

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: May 14, 2016

Auditor Information			
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Date of facility visit: April 13-15, 2016			
Facility Information			
Facility name: Huntsville Unit, Texas State Penitentiary			
Facility physical address: 815 12 th Street, Huntsville Texas, 77340			
Facility mailing address: Same as above			
Facility telephone number: 936-437-1785			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input 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 checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: James L. Jones			
Number of staff assigned to the facility in the last 12 months: 100			
Designed facility capacity: 1705			
Current population of facility: 1525 (April 13, 2016)			
Facility security levels/inmate custody levels: G1-G3, Administrative Segregation, Transient			
Age range of the population: 19-81 years			
Name of PREA Compliance Manager: Priscilla Juarez		Title: Unit Safe Prisons PREA Manager, Sgt.	
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Agency Information			
Name of agency: Texas Department of Criminal Justice			
Governing authority or parent agency: State of Texas			
Physical address: 861-B I-45 N., Huntsville, Texas, 77320			
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Agency Chief Executive Officer			
Name: Brad Livingston		Title: Executive Director	
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Agency-Wide PREA Coordinator			
Name: William Stephens		Title: Director, Correctional Institutions Division	
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AUDIT FINDINGS

NARRATIVE

We will begin the Auditor's Summary Report with the recent guidance given by the National Prison Rape Elimination Act (PREA) Resource Center. Recognizing that the PREA Resource Center (PRC) has developed minimum criteria for the content of audit reports, the auditor will try and accomplish the goals of the report; one, the Audit Narrative and two, the Standard-by-Standard Discussions. Part one, the Audit Narrative which includes sections titled, Narrative; Description of Facility Characteristics; and Summary of Audit Findings; is such that the reader will have a reasonable understanding of the audit process, some familiarization of the facility's layout, demographics and mission, and an accurate number of standards and their total findings. Following with part two, the Standard-by-Standard analysis and discussion is such that the reader will be able to review the evidence relied on by the auditor to make a determination of each standard's compliance with PREA.

The Prison Rape Elimination Act audit for the Huntsville Unit began with the notification and assignment, by the American Correctional Association (ACA), of PREA auditor James Curington and the scheduling of a site visit to the facility in Huntsville, Texas during April 13-15, 2016. This notification was made in late January by the ACA with information that this was the second part of back-to-back PREA audits at two Texas Department of Criminal Justice (TDCJ) institutional units, the Goree Unit and the Huntsville Unit. These two units were also having ACA audits this same week with the Huntsville audit for ACA scheduled April 10-13, 2016.

The PREA audit process for the Huntsville Unit began with the necessary and appropriate notifications and postings of the audit, exchange of information, disclosure forms, and contacts. The PREA auditor, submitted a written daily agenda prior to the audit visit.

The audit agenda for the two facilities, was sent to the TDCJ Office of Administrative Review and Risk Management, and the Wardens. The Huntsville Unit agenda and amended schedule, second of the two PREA audits, was carried out as follows:

Sunday, April 10, 2016

Evening dinner with key staff and auditors (PREA auditor and three ACA auditors) of both the Goree and the Huntsville Units was held at a local restaurant and gave all the opportunity to meet and discuss logistics of the back to back on site visits to each of the facilities in the same city. Not only was there a chance to meet and greet facility staff but it was also a time for the PREA auditor to have discussions with both wardens and PREA compliance managers of the two units, and with the ACA audit team. This informal discussion helped with the logistics of moving from PREA audit to ACA audit, and ACA audit to PREA audit.

Wednesday morning, April 13, 2016

PREA audit on-site visit began at the Huntsville Unit.

The PREA auditor attended the ACA out briefing/closeout of the ACA audit at the Huntsville Unit and noted the ACA audit team's recommendation for accreditation of the Huntsville Unit to the Commission on Accreditation.

Met with the Warden of the Huntsville Unit at approximately 10:30 AM, followed by a larger meeting with the Warden and key staff in the Administrative Conference Room to discuss the PREA Audit Instrument and the process for the rest of the day and Thursday and Friday.

Toured the facility.

Visited the departments, and observed the operations of the facility, the interactions and communications between staff and inmates, and the demeanor of staff and inmates. Asked questions, and informally interviewed staff and inmates during the tour.

Conducted formal interviews with inmates.

Thursday, April 14, 2016

Reviewed audit schedule - scheduled interviews with staff and inmates.

Visited and revisited areas of the institution.

Reviewed specialty areas including medical and mental health, victim support.

Continued observation of day-to-day operations, privacy, communications, and safety and security.

Reviewed all 43 PREA standards with the Warden, the Regional PREA Compliance Manager, the Unit PREA Compliance Manager, and key staff.

Attended shift turnout/briefing.

Interviewed the Warden.
Attended late shift turnout/briefing.

Friday, April 15, 2016

Finished the interviews with specialized staff.
Finished formalized interviews with inmates Peer Educators.
Toured the grounds inside the "Walls".
Attended the ACA closeout for the neighboring Goree Unit with the Warden and the Assistant Warden from the Huntsville Unit.
Returned to the Huntsville Unit.
Completed the on-site visit.

The TDCJ Office of Administrative Review and Risk Management submitted, to the PREA auditor, a flash drive containing the PREA Pre-Audit Questionnaire; a Master Folder File addressing all 43 PREA standards; and supporting documents for the Huntsville Unit. A special thanks is extended to the TDCJ and the Huntsville staff for this compilation of Unit and Agency information to assist the auditor in assessing PREA compliance for the Huntsville Unit. This material was thoroughly reviewed prior to the on-site visit. Special attention was paid to the supporting documents covering all TDCJ prisons. Additionally, the policies of the Texas Board of Criminal Justice (TBCJ Policies and Procedures), the Administrative Directives, the policies of the Correctional Institutional Division (CID Plans, Policy, and Procedures), the policies of the University of Texas Medical Branch (UTMB) assigned to the TDCJ facilities for Correctional Managed Healthcare (CMHC Policies, Procedures and Protocols) and the policies and laws from the Texas Government Codes, were all sent to and reviewed by the PREA auditor.

The PREA Audit Instrument, Adult Prisons and Jails was supplied by the National PREA Resource Center (PRC) through its website, and was used to conduct the Huntsville Unit PREA audit. The Audit Instrument and its seven sections, A-G, is detailed as follows: A) the Pre-Audit Questionnaire, B) the Auditor's Compliance Tool, C) the Instructions for the PREA Audit Tour, D) the Interview Protocols, E) the Auditor's Summary, F) the Process Map, and G) the Checklist of Documentation. This instrument is the basis for the auditor's assessment process and is also used by the facility to help prepare for the audit.

Thus began the audit process and the methodology of assessment, (from the daily on-site agenda; the Audit Instrument; the personal contacts; the systematic review of materials, documents, policies, procedures, the information presented to the auditor; through the audit tour/on-site visit) and Summary Review finishing in a Final Report for the Huntsville Unit.

The pre-meeting on Sunday was a successful welcome dinner and from that meeting started a thorough and comprehensive audit. The agenda for Wednesday, Thursday and Friday was followed, and assisted in an orderly and informative tour and scheduling process. The touring, visiting, and revisiting of departments and operations assisted in the auditor's understanding of the facility and with the review of the PREA standards.

Informal interviews and the scheduling of formal interviews over the three day period also greatly assisted with the understanding of the facility, its operations, and with the review of the PREA standards. There were 12 formal interviews with random staff and 24 formal interviews with specialized staff. Numerous informal interviews were also accomplished with staff. There were 31 formal interviews with inmates, additionally many informal interviews were also conducted with the inmate population. Inmates from every housing unit/area were interviewed.

The final day had an informal closeout with the auditor and key staff including the Warden and the Assistant Warden, to indicate that a report would be completed within 30 days. It was the auditor's opinion, at that time, that there were no noncompliant standard violations noted that would require an interim report but the auditor would review his final materials and information that he compiled during the on-site visit to assess and make a final report. This is a final report. Please see the Summary of Findings following this Narrative and the Description of Facility Characteristics to see how the auditor came to the conclusion that the Huntsville Unit met or exceeded, in all material ways, the standards for this initial review period. There were no applicable standards that did not meet the standard requirement.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Huntsville Unit was the Texas State Penitentiary in 1848, prior to there being a TDCJ. There is a long history from 1848 state penitentiary to today at the Huntsville Unit, but that history is part of the TDCJ, and corrections in Texas. The auditor was presented with a small brochure that described the history of the Unit from 1848, when the land was acquired and construction began, to 2007 when the Unit was first ACA accredited. The brochure shares 21 historical dates for the years in between, noting: how the prison grew in population, that Union POW's were held there during the Civil War, the construction and expansion of the Unit, the use of the first electric chair executing 5 men, the first rodeo, notorious escapes, shootings and hostage situations, addition of Death Row including a death chamber, remodeling's of the facility, the first lethal injection and the first female to be executed in Texas, etc.

The Texas Department of Criminal Justice (TDCJ) manages offenders in state prisons, state jails and private correctional facilities that contract with the TDCJ. The Agency also provides funding for certain oversight of community supervision (previously known as Adult Probation) and is responsible for the supervision of offenders released from prison on parole or mandatory supervision (taken from the TDCJ website).

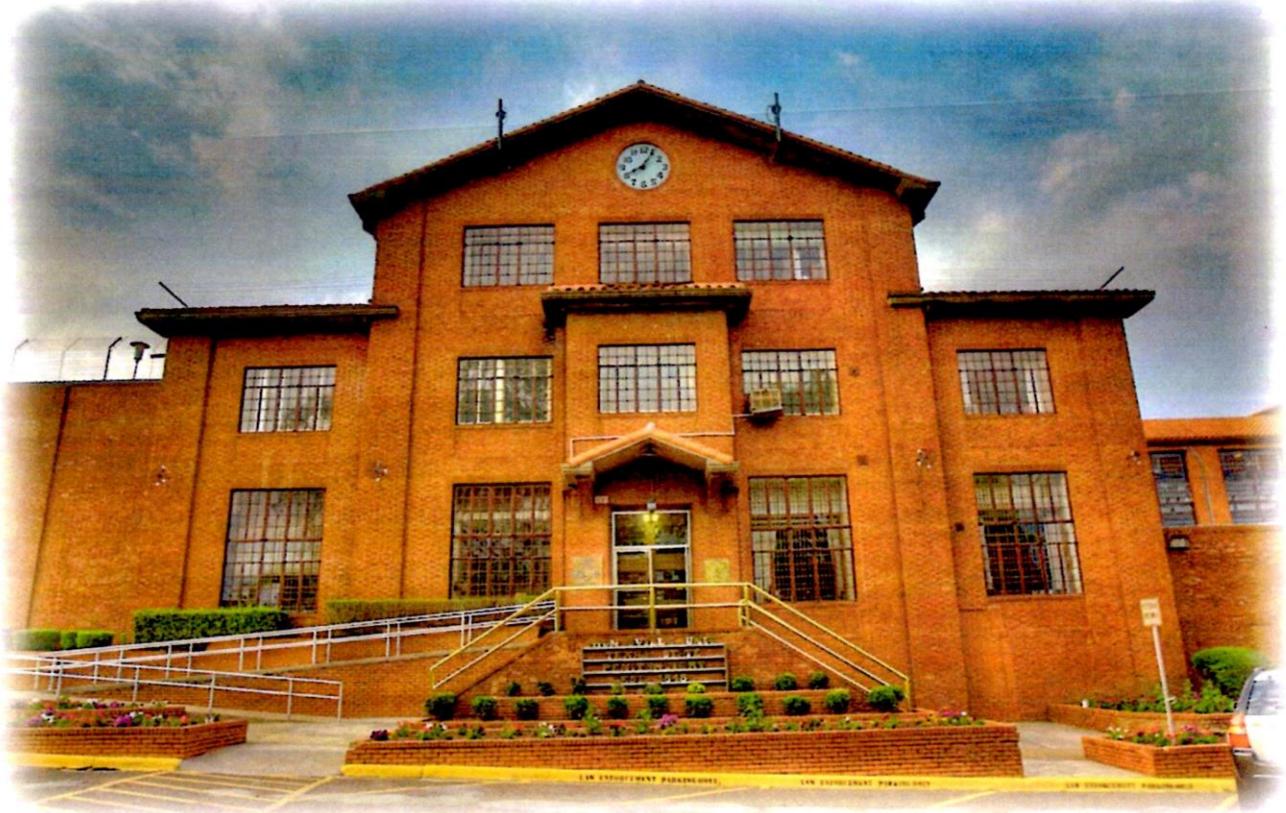
The Huntsville Unit is an all-male, 1705 bed (maximum capacity) close, medium, and minimum custody facility located on two city blocks in downtown Huntsville, Texas. The facility was first established in 1848 and the first prisoners arrived in 1849. The prison itself is secured by a 20 foot high red brick wall with red brick towers on the corners and tower posts at the sallyports and front gate (the Huntsville Unit is nicknamed the "Walls") surrounding the 17 acre compound. The compound is tightly packed with buildings and consists of three cellblock housing units (of 3 to 5 tiers, some with one bed and most with two beds), one open bay dormitory unit (which includes a faith-based dorm), and numerous separate buildings. There are 17 buildings inside the compound. Entrance to the compound is through the Administration Building built into the red brick wall and several gates (including the "famous brass gates", security gates made of brass). The state execution chamber/death house is located at the far end of the Administration Building. The compound buildings include a textile mill, a production warehouse, mechanical departments with connected garages, including a tractor garage, a gas engine repair garage, welding shop, and machine shop. There is also a large library, an educational building, a medical building, and a large red brick chapel. The cellblocks and some of the buildings in the compound are red brick structures giving meaning to the phrase "brick and steel". The compound itself has no dirt yard, but does have a small fish pond and an approximate 10' by 12' flower garden area. Concrete basketball courts and handball courts are available for recreation and are centered between the medical and educational buildings. Note, a front gate picture and a schematic view are on the following pages.

The 1500+ inmates that are housed at the facility have the opportunity to be involved with the following work and training programs: textile mill, TV unit maintenance, unit supplies, medical squad, utility squad, full-time school, media center, mechanical department, kitchen, laundry, clothing issue, tailor shop, inmate Barber, recreation, commissary, Chapel, building orderlies, groundskeepers, garbage collectors, and the "brass" squad (responsible for polishing the brass gates, etc.). All inmates assigned to the Unit are also assigned jobs/work assignments by classification. Interviews with staff and inmates confirmed that more jobs and better jobs are always being requested, but at this time, the institution's goal is just to make sure each offender (excluding transient inmates) has an assignment. Additional program/services include; Peer Education, Reentry Planning, chaplaincy services, community tours, GO KIDS, and special services/offender labor provided to the city and county agencies and local organizations. There are no agricultural operations at the Huntsville Unit.

Volunteer initiatives include the following: employment/job skills training, substance abuse education, religious/faith-based studies and activities, Mentoring Program, Victim Awareness Program, Witness Support Services, and various support groups.

The Windham school district operates the educational programs, including Literacy, Adult Basic Education, and the General Equivalency Diploma (GED). Apprenticeship programs and educational initiatives are available including the following areas; Cook, Baker, Automotive Technician, Auto Mechanics, Career and Technology programs, Business Image Management, Multimedia, Printing and Imaging Technology.

General Healthcare capabilities are described as ambulatory medical, dental, and mental health services. The facility outline also states that Continuous Positive Airway Pressure (CPAP) is available and managed by the University of Texas Medical Branch (UTMB).



Facility Demographics

Designated Facility Capacity: 1705

Actual Capacity: 1525 April 13, 2016

Age Range of Population: 19-81 years (no youthful offenders)

Gender: Male

Average Length of Stay: 13 years 7 months

Security: Minimum – Medium; G1-G3, Administrative Segregation, Transient, Close + Execution Facility

Total employees: 446 total, 330 security, 88 nonsecurity, 11 Windham School District, 17 Contracted Medical/MH

Huntsville Unit Mission

"The mission of the Huntsville Unit is to maintain a secure facility and insure the safety of the community by providing safe and appropriate confinement conditions, rehabilitation, and reintegration of offenders into society. Huntsville Unit staff shall maintain high professional standards when enforcing agency policies. Staff and offenders shall receive proper training and supervision in the workplace to ensure all persons are provided with a safe working and living environment. Offenders are prepared for reintegration into society through the availability of rehabilitative programs and services that encourage a positive change in offender behavior." (Taken from the audit welcome book.)

SUMMARY OF AUDIT FINDINGS

The Huntsville Unit was assessed as "in compliance" with the PREA standards, and this is a final report. As listed below, of the 43 standards, 34 were assessed as having met substantial compliance in all material ways with the standard for the relevant review period, 6 substantially exceeded the requirements of the standard, and three were not applicable (115.12 Contracts NA, 115.14 Youthful Offenders NA, 115.66 Preservation of the Ability to Protect NA).

Number of standards exceeded:	6
Number of standards met:	34
Number of standards not met:	0
Number of standards not applicable:	3

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)

The Texas Department of Criminal Justice, Correctional Institutions Division has a Safe Prisons/PREA Plan dated August 2014, consisting of approximately 40 pages that was developed to prevent, detect, and respond to sexual abuse and sexual harassment. The Foreword states the "... (TDCJ) has a zero tolerance for all forms of sexual abuse and sexual harassment of offenders.... The TDCJ shall be vigilant in establishing a safe environment for staff and offenders at all secure, correctional facilities and take immediate action to address the protective needs of offenders who have been victimized.... The TDCJ Safe Prisons/PREA Plan (plan) shall be applicable to all individuals, including visitors and volunteers, employed by, under contract with, or supervised by the TDCJ, including professional staff and any person who is involved, directly or indirectly, with the care and custody of offenders."

Additionally, a lengthy Safe Prisons/PREA Operations Manual addresses; 1) administration, 2) intervention, 3) assessment and screening, 4) reporting/receiving allegations, 5) investigation, 6) training 7) grids, codes, files and transfers, 8) reporting and 9) 22 attachments (checklist, reports, information templates, and etc.), to assist operationally and to ensure zero tolerance of sexual abuse and sexual harassment in each facility of the TDCJ.

The Huntsville Unit and its staff exhibited knowledge and practice of zero tolerance of sexual abuse and sexual harassment throughout the site visit by the PREA auditor. Particular attention was paid to posters, staff supervision and monitoring, inmate attitudes and demeanor, and the staff and inmates familiarity with and knowledge of policy and procedures.

The agency has designated Mr. William Stephens, Director, Correctional Institutions Division, as the Agency wide PREA Coordinator. His scripted interviews, strongly supported safe prisons, and indicated that he has sufficient time to develop, implement and oversee the Agency's efforts to comply with PREA standards.

Agency organizational charts were reviewed, and Mr. Stephens is at the top of the organizational chart for the Correctional Industries Division.

The Huntsville Unit has as a PREA Compliance Manager, Sergeant Priscilla Juarez, who has direct dual access to the Unit Major and the Unit Warden. Organizational charts were reviewed for the Huntsville Unit.

It should be noted that the auditor was impressed with the staff's knowledge of zero tolerance, the training of staff, the inmate's knowledge of zero tolerance, the Peer Training Program for zero tolerance, the broadcast, through the institutional television network to each inmate cell at the Huntsville Unit on zero-tolerance training, the PREA Compliance Sergeant's leadership and the communication with staff and inmates referencing all things PREA, and the staff pocket handout carried by each employee outlining and addressing the PREA and zero tolerance.

The staff knowledge of zero tolerance, inmate knowledge of zero tolerance, the continuous training of staff and inmates, the posters on zero-tolerance throughout the facility, the Safe Prisons/PREA Plan, the supporting Operational Manual and the leadership of the Warden, the Assistant Warden, the Major, and the PREA Sergeant all in support of zero tolerance rates an exceeds standard for this PREA standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

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)

Not Applicable

The TDCJ, Huntsville Unit does not contract with other entities for the confinement of inmates. Thus, this standard is assessed as not applicable by the PREA auditor.

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)

This standard 115.13 concerning supervision and monitoring is considered to substantially exceed standards. It was noted by the PREA auditor, as one walked into the Huntsville Unit, the order, discipline, custody, care and control exceeded expectations. Staff was professional, attentive, and knowledgeable. Inmates were appropriately dressed, orderly, working, and outwardly courteous, and respectful in demeanor, and conversation. Communication between staff and inmates was observed and seemed comfortable and accessible/2 way. This was noted by, and impressive to, the PREA auditor. It was also noted that in the Huntsville (Walls) Unit, as the "popular, celebrated" facility/penitentiary of the TDCJ, as the oldest penitentiary in Texas, and as the once longtime central headquarters of the TDCJ, there is a pride, a sense of ownership, and a sense of honor exhibited by staff just in being part of this particular/special "Walls" Unit.

To further reinforce this feeling of pride, this special ownership, this sense of working at the Huntsville Unit, is the special appearance of the red brick walls, brass bars and brass railings at the entrance, the double staff monitoring of the entrance, the Major's Bench on which inmates and staff can sit to meet and/or communicate with the Major, and, as observed during the on-site visit, the college and university tours of the facility that are routinely conducted. All of this takes place under the watchful eye of the leadership of the institution and its staff.

Of special note: Warden James Jones has been selected as "The Warden of the Year", 2015 -2016, by the North American Association of Wardens and Superintendents (NAAWS).

There is appropriate staffing and perimeter security. The Warden and his key staff, including the Human Resources Manager, routinely review the staffing plan, recruitment policy, and institutional needs to assure the safety of staff and inmates. The Huntsville Unit has a maximum capacity 1705 inmates (G1-G4 on a G1-G5 Scale, G5 being highest security). There are 446, employees (of which 330 are security). Any deviation from compliance with the minimum staffing pattern established for the facility is personally reviewed by the Warden. The Warden, Human Resource Manager and staff attest to appropriate staffing. Interviews with the Warden and key staff confirmed that adequate staffing levels and a determination of need for video monitoring, take into consideration the following:

- 1) generally accepted detention and correctional practices;
- 2) any judicial findings of inadequacy;
- 3) any findings of inadequacy from federal investigative agencies;
- 4) any findings of inadequacy from internal or external oversight bodies;
- 5) all components of the facility's physical plant, including blind spots;
- 6) the composition of the inmate population;
- 7) the number and placement of supervisory staff;
- 8) the institutional programs occurring on a particular shift;
- 9) any applicable state or local laws, regulations, or standards;
- 10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 11) any other relevant factors.

The Security Operations Manual and Correctional Officer Post Orders addressed supervision duties and responsibilities including unannounced rounds. Staff compliance with the Manual and Post Orders is maintained not only through regular and unannounced rounds, but also through incident reviews, blogs, reports, and daily operational procedures. The facility prohibits staff from alerting other staff of the conduct of unannounced rounds.

Video cameras are strategically located throughout the Unit. Cameras are appropriately monitored and recordings are made consistent with policy. Staff routinely checks for blind spots, if they exist, and continually evaluate all areas throughout the facility. Sightlines, mirrors, staffing, and video enhancement are topics covered by the Warden and his key staff including the Incident Review Team. There are 53 cameras at the facility.

Based on the PREA auditor's observation of operations, interviews with staff, tour of the facility, documentation of rounds, and review of annual staffing, the auditor finds this standard as an "exceeds".

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)
- Not Applicable

There are no youthful offenders at the Huntsville Unit. No inmates under 18 years of age. Thus, this standard is assessed as not applicable.

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)

The auditor reviewed the Institutional File Folder, on this standard, containing the Agency's Safe Prisons/PREA Plan, the Safe Prisons/PREA Operational Manual section 02.05, the Administrative Directive-03.22 Offender Searches, and the Pre-service Training Curriculum for "Contraband and Shakedown". These policies direct that no cross gender viewing or cross gender searches are conducted absent exigent circumstances. In the past 12 months, there were 14 cross gender strip searches of inmates. These searches have been documented and were reviewed by the auditor. These searches were done in error. The appropriate corrections (no longer have cross-gender viewing or searches, all viewing and searches are accomplished by same sex except in exigent circumstances) have been made, documented and maintained by the Agency and Unit to ensure PREA compliance. The auditor's observation of actual searches, and interviews held with staff and inmates confirmed compliance with the standard.

Staff is well-trained on searches of inmates, including transgender and intersex inmates. There are no female inmates at the Huntsville Unit.

100% of all security staff have received training on conducting cross gender patdown searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

The Agency has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status, this, from the Safe Prisons/PREA Plan and the Administrative Directive on offender searches.

This Safe Prisons/PREA Plan and the Administrative Directive-03.22 Offender Searches, direct that staff of the opposite gender announce their presence when entering an inmate housing unit and ensure that inmates can shower, perform bodily functions, and change clothing without staff of the opposite gender viewing breasts, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks.

The auditor assesses this standard as meeting compliance based on the Unit and Agency's corrections of cross-gender viewing and search errors made months before the on-site audit, staff and inmate interviews, the observation of daily operations and the policies and procedures mentioned.

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)

The TDCJ, through its Administrative Directives, AD-04.25 Language Assistance and AD-06.25 Qualified Interpreter Services; through its Correctional Medical Healthcare Policies G-51.5 Certified American Sign Language (ASL) Services and G-51.1 Offenders with Special Needs; and its Safe Prisons/PREA Operational Manual has established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The above mentioned policies also provide inmates with limited English language proficiency an equal opportunity to participate in and benefit from the Agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

There are 10 staff Spanish interpreters appointed by the Warden to assist with needed interpretive communications for this significant Spanish-speaking population. The use of inmate interpreters is prohibited except in limited circumstances where an extended delay in obtaining staff could compromise an inmate's safety.

In the past 12 months there have been no instances of inmate interpreters being used reference sexual abuse or sexual harassment.

Based on interviews with staff and inmates and review of the policies, the auditor assesses this standard compliant with PREA standards.

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)

Hiring and Promotion Decisions Standard 115.17 for the Huntsville Unit, as with all TDCJ units, contains eight subsections outlining the importance of thorough background checks of staff, new employees, contractors, and volunteers who have contact with inmates. The auditor spent considerable time with the Human Resource Manager reviewing personnel policy, procedures, employment applications, supplemental applications, background checks, and PREA concerns and expectations established by the PREA law.

TDCJ policy and the Texas Government Code prohibits hiring and promoting anyone who has contact with inmates, who has engaged in sexual abuse in prison or was convicted of engaging in or attempting to engage in sexual activity by force in the community or who has civilly or administratively been adjudicated to have engaged in sexual activity by force. The Huntsville Unit and the Agency also require consideration of any incidents of sexual harassment in determining whether to hire or promote someone.

The following Personnel Policies/Personnel Directives: PD-22 General Rules of Conduct, PD-27 Employee Status, PD-29 Sexual Misconduct, PD-56 Request for Release of Information, PD-71 Selections System Procedure, PD-73 Selection Criteria and PD-75 Pending Charges, were all reviewed by the auditor. These personnel policies; the Safe Prisons/PREA Plan; personnel

forms, application, and supplemental applications; and the Texas Government Code, all which address appropriate hiring and promotion decisions, were also reviewed, and support compliance of PREA standard 115.17.

Background checks are conducted on all newly hired or serious applicants. In the past 12 months, there have been 100 staff assigned who have contact with inmates who have had criminal background record checks. These record checks are conducted and completed by the Human Resources Headquarters in Huntsville at the TDCJ Central Personnel Office. Notifications of completed background checks are then sent to the facilities with a notice of clearance to hire. These communications and notices were reviewed by the auditor.

Based on the auditor's interviews with the Warden and Human Resource Manager, based on review of qualifications and applications, and based on reviews of the policy and procedures, this standard is assessed as compliant.

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)

The auditor reviewed the Security Operations Procedures Manual (SOPM) and the section on security surveillance systems. The manual is quoted as follows: "prior to the new installation of equipment the surveillance systems coordinator will coordinate with the agency Safe Prisons/PREA Compliance Manager to collect any relevant information concerning the prevalence of substantiated and unsubstantiated incidences of sexual abuse... the Unit Warden and the Warden of Security Operations will deploy the surveillance equipment in an effort to enhance the Agency's ability to protect the offender's from sexual abuse". The auditor also reviewed Security Memorandum-01.14 that states that video surveillance will be used to "protect the offender against assault, extortion and, sexual abuse in accordance with the TDCJ Safe Prisons/PREA Plan". Also reviewed were the diagram of the Huntsville Unit and the camera chart. All of this paragraph, as listed, is supporting policy and documentation for compliance.

The Pre-Audit Questionnaire has listed that there has been no scheduled expansions or modifications of the existing facilities since August 20, 2012. The Pre-Audit Questionnaire has also indicated that the facility has installed and updated its video monitoring and electronic surveillance system. The auditor discussed with the Warden and key staff the positive uses of technology in assisting with the safety and security of the facility and the ability of technology to help prevent, detect, and respond to sexual abuse and sexual harassment.

The Huntsville Unit constantly evaluates its camera technology, and formally evaluates use of video technology on an annual basis.

Based on the auditor's tour of the facility, observation of the use of the video monitoring equipment, the policy, interviews with the Warden and key staff, and documentation mentioned above, this standard is assessed as compliant.

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)

The TDCJ is responsible for administrative and criminal sexual abuse investigations. The Administrative Directive AD-16.03 Evidence Handling; Safe Prisons/PREA Operations Manual SPP0M 02.02, 05.01; Correctional Managed Healthcare Policy CMHC G-57.1 Sexual Assault/Sexual Abuse; the Agency Rape Crisis Centers template letter; and supporting documentation

(administrative review, statement of fact, training for victim advocate service), were all reviewed by the auditor in support of compliance with this standard.

The Safe Prisons/PREA Operations Manual assures investigators will follow a uniform protocol through the use of this Operational Memorandum and the Sexual Abuse Checklist.

The Corrections Managed Healthcare policy stipulates the appropriate forensic medical examinations which are accomplished by an outside local community facility/hospital. The Huntsville Unit forensic examinations are completed by the Huntsville Memorial Hospital, the local community hospital. Policy also directs that SAFE or SANEs (if unavailable trained emergency room staff) administer forensic examinations.

There have been zero (0) number of forensic medical exams conducted during the past 12 months.

Statement of facts-there are no youthful offenders, nor female offenders at the Huntsville Unit.

Based on the auditors review of this standard and its sections, a-h, interviews with investigative staff, health care staff, visit to the local hospital, review of the documents mentioned above, and the listing of Offender Victim Representatives (OVR's) at the Unit; the auditor assesses compliance with this standard.

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)

The auditor interviewed the Warden, the Unit PREA Compliance Manager and key staff. The following policies, documentation of this standard as supplied in the Master File Folder, supporting documents, and the Pre-Audit Questionnaire, Administrative Directives AD-02.15 Operations of the Emergency Action Center (EAC) and AD-16.20 Reporting Procedures to the Office of the Inspector General (OIG), Board Policy BP-01.07, Safe Prisons/PREA Operational Manual, sections 05.01 and 05.05, OIG 04.05, Safe Prisons/PREA Plan, Personnel Directive PD-29, and the administrative reviews of sexual assault/abuse, were reviewed by the auditor.

The policy AD-02.15, outlines the necessity and immediacy of reporting incidents and crimes to the EAC and the OIG. The Safe Prisons/PREA Plan and the SPPOM also outlined the sexual abuse investigative procedure and the protection investigative process which are also explained/outlined for the inmates in offender orientation.

The Office of the Inspector General policy 04.05 and the Texas Board of Criminal Justice policy dictate requirements and referrals for investigation, to those with legal authority to conduct criminal investigations. These criminal investigations are documented.

There are two trained investigators assigned to and stationed at the Huntsville Unit.

Interviews with investigative staff, random staff, and inmates indicate knowledge and familiarity with policies and procedures. Furthermore, pocket information cards distributed to staff, outline procedures to assist with reporting abuse and establishing the basis for investigation. In the past 12 months, there were seven allegations of sexual abuse and sexual harassment that were received at the Huntsville Unit. Of these seven allegations, seven were investigated administratively, and four of these were referred for criminal investigation. These were reviewed by the auditor with the Warden and the Unit PREA Compliance Manager.

The auditor assesses compliance based on the review of these investigations, and documents, as well as interviews with investigators, and specialized staff.

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)

As found with the Goree Unit which was audited by this auditor earlier in the week, this standard exceeded the requirements for the standard 115.31, this because of the proximity of the two units, Huntsville and Goree, and the fact that there is shared staff and the training is, in essence, identical, the auditor examined the same policy and procedures, and observed similar and/or the same training.

Attendance at shift turnouts/shift briefings, which are 45 minutes of communications, training, information, and assignments; staff interviews; training curriculum; and observation of the operations at the Huntsville Unit, impressed the auditor and influenced his decision to rate this standard as substantially exceeding the requirements for compliance.

Staff are knowledgeable about the zero tolerance policy for sexual abuse. They are knowledgeable on how to perform their responsibilities in detection of sexual abuse, reporting of sexual abuse, and responding to sexual abuse. Staff have received pocket guidelines outlining the TDCJ's Mission Statement, the Officers Code of Ethics, PREA information, first responder duties, and supplemental information concerning the care and control of the inmate population. It was noted by the auditor, how professional and serious each staff member was to their job/post assignments. It was also noticeable that the Warden's leadership and the Major's leadership, at the Huntsville Unit, concerning custody, care and control was reflected by the staff. Without exception, all random staff, formerly interviewed about their duties and responsibilities were professional and knowledgeable.

The 10 areas outlined in the audit interview questions for random staff, from the agency zero-tolerance policy to how to comply with mandatory reporting laws, were familiar to the staff and they were knowledgeable of each of these 10 areas. The responses to the questions asked during the interviews with staff influenced the auditor to assess an exceeds.

Training is tailored to the physical layout of the facility, the inmate population demographics of the facility, the work and program assignments (including industry operations), and the admission/goals and objectives of the Huntsville Unit. All training is documented and maintained.

Based on the above policy and procedures, interviews with staff, and the observation of operations at this historic penitentiary, this standard is assessed as "exceeds".

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)

Standard 115.32, addresses volunteers and contractors who have contact with inmates. Responsibilities are addressed in subsections a, b and c; a) addresses their responsibilities for prevention, detection, response; b) addresses the level and type of training they received based on their services; c) and the agency maintains documentation of this training and acknowledgement forms that volunteers and contractors understand the training. This was carefully reviewed.

The PREA documentation Master Folder, supporting documentation, the Volunteer Services Plan, the Handbook for Volunteers, the video script for volunteers, Volunteer Acknowledgment Training Form, and the Safe Prisons/PREA Plan were also reviewed.

The auditor interviewed volunteers/contractors, inmates, staff, and observed interaction and communications. Based on the PREA Audit Report

interviews, observation, and the documentation, this standard was found in compliance.

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)

The auditor reviewed the policies and procedures that included the Unit Classification Procedure 5.00, the Unit Orientation Handbook (PREA), Administrative Directives 06.25 Qualified Interpreter Services, 04.25 Language Assistance, Correctional Managed Healthcare G 51.1 Offenders with Special Needs, G 51.5 Certified American Sign Language Services, the offender Sexual Abuse Awareness (SAA) training video, the offender video instruction letter, the Offender Sexual Abuse Awareness handout, the Inmate Treatment Program (ITP) screen showing SAA training completion, zero-tolerance postings throughout the facility and the Safe Prisons/PREA Operational Manual.

In addition to the above, the auditor met with five inmate Peer Educators, volunteer Chaplains, the Chaplain's Assistant, and a Chaplain who all assisted the auditor in understanding inmate education referencing PREA, and the prevention, detection and reporting of sexual abuse and retaliation for reporting. The auditor was also shown the PREA education video, which is routinely shared with inmates on the institutional TV channel broadcast by Chaplaincy Services. The auditor was extremely impressed with the institutional staff's support and volunteers' support of this inmate education, and the communications that exists between and among staff and inmates at the Huntsville Unit to the extent that this standard substantially exceeds compliance in all material ways for this review.

The tour with observation of posters and printed announcements in Spanish and English throughout the institution and interviews with random inmates also support the fact that this standard exceeds what is normally expected.

In the past 12 months, 775 inmates were given information at intake. These 775 inmates, whose length of stay was for 30 days or more, received a comprehensive education on their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such. The Agency maintains a record of the inmate's participation in PREA education.

Based on the auditors review of the policies, procedures, observation of operations, interviews with specialized staff, and interviews, both formal and informal, of a random selection of inmates, this auditor assesses an "exceeds" for this standard.

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)

Standard 115.34 Specialized Training: Investigations, (in addition to standard 115.31, training provided to all employees) states, in subsections a through d, that the Agency shall ensure (a) training in confinement settings for investigators, (b) techniques for interviewing, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case or prosecution referral, (c) documentation of the training, and (d) any state entity that investigates sexual abuse in confinement shall provide such training through its agents who conduct investigations.

The auditor reviewed the Texas Board of Criminal Justice BP-01.07, the Inspector General Policy Statement, the Correctional Institutional Division Safe Prisons/PREA Investigation Training, the Administrative Directives on evidence handling, the Office of the Inspector General Operational Procedures Manual (OPM), Personnel Directives-97, the training history for thorough investigation, and the employee rosters for the National Institute of Corrections PREA Training listing the agents of the Department that had been trained.

The number of investigators employed by the Agency is 134 (the Pre-Audit Questionnaire lists 26 used/for the Unit). The rosters of training in a correctional setting, the lesson plans and performance objectives were also reviewed. The Agency maintains documentation showing that investigators have completed the required training.

The auditor's interviews with specialized staff, the Warden, and review of the policies and procedures, and documentation mentioned above, confirmed compliance with the standard, 115.34.

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)

The University of Texas Medical Branch, UTMB, coordinates health care at the Huntsville Unit. Correctional Managed Healthcare policies, CMHC 25.1 Orientation, CMHC 19.1 Continuing Education, and CMHC G-57.1 Sexual Assault and Sexual Abuse, all direct specialized training for medical and mental health care staff. Moreover, medical and mental health care staff were tested on PREA medical and mental health training. The auditor assesses the Huntsville Unit as exceeds. Used to make this assessment was not only the thoroughness and completeness of UTMB's training of its health care staff but the fact that they go the extra mile requiring and administering tests to the medical/mental health staff.

University of Texas Medical Branch staff/practitioners who regularly work at the Huntsville Unit have received specialized training.

100% of all medical and mental health practitioners, who regularly work the Huntsville Unit have received the required training by the TDCJ Agency and UTMB.

Practitioners do not conduct forensic medical examinations at the Huntsville Unit, such examinations are completed by SAFE, SANEs staff at the local hospital, Huntsville Memorial Hospital.

The quality of care was assessed by staff is "as good as, or better than, the community experiences". The inmates of the facility use the same hospital, and emergency facilities as the surrounding community.

Based on the auditor's review of the policies and procedures, interviews, and visits to the hospital, as well as the supporting documentation provided, this standard is assessed as exceeds.

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)

The Safe Prisons/PREA Operational Manual and the Safe Prisons/PREA Plan address and outline the screening processes for the risk of victimization and abusiveness. The Manual and the Plan were reviewed by the auditor before the on-site visit at the Huntsville Unit.

Included in the SPPOM is the Offender Assessment Screening which addresses the risk of sexual victimization, and/or the risk of sexual abuse of other inmates. This comprehensive form is especially enlightening and critical to the screening process. This form is completed within 72 hours of intake. Intake processes have been reviewed at this facility, and other Texas facilities.

Inmates are assessed during the intake screening at the time of reception into the TDCJ, and upon being transferred from one facility to another. Each inmate's assessment includes screening for risk of being sexually abused by other inmates or of being sexually abusive towards other inmates.

The Huntsville Unit assesses each inmate assigned to the facility. Note, that the Huntsville Unit also receives transit inmates who are received for transfer that are not taken through the intake/educational process. These inmates in transit have been educated reference PREA at reception and at their assigned facility.

The intake process includes an objective assessment tool SPPOM 03.01 attachment E form and its use as directed by the TDCJ Safe Prisons/PREA Operational Manual, section Assessment Screening. The assessment includes 1) whether the inmate has a mental, physical, or developmental disability, 2) the age of the inmate, 3) physical build of the inmate, 4) whether the inmate has previously been incarcerated, 5) whether the inmate's criminal history is exclusively nonviolent, 6) whether the inmate has prior convictions for sex offenses against an adult or child, 7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, 8) whether the inmate has previously experienced sexual victimization, 9) inmates own perception of vulnerability, and 10) whether the inmate is detained solely for civil immigration purposes.

The TDCJ Offender Intake Processing Psychological Screening Interview is also conducted on intake, and appropriate follow-up is scheduled as prescribed/necessary. This form includes the history and mental health review, and is done within 14 days of assessment. Inmates, by policy limits, are not to be disciplined for refusing to answer questions during these assessments. Dissemination of inmate PREA information, within the facility, is handled on a confidential/limited basis.

The number of inmates entering the facility within the last 12 months, whose length of stay was 72 hours or more, was a total of 680 inmates. These inmates were screened for the risk of sexual victimization or the risk of sexually abusing other inmates within 72 hours of the entry to the facility. Re-assessments are done within 30 days if additional or relevant information is received. The auditor was presented with a statement of fact that the Huntsville Unit has not had any psychological reassessments.

This standard is assessed as compliant based on the review of materials, documentation, and based on interviews with specialized staff (medical and mental health).

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)

The Unit Classification Committee (UCC); following the directions of Administrative Directive AD 04.17 Offender Housing Assignment, Administrative Directive AD 04.18 Offender Job Assignment, and Correctional Managed Healthcare policy, CMHC 35.1, Mental Health Appraisal for Incoming Offenders, CMHC G-51.11 Treatment of Inmates with Intersex Conditions or Gender Dysphoria, and the Safe Prisons/PREA Operational Manual, Assessment Screening; make the housing, bed, work, education, and program assignments for the inmates at the Huntsville Unit. Special attention is paid to the safety and security of those inmates that are at high risk of being sexually victimized and attention is also extended to those inmates who may be sexually abusive. Clearly, based on the policies and procedures, each risk assessment screening is made on an individual basis and is in the interest of safety and security of the inmates and staff.

The policies mentioned above, the intake procedures, and the Unit Classification Procedures Manual were reviewed by the auditor. The documents clearly outline use of information and risk screening on an individual basis for the safety and security of the inmate. These policies and procedures, also direct that the information obtained during screening is shared on a limited basis. Interviews with intake staff, and mental health staff, supported by interviews with inmates, as well as observation of the assessment process show the use of information is limited to those that need to know. Only those that assist in making the housing, education, treatment, work, and program assignments should be informed of assessment information. Interviews with staff also confirmed that health care staff were especially concerned with privacy and confidentiality issues

and their compliance with health care regulations and disclosure laws. Additionally, security staff was very concerned that information that effected custody, care and control be shared with only those who were involved in those issues.

There was a statement of fact presented to the auditor that the Huntsville Unit has not had an offender claim transgender or intersex status. (Pre-Audit Questionnaire)

Based on the interviews with specialized staff, the review of the screening process, and the documentation presented to the auditor, the standard reference use of screening information is found as compliant.

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)

The TDCJ has a policy, Safe Prisons/PREA Plan that, in conjunction with its Safe Prisons/PREA Operations Manual and the Agency's Administrative Segregation Plan, prohibits the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers.

There have been zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months at the Huntsville Unit. There are only 44 cells, at the Huntsville Unit, used for administrative and disciplinary segregation. The limited number of cells for over 1500 inmates, by numbers alone, assures a judicious and smart use of disciplinary and administrative confinement.

Interviews with the Warden, specialized staff (those that work in segregation), inmates, and inmates in segregation, all confirm compliance with this standard.

Based on these interviews, and the policy and procedures, the standard is assessed as compliant.

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)

This standard, 115.51 and subsections a - d, addresses: a) multiple internal ways for inmates to report privately about sexual abuse and sexual harassment, b) at least one way for inmates to report sexual abuse and sexual harassment to a private or public entity or office that is not part of the agency, c) staff, accepts reports, verbally or in writing, anonymously, and from third parties, d), and that the Agency shall provide a method for staff to report privately sexual abuse and sexual harassment of inmates. In conjunction with these requirements, the auditor reviewed the TBCJ, BP-03.91, Uniform Offender Correspondence Rules, the TDCJ Executive Directive, ED-02.10, Prison Rape Elimination Act Complaints and Inquiries, Safe Prisons/PREA Plan, PREA Ombudsman Pamphlet, the Zero-Tolerance postings, and Offender Protection Information (OPI) referencing offender reporting, and the PREA video script, all supporting compliance with the standard.

Specifically, policy dictates (ED-02.10, Prison Rape Elimination Act Complaints and Inquiries) "the Texas Board of Criminal Justice (TBCJ) established the PREA Ombudsman's Office to investigate, process PREA complaints and inquiries in accordance with the BP-02.10 Prison Rape Elimination Act Ombudsman Policy Statement. The Texas Department of Criminal Justice shall establish guidelines for reporting complaints or inquiries from elected officials, the public and offenders pertaining to allegations of sexual abuse and sexual harassment, and related TBCJ initiatives, to the PREA Ombudsman". The PREA

Ombudsman was established by the 80th Texas Legislature to serve as an independent office. The PREA Ombudsman reports directly to the Chairman of the TBCJ, and is an office external to the reporting process of the TDCJ Executive Director. Inmates can report privately to the PREA Ombudsman's office.

The institutional inmate handbook and information distributed during intake outlines ways for inmates to report sexual harassment or sexual abuse.

Offenders may report allegations in many ways, verbally and in writing to departmental staff including a major, to the Office of the Inspector General, and to the PREA Ombudsman. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates are permitted to assist offenders and request for administrative remedies regarding an allegation of sexual abuse. Reports to the PREA Ombudsman may be made confidentially through third parties. Reporting information is also obtainable through information on bulletin boards, in the institutional libraries, the public website, and through staff.

The PEER inmates mentor program, conducted by inmates under the supervision of staff, addresses reporting sexual abuse and sexual harassment during inmate intake and the Institution PREA Inmate Education Process. The PEER mentoring process includes the PREA video sharing during the intake process, and the ways for inmates to report sexual abuse, harassment, retaliation, or staff neglect concerning PREA.

The auditor assesses compliance with the standard based on his formal and informal interviews with staff and inmates, and on his review of the above information, directions, procedures, and policies.

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)

The Offender Grievance Operational Manual (OGRM) and the Texas Government Code section 493.014 and section 501.008, outline administrative procedures to address inmate grievances concerning sexual abuse and sexual harassment. Administrative Directives AD-03.77, Offender Grievances and AD-03.82 Management of Offender Grievances, outline the TDCJ procedure for preparing, filing, and processing inmate grievances.

The inmate grievance process is another way for the inmates to report sexual abuse or sexual harassment. When utilizing the grievance procedure, Unit grievance staff will immediately telephone the highest-ranking security supervisor on duty to begin the steps of ensuring safety, evidence protection, notifications, and follow through. TDCJ places great importance on its notifications steps as heard by the auditor during interviews and observed by the auditor during the on-site review/tour. In the past 12 months there have been four grievances. All four reached final decision within 90 days after being filed. No extensions were required. In the past 12 months there have been zero (0) number of grievances alleging sexual abuse that resulted in disciplinary action by the Agency against the inmate for having filed a grievance in bad faith. This information obtained from the Pre-Audit Questionnaire.

Review of the grievance procedure, review of an actual grievance, and interviews with staff and inmates confirms an assessment of compliance for this standard.

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)

This standard, 115.53 Inmate Access to Outside Confidential Support Services and its three subsections a-c direct that: a) inmates will have access to outside victim advocates for emotional support services related to sexual abuse, toll-free numbers for local, state or national victim advocacy groups in as confidential a manner as possible; b) the extent to which communications may be monitored; and c) the Unit make attempts to enter into memorandums of understanding or other agreements with community service providers, with documentation of such attempts. The auditor reviewed policy, and documentation, including the following: SSPOM, Safe Prisons/PREA Plan, the inmate handbook, board policy, a Memorandum of Understanding template/example and the Advocacy Center Lists.

Inmate access to outside confidential support services is supported by the TDCJ through its Safe Prisons/PREA Plan, the Safe Prisons/PREA Operational Manual and through the Texas Board of Criminal Justice policies, BP-02.09 Prison Rape Elimination Act Ombudsman Policy Statement and BP-03 .91 Uniform Offender Correspondence Rules.

The PREA plan states "offender shall be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available....The Unit shall enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible." Additionally, the SSPOM states "when an advocate, from the Rape Crisis Center is not available to provide emotional support... The TDCJ shall, upon request from the offender victim, provide an Offender Victim Representative (OVR) to support the victim." There is a rape crisis center in Huntsville, Texas and the auditor had communications with the center. Confidential support services are, at this time, extended only by the Huntsville Unit to the Huntsville inmates and not through the local crisis center.

Based on the auditor's interviews with staff and inmates, the auditor's communications with the local crisis community center, and the auditor's review of the documentation submitted by the institution for this standard, the auditor assesses compliance.

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)

The Texas Board of Criminal Justice (TBCJ) Ombudsman website provides a method to receive third-party reports of inmate sexual abuse or harassment. Executive Directives, ED-02.03, and ED-02.10 address information and procedures on how to report, to whom to report, and how to submit PREA complaints and inquiries. ED-02.10 attachment A, is a PREA Ombudsman Inquiry Response Form containing the specific allegations, institutional actions, and additional pertinent information that can assist and does assist in reporting. The website and phone number of the PREA Ombudsman explain that there are resources on how to make third-party reports. Policy states "...the Texas Board of Criminal Justice established the Prison Rape Elimination Act to investigate, process PREA complaints and inquiries.". The TBCJ website gives the name, mailing address, and phone number to be used for the purpose of directing inquiries and complaints to the PREA Ombudsman.

The TDCJ brochure titled General Information Guide for Families of Offenders, outlines the mission of the TDCJ, and gives a brief description of the principle program areas for the family to review. The Table of Contents of the brochure has everything from intake to an institutional/unit directory and includes a section for the TBCJ, PREA Ombudsman and third-party reporting information. The website, phone number, mailing address, pamphlets, posters and information are ways which information is distributed to the public.

The auditor reviewed the above documents, and in conjunction with staff and inmate interviews assessed this standard as compliant.

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)

All staff at the Huntsville Unit have a duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

The auditor reviewed the following documentation submitted; the Master Folder for Compliance with PREA, the following policies, and documentation; Personnel Directive PD-29, the Safe Prisons/PREA Operational Manual, the Safe Prisons/PREA Plan, Administrative Directive AD-16.20 Reporting Incidents Crimes to the Inspector General's Office, Corrections Managed Healthcare, CMHC G-57.1, and Administrative Review Forms reference Sexual Assault/Abuse.

The Safe Prisons/PREA Plan states that "...all staff members shall immediately report, according to the TDCJ policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a TDCJ facility; retaliation against offenders or staff who reported the incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."

Administrative Directive, AD-16.20 Reporting Incidents Crimes to the Office of the Inspector General states that "...employees shall report occurrences of allegations of administrative violations, criminal offenses, and other incidents required to be reported by this directive. Immediately upon becoming aware of such conduct or soon as practicable...". This directive also has an attachment A outlining incidents requiring immediate reporting, including sexual assaults and incidents of sexual misconduct.

The Safe Prisons/PREA Plan and the Safe Prisons/PREA Operational Manual further outline reporting procedures, including how and to whom to report and also the prohibition of staff from revealing information related to sexual abuse reports (except to the extent necessary to make treatment, investigation, and other security and management decisions).

The auditor; based on documents including training documents, training records, the above information and based on interviews with staff, volunteers, and contractors; confirmed the duty and responsibility of the Agency and the staff to report. The auditor assesses compliance.

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)

When the Agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The Safe Prisons/PREA Operational Manual and the Administrative Directive AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious and Unusual Incidents, outlines the action to be taken to assist and implement appropriate protective measures without reasonable delay. The Huntsville Unit institutional staff are very knowledgeable and well-trained in their protection duties. When an inmate is subject to imminent sexual abuse or risk of imminent sexual abuse, if known, they take procedures to protect the victim from the perpetrator/threat, make the appropriate notifications, and investigate and secure evidence. Protections are taken immediately. Interviews with staff, specialty staff, and review of training confirmed this staff's knowledge and training.

In the past 12 months there have been zero (0) number of times the facility determined that an inmate was subject to substantial risk of imminent sexual abuse.

Based on the above policies, information, and interviews with staff and inmates, the auditor assesses compliance for this standard.

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)

The Safe Prisons/PREA Operations Manual sections 04.01, 04.02, 05.01, and 05.05, and AD 16.20 Reporting Incidents Crimes to the Inspector General, establish and direct reports of sexual abuse to and from other confinement facilities.

The policy indicates that the Warden "...will notify the head of the facility or appropriate office of the agency where the alleged incident occurred, as soon as possible, but no later than 72 hours after receiving the allegation". Further, if the TDCJ receives notification of an alleged sexual abuse, "The individual receiving such notification shall provide the notification to the Unit Warden". Appropriate follow-up of these notifications are outlined in the SPPOM.

During the past 12 months, the Huntsville Unit has received two (2) allegations that an inmate was abused while confined at another facility. Appropriate contact and notifications were made. The auditor reviewed these two instances with the Warden and the Unit PREA Compliance Manager and key staff. Appropriate follow-up investigations and contacts were made.

During the past 12 months, the Huntsville Unit has received, from other facilities, three (3) contacts/notifications that an inmate was abused while at the Huntsville Unit. The auditor reviewed these three instances with the Warden and the Unit PREA Compliance Manager. Appropriate follow-up investigations and contacts were made. The facility documents notifications and investigates allegations

The auditor's review of the investigations, and documentation as well as interviews with key staff supports compliance for this standard. This standard is assessed as compliant.

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)

The TDCJ Safe Prisons/PREA Operational Manual, the Administrative Directive AD-16.03 Evidence Handling and the Office of the Inspector General Operating Procedure Manual; detail the policy and procedures for the first responder to an allegation of sexual abuse.

This Safe Prisons/PREA Plan, outlines "Response to Reports of Sexual Abuse 1] after learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall: a) notify security supervisor; b) separate the alleged victim and assailant; c) preserve and protect the crime scene, if applicable, until appropriate steps can be taken to collect any evidence; d) monitor the alleged victim and his staff to ensure physical evidence is not destroyed... If the first staff responder is not a correctional officer, the responder shall monitor the alleged victim to ensure physical evidence is not destroyed and shall immediately notify a correctional officer..."

The auditor reviewed the training curriculum, documents, policies and procedures, and the staff video presentation outlining first responder duties and responsibilities. Additionally, the auditor reviewed the staff "pocket cards/instructions" and attended shift briefings/turnouts where PREA issues were discussed and further training was accomplished.

In the past 12 months, there were seven (7) allegations that an inmate was sexually abused. Of the seven allegations, the number of times the first security staff member to respond to the report and separate the alleged victim and abuser was zero

(0). The number of times where staff were notified within a time period that still allowed for the collection of physical evidence was zero (0). The number of times the first security staff member to respond to the report was two (2). Of allegations responded to by a nonsecurity staff member, the number was zero (0). This information taken from the Pre-Audit Questionnaire.

The auditor's random interviews with staff, formalized interviews with specialized staff, and the auditor's review of documents, training, and investigations confirmed compliance with this standard. This standard is assessed as compliant.

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)

The TDCJ Safe Prisons/PREA Plan and the Safe Prisons/PREA Operational Manual directs responding to an allegation of sexual abuse and requires a coordinated effort between Unit security staff, the Office of the Inspector General, Medical and Mental Health Services, Victim Advocates or Victim Offender Representatives, Unit leadership, and others as necessary.

The Safe Prisons/PREA Plan details the coordinated response actions that are to be taken in response to an incident of sexual abuse, and states the following, "...sexual abuse response and notification procedures contained within the plan and the SPPOM shall be followed to coordinate actions taken in response to an incident of sexual abuse".

The auditor reviewed general operations, day to day performances, instances reported, and observed during the on-site visit the teamwork between departments, and between supervisory staff and the line staff at the Huntsville Unit and was highly impressed with the overall performance/operation. The auditor was impressed with the leadership, the teamwork, the pride and professionalism of the staff and assesses an exceeds for this coordinated response standard at the Huntsville Unit.

Based on the above information, discussion, policies, procedures, and the interviews with the Warden, the PREA Compliance Manager, staff and inmates, this standard "exceeds."

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)
- Not Applicable

The TDCJ does not collectively bargain nor enter into collective bargaining agreements that limit the Agency's ability to protect inmates from contact with abusers (i.e. staff sexual abusers pending the outcome of 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)

The Safe Prisons/PREA Plan of the Texas Department of Criminal Justice protects all inmates and staff, who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, from retaliation by staff or inmates. This is outlined in the Plan.

Furthermore, personnel policies covering Sexual Harassment and Discourteous Conduct of a Sexual Nature, General Rules of Conduct, Sexual Misconduct with Offenders and Discrimination in the Workplace (PD-13, PD-22, PD-29, PD-31) also protect against retaliation for reporting sexual abuse and sexual harassment.

There is a 90 day monitoring time period for retaliation review as required by PREA. The TDCJ requires that the facilities use an offender 90 day monitoring form and a staff 90 day monitoring form, directing 30 day interval review screening timeframes during the 90 day time review period (this being greater than the PREA requirement).

The facility has designated the Correctional Major the responsibility of monitoring retaliation by inmates, and the Warden responsible for monitoring staff retaliation. There have been zero (0) number of incidences of retaliation at the Huntsville Unit.

Based on the auditor's review of policy and procedures and interviews with staff and inmates this standard is found in compliance with PREA.

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)

Administrative Directives, AD-03.50 Administrative Segregation and AD-04.63 Transient Status Offenders as well as the Agency's Administrative Segregation Plan, prohibit the placement of inmates who allege to have suffered sexual abuse, in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers.

There have been zero (0) number of inmates who have alleged to have suffered sexual abuse, who have been held in involuntary segregated housing in the past 12 months.

The Huntsville Unit has limited segregation cells, thus staff makes very selective and judicious use of the Unit's segregation cells. Separation can generally be accomplished, or transfer would occur.

Based on the auditor's review of the above policies, utilization of segregation cells, and the interviews with specialized staff, the standard is found compliant.

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)

The Safe Prisons/PREA Plan of the TDCJ, addresses investigations under General Consideration. Those General Considerations direct and outline the following: 1) a uniform evidence protocol to investigate sexual abuse and sexual harassment, 2) sexual investigation shall be conducted promptly, early, and objectively including third-party and anonymous reports, and 3) the use of investigators who have been specially trained in sexual abuse investigations pursuant the TDCJ Safe Prisons/PREA Plan. It

is noted that this standard contains 12 subsections a-l, and, as with all standards and subsections, these were reviewed by the auditor utilizing policies, procedures, observation, and interviews to assess the standard's compliance with PREA. Administrative directives, AD-16.20 Reporting Incidents Crimes to the Office of the Inspector General, establishes the Agency's policy related to criminal and administrative investigations. The Plan, Policies and Directives also require that substantiated allegations of conduct that appear criminal are referred for prosecution (PREA Plan, BP-01.07, AD-16.20). The Office of the Inspector General addresses and ensures retention of all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, +5 years.

The auditor assesses this standard as compliant based on the information above and his review of policies, procedures and interviews with specialized staff.

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)

Standard 115.72 Evidentiary Standards for Administrative Investigations stipulates that the Agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. To assess the standard, the auditor reviewed policy and documentation, including Safe Prisons/PREA Investigative Training, the Safe Prisons/PREA Plan, the Safe Prisons/PREA Operational Manual, the SPPOM attachment J, and the facility's Administrative Review: Sexual Assault/Abuse policy.

The policy direction by the TDCJ, directs: "...the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated". The information goes on further to inform us that a preponderance of the evidence means more than 50% of the evidence supports the allegation.

The auditor assesses this standard as compliant based on the above information, and interviews with the Warden and investigators.

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)

The Agency has a policy that an inmate who makes an allegation that he or she suffered sexual abuse is informed verbally or in writing as to whether or not the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. All allegations are investigated as outlined by the Agency Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual. Staff in the facilities are directed to notify the inmate following an investigation. Specifically, form F, Classification Committee Notification of Substantiated, Unsubstantiated, or Unfounded; form J, Offender Acknowledgment Form, and form M, Offender Notification (signed by the Warden); all, from the SPPOM, ensure reporting, and notification to the inmate.

Policy also prescribes that following an inmate's allegation that a staff member has committed sexual abuse against an inmate, the facility subsequently informs the inmate (unless unfounded) of whether the staff member is no longer posted, no longer employed, or has been indicted, again, this is from the SPPOM.

Based on the auditors review of documents, including the Warden signed notification forms, and based on interviews with investigators and the Warden, both confirm that when an inmate makes an allegation of suffered sexual abuse or sexual harassment, he is informed verbally or in writing as to whether or not the allegation has been substantiated, unsubstantiated or unfounded following an investigation. The auditor assesses compliance.

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)

Personnel policy of the TDCJ stipulates that employees or representatives of the Department are expected to adhere to the highest standards of conduct while on duty or off duty, including adherence to the Rules of Conduct and Outlines for Disciplinary Sanctions. The auditor was again impressed with the very positive information and encouragement from supervisors to staff during turnout sessions/shift briefings directing professionalism, and adherence to the employee Rules of Conduct.

Executive Directive, ED-13, Sexual Harassment and Discourteous Conduct of a Sexual Nature, further outlines expectations of TDCJ employees.

Personnel policy, PD-29, Sexual Misconduct with Offenders, addresses sexual abuse, sexual harassment, sexual misconduct, and voyeurism with inmates.

The Texas Penal Code 39.04, addresses Sexual Abuse of Inmates and the fact that it may rise to the level of a felony offense. The Guidelines for Employees details the sanctions and actions required, related to sexual abuse, sexual harassment, sexual misconduct, and voyeurism.

These all address performance and disciplinary action expected of staff who work with inmates in the TDCJ.

In the past 12 months there have been zero (0) number of staff from the facility that have been terminated, or reported to law enforcement or licensing boards, for violating Agency sexual abuse or sexual harassment policies.

Based on the auditor's review and interviews with staff and inmates, the auditor assesses this standard as compliant.

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)

The TDCJ has a very thorough and comprehensive Volunteer Service Plan (VSP) which, in conjunction with the Safe Prisons/PREA Plan, outlines the responsibilities and conduct for volunteers and contractors who have contact with inmates.

Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in PREA standard 115.32. Again, included in this training is a volunteer services training and the forms acknowledging that the training has been understood and completed. The auditor reviewed the training acknowledgment forms, training curriculum, and interviews with volunteers. It is clear to the auditor, every volunteer contractor is made aware of how to appropriately conduct themselves and the gravity of disciplinary sanctions that may affect any volunteer or contractor who engages in sexual abuse and/or sexual harassment of an inmate, including notification of law enforcement agencies and/or licensing boards.

Volunteers and contractors signed acknowledgment forms indicating their orientation, training, and understanding of the rules and regulations, and appropriate behavior, all of which are maintained by the Agency.

In the past 12 months there have been zero (0) number of contractors or volunteers who have engaged in sexual abuse of inmates.

Based on the auditor's review of policies, procedures, documents, and interviews with volunteers and contractors, this standard is assessed as compliant.

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)

The Inmate Discipline Policy, GR-106, Disciplinary Rules and Procedures for Offenders, and the Safe Prisons/PREA Plan outline disciplinary sanctions for inmate on inmate sexual abuse and sexual harassment. The Inmate Discipline Policy clearly identifies individual disciplinary sanctions for inmates. The inmate discipline policy is a substantial 45+ page document outlining major and minor offenses, all with different levels of sanctions and detail, but clearly indicating a very formal disciplinary process by administrative action. Inmates are subject to administrative disciplinary sanctions only pursuant this formal disciplinary process.

In the past 12 months, there has been one administrative finding of inmate on inmate sexual abuse/sexual harassment that has occurred at the facility. In the past 12 months there have been zero number of criminal findings of guilt for inmate on inmate sexual abuse/sexual harassment that occurred at the facility. This information taken from the Pre-Audit Questionnaire.

The Agency disciplines inmates for sexual conduct with staff only upon the finding that the staff member did not consent to such conduct. The Agency prohibits disciplinary action for reports of sexual abuse made in good-faith. The Agency also prohibits all sexual activity between inmates. The Agency direction is outlined in the Inmate Discipline Policy, GR-106, and the Agency Safe Prisons/PREA Plan. Institutional health care interventions, therapy, and counseling are addressed in the Correctional Managed Healthcare policy, CMHC E-35.

Based on the auditors review of the above policies and information, and based on interviews with staff and inmates. This standard is assessed as compliant.

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)

The Safe Prisons/PREA Plan, Safe Prisons/PREA Operational Manual, with its attachment E, and Correctional Managed Health care policies, CMHC G-35.1, G-35.2, G-57.1, stipulate that all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant standard 115.41 are offered a follow-up meeting with a medical or mental health care practitioner. This meeting takes place within 14 days of intake screening.

In the past 12 months all of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner which was done within 14 days. This information was provided by health care staff.

The healthcare policies mentioned above also address and outlines treatment, services to victims and abusers, and the maintenance of documents, and materials. Information related to sexual victimization or abusiveness that occurred in the

institutional setting is strictly limited only to those responsible for treatment plans, housing, bed, work, education, and program assignments.

The UTMB Healthcare staff are/were exceptionally professional in the performance of their duties, responsibilities, and information disclosure as observed by the PREA auditor. Interviews with UTMB Healthcare staff were insightful and helpful, assisting the auditor to assess compliance with PREA standards.

Based on review of policies, procedures, supporting documents, the tour and observation of the Medical Department, and interviews with key staff supports compliance. This standard is assessed as compliant.

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)

Access to emergency medical treatment and crisis intervention services is outlined in the Correctional Managed Healthcare policies, CMHC A-01.1, CMHC G-57.1; and further outlined in the Safe Prisons/PREA Operational Manual. Policy, CMHC A-01.1 specifically outlines the procedures that describe UTMB processes whereby offenders have access to care to meet their medical, dental, and mental health needs.

The UTMB health services are available at the Unit approximately 16 hours daily and on-call services 24/7. Services are described as an ambulatory, medical, dental, and mental health services. Continuous Positive Airway Pressure (CPAP) accommodative housing is available and managed by UTMB. Emergency medical/mental health care, and emergency medical transport is also through the Sheriff's Office of Walker County Emergency Medical Services (EMS) and the local hospital, Huntsville Memorial Hospital (HMH). These services are the same offered in the local community. The nature and scope of services are determined by medical and mental health practitioners, according to their professional judgment.

Based on the auditor's review of policies and procedures, and many formal and informal interviews with specialized staff, supervisory staff, and inmates confirm an assessment of compliance for this standard.

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)

The Safe Prisons/PREA Plan, the SPP0M-05.01, SPP0M-05.05, attachment J, and CMHC G-57.1, direct and outline the medical and mental health evaluations for sexual abuse victims and abusers at the Huntsville Unit. Treatment is extended by professional judgment of health services practitioners to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The Safe Prisons/PREA Plan is quoted as follows: 1) all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate, 2) the evaluation and treatment of sex offenders shall include..., Follow-up services, treatment plans, and when necessary referrals for continued care following their transfer to, or placement in other institutions, and in accordance with CMHC policies after release from custody, 3) the offender victim shall be provided medical and mental health services, consistent with the community level of care..., 4) (not applicable, this number is for females), 5) offenders will be offered medically appropriate tests, 6) a mental health evaluation of all offender on offender abusers is attempted within 60 days of hearing of the abuse, and treatment shall be offered when deemed appropriate in accordance with CMHC policies.

Brochures, handouts and materials on sexual assault awareness are distributed to the inmate during intake advising the inmate population of offerings by medical and mental health care. Randomly selected inmates confirmed the UTMB's attention and care for victims and abusers pursuant PREA.

In addition to the review of documented referrals, and the above policies, the auditor interviewed a number of specialized UTMB health care staff, the Warden and the Unit PREA Compliance Manager, confirming compliance. This standard is assessed compliant

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)

Standard 115.86 Sexual Abuse Incident Reviews with its seven sections, a-e, was reviewed with the supporting documentation submitted by the facility for the auditor's assessment. This documentation included Safe Prisons/PREA Plan; the SPPOPM section 08.01; the Administrative Directive policy AD-02.15; the Administrative Review; the Instructions for the Administrative Review Process; and the Unit Investigative Team (UIT) meeting.

The TDCJ Administrative Directive, AD-02.15 Operations of the Emergency Action Center (EAC) and Reporting Procedures for Serious and Unusual Incidents; and the Safe Prisons/PREA Plan, all direct that reports and changes to be made are to be reviewed by the Warden and the key staff at the facility. Specifically, the Plan directs that the Incident Review Team shall 1) complete an administrative review for all of alleged sexual abuse and staff sexual harassment incidents... 2) The review shall be conducted in accordance with the policy AD-02.15 Operations of the Emergency Action Center... 3) The review team will include upper-level management with input from line supervisors, investigators, and medical or mental health practitioners... 4) The Unit shall implement recommendations that result from the review, or document the reasons for not doing so....

At the end of each month, a Monthly Safe Prisons/PREA Report (MSPPR) is completed by the Unit PREA Compliance Manager, with the assistance of the UIT, and submits this data to the Agency, through the chain of command.

There is a sexual abuse Incident Review Team at the Huntsville Unit that includes the Assistant Warden, the Unit PREA Compliance Manager, and other key staff including health services staff. The team follows the Administrative Review: Sexual Assault/Abuse instructions (outline and procedures for review, and corrective action taken.)

In the past 12 months there have been four (4) criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents. These investigations have been followed by four (4) incident reviews. These reviews were reported to the chain of command, and included findings and recommendations for improvement to the Warden. Appropriate documentation and action was noted by the auditor.

This standard is assessed in compliance based on the above policies, documentation, review of documents and reports, and interviews with the Warden and key staff.

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)

The TDCJ and the Huntsville Unit collected accurate, uniform data for every allegation of sexual abuse. The Texas Board of Criminal Justice has established policy outlining the mission of the PREA Ombudsman to serve as an independent office to

monitor and conduct administrative investigations, as well as provide a point of contact for the public, elected officials, and offenders who have complaints or inquiries regarding allegations of sexual assault, sexual contact, staff sexual misconduct, or initiatives related to PREA. This office also includes collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility. It directs that statistical information regarding the total number of allegations of sexual assault, sexual contact, and staff sexual misconduct investigated by the TDCJ, and the outcome of the investigations, and any disciplinary actions resulting from the allegations will be made public and will be in the Annual Report (as required by TDCJ policy, BP-02.09).

The Survey of Sexual Violence (SSV), the standardized instrument for data collection, which is used by and conducted by the Department of Justice, was completed by the Agency and was used as part of the documentation for compliance with the Standard Data Collection 115.87. The auditor reviewed this report and monthly reports submitted by the Huntsville Unit.

Based on the reports, the survey, the PREA Ombudsman office website, and interviews with the Warden and the Unit PREA Compliance Manager, the auditor assesses compliance.

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)

Interviews with the Regional PREA Compliance Manager, the Unit PREA Compliance Manager, and the Warden confirm the TDCJ is continually assessing and collecting Prison Rape Elimination Act (PREA) data for corrective action in this the largest state prison system. The auditor again reviewed the PREA Ombudsman's website which contains a wealth of information concerning PREA and the safety and security of inmates. The auditor also reviewed monthly reports that are from the PREA Ombudsman's office along with the compilation of the Unit information that was sent.

The auditor, through discussions and reviews with staff, through review of monthly reports, the review of the Agency Annual Report, through review of the PREA Ombudsman's website and through review of the information from the Survey of Sexual Violence (SSV), found that there is a coordinated effort to improve the effectiveness of the Agency's goals concerning PREA compliance, and the safety and security of staff and inmates (this effort includes the Agency's Safe Prisons/PREA Plan requirements of sexual abuse prevention, detection, and response; and its efforts to continually improve staff and inmate safety and security). By use of the data collected, problems are identified, issues reviewed, staff training and professional development continually assessed, assisting with the overall improvement and development of the TDCJ.

The TDCJ website for the following publications/information:

- 1) Administrative Review and Risk Management
- 2) Advisory Council on Ethics
- 3) Annual Review 2005-2014
- 4) Business and Finance
- 5) Correctional Institutions Division
- 6) Executive Administrative Services
- 7) Health Services
- 8) Human Resources
- 9) Internal Audit
- 10) Manufacturing and Logistics Division
- 11) Office of the General Counsel
- 12) Parole Division
- 13) PREA Ombudsman's Safe Prisons Program Report 2009-2014
- 14), Reentry, and Integration Division
- 15) Rehabilitation Programs Division
- 16) Texas Board of Criminal Justice
- 17) Texas Correctional Office of Offenders with Medical or Mental Impairment
- 18) Victims Services

Obviously there is a wealth of information outlined in the above list. Particular attention was paid by the auditor to number 13 PREA Ombudsman and Safe Prisons Program Report which addresses PREA standard 115.88 and the data review.

The information and materials above, and interviews with the Warden, the Unit PREA Compliance Manager, and the Regional PREA Compliance Manager, confirmed compliance with the standard.

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)

The TDCJ Safe Prisons/PREA Plan ensures that incident-based and aggregate data are securely retained. The Agency maintains sexual abuse data collection pursuant to state statute, the State of Texas Records Retention Schedule and the PREA standard 115.87 for at least 10 years after the initial date of collection, unless federal, state, or local law requires otherwise.

Agency policy requires that aggregated sexual abuse data from facilities under the TDCJ and private facilities it has contracted with, make data available to the public, at least annually, through its website. The PREA Ombudsman’s Office makes this available on its website and also in its annual report. The auditor noted that PREA’s summary reports on individual TDCJ, Texas Units have been placed on the Ombudsman’s website.

Based on the review of documents and information, the retention schedule, and interviews with the Warden and the PREA Manager, the auditor finds this standard compliant.

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.

James Curington

Auditor Signature

May 14, 2016

Date