards.
**Standard 115.313: Supervision and Monitoring**

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

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy contained information identifying the facility shall comply with staffing requirements and supervisory staff conducting unannounced rounds during all shifts. The staffing plan contained specific staffing ratios of 1:6 during resident waking hours and 1:8 during resident sleeping hours. This exceeds requirements as set forth in Michigan regulations and the requirement of this standard.

During the initial documentation review, the facility’s staffing plan and documentation of the annual review of the staffing plan were found to be in compliance with this standard. Highfields Inc. is a staff secure facility and utilizes constant video and staff monitoring to protect the residents from sexual abuse and harassment. The Director of Residential Services, Manager of Operations, Direct Services Supervisors and Overnight Supervisor conduct and document unannounced rounds on all shifts and in all areas of the facility to monitor and deter staff sexual abuse and harassment.

**Standard 115.315: Limits to cross gender viewing and searches**

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

**Auditor Comments:**

The initial documentation review of Highfields Inc. revealed policy and procedures on pat down searches; and prohibiting the search of a transgender or intersex resident solely for the purpose of determining the resident’s genital status. Additionally, the policy initially did not indicate any information on prohibiting cross-gender visual body cavity searches of residents. This policy limits pat-down searches to same gender staff absent exigent circumstances. There were no cross-gender pat-down searches conducted during the past 12 months. Since the initial review and on-site visit, the policy and procedure has been updated with all the required information of the standard.

Staff training records and staff interviews confirmed received training on pat down searches but staff did not indicate they had received training on cross-gender pat searches and searches of transgender and intersex residents. Staff and resident interviews indicated that female or male staff entering the dorm area do not always announce themselves. Staff and youth interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Since the initial review and on-site visit, staff have been trained cross-gender pat searches and searches of transgender and intersex residents.
Standard 115.316: Residents with disabilities and residents who are limited English proficient

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

Auditor Comments:

The initial documentation review of Highfields Inc.’s policy did not contain all the elements of the standard to ensure residents with disabilities or who are limited English proficient are provided meaningful access to all aspects of the facility’s efforts to prevent, protect and respond to sexual abuse and harassment. Since the initial review and on-site visit, the policy and procedure has been updated to include the facility will not rely on resident interpreters, resident readers or any kind of resident assistants except when a delay in obtaining interpreters services could jeopardize a residents’ safety.

Highfields Inc. utilizes their bi-lingual staff as their resource to provide interpreter services to residents who are limited English proficient on an as needed basis. Staff and resident interviews confirmed the facility does not use resident assistants and there were no instances of resident interpreters or readers being used in the past 12 months. Staff training logs and resident handbook contained information on providing appropriate explanations regarding PREA to residents based upon the individual needs of the youth.

Standard 115.317: Hiring and promotion decisions

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

Auditor Comments:

Highfields Inc.’s HR policy contained most of the elements required by this standard and all background checks are conducted annually on current employees. Staff files and interview with HR representative confirmed staff hired had documented criminal background checks and the questions regarding past conduct were asked and responded to during the hiring process. Additionally, contractors who have contact with residents have documented criminal background checks. Highfields Inc. has extensive background screening requirements; however, the previous misconduct (section a) language located in this standard was missing in their employee application and any other documentation that is used for interviews or written self-evaluations. Since the initial review and on-site visit, an additional form has been included with the employee application containing the previous misconduct (section a) language.
Standard 115.318: Upgrades to facilities and technology

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

Auditor Comments:

Highfields Inc. has not acquired any new facilities and/or technology equipment since August 20, 2012.

Standard 115.321: Evidence protocol and forensic medical examinations

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

Auditor Comments:

Initial review of Highfields Inc.’s PREA policy contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency based upon the victim’s age. Highfields Inc. is using The Firecracker Foundation to provide confidential emotional support to residents who are victims of sexual abuse and forensic exams.

Interview with PREA Compliance Manager indicated that the medical examiners at Sparrow Hospital are SANE certified. Michigan State Police, Ingham County Police and or DHS Child Protective Services (CPS) investigate allegations of sexual abuse and sexual harassment for residents under the age of 18 and they receive reports through their hotline. CPS will contact the appropriate local law agency to co-investigate. Residents 18 years of age are referred to the appropriate law enforcement agency to investigate allegations of sexual abuse and sexual harassment. Staff interviews confirmed limited knowledge on who conducts the sexual abuse investigations.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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

Highfields Inc.'s PREA policy requires staff to refer all allegations of sexual abuse and sexual harassment to the DHS CPS Child Abuse Hotline. DHS Child Protective Services (CPS) will contact the appropriate law enforcement agency and co-investigate the allegations. There were no allegations of sexual abuse or sexual harassment in the past 12 months. Interviews with the Director of Residential Services and other staff verified their knowledge of the policy's requirements.

**Standard 115.331: Employee training**

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.'s PREA policy, the training curriculum, staff training records and staff interviews revealed staff receives PREA training during initial training and annually during refresher training. All topics covered during PREA training are consistent with this standard’s requirements and is tailored to the facility’s male resident population except for one (1) topic – Relevant laws regarding the applicable age of consent was missing. Since the initial review and on-site visit, the policy and procedure has been updated with all the required information of the standard. All employees are trained as new hires regardless of their previous experience. Employees training records are maintained with their personnel records and comprehension of PREA training was verified during staff interviews.

**Standard 115.332: Volunteer and contractor training**

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.'s PREA policy requires volunteers and contractors who have contact with residents to receive PREA training. The policy requires the appropriate supervisor to provide training to the volunteer/contractor and the training is documented. Volunteers and contractors sign documentation acknowledging that they understand the training they received. Interviews with two (2) contracted teachers confirmed their knowledge of the PREA training.

**Standard 115.333: Resident Education**

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy requires residents to receive training information regarding safety, their rights and how to report sexual abuse and harassment within 10 days upon arrival. However, the Intake Coordinator provides the residents with this information immediately upon arrival during their initial intake and orientation process. Residents are provided a handout entitled “Highfields PREVENTING SEXUAL ASSAULT Youth Orientation Packet” which includes information on prevention/intervention, self-protection, reporting and treatment/counseling.

During the initial intake, the Intake Coordinator reviews this information verbally with the resident and a hard copy is provided to them for future reference. After the review with the resident he is asked to sign a written acknowledgment form for the sexual assault/rape portion of the orientation verifying receipt of the information. Documentation of resident’s signatures were reviewed and confirmed during resident interviews. All residents interviewed stated they received this information the same day they arrived at the facility and periodically thereafter. Staff presents PREA information in a manner that is accessible to all residents.

Standard 115.334: Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

Highfields Inc. does not conduct administrative or criminal investigations; however, documentation was reviewed indicating that PREA requirements for specialized training for investigators who investigate allegations of sexual abuse and sexual harassment in confinement are provided by DHS Child Protective Services (CPS). The Manager of Operations has completed the investigator training and conducts internal investigations at the facility.

Standard 115.335: Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc. PREA policy requires PREA training and specialized training for medical and mental health staff. Initial review of training documentation revealed mental health staff received the basic PREA training provided to all...
staff. Interview with the Manager of Clinical Services indicated he had not completed the
specialized training regarding sexual abuse and sexual harassment. Since the initial and onsite
review, all documentation was received on mental health staff completing the specialized
PREA training. The facility does not have medical staff. Medical and dental services are
provided off site at Eaton Rapids Medical Center.

**Standard 115.341: Screening for risk of victimization and abusiveness**

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

**Auditor Comments:**

Highfields Inc.’s PREA policy requires prior to placement, a referred resident’s behavior history
is reviewed by the intake staff and the Director of Residential Services. Prior to intake and as part
of the screening process each resident is screened for risk of victimization with the “Sexually
Aggressive/Vulnerable Youth Assessment”. All residents are screened within twenty-four hours
upon arrival at the facility. Those residents who score vulnerable to victim or sexually
aggressive are included into the alert system (High Alert Status), as well as receiving further
assessments, as identified. The program requires staff to reassess residents quarterly throughout
their stay at the facility. Highfields Inc. policies limits staff access to this information on a “need
to know basis”. Resident interviews and the documentation revealed that risk screenings are
being conducted. Staff interviews confirmed a screening is completed on each resident upon
admission at the program.

**Standard 115. 342: Use of screening information**

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

**Auditor Comments:**

Highfields Inc.’s PREA policy precludes gay, bi-sexual, transgender and intersex residents
being placed in a particular house. Staff interviews also verified compliance with this
standard. The facility’s Intake Coordinator utilizes various forms and any other pertinent
information during the resident’s admission process to determine a resident’s appropriate
placement, housing and High Alert Status assignment to ensure resident’s safety and security.
These forms are Sexually Aggressive/Vulnerable Youth Assessment form; Student Initial
Intake Processing and Emotional Assessment; MJJA Residential Assessment; Strength and
Needs Assessment; initial health assessment and mental health screening form. The facility
does not utilize isolation for residents. Currently, three (3) of the four (4) houses are open
and within each house there are six (6) double occupancy bedrooms.
Standard 115.351: Resident Reporting

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy provides multiple internal ways for residents to report sexual abuse and harassment including advising an administrator, a staff member, a telephone line, and placing a written complaint in the grievance box. While touring the entire facility it was observed in the dining and housing areas PREA materials including posters. Upon inquiring about how residents are able to call the hotline or victims advocate, resident interviews explained that they have to seek permission from staff to call the hotline or the victims advocate. However, the staff provides a telephone line located in an office that allows the youth to report privately. Some resident and staff interviews along with the resident’s handbook and posted signs verified compliance with this standard. Documentation on both resident and staff training on this standard specifically on the access to telephone and hotline number was received prior to the submission of this report.

Standard 115.352: Exhaustion of administrative remedies

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

Auditor Comments:

Highfields Inc. Grievance policy has administrative procedures for dealing with resident’s grievances regarding sexual abuse or harassment. Residents may place a written complaint in the grievance box located in three (3) locations (dining area, school and the Jean Schultz Center) throughout the facility’s campus. There have been no grievances relating to sexual abuse or sexual harassment received in the past 12 months. Staff and resident interviews confirmed their knowledge of how to use the grievance box to report sexual abuse or sexual harassment.

Standard 115.353: Resident access to outside confidential support services

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy ensures that residents are
provided access to outside confidential support services. There is documentation of the Manager of Operations efforts to obtain a victim advocate with the Michigan State University Sexual Assault Program but they had limitations with their funding source and cannot provide services to residents in juvenile justice programs. However, he has continued his efforts to obtain an agreement with The Firecracker Foundation to provide confidential emotional support to residents who are victims of sexual abuse. Resident interviews revealed they are not knowledgeable of how to access this service. Since the onsite visit, this has been corrected and documentation was provided that all residents have been re-educated on the victim advocate information prior to the submission of this report.

**Standard 115.354: Third-party reporting**

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

**Auditor Comments:**

DHS’s website provides the public with information regarding third-party reporting of sexual abuse or sexual harassment on behalf of a resident. Additionally, parents/guardians receive information regarding third-party reporting. Most resident interviews revealed their awareness of reporting sexual abuse or harassment to others outside of the facility.

**Standard 115.361: Staff and agency reporting duties**

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

**Auditor Comments:**

All facility staff are mandated reporters as required by DHS and Highfields Inc. policies to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random staff interviews confirmed the program’s compliance with this standard. Interviews with the Manager of Clinical Services confirmed his responsibility to inform residents under 18 years old of their duty to report and limitations of confidentiality.

**Standard 115.362: Agency protection duties**

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

DHS and Highfields Inc. policies require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. There were no residents determined to be subject to substantial risk of imminent sexual abuse in the past 12 months. Interviews with the Director of Residential Services and other random staff verified compliance with this standard.

**Standard 115.363: Reporting to other confinement facilities**

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

Auditor Comments:

Highfields Inc.’s policy requires the Director to notify the Director of the other facility within 72 hours upon receiving an allegation that a resident was sexually abused while confined at another facility. Highfields Inc. has received no allegations that a resident was abused while neither confined at another facility nor were there any allegations received from another facility during the past 12 months.

**Standard 115.364: Staff first responder duties**

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

Auditor Comments:

Highfields Inc.’s PREA policy requires staff to take specific steps to respond to a report of sexual abuse including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; request that the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence, if the abuse took place within a time period that still allows for the collection of physical evidence.

All the staff at the facility carry a laminated “first responder card” and have PREA folders located in their mailboxes. There were no allegations of sexual abuse during the past 12 months. Random staff and first responder interviews validated their technical knowledge of actions to be taken upon learning that a resident was sexually abused.

**Standard 115.365: Coordinated response**

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

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

Highfields Inc. has a written facility plan to coordinate actions taken in response to an incident of sexual assault among staff first responders, medical, mental health, facility leadership and corporate staff. Interviews with the Director of Residential Services, Manager of Operations and other staff validated their technical knowledgeable of their duties in response to a sexual assault.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

☒ Not Applicable Standard

Auditor Comments:

This facility does not maintain collective bargaining agreements therefore this standard is not applicable.

Standard 115.367: Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

Highfields Inc.’s PREA policy requires the protection and monitoring of residents and staff who have reported sexual abuse and sexual harassment or who have cooperated in a sexual abuse or harassment investigation. The monitoring will take place for a period of 90 days or longer, as needed. The Manager of Operations is responsible with monitoring for possible retaliation. There were no incidents of retaliation in the past 12 months.

Standard 115.368: Post allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)
Auditor Comments:

Highfields Inc.’s policy provides guidelines for moving a resident to another house as a last measure to keep residents who alleged sexual abuse safe and then only until an alternative means for keeping the resident safe can be arranged. The facility does not have isolation rooms. No residents have alleged sexual abuse in the past 12 months.

Standard 115.371: Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy requires staff to report allegations of sexual abuse to the hotline. DHS Child Protective Services (depending on the age of the resident) will co-investigate with the Ingham County Sheriff’s Department of any allegations of sexual abuse or inappropriate sexual behavior. There have been no reported investigations of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months.

Standard 115.372 Evidentiary standards for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

DHS Policy JR5 560 (PREA) policy states a standard of preponderance of evidence or lower standards of proof is used for determining if allegations are substantiated.

Standard 115.373: Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy contains the process for notifying residents whether the allegation proves substantiated, unsubstantiated or unfounded following an investigation. There were no criminal or administrative investigations during the past 12 months. The Director of Residential Services, Manager of Operations and the
DHS PREA Coordinator validated their technical knowledge of the reporting process during their interviews.

**Standard 115.376: Disciplinary sanctions for staff**

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

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & Highfields Inc.’s HR policy and employee handbook requires staff disciplinary sanctions up to and including termination for violating facility’s sexual abuse or harassment policies. The policies also mandate that the violation be reported to law enforcement. There have been no employees terminated or disciplined in the past 12 months for violation of the facility’s sexual abuse or harassment policies.

**Standard 115.377: Corrective action for contractors and volunteers**

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

**Auditor Comments:**

Highfields Inc.’s HR policy and employee handbook requires that volunteers and contractors in violation of the facility’s policies and procedures regarding sexual abuse and harassment of residents will be reported to local law enforcement unless the activity was clearly not criminal and to relevant licensing bodies. Additionally, the policies requires the facility staff to take remedial measures and prohibit future contact with residents in the case of any violation of the facility’s sexual abuse and harassment policies by contractors or volunteers. This was verified during interviews with the Director of Residential Services and Human Resource Specialist. There have been no volunteers or contractors reported in the past 12 months.

**Standard 115.378: Disciplinary sanctions for residents**

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

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy mandates that any resident found in violation of the facility’s zero tolerance policy against sexual abuse, assault, conduct or harassment will be offered therapy counseling or other interventions designed to address
and correct the underlining reasons for their conduct. There were no administrative or criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months.

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

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

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & Highfields Inc.'s PREA policy indicates that residents who disclose a history of sexual abuse or who disclose previously perpetrating sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the medical and mental health screening. There were no residents who disclosed prior victimization during their initial screening process. During the interview with the Manager of Clinical Services, he confirmed that although there were no disclosures, all residents were offered follow-up meetings with medical and mental health providers.

**Standard 115.382: Access to emergency medical and mental health services**

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

**Auditor Comments:**

DHS Policy JR5 560 (PREA) & Highfields Inc.'s PREA policy requires timely and unimpeded access to emergency medical treatment and crisis intervention services for victims of sexual abuse. There have been no investigations of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months.

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

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

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policies require the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to the Sparrow Hospital where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months.

Standard 115.386: Sexual abuse incident reviews

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy requires a Sexual Abuse Incident Review of every sexual abuse allegation within 30 days of the conclusion of the investigation. There have been no investigations of alleged resident’s inappropriate sexual behavior that occurred in this facility in the past 12 months. Staff interviews confirmed they would document their review on their Sexual Abuse Allegation/Incident Review form that captures all aspects of an incident, if such an event should take place.

Standard 115.387: Data collection

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

Auditor Comments:

DHS Policy JR5 560 (PREA) & Highfields Inc.’s PREA policy requires the collection of accurate, uniform data for every allegation of sexual assault. The DHS Juvenile PREA Coordinator collects all data relating to PREA. DHS has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the annual report revealed it was completed according to this standard.

Standard 115.388: Data review for corrective action

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

There have been no investigations of alleged resident’s sexual abuse or inappropriate sexual behavior that occurred in this facility in the past 12 months. DHS Policy JR5 560 (PREA) requires the review of data for corrective action to improve the effectiveness of its prevention, protection and response policies, practices and training.

Standard 115.389: Data storage, publication and destruction

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

Auditor Comments:

DHS Policy JR5 560 (PREA) requires that data is collected and securely retained for 10 years. The aggregated sexual abuse data was reviewed and all personal identifiers are removed.

AUDITOR CERTIFICATION:

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

Auditor Signature

March 19, 2015