

PREA AUDIT: AUDITOR'S FINAL REPORT

Juvenile Facilities



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:
Bernalillo County
Juvenile Services
Center

Physical address:
5100 2nd Street NW,
Albuquerque, New
Mexico 87107

**Date report
submitted:** April 22,
2015

Auditor Information Jeff Rogers

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Jeannette Ave,
Frankfort, Kentucky
40601

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**Telephone
number:** 502-320-
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Date of facility visit:
April 14-15, 2015

Facility Information

**Facility mailing
address:** 5100 2nd
Street NW,
Albuquerque, New
Mexico 87107

Telephone number:
505-468-7603

The facility is:	<input type="checkbox"/> Military	xx <input checked="" type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		

Facility Type: xx Juvenile

Name of PREA Compliance Manager: Jason Ellis	Title: PREA Coordinator
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Email address: jasonelis@bernco.gov	Telephone number: 505- 468-7603
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Agency Information		
Name of agency:		
Governing authority or parent agency: County Of Bernalillo		
Physical address: 5100 2 nd Street NW, Albuquerque, New Mexico 87107		
Mailing address: Same as above		
Telephone number: 505-468-7603		
Agency Chief Executive Officer		
Name: Craig Sparks	Title: Director	
Email address: csparks@bernco.gov	Telephone number: 505-468-7122	
Agency-Wide PREA Coordinator		
Name: Gerri Bachicha	Title: PREA Program Manager	
Email address: 5100 2 nd Street NW, Albuquerque, New Mexico 87107	Telephone number: 505-468-7603	

AUDIT FINDINGS

NARRATIVE: The PREA audit of the Bernalillo County Youth Services Center in Albuquerque, New Mexico had its on-site visit on April 14-15, 2015. Prior to this visit the auditor reviewed a thumb drive sent to the auditor in advance of the audit containing the policies, procedures, protocols and documentation related to compliance of standards. As a result of this review there was some standards needing attention and this occurred prior to the on-site visit. The PREA Coordinator corrected the issues noted prior to the audit occurring.

Upon arrival at the facility the auditor met with the management team of the facility explaining the purpose and scope of the audit process. After this meeting a tour of the facility was conducted. Upon completion of the tour the auditor met with the PREA Coordinator and went over staff and resident rosters and the auditor randomly selected staff and residents that needed to be interviewed. A total of ten residents (10) were interviewed, eight (8) randomly and two who had disclosed prior

sexual victimization. A total of 21 staff interviews occurred, with ten of those being chosen randomly to answer the random staff interview questionnaire. Interviews with staff occurred in a multipurpose room while residents were interviewed in the Echo Housing Unit. Upon completion of the interviews, the auditor met with the training specialists to review random training records and then met with a representative from Personnel and reviewed personnel records looking for various background checks to include criminal, driving, and any abuse charges through the Sex Abuse Registry. The Director also certified in writing that all PREA training of staff had been completed. After these checks had been performed, the auditor conducted an exit meeting with the management team and discussed the findings of the audit with them. There were no non-compliant findings during this audit, thus only a final report would be necessary.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Bernalillo County Youth Services Center (BCYSC) is a secure juvenile detention facility located in Albuquerque, New Mexico. The 94 bed facility serves male and female detainees ages 11-18 years from Bernalillo and several surrounding counties in central and western New Mexico. The BCYSC has six units, 4 units with 12 beds and 2 units with 15 beds. At the time of this audit one of the 15 bed units was not in use. The original facility has undergone extensive renovation since opening in 1962. Additional housing units were opened in 1994 and 1996 increasing the capacity to 94. More extensive renovations since 2002 have resulted in the expansion of the healthcare, intake and master control areas. Outdoor recreational areas have also been enhanced with the addition of the Ropes & Initiative Course and walking track. In addition to its housing units, the facility has an indoor gymnasium, school, medical unit, cafeteria and kitchen, and a small maintenance unit with two staff. Bernalillo County has a maintenance area in the same building but separate from the Detention Center's maintenance shop. There are 13 employees that work throughout the county's infrastructure to complete maintenance requests for the north side of the county. These employees are county employees and are not part of the Detention Center's budget. However, these staff can and do fulfill maintenance requests that the Detention Center's two maintenance employees cannot repair themselves. The Detention Center is attached to the County's Juvenile Court Division Building that also houses state probation officers. There is a separate entrance for the detention center. There is also a sally port gate where law enforcement bring juvenile offenders for intake purposes.

The Bernalillo County Youth Service Center has received wide acclaim for being named by the Annie E. Casey Foundation as a national model site for Juvenile Detention and Systems Reform. The Juvenile Detention Alternative Initiative (JDAI) is comprised of four integral components. The Community Custody program, the Youth Reporting Center and the Girls' Reporting Center offer juveniles the opportunity to remain at home or in the community while awaiting court appearances. The Special Master that oversees detention hearings makes the determination of eligibility to be supervised by these programs or remain in secure detention. The fourth component, the Children's Community Mental Health Clinic (CCMHC), is a licensed mental health clinic serving children, adolescents and their families. The clinic accepts referrals from the community for youth and their families involved with the juvenile justice system. CCMHC provides a continuum of services including child and adolescent psychiatric evaluations, medication management, comprehensive psychological evaluations, assessments of mental health needs, counseling, case management, case care coordination and crisis intervention.

It is the mission of the Bernalillo County Youth Services Center to protect the community from those youth placed in custody in a safe, secure, and humane environment in accordance with the principles of direct supervision and Standards of the American Correctional Association. BCYSC is committed to creating and maintaining alternatives to detention through community supervision programs that promote education, healthy lifestyles, and positive choices for youth and their families.

The Bernalillo County Youth Services Center has a capacity of 94 residents aged 11-18. The actual population during the audit was 36 and the average daily population is approximately 44. There are 144 staff positions at the facility.

Number of standards exceeded: **3**

Number of standards met: **37**

Number of standards not met: **0**

Not Applicable: **1**

§115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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

The following information was utilized to confirm compliance with this standard:

Policy 3.18 titled PREA and the facilities organizational chart. These two documents and the organization chart indicate who is the PREA Coordinator and Compliance Manager and the policies provide guidance for the agency's Zero Tolerance Policy.

§115.312 - Contracting with other entities for the confinement of residents

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

Xx NOT APPLICABLE

The following information was utilized to verify compliance with this standard:

The Bernalillo County Youth Service Center does not contract for additional beds thus this standard would not be applicable.

§115.313 – Supervision and Monitoring

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

The following information was utilized to verify compliance of this standard:

Policy 3.20.7 titled Sexual Misconduct and the unannounced round logs were examined and met the requirements of the standard. Interview with the Assistant Director confirmed the

rounds are conducted and documented. All relevant factors are considered when developing the staffing plans including video surveillance. Additional security mirrors have also been installed to monitor blind spots better. There are two and sometime three staff members working in each unit on each shift.

§115.14 –Reserved

§115.315 – Limits to Cross-Gender Viewing and Searches

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

The following information was utilized to verify compliance with the standard:

Policy 3.6 title Contraband Control; Searches

Training Records

Training Curriculum

Interviews with staff and residents indicate that no cross gender pat down searches are conducted. Staff also confirmed that they are aware of the policy prohibiting the use of pat down searches for the purpose of determining the resident's genital status. Residents also confirmed that staff members of the opposite gender announce their presence when entering a living unit of the opposite sex from them (staff). Residents also confirmed that no member of the opposite sex (from the resident) views them as they shower, or use the toilet or change clothes.

§115.316 – Residents with Disabilities and Residents who are Limited English Proficient

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

The following information was utilized to verify compliance with this standard:

Policy 3.20 titled Sexual Misconduct

Interviews with residents and staff confirmed that residents do not provide assistance to other residents with interpretive services. Staff members confirmed that outside professional interpreters would be utilized if needed. There is at least one staff member who can translate and speak Spanish. The agency also has several Certified Special Education teachers who can assist with residents who are intellectually deficient and mental health staff can assist with those with mental health issues.

§115.317 – Hiring and Promotion Decisions

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA section M page 11

The agency conducts criminal background checks as well as checks with the sex abuse registry. In addition driving records are also reviewed prior to hiring or promoting a staff member. The agency's policy includes the language contained in this standard. A review of a sampling of staff personnel records indicated all checks are conducted and placed in the personnel record. Prior to this standard the agency conducted these background checks because of promotions but will now begin checking every five years (it's been added to policy).

§115.318 – Upgrades to Facilities and Technology

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

The following information was utilized to verify compliance with this standard:

There has been no additional upgrades to the facility in recent years. Additional cameras have been added in recent times and there is a total of 80 cameras in use at this time. These are digital recording devices and images can be saved for at least 30 days or longer. Staff indicated the desire to have cameras that can record sounds as well as provide film.

§115.321 – Evidence Protocol and Forensic Medical Examinations

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

The following information was utilized for verifying compliance with this standard:

Policy 3.18 titled PREA section E page 5 and #6 page 3

The facility has an arrangement with the University of New Mexico Hospital to provide forensic examinations as well as any therapy or counseling or other mental health or medical services needed to assist the residents if a sexual assault does take place. There is no cost to the resident. The facility staff (10) have been trained to conduct investigations according to the requirements of this standard. It should also be noted that the facility has qualified mental health staff to assist residents during any crises they might experience.

§115.322 – Policies to Ensure Referrals of Allegations for Investigations

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

The following information was utilized for verifying compliance with this standard:

Policy 3.18 titled PREA pages 3, 6, and 8.

If a PREA incident occurs the report is sent up the chain of command. The PREA Coordinator will begin his investigation immediately upon learning of the incident. If during the course of the investigation it is determined to be criminal in nature the Bernalillo County Sheriff's Office is contacted to investigate the incident. Communication between the Sheriff and the facility Director occurs as the investigation proceeds.

§115.331 – Employee Training

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

The following information was utilized for verifying compliance with this standard:

Training records and curriculum were examined during the pre-audit policy review. On-site, additional training records were examined. The facility Director also verified in writing that all staff had been trained in PREA. Interviews with staff confirmed that they had been trained and knew what to do in the event of a PREA incident.

§115.332– Volunteer and Contractor Training

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

The following information was utilized to verify compliance with this standard:

Training records were reviewed on-site. Each volunteer/contractor has been trained in PREA and a signed acknowledgement form is included in the volunteer's file. According to the training coordinator and the pre-audit questionnaire there are 148 volunteers/contractors at this facility. The volunteer/contractor handbook also contains information about PREA.

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115.333-Resident Education

- xx 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)

The following information was utilized to verify compliance with this standard:

Policy 3.20 titled Sexual Misconduct page 5.

The PREA information is given to the residents in several different ways including the resident handbook, a PREA Education video, at intake, signs posted on walls throughout the living units and elsewhere in the facility, and according to residents, the staff are always talking to them (the residents) about PREA. Residents are very aware of PREA. One resident interviewed even offered advice on a security mirror placement. And what was more interesting about this was that at about the same time he told me this, maintenance staff came into the living unit and hung the mirror just where he told the auditor where it should be placed.

§115.334 – Specialized Training: Investigations

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

The following information was utilized to verify compliance with this standard:

Policy 1.4 Training and Staff Development page 6.

Training certificates for all investigators were reviewed. According to interviews all of the components of the standard were covered in this training.

§115.335 – Specialized training: Medical and mental health care

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

The following information is utilized to verify compliance with this standard:

Policy 1.4 titled Training and Staff Development page 7.

There were certificates indicating that medical and mental health staff have received the appropriate training. Interviews with medical and mental health staff verified their knowledge of the PREA requirements for medical and mental health staff, as well as PREA knowledge in general as required in (115.331).

§115.341 – Screening for Risk of Victimization and Abusiveness

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

The following information was utilized to verify compliance with this standard:

Policy 3.20 titled Sexual Misconduct pages 5-6.

Information is gathered during intake and a MAYSI is processed for each resident coming into the facility regardless of whether the resident had been there before. If the initial screening indicates the need for further mental health or medical screening the appropriate staff does further screening to learn if the resident needs follow up services. The information on the risk assessments is confidential with only those staff needing to know being in the loop.

§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)

The following information was utilized to verify compliance with this standard:

Policy 3.20 titled Sexual Misconduct page 5-7

Policy 3.10 titled Juvenile Discipline page 14 and 16

Policy 3.17 titled LGBTI and Questioning Youth pages 5-6

Policy 3.19 titled Room Confinement page 2

Facility staff make informed decisions on bed and program placement. There is no special housing utilized, nor is room confinement used. If a resident is at risk, the staff develop a safety plan for that resident's safety. This can include one-on-one staffing throughout the day and night. There has not been any resident report to being gay, transgendered, bisexual, lesbian or intersex. Should this occur the facility has in place appropriate safeguards to ensure their safety. According to staff and policy, any resident may shower alone if requested. Currently for time sake, residents are showered two at a time, although discussions are in place to have all showers taken by one resident at a time. Staff do a very thorough assessment in order to keep residents safe and in the appropriate housing units and bed assignments.

§115.343 – Reserved

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)

§115.351 – Resident Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.12 titled Grievance Procedure pages 3-6

The facility has posted in each housing unit signage in both English and Spanish about how to report sexual abuse or harassment. There are also posted telephone numbers to call if a resident wishes to report an incident to a sexual abuse hotline. In the resident handbook are the grievance procedures and hot line abuse numbers and addresses of available service providers should the resident need to contact anyone outside the facility including parents and other third parties. Each resident interview conducted indicated each and every resident interviewed was very knowledgeable of how to report any allegation.

§115.352 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.12 titled Grievances pages 7-9

Policy 3.20 titled Sexual Misconduct pages 7

The facility has the appropriate policies and procedures to meet the time frames imposed by this standard including the lack of a time limit on filing a grievance involving a sexual abuse allegation. The agency policy also allows third party reporting including staff members, residents, parents, attorneys and outside advocates. If an emergency grievance is filed alleging sexual abuse, immediate action is taken by facility staff to protect the victim and ensuring that the alleged perpetrator is kept away from the victim.

§115.353 – Resident Access to Outside Confidential Support Services

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

The following information was utilized to verify compliance with this standard:

Policy 6.5 titled Visitation, Mail, and Telephone Privileges pages 13-14.

The agreement between the Facility and the University of New Mexico Hospital.

Residents indicated knowledge of the services available to them if needed. The agreement with the UNMH provides for all services related to sexual abuse including SANE/SAFE nurses, counseling and therapy even after release from the Detention Center. The residents also indicated they knew of telephone numbers and addresses of these service providers.

§115.354 – Third-Party Reporting

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

The following information was utilized for verifying compliance with this standard:

The facility has in place a method of third party reporting including notifying resident parents know how to file a grievance on behalf of their child through an introductory letter to the parents about their child's care while at the Center.

§115.361 – Staff and Agency Reporting Duties

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 3

Resident Handbook

Interviews with staff revealed that staff are very knowledgeable about filing reports and to whom they go to. This includes all level of staff including mental health and medical personnel. The facility policy specifies that every child abuse allegation be reported to the New Mexico Department of Children, Youth and Families who is responsible for accepting and processing these allegations. The policy also contains the time references established by this standard. Facility investigators are notified immediately upon learning of an incident through the proper chain of command.

§115.362 – Agency Protection Duties

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

The following information was utilized to verify compliance with this standard:

The agency/facility has in place a protocol that details who to contact about reporting any type of abuse including sexual abuse. While the facility has not had any substantiated sexual abuse the facility staff have dealt with other types of abuse involving a resident housed at the facility. In those cases staff responded immediately to the situation. In random staff interviews staff responded accordingly when asked about what to do in cases of imminent risk of danger to a resident. The staff knew the protocol well.

§115.363 – Reporting to Other Confinement Facilities

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 6.

Facility policy outlines the procedures for notifying another facility in the event a resident reports sexual abuse at another facility. The Director would contact the head of the facility where the abuse is alleged to have occurred. This would be done immediately. Any such occurrence would be documented.

§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)

The following information was utilized for verifying compliance with this standard:

Policy 3.18 titled PREA pages 3-4.

Interviews with staff indicated that they have been trained to respond and what to do as a first responder. The policy outlines what first responders are required to do and staff are trained in this protocol.

§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)

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA pages 4-5

The policy listed above outlines how coordinated responses occur. Reporting of allegations of abuse is contained in this policy outlining each staff member's role in responding to an allegation.

§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)

The following information was utilized to verify compliance with this standard:

Union contracts with the AFSCME Council 18, Local 1536 and Local 1461.

The contracts do not limit the facility in regards to removing a staff from contact with resident(s) because of an allegation of sexual abuse or harassment.

§115.367 – Agency protection against retaliation

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

The following information was utilized to verify compliance with this standard:

Policy 3.12 titled Grievance Procedure page 10.

The assistant facility director has also issued a reminder to employees that denying or intimidating a resident into not filing a grievance was a violation of state and federal law. The assistant facility director also monitors for signs of intimidation/retaliation among staff and residents.

§115.368 – Post-Allegation Protective Custody

- xx 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)

The following information was utilized to verify compliance with this standard:

Policy 3.19 titled Room Confinement page 2.

Policy 3.10 titled Juvenile Discipline page 14.

The facility does not use room confinement for potential residents at risk of sexual victimization. Rather than room confinement the facility utilizes a special management plan that includes enhanced services from Center staff. The most often used method of providing protective custody is one-on-one supervision of a resident on all three shifts and would also include showering alone.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 6-8.

The facility policy outlines how this process works. When an allegation is reported the PREA Coordinator (also an investigator) will assign the case to an investigator or he will begin an investigation himself. Each facility investigator has been trained specifically on the PREA required protocol. If an outside investigative unit is called in to conduct an investigation communications is maintained between that unit and the facility Director. Written reports are written and maintained by facility investigators and shared with appropriate outside investigative units. Departure of resident or staff from the facility does not end any active investigation.

§115.372 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 7.

The policy indicates that preponderance of the evidence is the standard used in determining outcomes.

§115.373 – Reporting to Residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 8-9.

The policy outlines how the facility complies with this standard. Reporting to residents in regards to a report of sexual assault or harassment is required of the director or his designee.

§115.376 – Disciplinary sanctions for staff

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 10.

At the time of this report there was one case pending before the courts for a sexual assault of a resident by a staff member. The facility policy outlines the available sanctions for any sexual misconduct committed by a staff member toward a resident or another staff member.

§115.377 – Corrective action for contractors and volunteers

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 10.

This policy outlines how a volunteer or contractor will be sanctioned if an occurrence of sexual misconduct occurs. No volunteer or contractor has been sanctioned.

§115.378 – Disciplinary sanctions for residents

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

The following information was utilized to verify compliance with this standard:

Policy 3.10 titled Juvenile Discipline pages 7, 8, 10, and 14.

This policy outlines how a resident is disciplined for sexual misconduct between residents and/or staff. There has been two allegations of resident-on-resident sexual activity. Both allegations were unfounded.

§115.381 – Medical and mental health screenings; history of sexual abuse

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 6.

Policy 6.2 titled Social Services page 1.

The facility requires that if a youth informs the intake staff of prior victimization or being a perpetrator they are offered a follow-up meeting with medical or mental health staff within 14 days. However staff interviews revealed this follow up meeting occurs as soon as the mental health or medical staff is alerted to the situation and that follow-up meetings with specialized staff occurs immediately. Informed consent is offered to all residents regardless of age however, if over 18 the resident must sign the informed consent form.

§115.382 – Access to emergency medical and mental health services

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 6.

The agency has an agreement with the University of New Mexico Hospital to provide all types of emergency services including forensic exams and to provide mental health counseling as needed. Staff interviews revealed that staff members in medical and mental health are aware of the requirement to offer pregnancy related services and sexually transmitted infections prophylaxis. And that these services are provided at no cost to the resident.

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

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 6

The facility provides residents services through its agreement with the University of New Mexico Hospital on an ongoing basis. Mental Health staff at the Center also provide ongoing services to resident victims or perpetrators. These services are provided at no cost to the resident victim or perpetrator. The level of care offered at the facility is consistent with the community level of care.

§115.386 – Sexual abuse incident reviews

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 9-10.

The facility utilizes a team of professional staff to review any and all allegations of sexual misconduct within 30 days of the closure of the investigation. The team consists of the Director and selected staff including the PREA Coordinator (also an investigator), Assistant Facility Director, and other staff members as may be appropriate depending on the case at hand. All factors identified in the standard as being a part of the incident are a part of the review that is completed. Action is taken when necessary if a review reveals a problematic issue.

§115.387 – Data Collection

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

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 12-13.

The facility collects information on every allegation involving sexual abuse or harassment each year and aggregates this information into a useful report that can serve as a catalyst of change if noted by the data. The facility participates in the DOJ Survey of Sexual Violence annually. This information is placed on the agency's website.

§115.388 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

2013 Annual Report is the latest report available. The agency has not received its information from the DOJ on its latest Survey submitted so there is not a 2014 report available yet. The existing report includes data collected throughout the year and compares this information with that of the year prior. This report is published on the agency's website at www.bernco.gov/youth-services-center

§§115.389 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The following information was utilized to verify compliance with this standard:

Policy 3.18 titled PREA page 10 and 12.

Policy 1.6 titled Management Information Services page 5-6.

State of New Mexico Retention Schedule page 1-23.

The Bernalillo County Youth Services Center publishes an annual report of its data collection activities. There are no personal identifiers used and the Center utilizes the state record retention schedule when destroying any data.

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

Jeff Rogers

April 21, 2015

Auditor Signature

Date