

**PREA AUDIT REPORT**     Interim     Final  
**ADULT PRISONS & JAILS**

**Date of report:** October 29, 2016

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> 10/3-7/2016			
<b>Facility Information</b>			
<b>Facility name:</b> Joe Kegans/Pam Lychner Complex			
<b>Facility physical address:</b> 707 Top St. Houston, TX 77002 / 2350 Atascocita Road, Humble, TX 77396			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 713-224-6584 / 281-454-5036			
<b>The facility is:</b>	<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		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Reginald Goings			
<b>Number of staff assigned to the facility in the last 12 months:</b> 170/437			
<b>Designed facility capacity:</b> 667/2276			
<b>Current population of facility:</b> 414/2082			
<b>Facility security levels/inmate custody levels:</b> J1-J2/J1-J5, G1, G2			
<b>Age range of the population:</b> 18-83/18/-68			
<b>Name of PREA Compliance Manager:</b> Ashley Jackson		<b>Title:</b> Unit Safe Prisons PREA Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Texas Department of Criminal Justice			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Texas			
<b>Physical address:</b> 861-13-I-45 North, Huntsville, Texas, 77320			
<b>Mailing address:</b> <i>(if different from above)</i> P.O. Box 99, Huntsville, Texas, 77342			
<b>Telephone number:</b> 936-295-6371			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bryan Collier		<b>Title:</b> Executive Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Lori Davis		<b>Title:</b> Director, Correctional Institutions Division	
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) audit for the Texas Department of Criminal Justice (TDCJ) Correctional Institutions Division, Joe Kegans State Jail/Pam Lychner State Jail (combined as one facility, titled Kegans/Lychner Correctional Complex and referred to in the audit as "Kegans/Lychner Complex") began with the notification and assignment of the certified PREA auditor, James Curington by the American Correctional Association in August 2016. This report, dated October 29, is a final report of the auditor and developed by the auditor under the training/direction given by the National Prison Rape Elimination Act Resource Center (PRC).

The methodology of the PREA auditor was to use a step-by-step process, which included the following:

- 1) Sending a Pre-Audit Report Form to the PRC.
- 2) Making contacts with the agency/facility, the posting of audit notices, and the sending of an agenda for the site visit.
- 3) Obtaining a flash drive with information, documents, the facility Pre-Audit Questionnaire, etc. from the agency/facility and carefully reviewing such prior to the on-site visit.
- 4) Making an on-site visit to the community and the facility to be audited.
- 5) Making an assessment of compliance/noncompliance during and after the site visit with follow-up review of documents and materials.
- 6) Completing an Interim/Final Auditor Summary Report; this is a Final Auditor Summary Report.
- 7) Notifying the agency/facility of the Summary Report.
- 8) Finally, sending a Post Audit Report Form, with the Final Audit Summary Report attached, to the PRC.

The Prison Rape Elimination Act, its 43 standards, and the evaluation instrument supplied by the PRC was used to assess and complete the audit report.

The evaluation instrument used by the auditor, is the PREA Audit Instrument, Adult Prisons and Jails supplied by the PRC through its website, to conduct an audit of the Kegans/Lychner Complex. The PREA Audit Instrument and its seven sections A-G, is detailed as follows: A) the Pre-Audit Questionnaire (used throughout the report as documentation), B) the Auditor's Compliance Tool, C) 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. Again, this instrument was used as the basis for the auditor's assessment process and was also used by the agency/facility to help prepare for the audit.

After notifications, contact information, posting of notices, completion of the Pre-Audit Form, agency disclosure forms, receipt of information referencing the facility, and the submission of an agenda for the site visit; the auditor began to review the agency and facility information. A wealth of information was contained in the flash drive, which included the following sections: the Pre-Audit Questionnaire; a Master Folder addressing all of the 43 PREA standards; and Supporting Documents for the agency and the Kegans/Lychner Complex. The auditor thanks the agency and the complex staff for the compilation of folders, documents, and information to assist in assessing PREA compliance for the facility. This material was thoroughly reviewed prior to the on-site visit with special attention paid to supporting documents including policies and laws from the Texas Government Code, the Texas Board of Criminal Justice (TBCJ), the Texas Department of Criminal Justice (TDCJ), the Correctional Institutions Division (CID), the University of Texas Medical Branch (UTMB), staffing/rosters of the facility, inmate rosters, housing schematics and layouts of the facility; all of which were extremely helpful in understanding and reviewing the facility for PREA compliance.

The PREA auditor submitted a written daily agenda to the facility and the TDCJ Central Office prior to the on-site visit. The audit agenda was as follows:

Sunday, October 2

Introductions/meet and greet – facility staff and auditors for ACA and PREA audits meet and discuss agenda  
Pre-Audit Meetings as appropriate  
ACA audit and PREA audit, Dual Audit Discussion (ACA audit Mon. – Wed., PREA audit Wed – Fri.)

Monday, Tuesday and Wednesday morning, October 3, 4, and 5 morning – ACA audit

The ACA Audit Process, including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records; including Litigation, Significant Incidents/Outcome

Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up, including, the Compliance Tally and Exit Discussion, this will be lead and coordinated by the ACA Chairperson.

#### Wednesday continuation, October 5 – PREA Audit/PREA Agenda

Following the ACA Closeout and Summary

1:00 p.m. – The PREA auditor will discuss the Audit Instrument by the PREA Resource Center including: 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor’s Summary Report, 6) the Process Map, 7) the Checklist of Documentation (and on-line instrument as apropos).

Attend Shift Briefings – Post Assignments – Afternoon, Evening

Schedule interviews with staff and inmates (facility staff assistance). This may be done on Monday or Tuesday.

Tour facility (lists of where, who and when). Note: PREA “Instructions for PREA Audit Tour”. This is follow-up and a revisit to areas as needed from ACA audit tour.

Review PREA standards/justifications

Review Demographics of the facility with Unit staff helping provide the following: Capacity designated, Actual capacity: first and last day of the audit, Age Range/Youthful Offenders, Gender, Security Custody Levels, Number of staff: total, security, non-security, program, medical, contract, volunteers, other. Get copy of institutional web page and google photo of the facility.

Review facility schematics with Unit staff helping provide the following: # of buildings, # of dorms, # of acres (inside, outside the compound), # of towers, fence (kind, height, length, security features, etc.)

Review Allegations (sexual abuse, harassment, retaliation: investigated – administrative, criminal, indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated

Interviews with staff and inmates. Note: PREA “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View/Review Offender Orientation/Admission

#### Thursday, October 6

8:00 a.m. Visit and revisit institutional operational areas. Review specialty areas.

3:00 p.m. Review PREA standards for compliance/information

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local Mental Health (24/7 access to emergency medical/mental health care, and providers).

Interviews with staff and inmates. Note: PREA “Interview Protocols” Make sure interviews include all staff “shifts”.

Make sure inmates from each housing unit are interviewed.

#### Friday, October 7

Follow up on PREA standards compliance and facility information needed and appropriate to the PREA Auditor’s Summary Report.

9:00 a.m. Tour with the Warden and the Institutional PREA Compliance Manager

11:00 a.m. Review Auditor’s Summary procedures (interim report/final report) with key staff

12:00 noon depart the Kegans-Lychner Units.

(Note, the agenda included the PREA auditor’s on-site visit as part of a dual ACA and PREA audit lasting Sunday evening, through Friday afternoon.)

The above agenda was accomplished, and the touring, visiting, and revisiting of departments and operations, assisted the auditor and understanding the operations of the facility and its efforts to obtain PREA compliance. It is the auditor’s feeling and assessment that the goal of a thorough, comprehensive, professional and expert PREA audit review was accomplished (in conjunction with the assistance of facility staff, inmates, and supporting TDCJ staff).

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Kegans/Lychner Correctional Complex is a designated complex of two units of the Texas Department of Criminal Justice (TDCJ), headed by one Senior Warden. The TDCJ combined these two units to assist in the administrative operation of a large capacity 2276 bed intake jail and a small capacity 667 bed neighboring intake jail (inmate count: Lychner 2082, Kegans 414, as of October 7, 2016), both primarily receiving inmates from Harris County (Houston), Texas.

The Kegans Unit is located at 707 Top St., Houston, TX 77002 on the north side of downtown Houston, Harris County, TX 77002. The Lychner Unit is located at 2350 Atascocita Road, Humble, Harris County, TX 77396. The Joe Kegans Unit and the Pam Lychner Unit were combined to form the Kegans/Lychner Correctional Complex and is a TDCJ state facility complex, headed by one Warden. The Units were named after two prominent women. The Houston Chronicle described Joe Kegans as "a no-nonsense judge... pioneer for women" (January 7, 1997, newspaper article). Pam Lychner was an advocate for victim's rights, founding the group "Justice For All" and namesake of the Pam Lychner Federal Law, Sexual Offender Tracking and Identification Act of 1996.

The Units of the Complex are situated on two parcels of land with the Kegans downtown unit situated on less than an acre in downtown Houston, adjacent to Harris County Jail. The Lychner Unit is located on 64 acres in Humble, Texas, adjacent to the Harris County Sheriff's training facility, the Harris County fire training facility, the recreational complex of Humble, Harris County, and a neighboring large landfill area.

The Kegans Unit is notably a four story high-rise jail situated in a city block surrounded by a water treatment facility and the Harris County Jail.

The inmate population, consists of jail inmates 1 to 5 (J1-J5 on a scale of 1 to 5), and general population inmates 1 to 2, (G1-G2 on a scale of 1 to 5) and transient inmates. Departments at the facility include the Armory, Chaplaincy Services, Classification, Commissary, Community Service, Personnel, Recreation, Training, Reentry, Risk Management, Unit Supply, Offender Grievance, Security Threat Group, Operational Review, Food Service, Intake, Maintenance, Health Care Services, Security Transport, Field Squads, and Community Squads. Inmate work programs are provided for the inmate population, excluding those inmates in admission, intake, and orientation. The work program assignments include food service/kitchen, janitors and orderlies, janitorial squads, laundry, clothing, trade/vocational, maintenance, supplemental building maintenance, landscaping, and smaller specialized squads assigned to assist in day-to-day operations. Especially notable to the auditor were the community work programs to city and County agencies and most especially the inmate work program assigned to the Houston area Food Bank. The inmates are assigned housing, primarily to dormitories, in both the Kegans and Lychner Units. There are no segregation cells at Kegans and only 29 segregation cells at Lychner. It should be noted that the Kegans Unit is air-conditioned.

Medical care is described as an ambulatory, medical, dental and mental health services, with Digital Medical Services (DMS) and electronic specialty clinics available for the inmate population. All services are administered on a single level, and managed by the University of Texas Medical Branch (UTMB).

Specialty inmate programs, services and learning opportunities include: a Substance Abuse Treatment Program; educational programs, which include Adult Basic Education (ABE) and General Equivalency Diploma or (GED), Reading, Title I, CHANGES, Cognitive Intervention, career and technology programs, all through the Windham School District; chaplaincy programs, which include prisoner reentry initiative, adult education programs, reentry planning, chaplaincy services, and a faith-based dormitory; library services which includes a law library; recreation programs; and volunteer initiatives including life skills, support groups, victims awareness, Serving for Success, post-release housing, employment and job skills.

The Mission Statement of the Complex is as follows:

The mission of the Pam Lychner/Joe Kegans Complex is to provide a safe, secure, and structured environment which emphasizes the rehabilitation values of education, religious programming, responsibility, and work practices for state jail felons.

Facility demographics:

Designated facility capacity: Kegans 667; Lychner 2276

Actual capacity: Kegans 414; Lychner 2082

Age range of population: Kegans 18 to 83; Lychner 18 to 68

Gender: male

Average length of stay: Kegans 106 days; Lychner 313 days

Custody grades: Kegans J1 - J2; Lychner J1 - J5, G1 - G2, transient

Total employees: Kegans 155; Lychner 413

The Kegans/Lychner Complex is an American Correctional Association accredited facility and has been recommended for reaccreditation to the ACA Commission on Accreditation, this audit cycle 2016.

Photos of the Complex Units follow:

1. Ariel view of the Pam Lychner State Jail
2. Second ariel view of the Pam Lychner Unit
3. Ariel view of the Joe Kegans Unit – inside the blackened area

**SUMMARY OF AUDIT FINDINGS**

The Kegans/Lychner Complex is assessed as "in compliance" with the PREA standards in this the final report.

As listed below, of the 43 standards, 40 are assessed as meeting substantial compliance in all material ways with the standard for the relevant review period. Also note that three standards were assessed as substantially exceeding the requirement of the standard. Those were; Standard 115.11 Zero Tolerance, Standard 115.31 Employee Training, and Standard 115.35 Specialized Training-Medical and Mental Healthcare.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

## **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 Safe Prisons/PREA Plan established by the Texas Department of Criminal Justice and dated August 2014 was established to prevent, detect, and respond to sexual abuse and sexual harassment in the TDCJ. This Plan has been disseminated throughout the agency stipulating for all its facilities, "a zero tolerance for all forms of sexual abuse and sexual harassment of offenders." The Joe Kegans/Pam Lychner Complex adheres to and practices this zero tolerance plan. This was observed by the auditor, through the documents, policies and procedures, the tour, the postings at the facility, and was verified by the numerous discussions and interviews with staff, inmates, visitors, contractors, and volunteers.

The Plan and its accompanying manual Safe Prisons/PREA Operational Manual (SPPOM) requires that the agency "be vigilant in establishing a safe environment for staff and offenders at all secure correctional facilities and take immediate actions to address the protective needs of offenders who have been victimized... The TDCJ Safe Prisons/PREA 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."

The Safe Prisons/PREA Plan through the SPPOM, specifically address the following issues:

- 1) administration of the plan;
- 2) intervention;
- 3) assessment and screening;
- 4) reporting and receiving allegations;
- 5) investigation;
- 6) training;
- 7) grids, codes, files and transfers;
- 8) reporting; and,
- 9) numerous attachments which include checklists, reports, information templates, and supporting information.

The Manual clearly assists in establishing and ensuring the zero tolerance of sexual abuse and sexual harassment throughout the TDCJ and at the Kegans/Lychner Complex. The Plan and Manual also address definitions of prohibited behaviors and sanctions for those prohibited behaviors. Also addressed are strategies and responses to help prevent and reduce sexual abuse and sexual harassment.

The staff at the Complex exhibited knowledge and understanding of the zero tolerance policy and were observed in shift briefings/shift turnouts to be continually addressing PREA issues and the safety and security of the inmate population.

The TDCJ has designated Ms. Lori Davis, Director of the Correctional Institutions Division, and as such, she responded to the scripted questions provided by the PRC Interview Protocol. Additionally, Ms. Davis has been appointed as the Agency PREA Coordinator and Ms. Davis responded to the scripted questions addressed to the Agency PREA Coordinator. Ms. Davis has indicated that she has enough time and authority to develop, implement and oversee the agency's efforts to comply with PREA standards. Ms. Davis's position was noted by the auditor in the Agency Organizational Charts.

The Kegans/Lychner Complex is under the direction of the Chief Executive Officer, Mr. Reginald Goings, the Senior Warden at the Complex. The Institutional PREA Compliance Manager is Ms. Ashley Jackson, Unit Safe Prisons PREA Manager (USPPM). Both positions were noted on the Institutional Organizational Chart.

After review of the documents submitted by the facility, including the Safe Prisons/PREA Plan, the SPPOM, the agency and facility organizational charts, and after interviews with staff, inmates, volunteers and others, this standard is assessed as "exceeds standards" by the auditor.

### **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)

The Kegans/Lychner Correctional Complex (state jail units) does not contract with other entities for the confinement of inmates. Thus, this standard is not applicable, and is found to meet standards, as directed by the training received August 6, 2016 i.e. the PREA Resource Center (PRC) staff at the PREA training given at the annual American Correctional Association (ACA) conference, Boston, Massachusetts.

### **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)

The Kegans/Lychner Complex is composed of two units with the Lychner Unit composed of 2082 inmates and the Kegans Unit composed of 414 inmates. These inmates are of medium security with appropriate staffing and perimeter security. The two units have staffing plans that are reviewed annually by the agency and these plans address the inmate staff and security needs. The staffing for the two units is adequate, in the opinion of the Warden and key staff, and in the opinion of the Human Resource Department consistent with TDCJ policies, procedures and operations. The staffing plan, recruitment policies, and institutional needs are continuously reviewed by the Warden and the agency to ensure appropriate supervision and monitoring on all shifts at the complex.

Higher-level staff conduct unannounced rounds to identify any deviation from the staffing plan and procedures, and for issues that would concern safety and security of the inmates in compliance with PREA. The Security Operations Manual and Post Orders for the Security Department, address supervision duties and responsibilities. Staff compliance with the Manual and Post Orders is maintained, not only through regular and unannounced rounds, but also through incident reviews, logs, reports, and daily operational count sheets and procedures.

The Warden reviews the minimum staffing pattern and any deviation, compliance/noncompliance sheets and count sheets, all are reviewed daily. Deviation is noted/approved by the Chief of Security and the Warden.

The auditor noted that video cameras are strategically located throughout the complex and its units, both externally and internally. Cameras are appropriately monitored and recordings are made consistent with policy. Staff routinely checks for blind spots which are evaluated, secured and appropriately monitored through cameras, mirrors, sightlines or staffing as needed.

Based on the specialized staff interviews, the facility tour, the video review, and the review of the officer's logs and supervisory rounds, the auditor assesses this standard as compliant.

### **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)

TDCJ Kegans/Lychner Complex does not house any inmates under the age of 18. There are no youthful offenders at the Kegans and/or Lychner Units. This non-applicability is found to meet standards as previously mentioned in standard 115.12 and directed by the training received from the PRC staff at the annual ACA conference in Boston, Mass. 2016.

**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)

As stated in the Pre-Audit Questionnaire and outlined by policy and procedure, the facility does not conduct cross gender strip searches or cross gender visual body cavity searches, except in exigent circumstances, or when performed by medical practitioners. This policy was clear to the visiting auditor and it was obvious that the Kegans/Lychner Complex does not perform cross gender viewing or searches at the facility unless there is an emergency or extreme need. When such searches were conducted, documentation is maintained. The Pre-Audit Questionnaire indicates there have been zero number of such searches at the Kegans Unit, and three searches, because of exigent circumstances, at the Lychner Unit.

Procedures require that staff of the opposite gender announce their presence when entering inmate housing, and this was observed by the auditor. It was noted that the staff at both units of the complex acted professionally when searching inmates and entering their housing areas. The complex is an all-male facility, thus only when female staff enter a housing/living area is the appropriate announcement made.

Staff at the complex have received the appropriate annual training, in-service training, orientation and new hire training, such that staff are aware on how to conduct patdown searches of transgender and intersex inmates in a professional and respectful manner, and are aware of their duties and responsibilities regarding PREA.

The auditor found this standard in compliance based on the agency's policies, the procedures outlined in the Safe Prisons/PREA Plan, and based on staff and inmate interviews which confirm that inmates can perform bodily functions, change clothing, and shower without staff of the opposite gender viewing them.

**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 Kegans/Lychner Complex follows and adheres to the direction of the TDCJ through its Administrative Directive, AD-04.25 Language Assistance, AD-06.25 Qualified Interpreter Services; through Corrections Medical Healthcare policies, CMHC G-51.1 Offenders with Special Needs; and CMHC G-51.5 Certified American Sign Language Services; and through its Safe Prisons/PREA Operations Manual and 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 auditor reviewed, with the intake staff, the policy on inmates with special needs and it was clear that the contracted health care staff from University of Texas Medical Branch, in association with the PREA Manager and facility staff, make sure every effort is made to assist in extending PREA information to every inmate, including those with disabilities and those with limited English proficiency.

Information about PREA is distributed through the peer education program and peer mentoring. Inmates who were charged with this responsibility were interviewed and related that the Kegans and Lychner Units were meeting their responsibilities



and disseminating the appropriate PREA information to all inmates. There were certified interpreters at the complex, a listing of which was given to the auditor. 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 zero number of instances where inmate interpreters, readers, or other types of inmate assistants have been used at either the Kegans or Lyncher Units.

Based on the interviews with staff and inmates, the tour, including a review of intake and orientation, and review of the policies and procedures mentioned previously, the auditor assesses this standard as compliant.

### **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)

Standard 115.17 contains eight subsections outlining the importance of thorough background checks, and the vetting of staff, new employees, contractors, and volunteers who have contact with inmates. The auditor spent time with the Human Resource staff, reviewing the Texas Government Code, agency personnel policy, procedures, employment applications, supporting applications, background checks, and PREA concerns and expectations established by PREA law. It was clear, to the auditor that the Kegans/Lychner Complex complies with this PREA standard. It was also clear that before anyone is promoted, who has contact with inmates, they were reviewed for any engagement in sexual abuse in prison and reviewed for having engaged or attempting to engage in sexual activity by force in the community. The Complex, as directed by the TDCJ, also requires consideration of any instances of sexual harassment in determining whether to hire or promote or continue to employ anyone. Specifically, the following directives address and ensure compliance with PREA law regarding hiring and promotional decisions:

- 1) PD 22 General Rules of Conduct.
- 2) PD 27 Employee Status.
- 3) PD 29 Sexual Misconduct.
- 4) PD 56 Request for Release of Information.
- 5) PD 71 Selection System Procedure.
- 6) PD 73 Selection Criteria.
- 7) PD 75 Pending Charges.

These above policies, plus the Safe Prison/PREA Plan, personnel forms, and the Texas Government Code were all reviewed by the auditor.

Background checks are conducted on all newly hired or serious applicants. In the past 12 months there have been nine persons hired at the Kegans Unit and 66 persons hired at the Lychner Unit (who may have contact with inmates), all have had the appropriate background checks through the agency's Central Office Headquarters in Huntsville, Texas.

Personnel policy and the Code of Ethics are important to the TDCJ and it is noted by the auditor that staff are required to self-report misbehavior, criminal behavior, and any misconduct. Additionally material omissions when applying for employment or promotion may result in termination.

Based on the auditor's interviews with the Warden and the Human Resource Manager, based on the review of qualifications and applications made to the TDCJ, and based on the review of the above personnel policies, the auditor assesses compliance for this standard.

### **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)

According to the Pre-Audit Questionnaire, the Kegans/Lychner Complex has not made any substantial expansions or modifications of existing facilities since August 20, 2012.

The facility has updated its video monitoring system, electronic surveillance system, and other monitoring technology since August 12, 2012. The auditor reviewed these updated security operations. It is the agency and Complex policy, as stated in the Security Operations Procedure Manual (SOPM), that "prior to the new installation of equipment, the surveillance systems coordinator will coordinate with the Agency PREA Compliance Coordinator to collect any relevant information concerning the operation and deployment of this surveillance equipment in an effort to enhance the agency's ability to protect the offenders from sexual abuse".

The auditor observed, during the tour, central camera monitoring, in areas of the facility including possible blind spots and certain sensitive security locations.

Based on the auditor's review of the facility, interviews with the Warden and the Chief of Security, and based on interviews with supervisory staff and random staff from each shift, 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 Texas Department of Criminal Justice is responsible for administrative and criminal sexual abuse investigations at the Kegans/Lychner Complex. The protocol for evidence collection was adapted or otherwise based on the DOJ's office on Violence Against Women publication "A national protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. Investigators are properly trained and certified. Names and phone numbers were furnished to the auditor.

Forensic examinations are offered to all inmates who experience sexual abuse. These examinations are offered without financial cost to the victim. Forensic examinations are performed by SANE medical staff at Ben Taub Hospital, Houston, Texas. Name and phone numbers were furnished to the auditor. The Pre-Audit Questionnaire for the Complex, indicated that one forensic exam was accomplished by a qualified medical practitioner during the past 12 months.

The facility attempts to make a victim advocate, from a rape crisis center available to the victim. These efforts are documented. The auditor and Warden visited the local rape crisis service provider in Humble, Texas, the Family Time Crisis and Counseling Center. If the rape crisis center is not available, a qualified agency staff member who has been appropriately trained is available/on-call to support the victim through the medical and investigatory process.

The Safe Prisons/PREA Operations Manual (SPPOM) and its sections on Offender Victim Representative, Sexual Abuse Response and Investigation; as well as policy from the UTMB Corrections Managed Healthcare Policy, CMHC G-57.1 Sexual Assault/Sexual Abuse; and the Office of the Inspector General (OIG) policy Offender Sexual Assault Investigation; all address the sections and subsections of this standard. Based on the auditor's review of the sections and subsections a-h, in conjunction with policies and procedures, interviews with investigative staff, interviews with specialized staff, interviews with Offender Victim Representatives, and UTMB staff, the auditor assesses compliance for 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 Kegans/Lyncher Complex ensures that administrative and/or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.

Administrative Directives, AD-02.15 and AD.16.20 Operations of the Emergency Action Center (EAC) and Reporting Procedures to the Office of the Inspector General (OIG) outline the necessity and immediacy of reporting incidents and crimes to the EAC and the OIG. Specifically, sexual abuse (offender on offender), and staff misconduct are to be reported to the EAC; and crimes and Texas Penal Code violations are to be reported to the OIG.

The Office of the Inspector General policy OIG 04.05 and the Texas Board of Criminal Justice (TBCJ) policy BP-01.07 dictate the requirements and referrals for investigation to those with legal authority to conduct criminal investigations. Criminal investigations are documented and maintained. In the past 12 months, there have been seven allegations of sexual abuse and sexual harassment at the Complex. Four of these investigations have been referred for further criminal investigation. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

Based on the auditor's interviews with the investigative staff, the Warden, the Institutional PREA Manager, and based on the auditor's review of policies, investigations, and documents, this standard is assessed as compliant.

### **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)

The auditor's assessment of this standard included a review of training records, training curriculum review, shift briefing/turnout reviews and many formal and informal staff interviews. Staff are knowledgeable about the zero tolerance policy for sexual abuse. They are knowledgeable on how to perform their responsibilities in the detection of sexual abuse, reporting of sexual abuse and responding to sexual abuse. Staff have received pocket card guidelines outlining the TDCJ's mission statement, the Officers Code of Ethics, PREA information, first responder duties, and supplemental information concerning custody, care and control of the inmate population. It was noted by the PREA auditor how professional and serious each staff member responded to the formal, scripted questions and to informal questions asked by the auditor during the site visit and tour of the facility. All staff formally interviewed, were asked about the following:

- 1) Agency zero-tolerance policy
- 2) How to fulfill their responsibilities regarding PREA
- 3) The right of inmates to be free from sexual abuse and sexual harassment
- 4) The right of inmates and employees to be free from retaliation for reporting
- 5) The dynamics of sexual abuse and sexual harassment in confinement
- 6) The common reactions of sexual abuse and sexual harassment victims
- 7) How to detect and respond to signs of threatened and actual sexual abuse.
- 8) How to avoid inappropriate relationships with inmates.
- 9) How to communicate effectively and professionally with inmates including LGBTI and gender nonconforming inmates.
- 10) How to comply with mandatory reporting laws.

The responses, and comments that were received, related to the above areas were professional, insightful and supported the auditors assessment as an "exceeds" for this standard.

Training is tailored to the gender of inmates at the Complex (this is an all-male adult complex, at both units). The agency documents employee training, and the fact that the staff understands the training they have received.

Based on the administrative policies (Safe Prisons/PREA Plan, Directive, AD-12.20 Implementation and Orientation of the TDCJ In-Service Program), and the staff PREA Video Script, the training curriculum, the interviews with staff, and the auditor's attendance at shift turnout/shift briefings this standard is assessed as "exceeds standards".

### **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)

All volunteers and contractors who have contact with inmates have been trained in their responsibility under the TDCJ policies, including procedures regarding sexual abuse and sexual harassment prevention, protection, and response.

The emphasis on volunteer training can be recognized through the efforts made by the TDCJ in establishing a comprehensive Agency Volunteer Service Plan (VSP), the Handbook for Volunteers which is available on the public website, and a special training video to help educate the volunteers who assist the Texas Department of Criminal Justice.

The volunteer program is administered through the TDCJ headquarters in Huntsville, Texas. There are over 22,000 volunteers who have been trained. Volunteers are certified by the TDCJ.

Contractors who have contact with inmates are trained, reviewed, and vetted at the local level by the Unit's Human Resources Department with the appropriate background checks made through the TDCJ. There were 42 contractors who have contact with inmates who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response. This provided by the Pre-Audit Questionnaire.

The auditor was especially impressed with the Code of Conduct training that is extended to volunteers and contractors in their curriculum. The auditor had an opportunity to meet with and speak with several contractors and volunteers during the on-site visit. Each volunteer and contractor was knowledgeable of their PREA responsibilities.

Based on the auditor's interviews with staff, volunteers, contractors, and inmates, as well as review of the policy and procedures concerning volunteer and contractor training, this standard is assessed as compliant.

### **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)

During the site visit of the Kegans/Lychner Complex, the auditor observed the admission and orientation process. The auditor also reviewed the Inmate Handbook, and conducted random interviews with inmates and staff, which revealed that inmates received training and information about the zero tolerance policy and how to report instances or suspicions of sexual abuse and sexual harassment. The intake staff meet with all newly received and admitted inmates and assist with the assessment, orientation, and education of the inmates admitted to the Kegans/Lychner Complex. This intake process and the attentive individualized treatment of every inmate that is received ensures that all inmates are educated appropriately concerning PREA. The process was observed on two different days by the auditor during his on-site visit.

Inmates were given the appropriate handouts and information, shown PREA videos, and given person-to-person information from peer-educators/mentors.

Based on interviews with the inmates themselves and all the peer educator/mentors, as well as a review of the institutional PREA postings, handouts, and policies and procedures, the auditor assesses this standard as compliant.

#### **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)

Administrative and specialized training is outlined for the investigators at the Kegans/Lychner Complex through the agency's training policy, by the training curriculum and personnel policy established by the agency, and through the 59 page document, Safe Prisons/PREA Plan. Training is specific and comprehensive, specifically, addressing such things as conducting sexual abuse investigations in confinement settings. The Safe Prisons/PREA Plan has sections titled as follows: investigation training, correctional training, and specialized investigation. Moreover, all training is further supplemented for investigators who work out of the Office of the Inspector General through policies OIG-02 .15 Training Procedures, OIG-04.05 Offender Sexual Assault Investigations, and the National Institute of Corrections PREA training. The Office of the Inspector General conducts specialized training as outlined in the OIG Operational Policy Manual. The Office of the Inspector General has 141 OIG investigators for criminal investigations throughout the state TDCJ. The complex has eight trained administrative officers at the Kegans Unit and nine trained officers at the Lychner Unit (as described in the Pre-Audit Questionnaire).

All training is documented and maintained through training rosters, and certificates which were reviewed by the PREA auditor.

The auditor conducted specialized staff interviews, including a lengthy formal interview with the OIG administrative and criminal investigator and had interviews with the institutional administrative investigative staff. The auditor also reviewed the TBCJ policy (which includes the following BP-01.07 Inspector General Policy Statement, "the highest level of investigative services for the TBCJ, TDCJ, and the Citizens of Texas"); which addresses investigative training, investigative policy, personnel policies and documents, all addressing compliance with this specialized training standard.

Based on the above policies and procedures and interviews with investigators, specialized staff and the Warden, the auditor assesses this standard as compliant.

#### **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 for the Kegans/Lychner Correctional Complex. Correctional Managed Healthcare Policies, CMHC C-25.1 Orientation, Training for Health Services, CMHC C-19.1 Continuing Education Staff Development, and CMHC G-57.1 Sexual Assault and Sexual Abuse, all direct specialized training for medical and mental health care staff. Medical and mental health care staff are tested in PREA training. The auditor assesses this standard as exceeds, not only based on the thoroughness and completeness of the UTMB's training, but also on the fact that they administer testing to the health care staff and record the results of the testing (total of 42 staff have received the required training at the complex, 100% of the healthcare staff who work regularly at the facility and have contact with the inmates). This training is documented by UTMB and the auditor reviewed the curriculum and policies related to the specialized training.

Practitioners at the Kegan/Lychner Complex do not conduct forensic medical examinations. Such examinations are done at the Ben Taub Hospital and performed by specialized staff (SANE).

The auditor was impressed with the professionalism, knowledge, and commitment to care extended by the UTMB staff. This commitment by staff, and their knowledge of the PREA, and the specialized training that they have received earns an "exceeds standard" for this standard Specialized Training: Medical and Mental Health Care. The auditor's assessment is based on the policies and procedures, training, and his observations of, and interviews with, the health care staff.

#### **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 (SPPOM) 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 Kegans/Lychner Complex.

Included in the SPPOM is the Offender Assessment Screening (forms, and procedures) 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 itself assists with the security of the institution and the custody, care and control of the inmate population.

Inmates are assessed during the intake screening at the time of reception into the TDCJ, and upon being transferred from one facility to another. The intake screening assessment process is completed within 72 hours of intake. All inmates are assessed. The process was reviewed by the auditor.

The intake process includes an objective assessment tool (attachment E form of the SPPOM 03.01), and its use is directed by the TDCJ Safe Prisons/PREA Operational Manual. The assessment includes: 1) whether the inmate has a mental, physical, or developmental disability; 2) 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) the inmate's own perception of vulnerability; and 10) whether the inmate is detained solely for civil immigration purposes (no inmates at the Complex are held 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. The form includes the history and mental health review, and is done within 14 days of reception. Inmates, by policy limits, are not to be disciplined for refusing to answer PREA 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 Complex within the past 12 months were: 1676 Kegans; 6252 Lychner.

This standard is assessed as "meets standard" based on the auditor's interviews with intake and assessment staff, interviews with randomly selected inmates, observation of the intake and assessment process, the use of the agency's assessment tools, and the individualized thoroughness with which the inmates were evaluated.

### **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)

Following the directions of Administrative Directives, AD-04.17 Offender Housing Assignment, AD-04.18 Offender Job Assignment; and Correctional Managed Healthcare Policies, CMHC 35.1, Mental Health Appraisal for Incoming Offenders, and CMHC G-51.11 Treatment of Inmates with Intersex Conditions or Gender Dysphoria; and using the Safe Prisons/PREA Operational Manual, Assessment Screening; the Unit Classification Committee makes housing, bed, work, education, and program assignments for the inmates at the Complex. 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. The policies and procedures outlined by the TDCJ direct each risk assessment screening is made on an individual basis and is in the interest of safety and security of inmates and staff.

The policies mentioned above, the intake procedures used, and the Unit Classification Procedures Manual were reviewed by the auditor. These policies and documents clearly outline the use of information in this screening on an individual basis for each inmate. They direct that the information obtained during screening is shared on a limited basis only. Interviews with intake staff, and mental health staff, supported by interviews with inmates, as well as the observation of the assessment process, show the use of information is limited to those that need to know. Those that assist in making housing, education, treatment, work, and program assignments are appropriately informed and are aware and concerned with privacy and confidentiality issues as well as security issues surrounding "sensitive" information concerning the inmate population. Medical staff is also especially cognizant of healthcare regulations and disclosure laws. Security staff is especially concerned with information that affects custody, care and control of the inmates.

Based on the interviews with specialized staff, interviews with inmates and the review of the screening process and the documentation presented to the auditor, this standard is assessed 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 the Kegans/Lychner Complex who were held in involuntary segregated housing in the past 12 months. There are a very limited number of segregation cells at the Complex. There are zero segregation cells at the Kegans Unit and 29 segregation cells at the Lychner Unit and with over 2500 inmates, by numbers alone, segregation cells are used very judiciously and sparingly for any kind of voluntary/involuntary segregation confinement. Alternative means of separation, transfer, or security is explored.

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

Based on these interviews, and the policies and procedures mentioned above, this 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)

Standard 115.51, and its 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 Board Policy BP-03.91, Uniform, Offender Correspondence Rules; the TDCJ Executive Directive, ED-02.10, Prison Rape Elimination Act Complaints and Inquiries; the Safe Prisons/PREA Plan; the PREA Ombudsman's Pamphlet; the zero tolerance postings; the Offender Protection Information (OPI) investigative form referencing offender reporting; and the PREA video script, all supporting compliance with this standard and its subsections.

Specifically, policy (ED-02.10) directs "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 (TDCJ) 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 privately report 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 the Major, to the Office of the Inspector General, (OIG), and to the PREA Ombudsman. Third parties, including fellow offenders, staff members, family members, attorneys, and advocates are permitted to assist offenders and request administrative remedies regarding an allegation of sexual abuse or harassment. 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 TDCJ staff.

The peer/mentor inmate program, conducted by inmates under the supervision of staff, addresses reporting sexual abuse and sexual harassment during inmate intake and the institutional PREA inmate education process. This mentoring process includes the PREA video sharing during intake and explains the way 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 his review of the above information, directions, and procedures.

### **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 Texas Government Code Section 493.014 and Section 501.008 establish the Offender Grievance System for the TDCJ. The Texas Government Code and the TDCJ Administrative Directives, AD.-03.77 Offender Grievances and AD-03.82 Management of Offender Grievances, and the TDCJ Offender Grievance Operational Manual outline the procedures for preparing, filing, and processing inmate grievances including inmate grievances concerning sexual abuse and sexual harassment.

The inmate grievance process is another way for inmates at the Kegans/Lychner Complex to report sexual abuse or sexual harassment. When utilizing the grievance procedure, 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. The TDCJ places great importance on its notification steps, as the auditor discovered during his many interviews, and observed during his on-site review.

During the past 12 months, there have been two grievances filed at the Complex of alleged sexual abuse or sexual harassment. These grievances have met the appropriate time frames. This information taken from the Pre-Audit Questionnaire.

Based on the review of the grievance procedure, interviews with the grievance staff, and interviews with staff and inmates, this standard is assessed as compliant.

### **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 directs that inmates will have access to outside victim advocates for emotional support services related to sexual abuse and have access to toll-free numbers for local, state or national victim advocacy groups in as confidential a manner as possible. The standard directs how communications may be monitored and to what extent; and how the agency attempts to enter into Memorandums of Understanding (MOU's) or agreements with community service providers, and documentation of such attempts. The auditor reviewed policy, documentation, the Safe Prisons/PREA Plan, the Inmate Handbook, a Memorandum of Understanding template/example, a Advocacy Center list, and traveled with the Warden and the PREA Manager to the local rape crisis center, the Family Time Crisis and Counseling Center in Humble, Texas.

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 the "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 SPPOM 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 local rape crisis center in Humble, Texas, which was visited by the Warden and the PREA auditor, and there are two centers in Houston, Texas. Confidential support services at this time are extended only by the Complex itself through trained OVR staff.

Based on the auditor's interviews with staff and inmates, the auditor's communications with the local rape crisis center, and the review of the policy and procedures of the TDCJ, the auditor assesses this standard as compliant.

### **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 Ombudsman website provides a method to receive third-party reports of inmate sexual abuse or harassment.

Executive Directive, ED-02.03 Ombudsman's Program, and ED-02.10 PREA Complaints and Inquiries address information and procedures on how to report, to whom to report, and how to submit PREA complaints and inquiries. The Executive Directives contain appropriate attachments and a PREA Ombudsman Inquiry Response Form, containing a request for information. The forms/attachments request the specific allegations and information which includes institutional actions and additional pertinent information that can assist and does assist in reporting. The website (which gives the phone number of the PREA Ombudsman) explained that there are resources on how to make third-party reports. Policy also states "...the Texas Board of Criminal Justice established the Prison Rape Elimination Act Ombudsman's Policy and Office 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 third-party 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 and gain information. The table of contents of the brochure has everything from intake to an institutional/unit directory that includes a section for the TBCJ, PREA Ombudsman and third-party reporting information.

The website, phone number, and mailing address, pamphlets, brochures, posters, and handout information are ways in which information is distributed to the public.

The auditor reviewed the above documents, and interviewed formally and informally, staff and inmates, and assesses this standard as compliant based on his review and interviews.

### **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)

Reporting duties as defined in this standard are taken seriously by all staff. This was confirmed by the formal and informal interviews conducted by the auditor. Moreover, staff's duty to report is required by law. All units in the TDCJ, and all staff are required to report immediately and according to agency policy, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs in the facility or another facility whether it is part of the agency or not. All staff are also required to report retaliation against staff or inmate, and to report sexual abuse or staff neglect or violation of their responsibilities that may contribute to retaliation. This is outlined in the TDCJ Safe Prisons/PREA Plan and its companion Safe Prisons/PREA Operational Manual. Staff is knowledgeable and aware of it's "duty to report".

The duty to report is further outlined by TDCJ staff training curriculum and contract staff training curriculum, and through the following policies, procedures, manuals and directives:

- 1) Personnel Directive 29, Sexual Misconduct with Offenders.
- 2) Safe Prisons/PREA Plan.
- 3) SPPOM Sexual Abuse Response and Investigation.
- 4) Administrative Directive, AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General.

- 5). CMHC G-57.01, Sexual Assault/Sexual Abuse.
- 6). CMHC E-35.2, Mental Health Evaluation.

These policies and procedures, Plan, directives, and Manual, also prohibits staff from revealing information related to sexual abuse reports to anyone other than to the extent necessary to make treatment, investigation, or other security and management decisions.

Interviews with staff, contractors, as well as the auditor's review of training records, training curriculum and supporting documents confirm the responsibility and duty to report. The auditor assesses this standard as compliant

### **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 Kegans/Lychner Complex learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate's safety and security as first steps observed by the auditor at the Kegans/Lychner Complex.

The Safe Prisons/PREA Operations Manual (SPP0M) and the Administrative Directive, AD-02.15 direct immediate action to be taken to protect inmates who are at substantial risk of imminent sexual abuse. These directives also outlined the action to be taken to assist and implement appropriate protective measures without reasonable delay.

The staff at the Kegans/Lychner Complex are very knowledgeable and well-trained in their protection duties and what responsibilities were required to protect inmates from imminent sexual abuse. This was learned/observed by the auditor, through review of the daily operations, intake operations, and interviews with specialized staff, random staff on the shift and key staff including the Warden.

In the past 12 months there have been zero (0) number of inmates who have been determined to be at a substantial risk of imminent sexual abuse. This information provided by the Pre-Audit Questionnaire. Intake and admission procedures were carefully reviewed by the auditor and support the facility's commitment to individual protection of each inmate received and assessed upon arrival. Intake and assessment is the first step in security, safety, custody, care, and control.

The auditor found this standard in compliance based on the on-site visit/tour, interviews with staff and inmates and a review of the policies and procedures.

### **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 agency, TDCJ, and the Complex has a policy that directs reports of sexual abuse occurring at another facility are reported to the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. Specifically, the Safe Prisons/PREA Plan and Operations Manual 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 Kegans/Lychner Complex receives notification of an alleged sexual abuse, the plan and manual directs "the individual receiving such notification shall provide the notification to the unit Warden". The appropriate follow-up of these procedures and actions are also outlined in the plan and manual.

During that past 12 months, there has been one report that an inmate was abused while confined at another facility. The appropriate notifications were made, and this was discussed with the Warden and key staff at the Kegans/Lychner Complex. In the past 12 months there have been two allegations of sexual abuse the facility received from other facilities, and appropriate follow-up was made. Again, this was discussed with the Warden and key staff.

The allegations/notifications of alleged sexual abuse, either to other confinement facilities or from other confinement facilities is investigated and appropriate procedures followed as outlined according to agency policy.

Based on the review of policy and procedures, information solicited at the time of intake, and the admission, and interviews with staff and inmates, compliance is supported for this standard thus, the auditor assesses compliance.

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

The above-mentioned Plan, outlines "response to reports of sexual abuse, after learning of an allegation that an offender was sexually abused, if the first correctional officer responding to the report, shall: a) notify the security supervisor; b) separate the alleged victim and assailant; c) preserve and protect the crime scene, if applicable, appropriate steps can be taken to collect any evidence; d) monitor the alleged victim and alleged abuser to ensure physical evidence is not destroyed.... If the first 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 training curriculum, documents, policies and procedures, the staff video presentation outlining first responder duties and responsibilities, the staff pocket card/instructions for PREA, and attended shift turnouts/briefings where PREA issues were discussed, all supporting compliance with the standard. In the past 12 months there have been seven allegations that an inmate was sexually abused. The allegations, investigations, and documentation, were all discussed with the Warden and key staff. These seven allegations were all addressed by a correctional officer as first responder, there were no allegations made to a non-security staff member as first responder.

Interviews with staff, volunteers, contractors, as well as the auditor's review of training records, training curriculum and supporting documents, confirmed compliance with this standard and the officer's, staff's, volunteer's, and contractor's knowledge of their duties and responsibilities as first responders. Based on the above, the auditor assesses compliance.

### **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 requires a coordinated effort when responding to an allegation of sexual abuse. This coordinated effort includes unit security staff, the Emergency Action Center (EAC), the Office of the Inspector General, Medical and Mental Health Services, victim advocates/Offender Victim Representative, leadership staff, and the Institutional PREA Compliance Manager. Procedures are outlined in the Plan and in PREA Audit Report

the SPPOM. The Plan states "sexual abuse response and notification procedures contained within this Plan and the SPPOM shall be followed to coordinate actions taken in response to an incident of sexual abuse".

Coordinated action begins with the notification process. "Immediately upon receiving knowledge of an alleged sexual abuse of an offender, the security supervisor responsible for notifications shall notify the following individuals: 1) the major or the highest ranking security supervisor on duty; 2) the duty wardens; 3) the Office of the Inspector General; 4) health services/mental health; 5) victim advocate/Offender Victim Representative (OVR), as applicable; 6) Emergency Action Center; and 7) Unit Safe Prisons/PREA Manager (USPPM)," this all taken from the SPPOM.

Based on the auditor's review of the above policies and procedures, and interviews with specialized staff, the Warden and the Duty Wardens, this standard is assessed as compliant.

### **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)

The TDCJ, and the Kegans/Lychner Complex 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). Neither the agency nor the facility has entered into collective bargaining agreements as outlined in standard 115.66, thus, this standard is assessed as compliant.

### **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)

This Safe Prisons/PREA Plan of the TDCJ 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.

Additionally, 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 or sexual harassment.

There is a 90 day monitoring time period for retaliation review as required by PREA. The TDCJ requires that the facility 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. According to the Pre-Audit Questionnaire, there have been zero (0) number of times an incident of retaliation has occurred either by staff or inmates in the past 12 months.

Based on the auditor's review of policy and procedures and interviews with staff and inmates, this standard is assessed as compliant.

### **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)

TDCJ Administrative Directives, AD-03.50 Administrative Segregation and AD-04.63 Transient Status Offenders, as well as, the Agency's Administrative Segregation Plan, prohibits 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 Kegans/Lychner Complex has limited segregation cells, thus staff makes very selective and judicious use of the Units' segregation cells. Separation can generally be accomplished through housing and job assignments or, if necessary, through transfer.

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

### **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 the section of the Plan titled: "Investigations, General Considerations". This section directs and outlines 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, they were reviewed by the auditor utilizing policies, procedures, observation, reviews, and interviews to assess compliance of this standard with PREA. Specifically, some of the information used included Administrative Directives, AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD-16.20 Reporting Incidents/Crimes to the Office of the Inspector General, AD-16.03 Evidence Handling; Board Policy BP-01.07; and the Safe Prisons/PREA Plan and SPP0M; all of which address the agency's policy related to criminal and administrative investigations, including substantiated allegations of conduct that appear criminal, or are referred for prosecution.

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. Based on the interviews with investigators, specialized staff, and the policies, manuals, procedures, and the documents mentioned above, the auditor assesses this standard as compliant.

### **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)

The policy direction from the TDCJ is quoted out of the Safe Prisons/PREA Plan and SPPOM indicating: "... 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.

To assess this standard, the auditor reviewed policy, and documentation, including the Safe Prisons/PREA Plan, the Safe Prisons PREA Operational Manual, and the Agency's Administrative Review: Sexual Assault/Abuse Policy. The auditor also interviewed investigators and key staff, all indicated that the evidentiary standard is a preponderance of the evidence. Based on the interviews and the information above, the auditor assesses this standard as compliant.

### **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 TDCJ has a policy outlined in the Safe Prisons/PREA Plan and the SPPOM detailing that following an investigation into an inmate's allegation of sexual abuse, the inmate is informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Specifically, the attachments to the SPPOM: attachment F-Classification Committee Notification of Substantiated, Unsubstantiated or Unfounded; attachment M-Offender Notification; and attachment J-Offender Acknowledgment; ensure reporting and notification to the inmate.

There have been seven criminal and/or administrative investigations of alleged inmate sexual abuse at the Complex that were completed in the last 12 months. There have been seven number of inmate notifications verbally or in writing of the results of the investigations, and documentation was made of the notifications. This information obtained from the Pre-Audit Questionnaire and reviewed by the auditor with the Warden and key staff.

Based on the auditor's review of the agency policies and procedures, and the attachment forms mentioned above, this standard is assessed as compliant.

### **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)

The 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 the Outlines for Disciplinary Sanctions.

The following were reviewed by the auditor to help assess compliance for this standard:

Executive Directive, ED-13 Sexual Harassment and Discourteous Conduct of a Sexual Nature.  
Personnel Policy, PD 29, Sexual Misconduct with Offenders,  
Human Resource Department Guidelines for Employees,  
The Texas Penal Code which addresses sexual abuse of inmates and the fact that it may rise to the level of a felony offense.  
These policies and procedures, including the Safe Prisons/PREA Plan, all address performance and behavior expected of staff who work with inmates, and addressed sanctions and actions related to sexual abuse, sexual harassment, sexual misconduct, and voyeurism in the TDCJ.

In the past 12 months there have been zero (0) number of staff from the complex that have violated Agency sexual abuse or sexual harassment policy. In the past 12 months there have been zero (0) number of staff who have been terminated or resigned prior to termination for violating Agency sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) number of staff who have been disciplined short of termination, for violation of Agency sexual abuse or sexual harassment policies. This information taken from the Pre-Audit Questionnaire and confirmed by interviews with the Warden, the Human Resource staff, and the PREA Compliance Manager.

Based on the auditor's review of policies and procedures and interviews with staff, 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 its Safe Prisons/PREA Plan, outlines the responsibilities and conduct for volunteers and contractors who have contact with inmates. The Agency has a policy that requires any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing boards.

Special training and orientation is required of volunteers and contractors. The training of volunteers and contractors is outlined in PREA standard 115.32 and addresses not only duties and responsibilities, but the sanctions/corrective actions that they may occur when involved in harassment or sexual abuse of inmates. Interviews with contractors and volunteers as well as completed acknowledgment forms by contractors and volunteers, confirmed this training and understanding of their duties and responsibilities, and most importantly, their Code of Conduct.

In the past 12 months there have been zero (0) number of contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates or who have been reported to licensing boards for harassment or sexual abuse. This information taken from the Pre-Audit Questionnaire.

Based on the auditor's review of policies, procedures, and documents, as well as 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 Disciplinary 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 the inmates. The Inmate Discipline Policy is a substantial 45+ page document outlining major and minor offenses with different levels of sanctions, and clearly indicating a very formal disciplinary process by administrative action.

In the past 12 months there have been zero number of administrative findings of inmate on inmate sexual abuse that have occurred at this Complex. Additionally, in the past 12 months there have been zero number of criminal findings of guilt for inmate on inmate sexual abuse that have occurred at this facility.

The Kegans/Lychner Complex offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivation for sexual abuse (this may include transfer) and this is outlined in the SPPOM, the Correctional Mental Health Care policies, and the policy and procedures of the agency.

The TDCJ disciplines inmates for sexual contact 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 overall direction of the agency disciplinary policy for sexual abuse and sexual harassment is outlined in the Safe Prisons/PREA Plan and the Inmate Discipline Policy, GR-106. The auditor reviewed the Plan and the Discipline Policy, and based on this review and interviews with staff and inmates, the auditor assesses compliance.

#### **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)

Medical and mental health screenings and history of sexual abuse is directed for the Kegans/Lychner Complex by the Agency's Safe Prisons/PREA Plan; the Safe Prisons/PREA Operational Manual (with its attachment E); and the Correctional Managed Healthcare Policies, CMHC G 35.1, G-35.2, and G-57.1 which stipulate that all inmates who have disclosed any prior sexual victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. This meeting takes place within 14 days of intake screening. If the screening indicates that the inmate previously perpetrated sexual abuse, staff also insures that the inmate is offered a follow-up meeting. All information related to sexual victimization and abusiveness that occurred in the institutional setting is strictly limited to medical and mental health practitioners, and other staff, as necessary to make informed treatment plans and security and management decisions.

In the past 12 months 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. This information obtained from the Pre-Audit Questionnaire. Additionally, medical and mental health staff maintain materials documenting compliance with this requirement for follow-up.

The UTMB health care staff at the Complex were professional in the performance of their duties and responsibilities as observed and reviewed by the PREA auditor. Interviews with UTMB healthcare staff were insightful and assisted the auditor to assess compliance with PREA standards.

Based on the review of policies, procedures, supporting documents, the tour, the observation of the Medical and Mental Health Department, and based on the interviews with specialized staff, 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)

Inmate victims of sexual abuse received timely, unimpeded access to emergency medical treatment and crisis intervention services at the Kegans/Lychner Complex.

All inmates are offered access to emergency medical treatment at the facility. The nature and scope of services are determined by the medical and mental health practitioners at the Complex according to their professional judgment. Emergency medical services are accessed through 911 services. Hospital services are provided by the Ben Taub, a trauma one Hospital in Houston, Texas.

Services are outlined in the Agency Correctional Managed Healthcare policies. CMHC 8-01.1 Access to Care; CMHC G-51.1 Sexual Assault/Sexual Abuse; and generally outlined in the Safe Prisons/PREA Operations Manual. Medical capabilities are described in the agency directory as ambulatory, medical, dental, and mental health services; Digital Medical Services (DMS) and Electronic Specialty Clinics available; all services on a single level; managed by the UTMB.

Based on the auditor's observation of healthcare operations, interviews with key health care staff, interviews with inmates and random Complex staff, and the review of policy and procedure, this standard is assessed as compliant.

### **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 Safe Prisons PREA Operational Manual section 05.01 attachment J, and the Correctional Managed Healthcare policy CMHC G-57.1, direct and outline the medical and mental health evaluations for sexual abuse victims and abusers within the TDCJ. These policies and procedures are applicable to, and followed by, the Kegans/Lychner Complex. Treatment is extended by professional judgment of health care 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 paraphrased as follows: 1) All offenders who have been victimized by sexual abuse in any prison, jail, lockup, 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 the transfer or placement in other institutions, and in accordance with CMHC policies after release from custody, 3) the offender shall be provided medical and mental health services, consistent with the community level of care, 4) not applicable (this is for female inmates), 5) offenders will be offered medical services as determined by healthcare practitioners, 6) a mental health evaluation of all offender on offender abusers is attempted within 60 days of hearing of abuse and treatment offered when deemed appropriate in accordance with CMHC policies.

Medical and mental health specialized staff were interviewed and asked the question, "if health care at the Complex was comparable/consistent with community health care?" and without fail all questions asked formally and informally were answered in the affirmative.

Based on interviews with staff and inmates and review of the policies, procedures and practices, this auditor assesses the standard 115.83 as 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)

The TDCJ Administrative Directive, AD-02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious and Unusual Incidents, and the Safe Prisons/PREA Plan directs that the Warden and key staff at the facility will review sexual abuse incident reports/reviews. Specifically, the SPPOM directs that a Sexual Abuse Incident Review Team will review all instances of sexual abuse at the conclusion of every criminal or administrative investigation unless the investigation was determined to be unfounded. Specifically, the Plan directs that the Incident Review Team shall 1) complete an administrative review for all alleged sexual abuse and sexual harassment incidents, 2) the review shall be conducted in accordance with policy, 3) the review team will include upper-level management with input from line supervisors, investigators, and medical or mental health practitioners, 4) the Complex shall implement recommendations that result from the review, or document the reasons for not doing so.

There is an Incident Review Team at the Kegans/Lychner Complex that has completed a review of the sexual abuse incidents at the facility. In the past 12 months, there have been seven administrative and/or criminal investigations, excluding unfounded incidents that have been reviewed within 30 days by the Incident Review Team. This information was obtained from the Pre-Audit Questionnaire and reviewed with the Warden and key staff. The Warden reviews the Team's submission for corrective action and suggestions for improvement and follows through according to policy.

At the end of each month, the PREA Compliance Manager submits a monthly Safe Prisons/PREA Report to the Regional Office, which is compiled for the region and further submitted to the Headquarters of the TDCJ.

Based on the auditor's review of the documentation, the policies, the Incident Review Team's comments and findings, and based on interviews with the Warden and key staff, the auditor assesses this standard as compliant.

### **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 Kegans/Lychner Complex collects 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 monitor and conduct administrative investigations, as well as to 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. The Ombudsman's Office also includes collecting statistics regarding allegations of sexual assault, sexual contact, and sexual misconduct from each correctional facility.

The Texas Board of Criminal Justice policy, BP-02.09, PREA Ombudsman Policy Statement, directs collection of statistical information regarding PREA. The Ombudsman's Office, directs 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. Any disciplinary actions resulting from allegations will be made public and will be part of the Ombudsman's Annual Report.

The Survey of Sexual Violence (SSV), the federal government's standardized instrument for data collection which is used by and conducted by the Department of Justice, was completed by the TDCJ and was used as part of the documentation for compliance with this standard, 115.87 Data Collection. To obtain this information for the SSV, the Kegans/Lychner Complex completes monthly reports and forwards them to the Regional Office and then to the Headquarters of the TDCJ.

Based on the auditor's review of the Complex's monthly reports, the SSV, and based on interviews with the Regional PREA Coordinator, the Institutional PREA Compliance Manager, and the Warden, the auditor assesses this standard as compliant.

**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)

The auditor, reviewing the Kegans/Lychner Complex, worked closely with the Regional PREA Compliance Coordinator as well as the Institutional PREA Compliance Manager, and reviewed reports and data collected from the Complex. In discussions with the Warden and the Regional PREA Compliance Manager, the auditor understands that the TDCJ is continually assessing and collecting Prison Rape Elimination Act data. The PREA Office in the Correctional Institution Division (CID) as well as the PREA Ombudsman's Office of the Texas Board of Criminal Justice (TBCJ) use this information to assist in improving safety and security of staff and inmates at all of its facilities.

On the TDCJ, and PREA Ombudsman's Office websites, the following available information/publications is detailed:

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

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

Based on the information supported by the above website contacts, the Safe Prisons/PREA Plan and, along with interviews with the Warden, the Regional PREA Compliance Coordinator, and the Institutional PREA Compliance Manager, this standard is assessed as compliant.

**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, ensures that incident-based and aggregate data is retained pursuant PREA standard 115.87, and also pursuant Texas State Statute, the State of Texas Record Retention Schedule, and through the Agency's own policies and procedures. Specifically, the auditor has observed appropriate and comprehensive data collection and the use of data through the information contained in the previous two standards 115.87 and 115.88. Additionally, the monthly reports submitted by the facilities to the region and then to headquarters of the TDCJ further indicate appropriate data collection and use. The data, information is kept for at least 10 years from the initial date of collection. Some materials are kept much longer as directed for criminal investigations, and etc.

The Agency Safe Prisons/PREA Plan also addresses aggregate sexual abuse data collection from private facilities with which the TDCJ has contracted for housing Texas criminal/inmate offenders.

Data information (concerning the Agency as a whole and individual institutional PREA summary reports) is located on the TDCJ website <http://www.tdcj.texas.gov> and its various links.

Based on the review of the data, documents, information, the retention schedule, and interviews with the Warden and key staff, the auditor assesses this standard as 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

10/29/2016

Auditor Signature

Date