

PREA AUDIT: AUDITOR'S SUMMARY REPORT COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: T.J. Mahoney & Associates, Inc.	
Physical address: 524 Kaaahi St., Honolulu, Hawaii 96817	
Date report submitted: 07 January 2015	
Auditor Information	
Address:	PO Box 999, Canon City, CO 81215
Email:	Doug.Wilson@state.co.us
Telephone number:	(719) 269-5016
Date of facility visit:	November 2-5, 2014
Facility Information	
Facility mailing address: (if different from above)	3900 Paradise Road, Suite 257 Las Vegas, NV 89169
Telephone number:	702-369-0150
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input type="checkbox"/> State
	<input checked="" type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Community treatment center <input checked="" type="checkbox"/> Community based confinement facility <input type="checkbox"/> Other:
	<input type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center
Name of Facility Head: Kandy Key	Title: Dir. of Operations
Email address: Kkey@tjmahoney.com	Telephone number: 702-285-3770
Name of PREA Compliance Manager (if applicable):	Title:
Email address:	Telephone number:
Agency Information	
Name of agency: T.J. Mahoney & Associates, Inc.	
Governing authority or parent agency: (if applicable) Not Applicable	
Physical address: 524 Kaaahi Street, Honolulu Hawaii 96817	
Mailing address: (if different from above) 3900 Paradise Road, Suite 257, Las Vegas, NV 89169	
Telephone number: 702-369-0150	
Agency Chief Executive Officer	
Name: Kirk B. Lenhard	Title: Executive Vice President
Email address: klenhard@bhfs.com	Telephone number: 702-595-3941
Agency-Wide PREA Coordinator	
Name: Kandy Key	Title: Director of Operations
Email address: Kkey@tjmahoney.com	Telephone number: 702-285-3770

AUDIT FINDINGS

NARRATIVE:

The audit team was comprised of Colorado Department of Corrections staff including Department of Justice certified PREA auditor and Colorado Administrative Services Manager; Doug Wilson, and Colorado Operations Manager Travis Brubaker. Specific procedures and instruments utilized for this audit were obtained from the PREA Resource Center.

This final report summarizes audit procedures that took place at T.J. Mahoney & Associates over November 2-5, 2014. This facility is administered by two directors, one for the State contract and one for the Federal contract.

An initial and brief tour was conducted prior to the audit start on November 1, 2014. An extensive tour of the entire facility was completed on day one of the audit. All areas of the facility were viewed and interviews of staff and residents were conducted at various areas throughout the facility as outlined in the PREA interview protocol. Select specialized staff interviews were conducted on site. Site visits were conducted on all three shifts. Residents were randomly selected utilizing facility rosters, and no residents wrote to us prior to our arrival to report any sexual abuse. Resident interviews took place in private offices in the administration area. A large amount of collateral electronic documentation was collected by the team throughout this process and will be retained for 12 months from the end of this audits conclusion then destroyed.

DESCRIPTION OF FACILITY CHARACTERISTICS:

T. J. Mahoney & Associates, Inc. is a ninety (90) bed Residential Reentry Center located in the Iwilei neighborhood of Honolulu, Oahu, Hawaii.

This is a three floor structure; the first floor provides 7,527 square feet of commercial space used for offices, visitation/classroom/ computer lab area, laundry room, maintenance room, storage and recreation areas. Each residential floor includes thirteen (13) apartments for a total of twenty-six (26) residential units total in the building. The combined gross square footage of the second and third floors is 20,186 gross square feet including walkways for residential use. The second and third floors provide identical numbers of apartments and apartment configurations. The residential floors include 18,878 gross square feet of living area. Each residential floor comprises 13 apartments, of which 9 have living areas of 756 square feet, while one each has 753, 684, 655 and 543 square feet. Each living unit contains two bedrooms, one private bath, one kitchen/dining area, and one living area. Each unit is furnished with beds (including drawers), closets, living/dining furniture and a television set.

Units 204 (female) and 209 (male) are ADA compliant apartments. The resident laundry room provides six (6) washers and (6) dryers located on the ground floor.

Access to the building is through a 24-hour manned security office or through controlled gates for parking access only. Residents are monitored throughout the facility by via a closed-circuit security camera system comprised of 34 cameras and a monitoring station in the Security and Director's offices. Common areas are all monitored by security cameras. In addition, security staff conduct hourly facility rounds through all apartments and common areas.

Female residents are housed in separate apartments from male residents. The female designated apartments are located together on the first floor next to a centrally located stairwell that may only be used by female residents except in the case of an emergency evacuation. Male residents are restricted from the area of the female apartments and must exit their apartment areas via a separate stairwell at the other end of the building. The male and female areas are also separated by electronic barrier that sounds an alarm at the site and in the security office when entering the vicinity of the barrier.

Male and female residents utilize completely separate outdoor recreational areas (to include separate exercise equipment). They also have separate schedules for the use of the indoor multi-purpose room which includes a computer area, big screen TV for movie nights, classes, visitation and additional exercise equipment. These areas are all monitored by security cameras. Male and female residents are not allowed use of the laundry room at the same time.

SUMMARY OF AUDIT FINDINGS:

The audit team was impressed with the level of readiness and culture displayed. This facility is very creative with resident programs and has a very safe a warm atmosphere for staff, residents and visitors. The staff and resident moral and attitude was extremely positive. Communication between administration and line staff was seamless. Communication between staff and residents was motivating, professional and positive. All staff interviewed were familiar with PREA, their reporting obligations and proper response. Residents interviewed were familiar with PREA and proclaimed their feeling of safety and their comfort at the facility. The facility layout and physical plant allowed self-contained apartments for residents to include an on suite and kitchen. Opposite gender staff rarely enter the areas of opposite gender residents but do announce their presence when this occurs. The team observed that PREA posters and information were visible in all living areas and throughout the facility.

- Number of standards exceeded: 3
- Number of standards met: 36
- Number of standards not met: 0
- Number of standards N/A: 0

115.211	ZERO TOLERANCE OF SEXUAL ABUSE AND SEXUAL HARASSMENT; PREA COORDINATOR
<input type="checkbox"/> Exceeds Standard (substantially exceeds requirement of standard)	
<input checked="" type="checkbox"/> Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)	
<input type="checkbox"/> Does Not Meet Standard (requires corrective action)	

Auditor comments, including corrective actions needed if does not meet standard

The agency has a PREA policy, 2500.01 which emphasis zero-tolerance. T.J. Mahoney has an agency wide PREA coordinator and a compliance manager that is assigned to the facility. The compliance manager coordinates the facility's effort to comply with the PREA standards.

115.212	CONTRACTING WITH OTHER ENTITIES FOR THE CONFINEMENT OF RESIDENTS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency does not contract for the confinement of their residents with other entities.

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

Auditor comments, including corrective actions needed if does not meet standard

A staffing plan was provided that addressed all components of the standard. Documentation and staff interviews confirmed that the coordinator was able to tour and meet with the facility, to review all components of the facility's physical plant, the composition of the resident population, the number and placement of supervisory staff, institutional programs that occur and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The provided plan was exceptional and substantially exceeded the requirement of the standard.

115.215	LIMITS TO CROSS GENDER VIEWING AND SEARCHES
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency does not allow cross-gender strip searches or cross-gender visual body cavity searches.

The facility provides residents the ability to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them by providing a private bath and shower in each apartment.

The state facility side, only employee female staff. The federal side houses male and female residents. Both staff and residents (state and federal) confirmed that anytime opposite gender rounds occur, an announcement is made.

The private restrooms/showers exceed the requirement and disallow any opportunity for cross gender viewing.

115.216

RESIDENTS WITH DISABILITIES AND RESIDENTS WHO ARE LIMITED ENGLISH PROFICIENT

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility provides a PREA informational brochure and resident manual to residents during orientation. Residents with disabilities and residents who are limited English proficient can be provided with access to interpreters or staff who will provide the information in a language or format so that the resident can understand the information being provided.

Court interpreters are available and used if needed.

115.217

HIRING AND PROMOTION DECISIONS

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency conducts background checks for new employees and on all promotions. In

addition, the background checks are to be conducted at least every five years for current employees and contractors.

The PREA policy states that every employee, new hires, contractors, volunteers, and interns and all promotions shall have a background conducted every five years. TJMA has no background checks older than 2 years.

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

Auditor comments, including corrective actions needed if does not meet standard

No substantial expansions or modifications were made since August 20, 2012. The facility purchased/installed new Digital Video Recorder's in this review period and documents how this technology could enhance the agency's ability to protect residents from sexual abuse.

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA has aggressively attempted to gain a signed MOU with Honolulu Police Department who is responsible to respond and investigate allegations of sexual abuse. HPD elected not sign the MOU but has provided response that shows that the standards outlined in the MOU are their standard of practice and investigative avenues, thus satisfying the standards.

No youth residents are housed at TJMA in Hawaii.

The local medical center would provide a forensic medical exam by a SANE and test for sexually transmitted diseases. The victim would be offered an advocate during/after the exam.

115.222	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility refers all allegations to HPD for investigation to determine if the allegations are criminal or administrative. If the elements of the allegation are administrative, it is investigated based on the determination of type of investigation needed.

The policy governing the conduct of these investigations is covered in the agency's policy 2500.01.

115.231	POLICIES TO ENSURE REFERRALS OF ALLEGATIONS FOR INVESTIGATIONS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Employees are trained in all the required elements of the standard. Employees are required to demonstrate an understanding of the training they received by answering a questions during the training.

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

Auditor comments, including corrective actions needed if does not meet standard

Contractors and volunteers are trained in all the required elements. Training records were reviewed and an interview with a volunteer showed a clear understanding of PREA training.

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

Auditor comments, including corrective actions needed if does not meet standard

Witnessed during the intake process that residents received information about zero tolerance and how to report any incidents/suspicious of sexual abuse/harassment and their rights to be free from sexual abuse. Policy 2500.01 clearly indicates compliance with the standard. Intake staff were knowledgeable of the policy and showed compliance during the intake process. Documentation was provided to show all residents received this information.

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

Auditor comments, including corrective actions needed if does not meet standard

Honolulu Police Department conducts investigations on criminal abuse.

115.235	SPECIALIZED TRAINING: MEDICAL AND MENTAL HEALTH CARE
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Medical/Mental Health staff are not employed. MOU with Sex Abuse Treatment Center/ Kapiolani Hospital provided indicated that the standard of care is equal to this standard.

115.241	SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Intake was observed and all residents are assessed during intake/screening for risk of sexual abuse. Policy 1100.06 Page 1-3 (with in 72 hours) but usually happens immediately upon arrival. Intake/receiving staff were observed and interviewed indicating compliance with this standard. Interviews with residents also confirmed the screening took place and that the population is aware they may not be disciplined for refusing to answer questions during screening (2500.01 pg 9).

115.242

USE OF SCREENING INFORMATION

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency utilizes information from the risk screening to make all assignments (2500.01 pg 8). The PREA coordinator, screening staff and resident interviews indicated compliance with this standard.

115.251

RESIDENT REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The agency provides more than one way to privately report any abuse, harassment or retaliation. Verified the reporting lines that are available for reporting. (844)-522-9222 and (808)-524-7273). Staff interviews showed compliance with acceptance of reports/reporting (policy 2500.01 pg 11).

115.252

EXHAUSTION OF ADMINISTRATIVE REMEDIES

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard)

for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Well written policy demonstrates compliance (2500.01 pg 11-12, 1300.03 pg 1-4). TJMA does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A process does allow residents to submit to other than the individual who is subject of the complaint. No residents currently housed have filed a grievance to interview. There has been no third party assistance in this review period.

115.253

RESIDENT ACCESS TO OUTSIDE CONFIDENTIAL SUPPORT SERVICES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

The facility/agency provides access to outside victim advocates for support. MOU with Sex Abuse Treatment Center/ Kapiolani Hospital was reviewed. Interviews of random residents indicated knowledge of this access. Policy also supports the MOU indicating compliance (2500.01 pg 8).

115.254

THIRD-PARTY REPORTING

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA has established a method to receive third-party reports of sexual abuse/harassment and has this listed on the TJMA website.

115.261

STAFF AND AGENCY REPORTING DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA requires all staff to report immediately; any knowledge/suspicion/information regarding an incident of sexual abuse/harassment. Random staff interviews prove knowledge of this and policy supports it (2500.01 pg 11).

115.262 AGENCY PROTECTION DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA director as well as random staff interviews indicated knowledge of this standard as well as policy (2500.01 pg 13-14). The agency takes any report serious and takes immediate action to protect the resident.

115.263 REPORTING TO OTHER CONFINEMENT FACILITIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA policy supports this standard (2500.01 pg 13-14). There have been no incidents/allegations during this review period to review. Interview responses demonstrate knowledge of the policy and that the practice would mirror policy should an allegation come forth.

115.264 STAFF FIRST RESPONDER DUTIES

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA has had no allegations of abuse that caused first responder needs. Policy (2500.01 pg 13-14) identifies requirements of responders. Random staff interviews proved knowledge of the policy should the need arise.

115.265 COORDINATED RESPONSE

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA developed a written plan (2500.01 pg 14) to coordinate actions taken in response to an incident of sexual abuse to include those actions of first responders and facility leadership.

115.266 PRESERVATION OF ABILITY TO PROTECT RESIDENTS FROM CONTACT WITH ABUSERS

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA has not entered into a collective bargaining on behalf of the agency or renewed any collective bargaining agreement since August 20, 2012. A memo from the Director of Operations was provided as supporting documentation of this. The Agency Head interview supported this.

115.267 AGENCY PROTECTION AGAINST RETALIATION

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA established a policy to protect all residents and staff who report sexual abuse/harassment (or cooperate) from retaliation (2500.01 pg 7-8). The interviews of the Agency Head, Director and staff responsible to monitor indicated knowledge of said policy.

115.271

CRIMINAL AND ADMINISTRATIVE AGENCY INVESTIGATIONS

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA has sought a MOU from Honolulu Police Department to show compliance with this standard. A response from HPD shows the attempt and standard of investigation that would be conducted by HPD was adequate. A MOU does not currently exist, but effort from TJMA was observed.

115.272

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 comments, including corrective actions needed if does not meet standard

TJMA does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated (2500.01 pg 15).

115.273

REPORTING TO RESIDENTS

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA has had only one (1) allegation and was not criminal in nature. The agency did provide a letter written to the alleged victim informing her as to the status of the allegation. The resident was no longer at TJMA and said letter was mailed to the resident.

115.276 DISCIPLINARY SANCTIONS FOR STAFF

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment policies (2500.01 pg 16- 17). TJMA has had no staff violate this policy in this review period.

115.277 CORRECTIVE ACTION FOR CONTRACTORS AND VOLUNTEERS

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA contractor/volunteers who engage in sexual abuse is prohibited from contact with the residents and shall be reported to law enforcement (2500.01 pg 17). There have been no incidents of this nature this review period. The Director interview indicated knowledge of this standard and confirmed that there had been no incidents.

115.278 DISCIPLINARY SANCTIONS FOR RESIDENTS

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA residents are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse or following and criminal finding of guilt for resident on resident

sexual abuse (policy 2500.01 pg 16-17). TJMA has had zero incidents of this nature during this review period. The Director interview indicated knowledge of this policy and confirmed that there had been no incidents.

115.282	ACCESS TO EMERGENCY MEDICAL AND MENTAL HEALTH SERVICES
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services to include emergency contraception at no cost to the resident. MOU with Sex Abuse Treatment Center/ Kapiolani Hospital was reviewed and meets this standard.

115.283	ONGOING MEDICAL AND MENTAL HEALTH CARE FOR SEXUAL ABUSE VICTIMS AND ABUSERS
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

TJMA offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized in any prison, jail, lockup, or juvenile facility. This includes follow up services as needed. Resident victims of vaginal penetration shall be offered pregnancy test (2500.01 pg 17). There have been no incidents this review period of this nature.

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA conducts a review at the conclusion of every investigation (2500.01 pg 17-18). There was a single unfounded report during this review period that was reviewed. The review took place within 30 days of the conclusion of the investigation. The review of this standard showed that upper management is very involved and responsive to any report that could be PREA related.

115.287 DATA COLLECTION

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA collects accurate, uniform data for any allegation of sexual abuse using standardized instrument and set of definitions TJMA aggregates the incident based sexual abuse data annually. Report was provided and reviewed (2500.01 pg 18-19).

115.288 DATA REVIEW FOR CORRECTIVE ACTION

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

Auditor comments, including corrective actions needed if does not meet standard

TJMA reviews data collected pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, policies, practices and training. The interviews of the Agency Head/PREA coordinator proved knowledge of the policy and this standard.

115.289 DATA STORAGE, PUBLICATION, AND DESTRUCTION

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

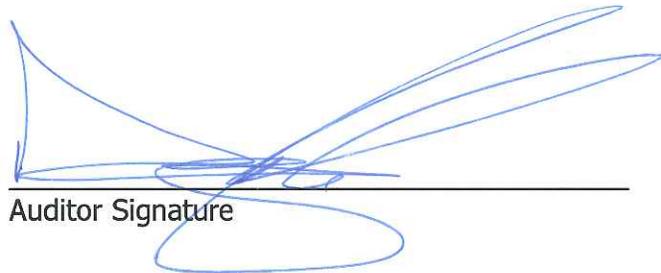
Auditor comments, including corrective actions needed if does not meet standard

All PREA data is collected and secured/retained. Aggregated data from facilities under

TJMA control is readily available to the public on their Website (TJMahoney.com) with personal identifiers removed (2500.01 pg 18-19). The agency retains this data in accordance with the standard.

AUDITOR CERTIFICATION:

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



Auditor Signature

Date 07 Jan 2015