

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 6/19/2017

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| Auditor Information | | | |
| Auditor name: Garry Russell | | | |
| Address: PO Box 4102, Salem. OR 97302 | | | |
| Email: garry.russell@q.com | | | |
| Telephone number: 503-559-3564 | | | |
| Date of facility visit: February 23-24, 2017 | | | |
| Facility Information | | | |
| Facility name: Multnomah County Inverness Jail | | | |
| Facility physical address: 11540 NE Inverness Drive, Portland, OR 97220 | | | |
| Facility mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Facility telephone number: 503-988-4043 | | | |
| The facility is: | <input type="checkbox"/> Federal | <input type="checkbox"/> State | <input checked="" type="checkbox"/> County |
| | <input type="checkbox"/> Military | <input type="checkbox"/> Municipal | <input type="checkbox"/> Private for profit |
| | <input type="checkbox"/> Private not for profit | | |
| Facility type: | <input type="checkbox"/> Prison | <input checked="" type="checkbox"/> Jail | |
| Name of facility's Chief Executive Officer: Jose Martinez | | | |
| Number of staff assigned to the facility in the last 12 months: 642 | | | |
| Designed facility capacity: 1037 | | | |
| Current population of facility: 756 | | | |
| Facility security levels/inmate custody levels: Medium | | | |
| Age range of the population: 18-86 | | | |
| Name of PREA Compliance Manager: Charlotte Hasson | | Title: Operations Sergeant | |
| Email address: charlotte.hasson@mcsos.us | | Telephone number: 503-988-4847 | |
| Agency Information | | | |
| Name of agency: Multnomah County Sheriff's Office | | | |
| Governing authority or parent agency: <i>(if applicable)</i> Multnomah County | | | |
| Physical address: 501 SE Hawthorne Blvd. Suite 350, Portland, OR 97214 | | | |
| Mailing address: <i>(if different from above)</i> Click here to enter text. | | | |
| Telephone number: 503-988-4300 | | | |
| Agency Chief Executive Officer | | | |
| Name: Michael Reese | | Title: Sheriff | |
| Email address: mike.reese@mcsos.us | | Telephone number: 503-988-4300 | |
| Agency-Wide PREA Coordinator | | | |
| Name: Denise Diamond | | Title: Lieutenant | |
| Email address: denise.diamond@mcsos.us | | Telephone number: 503-988-4447 | |

AUDIT FINDINGS

NARRATIVE

A PREA Audit was conducted for the Multnomah County Sheriff's Office February 21-24, 2017. On February 23-24, 2017, the focus was on the Multnomah County Inverness Jail. The audit was conducted by PREA certified auditor Mr. Garry Russell. Notice of the audit with the auditor contact information was posted six weeks prior to the onsite portion of the audit. Prior to the onsite visit the pre-audit questionnaire and all documents were provided were reviewed, calls made to local advocates and a review of the agency's website to evaluate compliance with the PREA standards.

On February 23, 2017, the onsite portion of the audit started for the Multnomah County Inverness Jail (MCIJ). The day started with a meeting with Captain J. Martinez, Facility Commander. After the meeting with the Facility Commander there was a tour of the facility provided by Lieutenant D. Diamond, PREA Coordinator and Sergeant C. Hasson, PREA Compliance Manager for MCIJ. The tour included all housing areas, health services, control points, and recreation areas. During the tour it was noted that PREA information was posted in housing areas and the facility was using electronic readers on the housing units to disseminate additional PREA information.

As part of the facility audit, the auditor interviewed the Facility Commander, PREA Compliance Manager, Specialized Staff and Random Staff. All required staff interviews were conducted and included: 6 agency level staff, 24 specialized and random staff, 2 volunteers and a contractor. Staff demonstrated an understanding of PREA and their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response.

All inmate interviews were conducted and included male, female, and transgender inmates. Inmates were selected at random off of each housing area. Seventeen inmates in total were interviewed as part of the onsite audit. Inmates were consistently able to explain multiple ways that PREA education had been provided to them to include the electronic readers on the housing units, a PREA Pamphlet, and counselors coming on the unit to conduct more detailed explanation. Inmates who had been housed at MCIJ multiple times noted that there had been a larger focus on PREA this time and they felt that made it safer for everyone.

DESCRIPTION OF FACILITY CHARACTERISTICS



The Multnomah County Inverness Jail (MCIJ) built in 1990 and last expanded in 1997, it serves as a 1,037 bed medium security jail for inmates in Multnomah County, along with certain state and federal prisoners in custody that are qualified by the housing classification system.

MCIJ serves as the Sheriff's Office "Hub" where inmates and prisoners are temporarily housed and routed as part of a cooperative regional transportation program.

At the time of the audit the facility housed approximately 756 inmates and the average length of stay was just over 13 days. The facility houses both male and female inmates in open-style dormitories ranging in size from 55 to 75 inmates. This is a direct supervision design with upgraded video monitoring throughout the facility to assist with supervision.

SUMMARY OF AUDIT FINDINGS

During the course of the onsite visit, the auditor noticed that the overall tone of the facility was very positive, staff were helpful and participated in the audit process. Staff displayed a good working knowledge of the PREA requirements, understood their responsibilities to prevent, detect, report, and respond to incidents of sexual abuse and/or sexual harassment. Staff were aware of how to preserve and collect evidence and how to report the incident.

Inmates all cooperated with the interview process and had knowledge of PREA. Inmates that had been to the facility previously mentioned the increased emphasis on PREA during the intake process this time. Inmates did not know all the details of the material they were given or the posted information however, they were aware that the material was available and where to go should they need to report and/or seek assistance. Inmates liked the electronic readers on the housing units and mentioned that their presence did make them read information that they normally would not.

The agency had done a very good job on developing some training videos and staff routinely mentioned the video to the auditor. The auditor was impressed with the work the staff had done in preparation for the audit.

There were a couple areas found where the policies need additional information included to contribute to the agency's efforts for an environment free of sexual abuse, sexual harassment, and retaliation.

During the corrective action period the agency made changes to two policies that needed additional information to better clarify actions that were being taken. Both of these policies were implemented and the additional language clarified the actions being done at the facilities and brought them into compliance with the PREA standards. Additionally, staff were selected and trained in advocacy and the updated policy outlines how they will respond to incidents of sexual assault. Also, during the corrective action period the auditor was contacted by an inmate through mail. These contacts were in regards to notification on an allegation that had been made and the PREA Coordinator followed up on the matter to ensure that notification had been made.

Number of standards exceeded: 2

Number of standards met: 39

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Multnomah County Sheriff’s Office has a written policy mandating zero tolerance towards sexual abuse and sexual harassment in facilities they operate. CDSO 1702 9.3.4 Custodial Sexual Misconduct, Generally states in part, “The Sheriff’s Office supports and promotes a zero tolerance policy for sexual abuse and sexual harassment within our facilities.” This policy defines prohibited behaviors regarding sexual abuse and sexual harassment, as well as, outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment to include:

- Education for staff and inmates
- Staff trained in detection, how to report, and common reactions to abuse
- Inmate education on how to report, response procedures, inmate’s right to be free from abuse, harassment, and retaliation
- Inmates with ADA needs and non-English speaking receive additional assistance in their education of PREA
- All incidents are documented and investigated
- Reports of sexual abuse and harassment that occurred at another facility are forwarded to that agency for investigation within 72 hours
- Reports from other agencies are investigated
- All incidents that indicate criminal behavior will be sent for prosecution
- All incidents that indicate an internal policy violation will be sent to Internal Affairs for investigation and possible disciplinary action up to and including termination

The agency has designated an agency-wide PREA Coordinator. The PREA Coordinator holds the rank of Lieutenant in the Professional Standards Section and reports to the Captain who reports to the Sheriff. Through interviews with the PREA Coordinator the auditor was able to determine that they had enough time to manage the PREA related responsibilities. Implementation had taken significant time to get everything in order as described in the standards. There are PREA Compliance Managers at both facilities and the PREA Coordinator meets with them on implementation and compliance issues.

There is a PREA Compliance Manager at MCIJ that assists in PREA implementation and insurance that the agency is complying with the PREA standards. Through interviews with the PREA Compliance Manager the auditor was able to determine that currently the PREA Compliance Manager has multiple jobs and duties, however they are figuring out how to get the duties done and they have the authority to coordinate the facility’s efforts to comply with the PREA standards. They stated that they receive a lot of assistance from the PREA Coordinator and centralized functions that allow for them to focus on the facility.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

This standard is not applicable. Multnomah County Sheriff's Office does not contract with private agencies or other entities for the confinement of their inmates.

Standard 115.13 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has developed a written staffing plan. The current plan is dated January 18, 2017. This plan outlines the facility description, security and control, inspections of the facility's physical plant, video monitoring systems, unannounced rounds policy, and MCSO PREA Staffing Plan Committee. In developing the staffing plan the committee considered the following factors:

- The National Institute of Corrections Staffing Analysis Workbook for Jails
- There were no judicial or Federal investigative findings of inadequacy
- The Multnomah County Corrections Grand Jury, at least once yearly, makes detailed inquiry into the condition and management of every correctional facility in Multnomah County and makes recommendations as needed. There were no findings of inadequacy from this report
- The PREA Staffing Plan Committee periodically examines the physical plans of the jails for "blind spots"
- The plan considers the current composition of the inmate population
- The number and placement of supervisory staff are considered to include: Lieutenants, Sergeants, Admin and OIC sergeants
- Institution programs occurring on a particular shift
- Oregon Revised Statute 169.076, Standards for local correctional facilities to provide sufficient staff to perform all functions involving security, control, custody and supervision of all confined detainees and prisoners
- The committee reviewed the last two years of substantiated and unsubstantiated incidents of sexual abuse
- Other factors considered were Officers in Charge use established procedures to ensure all vacancies are noted and filled at least 15 minutes prior to the oncoming shift. All pertinent staffing information is documented in the Daily Schedule.

Interviews with the Facility Commander confirmed that the staffing plan considered adequate staffing levels to protect inmates against sexual abuse and the use of video monitoring. The auditor also interviewed the Planning and Research staff that was involved with the committee to confirm the common themes and gaps in the staffing structure that the committee considered in building the current staffing plan.

In circumstances where the staffing plan is not complied with the facility documents and justifies all deviations from the staffing plan on a log.

Through review of the staffing plan and interviews with the PREA Coordinator and Planning and Research, the MCSO PREA Staffing Plan Committee will review the PREA Staffing Plan at least annually to determine and document whether adjustments are needed. The committee will look for common themes and gaps in the staffing structure to include:

- Assessing all areas to ensure adequate supervision and monitoring to maintain a safe facility
- Examining the physical plan for "blind spots" to include a review of areas not monitored by video cameras
- Reviewing the demographics of the inmates to consider the housing needs and levels of supervision/staffing to keep vulnerable populations safe
- Reviewing the number and placement of supervisory staff to ensure staffing is adequate for a safe facility and that all documentation is maintained

Adjustments may be made to staffing levels, staffing patterns, video monitoring systems, and resource allocation.

The agency unannounced rounds policy require that MCSO Corrections Sergeant shall conduct and document unannounced rounds to identify and deter staff sexual assault and sexual harassment. Rounds will be conducted on all shifts. Staff are prohibited from alerting other staff members that these unannounced rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Interviews with Corrections Sergeants found that they do conduct unannounced rounds, document the rounds and to prevent

staff from alerting others they stated that they instruct control not to inform staff of the rounds being made. The auditor also reviewed the log books and saw where the Corrections Sergeants were documenting their rounds.

Standard 115.14 Youthful inmates

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

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

This standard is not applicable. The Corrections Division Operational Policy and Procedure Manual, 12.0.5 Admission of Juvenile Offenders, states that no juveniles to include those arrested, charged, and or adjudicated will be accepted or lodged into a MCSO detention facility. This was confirmed through multiple interviews that the facility does not house youthful inmates.

Standard 115.15 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Corrections Division Operational Policy and Procedures Manual section 7.7.7 Strip Searches of Inmates, states that deputies shall not perform unclothed strip-searches on inmates on the opposite gender, unless a bona fide emergency (exigent circumstance) is declared by the OIC. The manual in section 7.7.8 Body Cavity Searches and Forced Evidence Collections, state that body cavity searches shall only be conducted by medical personnel at a medical facility with security provided by a deputy of the same gender as the inmate.

Correction Division Operational Policy and Procedure Manual section 7.7.6 Frisk/Pat Searches of Inmates states that male deputies shall not frisk/pat search female inmates unless a bona fide emergency (exigent circumstance) is declared by the OIC. Female deputies may frisk/pat search both male and female inmates. During interviews with random staff member it was confirmed that the facility did not restrict female inmates' access to regularly available out-of-cell opportunities to comply with this provision. Interviews with female inmates also confirmed that they had not been restricted from out-of-cell opportunities.

Section 7.7.4 of the manual states that all incidents when a search is conducted due to an exigent circumstance, all staff involved in the search must ensure to determine and document the need of the search. In the past twelve months there had not been any circumstances where there was an exigent circumstance requiring a cross-gender strip search.

Corrections Division Special Order dated July 6, 2016 made changes to section 7.1.4 Supervision, Generally of the manual. This change included requiring deputies to announce their presence when entering the housing unit that houses inmates of the opposite gender. It also required additional staff such as programmatic, medical, support staff, volunteer etc. to announce their presence when entering the housing unit that houses inmates of the opposite gender. Additionally, it states that all inmates shall be able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent

circumstances or when such viewing is incidental to routine security and welfare cell checks. Interviews with random inmates found that the overwhelming majority of them stated that staff did announce their presence when entering the housing area. They also stated that they were not naked in full view of a staff member of the opposite gender. Interviews with random staff found that they do announce their presence; some stated that it was a recent change which is reflected in the policy change in July. Others stated that they try and help other remember to announce as well. All staff stated that the inmates were able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Corrections Division Operational Policy and Procedure Manual section 7.7.17 Admission Searches states that at no time shall a strip search be conducted solely for the purpose of determining an inmate's sex at birth. Through interviews with random staff the auditor found that all staff interviewed were aware of this policy. At MCDC the auditor was able to interview a transgender inmate and they stated that they did not have any reason to believe that they were strip searched for the sole purpose of determining their genital status.

The agency developed a training video to train staff on cross-gender pat-down searches and searches of transgender and intersex inmates. This video provides instruction on how to conduct searches in a professional and respectful manner, and in the least intrusive manner possible with security needs. During random interviews with staff they all recall the video and training provided. The agency also provided a list of all staff that had passed the training and the date that they were trained.

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

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

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

The Corrections Division Operational Policy and Procedure Manual section 1.8.7 ADA Compliance for Inmates states that the Corrections Division shall, upon request, provide appropriate aids and services leading to effective communication for qualified persons with disabilities so he or she can participate equally in the Corrections Division's programs, services and activities, including qualified sign language interpreters, documents in Braille, and other ways of making information and communications accessible to people who have speech, hearing or vision impairments. The Corrections Division shall make all reasonable modifications to policies and programs to ensure that people with disabilities have equal opportunity to enjoy all of its programs, services and activities. Through interviews with the PREA Coordinator the auditor found that the PREA Pamphlet was reviewed for ease of reading and recommendations were made to lower the reading level of the pamphlet to be able to get comprehension of the material to the highest percentage of inmates. The reduced reading level PREA Pamphlet is then produced in English, Spanish, and Russian which are the majority of the languages that come through booking.

Counselors run an Accommodation Report daily to identify inmates with disabilities and limited English proficiency. The counselor determines which inmates will need what accommodations for PREA education and then provide in-person access to PREA education (zero tolerance, inmate rights, and reporting) in the appropriate format. During random inmate interviews there was an inmate that the auditor needed to use an interpreter to conduct the interview. Through the interview with this inmate the auditor confirmed that while this inmate was not in possession of the paper material due to their current status they did have a person that came and assisted them in understanding their rights in the facility to include their rights related to sexual abuse, and how to report sexual abuse and sexual harassment.

The Corrections Division Operational Policy and Procedure Manual section 9.3.4 Custodial Sexual Misconduct, Generally states that inmate interpreters will not be used during initial screening of inmates or to make a report of sexual abuse or sexual harassment unless an emergency exists. The agency has a contract in place for a contractor to provide translation and interpretation services to all Multnomah County Departments, Programs and Offices to assist in communicating with clients and employees to aid in the delivery of necessary services. Through interviews with random staff the auditor confirmed that staff would not use another inmate as an interpreter, they would use another staff or the language line to communicate.

Standard 115.17 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency has a Background Investigations Unit Policy Manual that outlines the process for screening sworn and non-sworn applicants. This is a rigorous process due to the fact that successful applicants will hold a position of public trust where they will be privy to sensitive information, have access to secure facilities, and be seen as authority figures by a variety of stakeholders. Applicants (new hire and promotion) are required to fill out a Statement of Personal History. This statement contains a complete section on PREA relating that the Multnomah County Sheriff's Office has a zero tolerance for sexual misconduct of any kind, including staff on inmate sexual misconduct. The requirements from standard 115.17 Hiring and promotion decisions are listed for the applicant. The PREA Acknowledgement section requires the applicant to answer four questions:

- Have you ever engage in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution?
- Have you ever been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- Have you ever been civilly or administratively adjudicated to have engaged in the activity described in the question above?
- Have you ever been investigated for any incidents of sexual harassment?

The applicant after answering those questions must print, sign, and date the statement. Review of background files and interviews with investigators found that background checks were being conducted and questions regarding past conduct were being asked during the process.

As part of the co-worker and personal reference questions they ask the reference if they know of any sexual misconduct or harassment. As part of the Employer reference questions they ask the reference if the applicant has ever been involved in any sexual misconduct or harassment or if the applicant has ever been involved in any workplace investigations, particularly related to sexual misconduct. Interviews with both the Background Investigator and Human Resources confirm that the agency considers incidents sexual harassment are considered when determining whether to hire or promote anyone. Interviews with the Facility Access Coordinator confirmed that incidents of sexual harassment would be considered in determining whether to enlist the services of any contractor who may have contact with inmates.

Before hiring a new employee the Background Investigation Policy Manual requires that the background investigator:

- Check all databases that contain criminal/court/police records to evaluate any records listing the applicant
- Ask for clarification and supporting documents relating to any matters recorded on the Statement of Personal History that requires additional explanation
- Request purged driving history records from the Oregon DMV
- Request employment records from the applicable labor or employment department

Corrections Division Operational Policy and Procedure Manual section 7.15.4 Facility Access outlines that facility access may be requested for contract workers and the manager requesting access shall ensure the "Authorization of records Check" form is complete and legible. The form shall be submitted to the Facility Access Coordinator. Through interviews with the Facility Access Coordinator the auditor confirmed that a criminal history check was completed for contractors.

The Inspections Unit conducts an employee DMV license check and criminal records check on all employees of the Multnomah County Sheriff's Office including Reserve Deputies annually. This annual check exceeds the standard requiring checks at least every five years. Through interviews with the Facility Access Coordinator contractors who may have contact with inmates have criminal history checks conducted every two years once again exceeding the standard of at least every five years.

The MCSO Agency Manual requires that a member who is arrested, or is issued a citation in lieu of arrest, and charged with an offense in any jurisdiction in the United States, shall immediately notify their immediate supervisor who shall then notify the Sheriff in writing through the chain of command of:

- The date, time, and place of the arrest or citation
- The nature of the charges against the member

Interviews with Human Resources and the Background Investigator confirmed that the agency imposes upon employees a continuing affirmative duty to disclose any previous misconduct.

The Background Investigation Policy Manual states that in addition to criminal and driving related convictions, the following points will be considered and may be cause for automatic disqualification. This list includes evidence that the applicant has willfully provided false or misleading information during the application process, or in the written application or statement of personal history or has cheated during any phase of testing during the application process. Under Special Order 02-02 it lists the corrective action guidelines for non-exempt member. In this Special Order it lists the range for violations of Truthfulness as 10 days without pay – termination.

The agency would provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees. Through interviews with Human Resources it was confirmed that Human Resources would upon request and with a release of information, would make available both the background investigation and the personnel file. In addition they would direct the requesting agency to also contact Internal Affairs for any information that may not be part of the files that Human Resources maintain.

Standard 115.18 Upgrades to facilities and technologies

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

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

The agency has not acquired a new facility or made a substantia expansion to existing facilities since August 20, 2012.

The facility has updated the video monitoring system for this facility. This project will identified areas with inadequate video coverage; added new cameras and technologies as necessary to ensure compliance with the current PREA standards. Approximately 247 cameras were installed and have a recording capability of nearly 60 days.

Standard 115.21 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency is responsible for conducting both administrative and criminal sexual abuse investigations, including inmate-on-inmate sexual abuse and staff sexual misconduct. Random staff interviewed were aware of the process that would maximize the potential for obtaining usable physical evidence. Staff were able to cite that they would secure the scene, separate the inmates, instruct inmates not to shower, change clothes, use the bathroom, eat, drink, to brush their teeth. They would then take instruction from the detective assigned to the case and either preserve the scene or collect evidence if asked by the detective.

The agency contracts with Rapid Save Investigation (RSI) to provide inmates that report a sexual assault a thorough and immediate forensic examination by a trained Sexual Assault Nurse Examiner. Multnomah County Health Department, Corrections Health provide paperwork and supplies for a Sexual Assault Forensic Examination at each facility and ensures facility rooms are equipped for the examination. As part of the audit the auditor reviewed the list of exams conducted by RSI with medical files to ensure that forensic medical examinations were being provided without charge to the inmates and that they were being conducted by a Sexual Assault Forensic Examiner or Sexual Assault Nurse Examiner.

The agency had a MOU with the Portland Women’s Crisis Line (now Call to Safety) to provide in-person advocacy services 24/7. This agreement went into effect on April 1, 2016. January 6, 2017, the agency received an email from the Director of Services at Call to Safety stating that they were unable to provide in-person response to sexual assault exams in Multnomah County Jails however; Call to Safety will continue to provide support through their crisis line and through mail correspondence. The agency currently has the District Attorney Advocate respond to the facility to provide advocate services through the forensic examination process. However, this does not meet the standard that requires that the agency provide a victim advocate from a rape crisis center, qualified staff member from a community-based organization, or a qualified agency staff member.

Corrective Action:

The agency needs to provide as requested by the victim, a victim advocate from a rape crisis center, qualified staff member from a community-based organization, or a qualified agency staff member. If a community-based organization is not available there are local trainings that could make a staff member qualified.

During the corrective action period the agency selected agency staff member to be trained in advocacy. A contractor was hired to provide the selected staff training. The training was three days and covered the basics of advocacy. Language was changed in Policy 9.3.7, Response of Sexual Assault Nurse Examiner (SANE) and Staff Advocate to a Secure Corrections Facility. The new language requires that the staff advocate will respond. Advocates are responsible for:

- Providing emotional support and crisis intervention in a confidential manner away from other staff as safety and security allows
- Clarifies the advocate’s role
- Explains the inmate’s rights and services that can be provided
- Offer information on the SANE exam, reporting procedures, the criminal justice process and answers the inmate’s questions regarding these processes
- Strategize safety planning and self-care for the inmate
- Provides resources, referrals and information on follow-up care

The agency also created an advocate checklist which has the different points listed above in a simple sheet to help the advocate remember things such as resources and phone numbers for services.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

The Correctional Operational Policy and Procedure Manual section 9.3.9, Sexual Abuse and Sexual Harassment Investigations requires that allegations of sexual abuse that occur within the facilities will be investigated by the Multnomah County Jail Detective or another Law Enforcement Officer, if the Jail Detective is unavailable. Sexual Harassment complaints will be referred to the Multnomah County Jail Detective for subsequent investigation. Interview with the Chief Deputy confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. A full time detective has been assigned to manage these cases. Interview with the investigator also confirmed the policy that was in place to ensure allegations of sexual abuse or sexual harassment referred for investigation.

The Policy and Procedure section of the agency website stated that the Multnomah County Sheriff's Office is actively working to review and modernize all current policies and procedures, which will be added below as they become finalized to serve as a comprehensive reference. The Policy is on the website under frequently asked questions. This area not only lists the Policy but also contact information on how to report sexual abuse or harassment. The section under the FAQs is very good however, it may be not be the first place someone would look for the policies and the auditor would recommend either placing the policy information on the Policy and Procedure page or a link on that page that would take people to the FAQ page where the information is at.

The agency has a detailed database that documents all referrals of allegations of sexual abuse or sexual harassment for investigation.

Standard 115.31 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The current year training was reviewed; it was a 2.5 hour online class that required staff to pass a test to demonstrate understanding of the material. This course was an update on the current practices involving PREA. Staff learned all of the PREA requirement including definitions; Custodial Sexual Misconduct; the agency zero-tolerance policy for sexual abuse and sexual harassment; how to fulfil their responsibilities under the sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; inmates right to be free from sexual abuse and sexual harassment; the rights of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; ways inmates can report PREA allegations; how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; and relevant laws related to mandatory reporting to outside authorities.

The facility houses both male and female inmates. The training is tailor to supervising both gender of inmates and breaks out differences in common reactions of male and female sexual abuse and sexual harassment victims.

The facility provided training records and copies of training from 2014, 2016, and 2017 showing that staff have been trained and that they have received refresher training every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Refresher information is put out regularly on current sexual abuse and sexual harassment policies.

The agency documents training through electronic verification. All staff must pass a test that verifies they understand the training that they have received.

Standard 115.32 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor was required to go through contractor PREA training prior to being given access to the facility and was able to see the process firsthand. Volunteers and contractors are given a PREA training handout that goes over what is sexual abuse, what is sexual misconduct, what is sexual harassment, the agency zero tolerance policy, inmates rights, how inmates can make a report, what to do if you receive a report, and avoiding inappropriate relationships.

Through personal experience and through interviews with volunteers and contractors the auditor confirmed that they had received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. In addition to awareness training they were notified of the agency's zero tolerance policy on sexual abuse and sexual harassment as well as how to report incidents.

Volunteers and contractors are required to read and sign the PREA acknowledgement statement to document that they understand the training they have received. They acknowledge that they attended training and received information as it pertains to the MCSO's policies and procedures concerning PREA. During the training they were presented information and afforded a chance to ask questions or seek clarification. They then sign that they have a clear understanding of the PREA Act, the expectations of MCSO policy and procedures and laws as presented. If they refuse to sign, their access to the facility is denied.

Standard 115.33 Inmate education

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

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

During the intake process the facility sergeant goes through a checklist that asks questions that explain the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse and sexual harassment. In addition inmates sign that they have received a PREA pamphlet which includes: the inmates rights, what happens if they make a report, what to do if they think there is evidence, how to make a report, and contacts if they are dealing with sexual assault. This pamphlet includes contact information for Clackamas County Sheriff's Office if inmates want to report outside the agency and a contact number to an advocate from Call to Safety with information letting inmates know that it is a private and free service available to all inmates. Through random interviews with inmates the auditor found that the inmates were aware of the electronic reader boards and that they had been given the pamphlet even though some admitted that they had not read the material. Several inmates noted that there was a lot more emphasis on PREA during their current stay than there had been previously.

Additionally, this facility has PREA information on the inmate kiosk in the housing unit and they have installed electronic reader boards. The electronic reader boards are mounted next to the unit television making it almost impossible to not see the information that is being presented.

Counselors are notified when an inmate has been housed in the facility for 25 days and then they provide in person PREA education including the agency zero tolerance policy, inmate rights and reporting. Inmates then initial next to their name confirming that they had received PREA education. These lists are maintained to document inmate participation in these education sessions.

The agency provides PREA information in English, Spanish, and Russian which are the primary languages that come through the facility. In addition they have staff onsite that can translate and the availability of a language line to provide interpreter services so inmates are able to understand the agency zero tolerance policy and how to report incidents of sexual abuse or sexual harassment. PREA information is posted in all the housing areas in a similar location and it includes the three major languages.

Standard 115.34 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In addition to the general training provided to all employees, investigators received training from the American Jail Association “PREA Training for Investigators of Sexual Abuse in Confinement Settings.” This training included:

- PREA Standards Specific to Investigations
- Statistical Overview of Sexual Abuse on Inmates in Confinement
- Dynamics of Sexual Abuse of Inmates in Confinement
- Interviewing Victims of Sexual Abuse
- Legal Issues
- Evidence Collection
- Assuring Quality Investigations
- Writing the Report

Through interviews with investigators the auditor was able to confirm that they had received specific training in conducting sexual abuse investigations in confinement settings. This training included interview techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.

The MCSO LE Operational Procedures Manual states that a patrol deputy will always be dispatched to take the original report and conduct a preliminary investigation when a crime is reported within a Multnomah County Correctional Facility. The Shift Supervisor shall be responsible for all reports of the preliminary investigation of a sex crime or an assault in a correctional facility being delivered to the Detective Sergeant for evaluation and follow-up assignment.

The agency provided PREA training records for the detectives and the auditor was able to confirm that the detectives had completed the required specialized training for investigators. The agency also maintains certificates of the specialized training.

Standard 115.35 Specialized training: Medical and mental health care

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

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

The Multnomah County Health Department policy for Integrated Clinical Services – Corrections Health outlines the training requirements for Corrections Health staff. This requires that Corrections Health staff will complete training for contract medical staff. This includes reading the Medical Contractor PREA handout and signing an acknowledgement form. All training is documented and refresher training

occurs every 2 years. Additionally, Corrections Health staff also receive specialized training through the NIC online course PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. This training includes the following:

- Detecting, assessing and responding to sexual abuse and harassment
- Preserving physical evidence of sexual abuse
- Your role in responding to sexual abuse incidents
- Reporting allegations and suspicions

Interviews with Corrections Health staff confirmed that they had received specialized training regarding sexual abuse and sexual harassment. This training was provided through the NIC online course. The staff interviewed stated that they had received training on the topics listed above. The medical staff at the facility do not conduct forensic exams.

The agency maintains documentation that the medical and mental health care practitioners have received training mandated for contractors and volunteers as well as maintaining both a log and certificates that they have received specialized training via the NIC online course.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The agency has a Corrections Division Special Order that outlines the initial classification and re-assessing classification. Arrestees booked into a Corrections Division facility are not allowed to leave the intake floor until Classification staff interview them and ask question based upon an objective assessment of risk and care needs. Inmates transferred to other facilities are re-assessed by the Intake Sergeant or Processing Sergeant and can be referred to Classification for additional follow-up. The sergeant has a checklist that they use to conduct the initial screening.

Interviews with staff that conduct the screening confirmed that they conduct a detailed screening before the inmate is even considered for housing. Inmates must have a housing designation listed on the inmate management system to move off the intake floor. Interviews with a random sample of inmates confirmed that when they first came through receiving that they were asked questions such as:

- Is this your first time booked into jail?
- Have you ever been a victim of sexual assault while incarcerated?
- Are you gay, lesbian, bi-sexual, transgender, intersex or gender non-conforming?
- Do you feel, for any reason, that you may be particularly susceptible to being a victim of sexual abuse while you are here?

The auditor also reviewed a sample of intake screening and confirmed that the questions are being documented. The agency used an objective screening instrument and along with other questions it asked the following questions required by the standards:

- Gender
- Age
- Physical build
- Mental, physical, or developmental disabilities
- LGBTI or gender nonconforming
- Previous Incarcerations
- Charges
- Criminal history
- History of sex crimes
- Time until release
- Observed irregular behavior
- Communicable diseases
- Mental health concerns

- Escape history
- History of violence or sexual abuse in custody
- History of sexual victimization
- History of drug abuse
- Disciplinary history
- History of disruptive behavior
- Special susceptibility to violent or sexual assault
- Inmate's perception of vulnerability
- Civil immigration holds

Through interviews with staff conducting risk screening it was confirmed that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency.

The Corrections Division Special Order requires that all inmates will be reviewed within 30 days of arrival at each facility to re-assess the inmate's risk for abuse or victimization. Additionally, the inmate's classification shall be re-assessed when an incident of sexual abuse occurs or when a staff member who notes a change in an inmate's behavior, security risk, disciplinary status, or individual needs, that may warrant a change in classification, notifies the Sergeant and Classification Unit.

Inmates cannot be disciplined for refusing to answer or not disclosing complete information regarding whether the inmate is LGBTI, has a disability, has previously experienced sexual victimization or their perception of vulnerability.

There is a specific PREA category on the inmate management system and only supervisor and classification staff have access to PREA information. This is to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Standard 115.42 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency uses information from the risk screening to aid in decisions regarding housing, education, and work programs. Interviews with staff that conduct risk screening confirmed that the agency makes individualized determinations about how to house each inmate to ensure their safety. Interviews with the PREA Compliance Manager also confirmed that the facility uses the information from risk screening during intake to determine classification to keep inmates from being sexually victimized or being sexually abusive.

The Corrections Division Operational Policy and Procedures Manual addresses the Transgender Review Board and gives direction on how the Transgender Review Board will on a case-by-case basis consider whether housing and programming assignments would ensure the inmate's health and safety and whether the placement would present management or security problems.

The Transgender Review Board shall meet to consider the case of each inmate identified as transgender within 72 hours, excluding holiday/weekends from the time the inmate was booked. The purpose of the review is to explain the following:

- Confirming the Statement of Strip Search Preference continued gender preference
- Explaining the housing process
- How to contact the Liaison
- Any safety concerns regarding the inmate's custody

The Board shall conduct reviews every 30 days to ensure transgender inmates remain appropriately housed

The Board will develop a Management Plan for the inmate which outlines the following:

- Housing assignment
- Searches
- Showering

- Grooming/Clothing
- Escorts
- Transports
- Access to programs and activities
- Liaison to the committee and inmate

When developing the Management Plan, the Review Board shall take into consideration preferences and request made by the inmate.

During interviews with inmates that identified as transgender it was confirmed that the inmate was asked questions about their safety and that they were allowed to shower without other inmates. The inmate interviewed stated that they were not housed in an area only for transgender.

Corrective Action:

The Corrections Division Operational Policy and Procedure Manual only address transgender inmates and do not include intersex. Recommend that language be added so that this is the Transgender and Intersex Review Board and that the action of the Review Board address both transgender and intersex inmates.

During the corrective action period the Policy was changed to include that the Transgender Review Board would meet to consider the case of each inmate who is identified as transgender or intersex. The Transgender Review Boards discusses the specifics of the Transgender or intersex inmate’s case to determine the most appropriate housing option(s). The Board conducts review every 30 days to ensure transgender inmates or intersex inmates remain appropriately housed.

Standard 115.43 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates may only be placed in Protective Custody when a documented need for protection from the general inmate population exists. The Classification Unit staff shall identify Protective Custody needs through information received in a Classification interview. Protective Custody shall be used only when no reasonable alternative exists. Interviews with the Facility Commander confirmed that the agency prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing unless an assessment had determined there were no available alternative means of separation from potential abusers.

The Corrections Division Operational Policy and Procedure Manual states that programs, recreation, education, privileges and work opportunities will be provided to inmates in Protective Custody. Limitations placed on an inmate’s participation in programmatic activities must be documented including the program title, the duration and reason for the limitation.

The Classification Unit shall regularly review the files of inmates held in Protective Custody or at a minimum every 30 days to ensure their need for special housing is still warranted. Documentation will include the basis for concern for the inmate’s safety and the reason no alternative housing can be arranged.

Through interviews with the Facility Commander it was confirmed that dependent on the situation inmates would only be housed in Protective Custody until other housing could be arranged and that they would not utilize disciplinary housing for this. The auditor also reviewed the Classification Summary Report to confirm that the facility affords inmates a review every 30 days to determine whether there is a continuing need for separation from the general population.

Standard 115.51 Inmate 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency provides multiple ways for inmates to privately report sexual abuse and sexual harassment. These include:

- Tell any staff member they feel comfortable talking to
- Submit a grievance
- Write a kyte to the Jail Detective
- Tell family or a friend who can make the report for them

Interviews with random inmates found that they understood they had multiple ways to report and most stated that they would tell a Deputy. Interviews with random staff found that they clearly understood that inmates could report verbally, in writing, anonymously, and from a third party.

The agency has a memorandum of understanding with Clackamas County Jail for reporting sexual abuse and sexual harassment. This MOU allows inmates to report abuse or harassment to the Clackamas County Sheriff's Office PREA Coordinator so that inmates have a way to report to an office that is not part of the agency.

All staff are required to accept reports made verbally, in writing, anonymously, and from third parties. Staff members may report information privately to another supervisor not in their chain of command.

Standard 115.52 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Section 9.1.10, PREA Grievances addresses inmate grievances regarding sexual abuse.

- Time limits shall not be imposed when an inmate may submit a grievance regarding an allegation of sexual abuse
- An inmate shall not be required to use the informal grievance process, or be required to attempt to resolve with staff, an alleged incident of sexual abuse
- An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not to be referred to a staff member who is the subject of the complaint
- Inmates shall receive a final decision on the merits of any portion of the grievance alleging sexual abuse within 90 days of the initial filing of the grievance
- Computation of the 90 day time period shall not include time used by the inmate in preparing any appeal
- An extension of time for the final response may be made up to 70 days, if the 90-day period of time for response is insufficient to make an appropriate decision. The Facility Commander shall notify the inmate in writing of the extension and must provide a date by which the decision will be made

- Third parties, including another inmate, staff members, family members, attorneys, an outside advocates, are permitted to assist inmates in filing requests for administrative remedies to allegations of sexual abuse, and shall be permitted to file such requests on behalf of inmates
- If a third party files such a request on behalf of an inmate, the alleged inmate victim may be required to agree to have the request filed on his or her behalf
- If the inmate declines to have the request processed on his or her behalf, the Facility Commander shall ensure to have the inmate's decision documented
- Staff receiving a grievance alleging that an inmate is subject to substantial risk of imminent sexual abuse shall consider the grievance as an emergency and shall contact the sergeant for immediate corrective action to protect the inmate
- The Facility Commander shall establish a process that ensures that inmates submitting emergency PREA grievances receive initial response to the grievance within 48 hours and the final response decision to the grievance within five calendar days
- The initial response and final agency decision shall document whether the inmate is in substantial risk of imminent abuse and the action taken in response to the emergency grievance
- If the inmate does not receive a response within the allotted time frame including notification of extension, the inmate may consider the absence of a response to be a denial at that level
- No disciplinary action shall result from an inmate's decision to file a grievance in good faith

Standard 115.53 Inmate access to outside confidential support services

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

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

The agency provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. This is done through a memorandum of understanding with Call to Safety. Phone numbers and addresses are on posters, inmate manual, and PREA pamphlets. Information provided states "If you have experienced sexual assault in or out of custody, you can contact Call to Safety for help and emotional support. Call to Safety provides this free service and it is a confidential way for all survivors to receive support. Services available include community resources, emotional support, education around healing from trauma, and support for survivors of domestic violence, sexual violence, and stalking."

Interviews with random inmates found that they knew there were counseling services available. Some inmates admitted that they had not read the pamphlet. It appeared that the additional education measures at this facility had enhanced the inmate's knowledge of resources available to them.

Standard 115.54 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy requires that staff accept reports made verbally, in writing, anonymously, and from third parties. The website provides methods on how to report sexual abuse and sexual harassment on behalf of an inmate. There is also a phone number listed on the website for family members to call if they would like to make a report for an inmate.

Standard 115.61 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Section 9.3.6, Reporting Sexual Misconduct, requires all employees of the Multnomah County Sheriff’s Office to report all allegations and complaints, suspicions or observations of sexual misconduct, sexual abuse or sexual harassment. Any retaliation against inmates or staff, and any staff neglect or violation of responsibilities that may have contributed to sexual abuse must also be reported. After reporting the incident to their immediate supervisor, the incident shall not be discussed with other employees.

Through interviews with random staff it was clear that they understood their requirement to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility and knew the process for reporting that information.

Corrections Health policy on Sexual Misconduct states that Corrections Health has a zero-tolerance for any sexual contact or conduct with a client whether it includes explicit sexual talk, actions, e-mails, cartoons, jokes or unprofessional dress. Inmates have a right to be free from sexual abuse and harassment, and to be free from retaliation for reporting sexual abuse and harassment. Any misconduct must be reported to a manager for investigation and may lead to discipline, termination and criminal processes. Through interviews with medical and mental health staff it was confirmed that they disclose the limitations of confidentiality and their duty to report. They also understood their responsibility to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

All allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are forwarded to the designated investigator.

Standard 115.62 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy requires that emergent situation be reported immediately. The supervisor or OIC shall assess the allegation to determine the level of response required.

- The first priority shall be the safety and security of the alleged victim
- Corrections Health and/or mental health services will be requested
- If needed, emergency medical services will be activated
- Care shall be taken to preserve any evidence
- Notify the on duty supervisor immediately

The supervisor will immediately notify the Shift Lieutenant, OIC, or immediate exempt manager

- If needed, the supervisor will take any immediate action necessary to separate the parties involved in the alleged sexual conduct. This may include relieving a staff member from duty
- If a crime scene exists, the scene will be secured
- The OIC shall contact the on-duty Jail Detective

Interviews with the Chief Deputy, Facility Commander and with random staff confirmed that staff at all levels understood that they needed to take immediate action to protect the inmate. They all stated that they would immediately look out for the safety of the alleged victim and get them to a safe area and then make the proper notifications.

Standard 115.63 Reporting to other confinement facilities

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

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

Section 9.3.4, Custodial Sexual Misconduct, outlines the process for reporting to other confinement facilities. A protocol has been developed to assist in responding to and investigating these incidents. All reports of sexual abuse or harassment that occurred at another facility will be forwarded to that agency for investigation. Reporting will occur as soon as possible but no later than 72 hours. Documentation of a report to an outside agency will be maintained. All reports received from other agencies will be investigated.

A review of the cases in the past 12 months found that the agency was notifying other confinement facilities within 72 hours that they received a report of sexual abuse or harassment that had occurred at their facility. The PREA Coordinator maintains copies of the communications between the agencies and documents it on the PREA database.

Standard 115.64 Staff first responder duties

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

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

The agency has a policy that outlines the role of the first responder for allegations of sexual abuse for all staff. According to that policy the following shall be used when a sexual misconduct incident or allegation is reported to, or observed by a staff member.

- The first priority shall be the safety and security of the alleged victim.
- Corrections Health and/or mental health services will be requested

- If needed, emergency medical services will be activated
- Care shall be taken to preserve any evidence and the crime scene
- Discourage the victim from washing hands, brushing teeth, eating, drinking, using toilet, showering or changing clothes, and advise that those actions may destroy evidence
- Do not allow the inmate suspect to shower, wash hands, brush teeth, eat, drink, use the toilet or change clothes as appropriate

Interviews with a staff that had acted as a first responder confirmed the process. The staff member separated the alleged victim and abuser, preserved the crime scene, requested the alleged victim not take any actions that could destroy physical evidence, ensure that the alleged abuser does not take any actions to destroy physical evidence, and notify medical and mental health practitioners.

Standard 115.65 Coordinated response

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

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

The facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse.

Staff first responders

- The first priority shall be the safety and security of the alleged victim
- Corrections Health and/or mental health services will be requested
- If needed, emergency medical services will be activated
- Care shall be taken to preserve any evidence and the crime scene
- Notify the on duty supervisor immediately
- Complete an Information Report

Supervisor

- The supervisor will immediately notify the Shift Lieutenant
- The supervisor will take any immediate action necessary to separate the parties involved in the alleged sexual conduct
- If a crime scene exists, the scene will be secured and the sergeant shall ensure security is maintained until Sheriff’s Office detectives arrive
- The OIC shall contact the on-duty Jail Detective during their scheduled hours, or if outside the Jail Detective hours, the on-duty Law Enforcement Sergeant will be notified of the report for an investigative response to a possible crime
- Complete the PREA Response Supervisor Protocol and forward to the PREA Coordinator and Jail Detective
- Write a brief description of the incident including victim and alleged inmate perpetrator names and send email to notify the PREA Coordinator, Jail Detective and Mental Health
- Request video of the area where the alleged incident occurred
- Contact Classification to determine appropriate housing for the victim and/or alleged perpetrator and add keep separates where applicable
- Contact Mental Health if immediate assistance is necessary
- Ensure disciplinary paperwork is completed, where appropriate

Investigators

- Responding Law Enforcement will determine if a Sexual Assault Forensic Evidence Kit is required
- The OIC will assist Law Enforcement with notification to Corrections Health

Corrections Health

- Once contacted, Corrections Health shall request medical response from the Sexual Assault Nurse Examiners

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The policy requires that if needed, the supervisor will take any immediate action necessary to separate the parties involved in the alleged sexual conduct. This may include relieving a staff member from duty.

In interviews with the Chief Deputy it was confirmed that the collective bargaining agreement permits the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

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

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

Section 9.3.4, Custodial Sexual Misconduct outlines the agency’s protection against retaliation. Retaliation of any type will be grounds for disciplinary action. An inmate who reports sexual abuse or sexual harassment or cooperates with an investigation shall be monitored for retaliation by inmates and staff.

- The PREA Compliance Manager will conduct periodic status checks with the inmate
- Documentation of the periodic check-ins will occur
- Inmate disciplinary reports, classification updates, housing changes and diary entries will be reviewed
- Retaliation will be monitored for a minimum of 90 days and will continue as necessary
- Monitoring will stop if the case is determined to be unfounded or if the inmate is released
- Protection measures should include housing changes or transfers for inmate victims or abusers, removal of staff or inmate abusers from contact with victims and keep separate status added between involved inmates
- Emotional support services will be provided by the facility’s mental health professionals
- Inmates who report past sexual abuse cases and fear retaliation will also be monitored as needed

A staff member who reports another staff member’s involvement in a sexual abuse or sexual harassment incident or cooperates with an investigation involving another staff member shall be monitored for retaliation by staff.

- The Facility Services Commander will monitor retaliation by having periodic check-ins with the staff member and look for negative reports or post reassignment of the staff member
- Documentation of the periodic check-ins will occur
- Retaliation shall be monitored for a minimum of 90 days and will continue as necessary
- The staff member can relay any information regarding retaliation directly to Internal Affairs, to the Facility Commander or to any supervisor, who will forward the report for investigation
- If the staff member directly reports to the Facility Services Commander, a Facility Captain or Exempt Supervisor will monitor for retaliation to avoid conflict of interest

Through interviews with the designated staff that monitors retaliations the auditor was able to confirm that use standard questions about retaliation, follow up with periodic checks, and document those checks. Measures taken to protect those inmates and staff from retaliation

include housing changes, transfers, and removal of the alleged abuser. They would monitor for 90 days and continue to monitor as needed or until the inmate was no longer housed at the facility.

Standard 115.68 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates may only be placed in Protective Custody when a documented need for protection from the general inmate population exists. The Classification Unit staff shall identify Protective Custody needs through information received in a Classification interview. Protective Custody shall be used only when no reasonable alternative exists. Interviews with the Facility Commander found that the facility has multiple ways to separate inmates without utilizing Protective Custody and they would develop management plans to assist in separation.

The Corrections Division Operational Policy and Procedure Manual states that programs, recreation, education, privileges and work opportunities will be provided to inmates in Protective Custody. Limitations placed on an inmate's participation in programmatic activities must be documented including the program title, the duration and reason for the limitation.

The Classification Unit shall regularly review the files of inmates held in Protective Custody or at a minimum every 30 days to ensure their need for special housing is still warranted. Documentation will include the basis for concern for the inmate's safety and the reason no alternative housing can be arranged.

Through interviews with the Facility Commander it was confirmed that inmates would only be housed in Protective Custody until other housing could be arranged. The auditor also reviewed the Classification Summary Report to confirm that the facility affords inmates a review every 30 days to determine whether there is a continuing need for separation from the general population.

A review of inmates housed in vulnerable housing found that no inmates were housed there for PREA related issues.

Standard 115.71 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 discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency policy requires that staff accept reports made verbally, in writing, anonymously, and from third parties. Allegations of sexual abuse that occur within the facilities will be investigated by the Multnomah county Jail Detective or another Law Enforcement Officer, if the Jail Detective is unavailable. Sexual Harassment complaints will be referred to the Multnomah County Jail Detective for subsequent investigation. Interviews with investigators found that the investigation would be initiated fairly quickly and the initial report may be taken by a deputy. Anonymous and third-party reports are handled and investigated the same as any other just harder because you don't have a

name as a starting point.

The agency provided PREA training records for the detectives and the auditor was able to confirm that the detectives had completed the required specialized training for investigators. The agency also maintains certificates of the specialized training.

According to the MCSO LE Operational Procedures Manual section 1.1.3 the investigation shall include but not be limited to:

- Establishing whether a criminal act has been committed, the elements of the crime, and what crime has occurred
- Securing all available information at the scene, making a search of the crime scene, and/or preserving the crime scene for processing by assigned detectives
- Interviewing both victim(s) and witness(es) at the scene
- Responsibility to see that a proper physical exam is conducted on the victim of a rape within a correctional facility
- When responding to sexual assaults within any Multnomah County Correctional Facility, the Law Enforcement Deputy should coordinate with Corrections Health personnel for a Sexual Assault Nurse Examiner and a Rape Victim Advocate to respond directly to the facility

Interviews with investigators confirmed the process that they would evaluate the complaint, separate the victim, process the scene, conduct interviews and gather any evidence such as physical, video and prior complaints.

Interviews with investigators found that they would not conduct compelled interviews and would wait until the criminal case was over before IA gets involved. Credibility of an alleged victim, suspect, or witness is based on the other evidence that is collected. Under no circumstances would investigators require an inmate who alleges sexual abuse to submit to a polygraph examination.

All cases of sexual abuse and sexual harassment will be logged and tracked in the PREA database.

- Documents will be kept confidential and secure
- Police reports, EZWriter reports and other relevant information will be collected in the PREA database
- An objective assessment of involved parties will be made and status as an inmate or staff member will not affect credibility
- The departure of the victim or alleged perpetrator from the agency or from the agency's custody will not close an investigation until all opportunities to gather evidence are completed, unless the information provided is too minimal or vague to assist in an investigation
- Each case file will include a description of the incident, physical or testimonial evidence, reasons behind credibility assessments, investigative facts or findings and the reasoning used to determine the disposition
- Criminal case files will also include copies of all documentary evidence where feasible
- Each case will have a final disposition of substantiated, unsubstantiated, unfounded, referral to other agency or unable to investigate
- The disposition in each case is based on a preponderance of the evidence, unless criminal behavior is indicated
- All incidents that indicate criminal behavior will be sent to the District Attorney's Office for review and prosecution, where appropriate
- All incidents that indicate an internal policy violation will be sent to Internal affairs for investigation

The agency shall retain all written reports on sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

Section 9.3.10, Sexual Abuse and Sexual Harassment investigatory Records states that the disposition in each case is based on a preponderance of the evidence, unless criminal behavior is indicated. During interviews with investigators it was confirmed that they would look at the totality of the evidence and if it tipped the scale then they would have enough evidence to substantiate allegations of sexual abuse or sexual harassment.

Standard 115.73 Reporting to inmates

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

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

Section 9.3.11, Reporting Findings to the Inmate or Staff Member states that following an investigation into an inmate's allegation of sexual abuse or sexual harassment, the inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Interviews with the Facility Commander and Investigator confirmed that the facility notifies inmates who make allegations of sexual abuse or sexual harassment when the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the allegation is against another agency, the inmate will be notified of the outcome of their case when information is received from the other agency.

Notification will be provided to the inmate when the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to the sexual abuse and/or the agency learns that the staff member has been convicted on a charge related to the sexual abuse within the facility.

Notification will occur when the agency learns that the inmate abuser has been indicted on a charge related to sexual abuse and/or the agency learns that the inmate abuser has been convicted on a charge related to the sexual abuse.

All notifications will be documented.

Standard 115.76 Disciplinary sanctions for staff

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

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

The Agency Manual Policies and Procedures, section 3.19 Custodial Sexual Misconduct states that it is the policy of the Sheriff's Office that any form of sexual contact between members, volunteers, visitors, contract employees or other agency representatives and an offender or involved person is strictly prohibited and will be grounds for disciplinary action up to and including termination. The Sheriff's Office shall maintain an environment that is free from any form of custodial sexual misconduct.

A member who violates the Sheriff's Office policy regarding prohibited conduct shall be subject to corrective action proportionate to the seriousness of the violation.

All incidents that indicate criminal behavior will be sent for prosecution. All incidents that indicate an internal policy violation will be sent to Internal Affairs for investigation and possible disciplinary action up to and including termination. The departure of the victim or alleged perpetrator from the agency will not close an investigation. Termination for violations of the agency sexual abuse or sexual harassment policies or resignations by staff that would have been terminated would still be investigated and reported to the Department of Public Safety Standards and Training, which is the certifying body for deputies.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The Facility Entry Agreement has the contractors and volunteer initial and sign that they have read and understand the PREA information provided and that they understand that they will be held accountable to the zero-tolerance standard set in PREA. They also sign that they understand that if they violate any condition of this agreement, or any jail rules set forth, they will be removed from the facility and/or work being performed. In addition contract language states that any contractor or staff who engages in sexual abuse shall be prohibited from contact with inmates and will be reported to Law Enforcement for investigation and determination for criminal prosecution.

MCSO will take immediate administrative remedial measures and will consider all information to determine if the contractor or staff can have further future contact with inmates based upon determination of Law Enforcement. Interviews with the Facility Commander confirm that any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer would result in their removal. They would meet with the contractor and the person in question would be removed during the investigation. Depending on the results of the investigation they could come back.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an incident of inmate-on-inmates sexual abuse. The hearings Officer shall conduct a hearing within the time frame specified even if the criminal investigation is not complete. Regardless of whether the criminal investigative interview has occurred, the Hearings Officer shall begin the disciplinary hearing by providing the inmate with the notice. Administrative and criminal prosecutions of inmate violations shall be processed independently, with neither being dependent upon, no limiting, the other.

Sanctions are based off a grid that considers the nature and circumstances of the abuse committed, the inmates disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Additional factors considered from the grid include medical concerns/issues and mental health when determining what type of sanction, if any, should be imposed. Interviews with the Facility Commander confirm that the sanctions are proportionate to the nature and circumstance of the abuses and that this is determined through a hearing. In that hearing mental disability and/or mental illness are considered when determining sanctions.

Through interviews with mental health staff the auditor found that they would consider whether to offer therapy, counseling, or other intervention services to offending inmates. They would conduct a 14 day follow up and opportunity for support and safety concerns. Mental health services are voluntary and would not be required as a condition of access to programming or other benefits.

Inmates will be disciplined for sexual contact with staff, only if the staff member did not consent to the contact. Inmates will not be disciplined for false allegations that were made in good faith that alleged conduct occurred.

Sexual conduct between any persons in the jail, even if it is consensual, is prohibited. Consensual acts are on a separate area of the hearing grid and not deemed as sexual abuse.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

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

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

Corrections Health policy requires that if the client indicates that prior sexual victimization has occurred, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education and programs.

If the client declines to report the abuse, Corrections Health will provide both medical and psychological care at the level the client requests while in custody. If the client would like a referral for post-release counseling, one will be made by mental health. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.

Standard 115.82 Access to emergency medical and mental health services

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

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

Corrections Health policy states that victims of sexual abuse shall receive emergency medical treatment and crisis intervention services determined by Medical and Mental Health staff. Through interviews with medical and mental health staff it was confirmed that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and acute prioritization by mental health. This is done immediately by medical and then a referral to mental health. The nature and scope of services are determined according to their professional judgement.

First responders are trained that the first priority is the safety and security of the alleged victim and then notification to Corrections Health and/or mental health.

Victims of sexual abuse who have experienced vaginal penetration should be offered a pregnancy test at the time of their evaluation and if the test is negative should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Clients will also receive prophylaxis treatment if not already provided and a mental health follow-up appointment after reporting sexual abuse in custody.

Treatment service will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

Victims of sexual abuse shall receive emergency medical treatment and crisis intervention services determined by Medical and Mental Health staff. Corrections Health assesses the inmate and will make follow-up plans for housing and keep separate status for the victim. Treatment and evaluations should include follow-up services, treatment plans, referrals for continued care following transfer or release, and shall be consistent with the community level of care.

Victims of sexual abuse who have experienced vaginal penetration should be offered a pregnancy test at the time of their evaluation and if the test is negative should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services. Clients will also receive prophylaxis treatment if not already provided and a mental health follow-up appointment after reporting sexual abuse in custody.

Treatment service will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Section 9.3.13, Sexual Abuse Incident Reviews outlines the process for Sexual Abuse Incident Reviews. A sexual abuse incident review will occur at the conclusion of all sexual abuse investigations unless the allegation has been determined to be unfounded. The review shall occur within 30 days from the conclusion of the investigation. The review team shall include the PREA Coordinator, Medical Staff and/or Mental Health Staff, the investigator, a line supervisor and the Facility Commander where the incident occurred.

The review team shall look at the following factors to determine improvements needed:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse
- Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility
- Whether the area in the facility where the incident allegedly occurred has physical barriers that may enable abuse
- Whether staffing levels in that area are adequate during different shifts
- Whether monitoring technology should be deployed or augmented to supplement supervision by staff

A report of the review team's findings will be prepared and submitted to the PREA Compliance Manager and Facility Commander. The facility shall implement the recommendations or document its reason for not doing so.

Standard 115.87 Data collection

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

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

Section 9.3.16, Data Collection, Reporting, and Access outlines the agency data collection process. Uniform data will be collected on each investigation and shall be maintained in the CIMS PREA database. Definitions used to determine the outcome of an incident are based on the Department of Justice Prisons and Jail Standards. All reports, investigative files, and support documents will be used to determine the finding in the case.

The data in the reports will be collected and aggregated annually to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training.

Standard 115.88 Data review for corrective action

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

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

The data in the reports will be collected and aggregated annually to assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training. An annual report will be created to identify problem areas, show corrective action on an ongoing basis and present findings.

The report will include a comparison of the current year's data and corrective action with those from prior years and shall assess progress in addressing sexual abuse. The report will be approved by the Sheriff and the report will be published on the MCSO website. Information may be redacted when a clear and specific threat to the safety and security of the facility is presented and personal identifiers will be removed. The nature of the information must be indicated.

Standard 115.89 Data storage, publication, and destruction

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

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

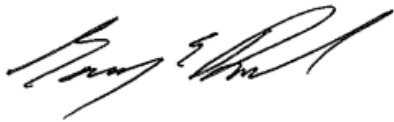
The data in the reports will be collected and aggregated annually. All data will be kept secure and share only as needed for evaluation, investigation, and classification decisions. The report will be published on the MCSO website. Before making the annual aggregated report publicly available information may be redacted and personal identifiers will be removed. Data will be maintained for a minimum of 10 years from initial collection.

AUDITOR CERTIFICATION

I certify that:

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

Garry E. Russell



6/19/2017

Auditor Signature

Date