

**PREA AUDIT REPORT    Interim    Final  
COMMUNITY CONFINEMENT FACILITIES**

**Date of report:** 15 February 2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 910-750-9005			
<b>Date of facility visit:</b> 15 February 2017			
<b>Facility Information</b>			
<b>Facility name:</b> A.B.O.D.E Treatment Inc.			
<b>Facility physical address:</b> 723 S. Peak Street, Dallas, TX 75223			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 817-246-8677 (ext 500)			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Sylvie Wagnon (acting)			
<b>Number of staff assigned to the facility in the last 12 months:</b> 16			
<b>Designed facility capacity:</b> 75			
<b>Current population of facility:</b> 70			
<b>Facility security levels/inmate custody levels:</b> Trustee/Restriction			
<b>Age range of the population:</b> 18-65			
<b>Name of PREA Compliance Manager:</b> Demetris McDowell		<b>Title:</b> Administrative Assistant	
<b>Email address:</b> demetris.mcdowell@abodetreatment.com		<b>Telephone number:</b> 817-246-8677 ext.700	
<b>Agency Information</b>			
<b>Name of agency:</b> A.B.O.D.E. Treatment, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Texas Department of Criminal Justice			
<b>Physical address:</b> 2018 Evans Avenue, Fort Worth, Texas 76104			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 817-246-8677			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> McKinley W. Knox, Jr.		<b>Title:</b> CEO and President	
<b>Email address:</b> abode76108@yahoo.com		<b>Telephone number:</b> 817-246-8677 ext.700	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Mark Gibson		<b>Title:</b> Program Compliance Specialist	
<b>Email address:</b> mgibson.abode@yahoo.com		<b>Telephone number:</b> 817-246-8677 ext.700	

## **AUDIT FINDINGS**

### **NARRATIVE**

The PREA Audit of the A.B.O.D.E Treatment Center at 723 S. Peak Street, Dallas, Texas was conducted on February 15, 2017, by United States Department of Justice Certified PREA Auditor Marc L. Coudriet, Certified PREA Auditor. Prior to the audit, the A.B.O.D.E Treatment Center staff provided the auditor with appropriate policies, procedures and facility documentation related to the standards for review. No female residents are housed at the A.B.O.D.E Treatment Center. The audit was coordinated and contracted through the A.B.O.D.E Treatment, Inc PREA Compliance Manager, on behalf of the A.B.O.D.E Treatment, Inc. CEO and President. An entrance briefing was conducted at 10:00 AM in the A.B.O.D.E Treatment Center conference room, the following personnel were in attendance with the auditor: A.B.O.D.E. Treatment, Inc Facility Directors, PREA Compliance Manager and Texas Department of Criminal Justice (TCDJ) Contract Monitor. An audit tour of the A.B.O.D.E Treatment Center was conducted with the Facility Director and the A.B.O.D.E Treatment, Inc. PREA Compliance Manager. All areas of the A.B.O.D.E Treatment Center were toured including, intake, all resident housing areas, food service, group meeting areas, work areas and the recreation areas. The auditor informally interviewed (3) staff and (2) residents during the tour.

The PREA Resource Audit Instrument used for Community Confinement Facilities was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation.

Following the protocols of making contacts, and checking on the posting of notices the auditor reviewed each item on the Pre-Audit Questionnaire any additional material presented prior to, during and following the audit visit.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

ABODE Treatment, Inc., founded in April 1994, provides chemical dependency treatment services to clients of the criminal justice system as well as the general population. The corporation is a wholly owned private corporation.

There is a very high percentage of substance abusers who have been diagnosed with behavioral and addictive problems that can be alleviated by proper treatment. Many of these problems occur because of a lack of the “basics” needed to function within society.

ABODE Treatment, Inc. provides treatment programs to the Texas Department of Criminal Justice clients as well as the general population. All programs are staffed by Qualified Credentialed Counselors (QCC) who are licensed by the Texas Department of State Health Services.

Volunteer ministry services are permitted at the A.B.O.D.E. Treatment, Inc. residential facilities. A.B.O.D.E. Treatment, Inc. does not have an on-site Medical Department, they use the Dallas City E911 system for emergency assistance, however, all A.B.O.D.E. Treatment, Inc. employees are training in first aid for minor and triage care. Residence are seen at the Dallas County-Parkland Hospital for medical care and are seen through the State of Texas Mental Health Services for advanced mental health care, if needed.

There are 6 dormitory style-housing areas, these areas are covered by assigned and roving staff, assisted using security cameras; there are privacy type curtains for showers, toilet stalls and residents change clothes behind curtains for privacy.

There is an iron rod fence that surrounds the parking and entrance of the building, Staff are assigned at the front entry during working hours to provide control for all staff /visitor entry and exit. Access Control posts are located near the intake area and are manned 24 hours a day.

## **SUMMARY OF AUDIT FINDINGS**

A.B.O.D.E Treatment Center Facility Director, Sylvie Wagnon and A.B.O.D.E Treatment, Inc PREA Compliance Manager, Demetris McDowell provided the PREA standards files for review, these files were used to complete most of the information on the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other documents to identify additional information that might be required during the site visit. Additional information of the A.B.O.D.E Treatment Center was provided upon arrive to A.B.O.D.E Treatment Center at 723 S. Peak Street, Dallas, Texas.

The auditor conducted formal interviews with eleven (11) random and specialized staff and seven (7) residents at the A.B.O.D.E Treatment Center. The A.B.O.D.E Treatment Center does not have contracted staff at this facility. Formal interviews were conducted utilizing the PREA questionnaires with the following facility staff: Agency Contract Administrator, PREA Compliance Manager, Human Resource Managers, Administrative Staff, Staff who performs Investigations, staff who perform screening for risk of victimization and abusiveness, staff on the incident review team, the designated staff member charged with monitoring retaliation, intake staff, volunteers and random staff.

Number of standards exceeded: 3

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 3

**Standard 115.211 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)

Policy II-C, Pages 1 &2, outlines the Zero Tolerance Policy. The policy directs the appointment of a PREA Manager to coordinate the implementation of the PREA Plan at each facility. The PREA Plan also defines prohibited behavior regarding sexual abuse and sexual harassment. A.B.O.D.E Treatment, Inc., employs an upper level Agency Wide PREA Coordinator with sufficient time and authority to develop, implement and oversee the agency efforts to comply with the PREA Standards.

**Standard 115.212 Contracting with other entities for the confinement of residents**

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

**Not Applicable** - A.B.O.D.E Treatment, Inc. does not contract with other entities for the confinement of residents.

**Standard 115.213 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)

This finding is based on a review of the A.B.O.D.E. Treatment, Inc. administrative policy, Security Staffing, Staffing Plan, Staffing Rosters and Post Orders, staff interviews and observations the A.B.O.D.E. Treatment, Inc. meets this standard.

A.B.O.D.E. Treatment, Inc. has developed and documented the staffing plans that provide adequate levels of staffing for the A.B.O.D.E. Treatment Center. When deviations occur, they are properly documented, justified and explained. This auditor reviewed shift rosters and deviations were properly noted.

A.B.O.D.E. Treatment, Inc. has completed the required annual review of the staffing plans in consultation with the Agency PREA Coordinator as required by standard 115.11, to assess, determine and document whether adjustments to the staffing plans are needed.

A.B.O.D.E. Treatment, Inc. has met this standard by providing overlapping fields of observation and eliminating all known “blind spots”. They accomplished this using roving patrols whose observation capabilities are enhanced with outstanding placement and usage of cameras.

### **Standard 115.215 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)

A.B.O.D.E. Treatment, Inc. does not conduct strip or body cavity searches and their policy only permits pat down searches to be conducted by staff of the same gender as the resident. A.B.O.D.E. Treatment, Inc. policy required female staff to announce their presence in each housing area every time they enter the area. This policy requirement is posted on all walls near doors entering the housing areas. In the housing areas have identical shower stalls with a curtain design and restroom areas with partitions that adequately block the view of people in the berthing area.

### **Standard 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)

This auditor reviewed policies, conducted interviews and reviewed provided materials in making the determination of compliance. A.B.O.D.E. Treatment, Inc. aids those who are educationally limited and to those who do not speak English fluently. The residents and staff interviewed stated A.B.O.D.E. Treatment, Inc. takes appropriate steps to ensure residents with limited education have an equal opportunity to participate in or benefit from all aspects of the A.B.O.D.E. Treatment, Inc.'s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. There have been no instances in the past twelve months of the A.B.O.D.E. Treatment, Inc. resident interpreters to assist non-English speaking residents with PREA related issues. A.B.O.D.E. Treatment, Inc. does not have any deaf residents in its current population.

### **Standard 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)

This finding is based on a review of policies, a review of hiring applications, pre-hiring questionnaires and interviews with the Human Resource Manager. A.B.O.D.E. Treatment, Inc. do not hire or promote anyone who may have contact with residents, and do not enlist the services of any contractor who may have contact with residents, who has engaged in sexual abuse in any criminal justice facility, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion. The A.B.O.D.E. Treatment, Inc. considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. The A.B.O.D.E. Treatment, Inc. performs a criminal background records check before enlisting the services of any potential employee, volunteer and contractor who may have contact with residents. The TDCJ has established a flash notification process where if any staff member is apprehended by law enforcement and an NCIC check is conducted, the agency is immediately notified, as all staff fingerprints are on file.

### **Standard 115.218 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)

The A.B.O.D.E. Treatment, Inc. has last upgraded their video system after August 20, 2012. A.B.O.D.E. Treatment, Inc. policy requires the Facility Director to ensure video surveillance systems are used to protect residents against assault, extortion, and sexual abuse in accordance with the PREA Plan. This was considered in the upgrade of video equipment at the A.B.O.D.E. Treatment Center. The A.B.O.D.E. Treatment, Inc. has not had an upgrade to facilities or technology since August 20, 2012, however, A.B.O.D.E. Treatment, Inc. have effectively removed doors that created unnecessary “Blind Spots” or areas of risk to enhance the monitoring and safety surveillance of residents.

### **Standard 115.221 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)

This auditor reviewed all policies from TDCJ and policy III-B-01. Medical personnel from Parkland Hospital were also interviewed as well as the A.B.O.D.E. Treatment, Inc. Investigator. To the extent that the A.B.O.D.E. Treatment, Inc. is responsible for administratively investigating allegations of sexual abuse, they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Staff were knowledgeable of this procedure during interviews. The A.B.O.D.E. Treatment Center offers all victims of sexual abuse access to forensic medical examinations without financial cost, where evidentiary or medically appropriate. Such examinations are to be performed by Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) where possible. In the event a sexual abuse incident, the resident will be taken to the nearest hospital that has medical staff qualified to perform forensic medical exams, which is the Parkland Hospital in Dallas, Texas.

There have been no instances of forensic medical exams being conducted in the past twelve months. The A.B.O.D.E. Treatment, Inc. makes available to the victim a victim advocate from the State of Texas Mental Health Services who also provide mental/emotional services. TDCJ had issued a solicitation letter to victim advocacy groups in Texas and has an MOU with Families in Crisis, Inc. for rape crisis services and support.

### **Standard 115.222 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)

This finding is based on a review of policy III-B-01 and interviews with the A.B.O.D.E. Treatment, Inc. Investigator. A.B.O.D.E. Treatment, Inc. staff conducts the initial incident investigation and determines if it meets the requirements for a criminal investigation. If the incident is deemed to be a felony, then 911 is called and the Dallas City Police Department takes over the investigations.

The A.B.O.D.E. Treatment Center ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. A.B.O.D.E. Treatment, Inc. ensures that all allegations of employee wrongdoing are referred for investigation to the A.B.O.D.E. Treatment, Inc. Investigator.

A.B.O.D.E. Treatment, Inc. has a policy that ensures allegations of sexual abuse or sexual harassment are referred for investigation.

A.B.O.D.E. Treatment, Inc. document all such referrals

### **Standard 115.231 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)

This auditor reviewed the A.B.O.D.E. Treatment, Inc. PREA Program training and education performed in accordance with the Staff Development lesson plan. Employees interviewed were knowledgeable of their duties under the PREA program and all indicated that PREA is a reoccurring subject taught during turn out training on their shifts.

The following areas are covered in the PREA training received by staff: the A.B.O.D.E. Treatment, Inc.'s zero tolerance policy on sexual abuse and sexual harassment; methods for fulfilling responsibilities under the A.B.O.D.E. Treatment, Inc. sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; the right of residents to be free from sexual abuse and sexual harassment; the right of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment; the characteristics of sexual abuse and sexual harassment; 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 residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and the common characteristics of victims and predators, sometimes referred to as red flags.

All staff receives PREA training during in-service training annually. Staff acknowledge in writing they receive and understand the training. In addition, all staff are cross trained so regardless of their assigned position they know and understand the other position responsibilities to properly assist resident in keeping them in a safe and secure environment.

### **Standard 115.232 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)

Based on a review of the training curriculum, Volunteer Handbook, PREA Plan and Volunteer Acknowledgement forms, the volunteers at the A.B.O.D.E. Treatment Center are receiving the required training on sexual assault and sexual harassment. A.B.O.D.E. Treatment, Inc. ensure all volunteers who have contact with residents have been trained regarding sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

A.B.O.D.E. Treatment, Inc. ensure all volunteers who have contact with residents have been notified of the PREA zero-tolerance policy regarding sexual abuse and sexual harassment and informed of the procedures for reporting incidents. The volunteer was interviewed was aware of PREA and their duties and responsibilities. All volunteers had received initial PREA training during their initial training.

A.B.O.D.E. Treatment, Inc. have provided documentation of their currently active volunteers, proving they have met all aspects of this standard.

### **Standard 115.233 Resident education**

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

In making the above decision this auditor reviewed the Intake policies, resident interviews and staff interviews, resident education is being delivered by the A.B.O.D.E. Treatment, Inc. staff to all newly arriving residents within the thirty minutes, on average, which greatly exceeds the standard requirement. Information on the Zero tolerance policy, how to report sexual abuse and sexual harassment is being provided during the initial intake process.

Residents are receiving the required comprehensive PREA education within 30 minutes of intake; residents are provided this comprehensive education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. PREA Posters are in the housing areas, in all entry ways throughout the building and the information is in the resident handbook. Information is available in Spanish for those who do not understand English. The comprehensive education is reinforced within 24 hours where residents are interviewed by their counselor/case worker. Residents are provided education in formats accessible to all residents, including those who are limited English proficient, hard of hearing, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. Residents interviewed were aware of the PREA Zero Tolerance policy and acknowledged they had received PREA training almost immediately upon arrival and at random times after the intake process. A.B.O.D.E. Treatment, Inc. does not currently have any deaf or disabled residents in the population.

### **Standard 115.234 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)

This auditor reviewed A.B.O.D.E. Treatment, Inc. policies and related supporting documents.

Specialized training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. A.B.O.D.E. Treatment, Inc. maintains documentation that agency investigators have received and completed the training in conducting sexual abuse investigations.

### **Standard 115.235 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)

**Not Applicable** - A.B.O.D.E. Treatment, Inc. does not employ medical or mental health staff.

### **Standard 115.241 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)

The auditor reviewed IV-B-01 and the PREA Screening Assessment Instrument. Additionally, interviews with staff and residents, both formal and informal, were conducted. 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 TDCJ, in assessing residents for risk of being sexually abusive.

An objective screening tool is used to record these initial assessments. The intake screening includes, at a minimum, the following criteria to assess residents for risk of sexual victimization: any mental, physical, or developmental disability; the age of the resident; the physical build of the resident; previous incarceration; whether the criminal history is exclusively nonviolent; prior convictions for sex offenses against an adult or child; perception of the resident as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; the resident's own perception of vulnerability. The resident's age, physical stature and the information previously stated are used at the Mountain View/Hilltop Unit to ensure a safe and racially blended living environment.

### **Standard 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)

In making the above determination, this auditor has reviewed A.B.O.D.E. Treatment, Inc. policies, Resident Job Assignments, PREA Plan and resident interviews.

Decisions are made on an individual case by case basis in determining the housing and job assignment of each resident. Resident are housed in such a manner to ensure, to the maximum extent possible, the safety, security and treatment needs of all residents are being met, as well as to maintain the safety and security of the public, staff, and the Treatment Center.

A.B.O.D.E. Treatment, Inc. Facility Director and specialized staff use information from the risk assessment screening document to make housing, bed, work, education, and program assignments with the goal of separating residents at high risk of being sexually victimized from residents at high risk of being sexually abusive.

The requirement for review of placement and programming assignments for transgender or intersex resident is outlined in the PREA Plan. A transgender or intersex resident 's views with respect to his or her own safety shall be given serious consideration. Residents identified as transgender or intersex is being given the opportunity to shower separately from other residents. There is no transgender resident at this treatment center.

### **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)

This auditor reviewed policies III-B-01 and IV-B-01, Resident Handbook, the PREA Brochure published by the PREA Ombudsman and interviews with random staff and residents. Residents and/or staff can report abuse or harassment to the PREA Ombudsman, Local Authorities, or third party reporting.

A.B.O.D.E. Treatment, Inc. provide multiple ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse, and staff neglect or violations or responsibilities that contribute to such incidents. Hotline phone numbers are available. Residents are provided at least two ways to report abuse or harassment to an entity that is not part of A.B.O.D.E. Treatment, Inc. Residents can report abuse or harassment to the PREA Ombudsman, an external entity. Staff accept reports made verbally, in writing, anonymously or from third parties and promptly documents verbal reports.

### **Standard 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)

In making this decision this auditor reviewed policies III-A-03 and III-B-01, PREA Plan and interviews with staff and residents. A.B.O.D.E. Treatment, Inc. do not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse, nor require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Residents who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. A.B.O.D.E. Treatment, Inc. shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. A.B.O.D.E. Treatment, Inc. policy and practice complies with all remaining aspects of PREA standard 115.52.

### **Standard 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)

This auditor has reviewed policy IV-B-01, the PREA Plan and the intake screening material. Additionally, interviews were conducted with random residents. A.B.O.D.E. Treatment, Inc. provide access to victim advocates for emotional support services related to sexual abuse by giving residents, physical addresses, mailing addresses and phone numbers, they are also entitled to support services from outside mental health services. A.B.O.D.E. Treatment, Inc. allows unrestricted communication between residents and these organizations and agencies, in as confidential a manner as possible. A.B.O.D.E. Treatment, Inc. inform residents, prior to giving them access, of the extent to which these communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. There is a comprehensive list of Rape Crisis Centers available to the residents. Resident interviews reveal this information is known throughout the Treatment Center population.

### **Standard 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)

A.B.O.D.E. Treatment, Inc. meet this standard. This is based on a review of policies and interviews with staff and residents. A.B.O.D.E. Treatment, Inc. has a system in place to receive third party reports of sexual abuse or reassessment and distributes publicly, information on how to report sexual abuse or harassment of behalf of residents.

### **Standard 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)

This decision of compliance was based on a review of policy II-A-13, PREA Plan and interviews with random staff. Staff were knowledgeable of their duties to report all instances outlined in this standard.

A.B.O.D.E. Treatment, Inc. require staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the treatment center, whether or not it is part of the treatment center; retaliation against residents or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Additionally, staff are prohibited from revealing any information related to sexual abuse reporting to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigations, and other security and management decisions.

### **Standard 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)

This determination is based on a review of policies and interviews with staff and the PREA Manager. Staff interviewed responded appropriately of their duties to immediately protect the resident.

### **Standard 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)

A.B.O.D.E. Treatment, Inc. residents are receiving treatment to re-enter society. However, A.B.O.D.E. Treatment, Inc. does not have an agency policy but has verbally acknowledged that if there was an incident of this nature, they are to follow the TDCJ PREA Plan which directs them upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Director or designee notifies the head of the facility or appropriate office of the agency where the alleged incident occurred. This is done as soon as possible, but no later than 72 hours after receiving the allegation and all actions are documented. This notification is documented in accordance with all applicable TDCJ directives.

### **Standard 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)

Based on a review of policies and interviews with security and non-security staff, A.B.O.D.E. Treatment, Inc. met this standard. Upon learning of an allegation that an resident was sexually abused, the first staff member to respond separates the alleged victim and abuser; preserves and protects any crime scene until appropriate steps can be taken to collect any evidence; and if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. In accordance with policy the first staff responder is to call 911 and appropriate A.B.O.D.E. Treatment, Inc. senior staff.

Interviews with all staff interviewed indicated that staff was knowledgeable of their responsibilities under this standard.

### **Standard 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)

In making the decision of compliance this auditor reviewed the PREA Plan, interviews with staff and the A.B.O.D.E. Treatment, Inc. PREA Manager.

### **Standard 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)

**Not Applicable** - A.B.O.D.E. Treatment, Inc. does not participate in collective bargaining.

### **Standard 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)

Based on policy II-A-4 and II-C-18 the PREA Plan, interviews with the Facility Director and designated staff member responsible for monitoring retaliation.

A.B.O.D.E. Treatment, Inc. has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperates with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, and designates specialized staff with monitoring retaliation.

A.B.O.D.E. Treatment, Inc. has multiple protection measures available, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. If any other individual who cooperates with an investigation expresses a fear of retaliation, A.B.O.D.E. Treatment, Inc. take appropriate measures to protect that individual against retaliation.

### **Standard 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)

In making the above decision, this auditor reviewed policy II-C-16, PREA Plan, A.B.O.D.E. Treatment, Inc. conduct investigations promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the investigator who has received special training in sexual abuse investigations conduct these investigations for the agency.

The investigators preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the local police department is notified, all evidence is turned over and they proceed with a criminal investigation.

The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. Neither the A.B.O.D.E. Treatment, Inc. nor TDCJ requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Administrative investigations include efforts to determine whether staff actions or failures to act contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal are referred to the local police department for prosecution.

A.B.O.D.E. Treatment, Inc. retain all written reports for as long as the alleged abuser is in the treatment program or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

### **Standard 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)

This auditor reviewed PREA Plan and interview with the A.B.O.D.E. Treatment, Inc. investigator in making this determination. A.B.O.D.E. Treatment, Inc. imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The “preponderance of the evidence” means that more than 50% of the evidence supports the allegation.

### **Standard 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)

This auditor reviewed the PREA Plan and interviews with the agency investigator in making the above determination. Following an investigation into an allegation that he was victim of any criminal sexual assault offense the resident is informed as to whether the investigative finding was substantiated (sent to prosecution/sustained), unsubstantiated (administratively closed/not-sustained), or unfounded. Additionally, the resident victim shall be notified following the suspect assailant indictment or conviction on the related charge. This notification is made in writing.

### **Standard 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)

Decision was based on a review of policy III-B-01. Sexual misconduct with a resident is a violation of A.B.O.D.E. Treatment, Inc. employee conduct guidelines, Texas State Law, and for those employees who have licensures, a violation of the two year personal relations with a client will result in the termination of their licensure and employment. All terminations for violations of the agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past twelve months, no staff members had been determined to violate the sexual abuse of residents policy.

### **Standard 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)

In making the above decision this auditor reviewed Policy III-B-01, volunteer training, PREA Plan, volunteer and interviews with volunteer. A.B.O.D.E. Treatment, Inc. and TDCJ Policy clearly states that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to applicable law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

A.B.O.D.E. Treatment, Inc. take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer. Volunteers are prohibited from establishing or continuing in personal relationships with residents, including engaging in, or attempting to engage in, any form of consensual sexual misconduct with residents, including forcing or attempting to force residents to participate in nonconsensual sexual misconduct. It is a felony offense if anyone, including a volunteer, at an A.B.O.D.E. Treatment Center violates the rights of a person or engages in sexual misconduct with a resident. Volunteers who violate the policy shall not be allowed to continue to perform services for the agency and may be subject to criminal prosecution. In the past twelve months, there have been no reported violations by either contractors or volunteers.

### **Standard 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)

The above decision was based on a review of A.B.O.D.E. Treatment, Inc. policy, PREA Plan, and interview with the A.B.O.D.E. Treatment, Inc. investigator.

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 a criminal finding of guilt for resident-on-resident sexual abuse.

The sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

A.B.O.D.E. Treatment, Inc. prohibit all sexual activity between residents and may discipline residents for such activity, to include reporting the incident as a parole violation to the resident's Parole Officer.

**Standard 115.282 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)

The above decision was based on a review of A.B.O.D.E. Treatment, Inc. policies and audit interviews with staff. Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by external medical and mental health practitioners per their professional judgment. Emergency Medical and mental health are provided by the local hospital and is manned 24 hours daily. Resident victims of sexual abuse are offered timely information and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Standard 115.283 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)

The above decision is based on a review of the PREA Plan and interviews with staff. A.B.O.D.E. Treatment, Inc. offer medical and mental health evaluation by external medical staff or external mental health practitioners and, as appropriate, treatment to all residents who have been victimized by sexual abuse while incarcerated. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their release into society. A.B.O.D.E. Treatment, Inc. provide such victims with external medical and mental health services consistent with the community level of care. Resident victims of sexual abuse while in the Treatment Center program are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Standard 115.286 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)

A.B.O.D.E. Treatment, Inc. has a policy in place which would place this review process in their weekly review meeting, however, A.B.O.D.E. Treatment, Inc. has not had a sexual abuse incident in the history of their agency, therefore they have never held a sexual abuse incident review.

**Standard 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)

In making the above decision, this auditor reviewed PREA Plan and interview with the Facility Director, uniform data is collected for every incident of sexual abuse alleged to have occurred at any A.B.O.D.E. Treatment, Inc. facility using a standardized instrument and set of definitions by the agency investigator. A.B.O.D.E. Treatment, Inc. has never had a sexual abuse case at any of its treatment centers.

Incident-based sexual abuse data is aggregated annually in accordance with TDCJ policy. The incident-based data collected is based, at a minimum, on information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PREA Ombudsman maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. TDCJ also obtains incident-based and aggregated data from every private facility with which it contracts.

**Standard 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)

This auditor reviewed the PREA Plan and PREA Ombudsman Annual Report SOP, and the interview with the PREA Manager and Facility Director in making the above determination of compliance. Each calendar year, the PREA ombudsman, in coordination with the TDCJ and the agency investigator, submits a written report regarding the activities of the PREA ombudsman during the preceding year. The report includes public information regarding statistical information regarding the total number of allegations of sexual assault investigated by the agency, the outcome of the investigations, and any disciplinary sanctions imposed as a result of the investigations.

In accordance with PREA National Standard §115.88, the report includes: areas identified by facilities as needing corrective action; a summary of the corrective action taken for each facility where corrective action needed has been identified; a comparison of the current years' data and corrective actions with those from prior years, and an assessment of the agency's progress in addressing sexual abuse.

**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)

This auditor reviewed the PREA Ombudsman, TDCJ, and the State Records Retention policy in making this decision of compliance. TDCJ makes all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually. All reports are securely retained and maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires.

**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.

Marc L. Coudriet

26 February 2017

Auditor Signature

Date