

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: 22 January , 2016

Auditor Information			
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Email: jfalconer1@cox.net			
Telephone number: 602-374-3320			
Date of facility visit: 11-13 Jan, 2016			
Facility name: South Texas Intermediate Sanctions Facility			
Facility physical address: 1511 Preston Street, Houston, Texas 77002			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 713-223-0601			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Jennifer Brown			
Number of staff assigned to the facility in the last 12 months: 64			
Designed facility capacity: 450			
Current population of facility: 448			
Facility security levels/inmate custody levels: Minimum custody			
Age range of the population: 19-72			
Name of PREA Compliance Manager: Danielle Jammer		Title: Compliance Coordinator/PREA Manager	
Email address: danielle.jammer@mtctrains.com		Telephone number: 713-223-0601 ext 226	
Name of agency: Management and Training Corporation			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 500 North Marketplace Drive, PO Box 10, Centerville, Utah 84014			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
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Name: Scott Marquardt		Title: President and CEO	
Email address: scott.marquardt@mtctrains.com		Telephone number: 801-693-2800	
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Email address: mark.lee@mtctrains.com		Telephone number: 801-693-2864	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the South Texas Intermediate Sanctions Facility (STISF) was conducted on Jan 12-13, 2016. The facility is a 450 bed, parole violator facility, operated by the Management & Training Corporation (MTC) and owned by the Texas Department of Criminal Justice.

It is the mission of **Management Training Corporation (MTC)** to “Be a leader by implementation of our plan to achieve high performance standards and goals; Maintaining a foundation based on integrity, accountability, and excellence; Providing long-term growth and stability while ensuring fiscal responsibility; creating opportunities through a positive environment for personal growth and development; empowering employees to implement innovative ideas for continuous improvement; Building esteem and pride by celebrating our diversity and accomplishments”.

It is the stated mission of the **South Texas Intermediate Sanctions Facility** “ To house TDCJ offenders in a safe, humane, cost-efficient, and appropriately secure institution and to provide necessary and appropriate medical, dental, and mental health services to offenders by professional staff and to provide work and other self-improvement opportunities to assist offenders in becoming law-abiding citizens.”

It is the mission of the **Texas Department of Criminal Justice (TDCJ)** “to provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.”

On Tuesday, the first day of the audit, an entrance meeting was held where introductions were made. The following, in addition to six other managers, were in attendance:

Jennifer Brown, Warden

Danielle Jammer, PREA Manager/Compliance Coordinator

Carl Nink – Management Training Corporation Asst PREA Coordinator

Jack Falconer – Auditor

The auditor briefed the group on the audit process and responded to questions.

After the entrance meeting, a tour of the facility was made looking at offender housing, program areas, and conducting staff and offender interviews. On Wednesday, the interview of staff and offenders was completed.

Facility Description

The South Texas Intermediate Sanctions Facility (STISF), located in downtown Houston, Texas, was initially opened in 1993. The facility is minimum security and is operated by the Management and Training Corporation (MTC) headquartered in Centerville, Utah. The Texas Department of Criminal Justice (TDCJ) contracts with MTC to operate the facility and is used to house offenders who have violated the terms and conditions of parole.

The facility is located on a .5 acre site. The physical plant, initially constructed in 1929, is a single, 3 stories tall structure providing space for entry, control, administration, visitation, medical, food service, segregation, programs, religion, recreation, staff training, and offender housing. The building has sprinklers in all areas for fire protection.

Offender housing includes both dormitories and cell units. On the third floor of the building, four 48-50 bed dormitories are provided. On the second floor, the same type of offender housing is provided. All dormitories have adjacent shower and commode areas that have privacy partitions and shower curtains. On the first floor, the facility provides a segregation unit, in-transient housing and a trustee dorm.

Program spaces are provided on each of the floors and the recreation area is on the roof of the building. An elevator with a camera is available for transport between floors.

Food is prepared in a central kitchen and is served on trays in the dormitory housing and cell units.

The security perimeter is provided by the walls and interior structure of the facility. Numerous cameras are provided to enhance the security operation. The facility central control monitors and controls all traffic moving into and out of

the facility at the front entry.

The STISF has a unique operational structure. The overall facility management is provided by the Management and Training Corporation (MTC). The Treatment Program is operated by the Gateway Foundation under a separate contract with the TDCJ. The Medical program, operated by the University of Texas-Medical Branch (UTMB), is also under a separate contract with TDCJ. All three contactors, in the opinion of the auditor, operate in a very effective and seamless manner.

All offenders at the facility violated their parole and have been recommitted to the Intermediate Sanctions Facility (ISF) specifically for continued treatment for rehabilitation and re-entry. At the end of a 30-180 day treatment period, the offenders are released to continue on a parole status or re-commitment to a TDCJ facility to serve out their sentence.

The facility has a zero-tolerance policy regarding sexual abuse of any offender. The PREA information is provided to all offenders upon arrival at the facility. Posters and signs are available in all housing areas reminding them of how to report incidents of sexual abuse

The facility has a variety of rehabilitative programs that are offered to the offender population. These include; Religion, Substance Abuse, and Medical/Mental Health programs.

The Substance Abuse Treatment Program is the main offender program and is staffed with 18 Gateway Foundation employees. The program uses a cognitive peer instructive base that includes 6 hours per day of therapy and training. More than 90% of the offenders admitted to the program completed the 90 day program. Gateway reported 1344 successful program completions for FY 15.

An Academic program is not offered due to the transitory nature of this facility.

The Religious Program is staffed by volunteers from the community.

Offender Healthcare Services are provided by the University of Texas Medical Branch (UTMB). Staffing for the medical program includes 13 Health Care providers. The Health Care program at STISF is accredited by the American Correctional Association. The Medical Program is staffed 16 hours per day, 7 days per week. Mental Health services are provided by a licensed Professional Counselor.

All of the offenders interviewed indicated the medical program met their needs.

Offenders incarcerated at the facility are afforded the opportunity to participate in work programs in most of the operational areas of the facility.

PREA Audit Comments

The facility has a efficient and orderly appearance. The facility appears to be clean and well maintained. The Correctional Officers and staff provide security supervision.

Prior to the on-site visit, the auditor reviewed the Pre-Audit questionnaire that provides the documentation offered by the facility to indicate compliance for each PREA standard. During the two day on-site review, the auditor toured the facility, examined additional documentation, and conducted formal staff and offender interviews to verify the facilities compliance with the PREA standards.

The auditor interviewed 37 facility staff and offenders during the PREA audit. 11 offenders from the housing units, 11 Specialized Staff, 5 Management Staff, and 10 Correctional Officers were interviewed using the questions provided in the audit documents. The staff and the offenders were very positive and answered all questions.

The Pre-Audit document provided by the facility indicated zero allegations of sexual abuse.

In this auditor's opinion, the South Texas Intermediate Sanctions Facility is well managed and the staff are well trained in their assignments. The offenders interviewed indicated that they felt safe, that the medical program met their needs, and the food program was good.

On Wednesday, the on-site staff and offender interviews were completed and an exit meeting was conducted at the end of the day. The attendees included four representatives of the TDCJ Private Prisons Administration and four other managers which included UTMB, as well as:

Jennifer Brown, Warden

Danielle Jammer, PREA Manager/Compliance Coordinator

Carl Nink – Management Training Corporation Asst PREA Coordinator

Jack Falconer – Auditor

The auditor provided an overview of the audit results and congratulated the facility staff about the progress made in compliance with the PREA standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

Facility Demographics

Facility	STISF
Rated Capacity:	450
Actual Population (12 Jan, 2016)	448 male offenders
Average Daily Population	440
Security/Custody level:	Minimum
Gender	Adult Male
Age Range	19-72
Average length of Stay	47 days
Number of staff:	
Administration	7
Security	84
Programs	1
Support/Food services	13
Total MTC (Includes part time)	105
Medical (UTMB)	13
Programs (Gateway)	18

SUMMARY OF AUDIT FINDINGS

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Number of standards exceeded:	0
Number of standards met:	40
Number of standards not met:	0
Number of standards not applicable:	3 (115.12, 115.14 & 115.66)

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

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

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

Management Training Corporation (MTC) and the TDCJ both have policies that mandate a zero tolerance for sexual abuse and sexual harassment of their offender populations.

The policies also present a plan to address prevention, detection, sanctions, and responses for all employees. The agency (MTC) employs both a PREA Compliance Coordinator, an Assistant PREA Coordinator, and the facility assigns a Compliance Coordinator as the PREA Manager. This person is shown on an organizational chart and reports to the Warden. All indicate they have sufficient time to address the needs of PREA.

Policies are found in MTC 903E.02 and TDCJ ED-03.03 SPP.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

Not applicable

The STISF does not contract for the confinement of offenders. The facility is owned by TDCJ and operated by the Management Training Corporation (MTC). The MTC policy and TDCJ policy is to ensure full compliance with the PREA requirements.

Policies are found in MTC 903E.02 & TDCJ Contract Mod A.

Standard 115.13 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

MTC, TDCJ and STISF have developed staffing plans to safely meet the PREA and correctional needs. This plan involves always filling a list of mandatory positions to meet the necessary staffing requirements when vacancies occur. The facility used overtime and part-time staff to meet a safe staffing mandate. The facility reported, with the use of overtime, no deviations from the custody staffing plan for the past 12 months. Unannounced rounds are conducted for all shifts and recorded by senior management staff. A review of the staffing plan was documented. The Auditor examined direct contact correctional staff vacancy rates for an 12 month period Jan 2015 thru DEC 2015. The correctional staff vacancy rate for this period averaged 4.2 %. The facility staffing plan is predicated on a offender population of 459.

Policies are found in MTC 903E.02 & TDCJ PO 07.002,.003, & .004; SSP 08.01

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)

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Not Applicable

No offender is under 18 years of age at STISF.

Standard 115.15 Limits to cross-gender viewing and searches

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

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

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

Both MTC & TDCJ have policies that do not allow cross-gender strip or visual body cavity searches of offenders. The facility reported zero instances where these types of searches had occurred. All showers have curtains or protective screens. Opposite gender staff are required to announce their presence when entering the offender housing units. Policies are in place to prevent staff (other than medical) to examine an offender solely for the purpose of determining gender. The facility reported zero instances where these types of searches have occurred in the past 12 months.

100% of the staff has been trained in the correct procedure for searches.

Policies are found in MTC 903E.02 & TDCJ policy 3.22.

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

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

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

STISF provides a variety of ways to ensure offenders with disabilities or limited English are provided the opportunity to understand PREA. Orientation videos, pamphlets, booklets, etc. are available in both English and Spanish. Interpreters are available to provide any needed service. Offender interpreters are prohibited.

Policies are found in MTC 903E.02 & TDCJ AD 04.25.

Standard 115.17 Hiring and promotion decisions

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

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

STISF has an on-site HR position that manages the recruitment and hiring process. Background checks are requested by the HR manager and completed by TDCJ. Review of MTC & TDCJ policies and the interview of the on-site HR manager verified that the facility follows the PREA requirements. All contractors are screened by using the same process. The facility reported 149 (100%) new employees/applicants background checks were

made and 2 contractor background checks were completed.

The MTC policies require a 5 year re-check of employees and contractors. STISF and the TDCJ does the check on a daily basis. This was verified by review of the documentation and in the interview process. MTC policy does indicate that any employee misconduct or false reporting is subject to the possibility of termination of employment.

Policies are found in MTC 903E.02 & MTC 201.3.

Standard 115.18 Upgrades to facilities and technologies

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

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

MTC policy requires that any modification or expansion of existing facilities will consider the modifications impact upon the facilities ability to protect the offenders from sexual abuse.

The facility is owned by TDCJ. The facility reported no substantial improvements have been made to the facility.

Policies are found in MTC policy 903E.02, pg. 8, a-b.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

Per MTC & TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. Administrative investigations are conducted by PREA trained facility staff.

The facility has an MOU with SAFE and SANE examiners using an outside health care provider. The auditor interviewed the SAFE/SANE service provider and the service is available 24/7, 365 days per year. The facility conducted zero SAFE/SANE examinations during the last 12 months. Victim advocates to provide outside services are also under contract.

Policies include MTC 903E-02 & TDCJ AD 16.04, SPOM 05.01, Policy A12.1, CMHC Policy E-31.1,

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

Per MTC & TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. Administrative investigations are conducted by PREA trained facility staff.

During the past 12 month period, 3 allegations of offender sexual harassment were received. These were all investigated and all were unfounded.

Agency (MTC) policy regarding allegations of sexual abuse/harassment investigations is published on mtctrains.com.

Policies include MTC 903E.02 & TDCJ AD 16.20, 16.04 & SPPP.

Standard 115.31 Employee training

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

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

The staff training provided by STISF meets policy requirements of PREA, MTC & TDCJ. All employees, contractors and volunteers, are trained to meet the PREA standards. In the past 12 months, 94 staff were trained. The facility has a comprehensive training program developed by TDCJ which includes pre-service, annual in-service training and is tailored to meet the gender needs of the facility. The training documentation includes a signature roster that indicates their presence when the training was presented. The interview process documented that employees understood the materials presented. The auditor was impressed with the staff responses in the interview process. They understand the PREA requirement very well.

Policies include MTC 903E.02 & TDCJ SPPP, AD 12.20 & Pre-service and In-service curriculum.

Standard 115.32 Volunteer and contractor training

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

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

74 volunteers and one contractor were trained by STISF about PREA and correctional requirements during the last 12 months. Signatures documented that they understood the training presented.

Policies include MTC 903E.02 & TDCJ Volunteer Handbook and Training Guide.

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)

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By policy of both MTC & TDCJ, offenders are provided information at intake about the zero-tolerance policy for sexual abuse or harassment. In the past 12 months, 1819 offenders were trained on the principles of PREA. Provisions are made to assist those offenders with disabilities or those not proficient in English to ensure their understanding of PREA. Orientation videos, posters, signing capability, offender handbooks, etc. are readily available to the population. The offender interviews indicated that they understood their rights under PREA.

Policies include MTC 903E.02 & TDCJ SPOM 03.01.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Per MTC & TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. Administrative investigations are conducted by PREA trained facility staff. Three STISF staff have received PREA investigation training.

Policies include MTC 903E.02 & TDCJ BP 01.07.

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)

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By policies of both MTC and TDCJ, medical and mental health staff are provided PREA training. Documentation and the interviews with staff indicated that all 13 (100%) Medical and Mental Health services staff have been trained in the requirements of PREA. Forensic examinations are not conducted by the UTMB medical staff. These exams, if needed, are provided by a certified local health care organization which is available 24/7.

Policies are found in MTC 903E.02 & CMHC Policy G 57.1

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

By policy of both MTC and TDCJ , offender screening for risk of sexual abuse victimization and sexual abusiveness towards other offenders is required.

1974 offenders (100 %) received by the facility were screened for the risk of sexual abuse victimization or sexual abuse towards other offenders. This screening is accomplished within the first 24 hours of arrival. The risk assessment documents of MTC and TDCJ meet the PREA requirements.

The offenders are reassessed for the risk of sexual victimization or being sexually abusive within the time frames required. The facility reported 1974 reassessments occurred in the past 12 months.

MTC and TDCJ policies both prohibit discipline of any offender for refusing to answering questions in the screening process.

Policies are found in MTC 903E.02, pg 1-11-12 & TDCJ SPOM 03.01.

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)

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The information obtained in the offender screening process is used to make individualized determination to ensure their safety and make appropriate housing, work, and program assignments. The placement decisions are made by a classification committee. In making assignment decisions for transgender or intersex offenders, the decisions are made on a case-by-case basis. Any transgender or intersex offender is allowed to shower separately from other offenders. LGBTI offenders are not placed in dedicated units.

These policies are found in MTC 903E.02, pg. 18,a-b & TDCJ SPOM .03.01.

Standard 115.43 Protective custody

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

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

The MTC & TDCJ policies govern the use of segregation housing. These policies include looking at alternatives for victims of sexual abuse. The facility reported zero offenders were held in segregation in the past 12 months for the purpose of protecting a possible sexual abuse victim. Policies require a review every 30 days for any offender in segregation.

The policies are found in MTC 903E.02,a1,e1 and TDCJ AD 07.02.

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)

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STISF has several ways that an offender can report sexual abuse/harassment. They can report an incident to any staff person, write a grievance or report, write letters, or notify a third person.

Staff are required to document any and all reports and are informed of this requirement by required training and employee handbooks. No offenders are held for civil immigration purposes.

The offender and staff interviews confirm that the process is well understood.

The policies that require this are found in MTC 903E.02, pg 1, 12 & 13 & TDCJ SPPP Reporting, ED 02.10, AD 16.20.

Standard 115.52 Exhaustion of administrative remedies

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

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

MTC and the TDCJ have an offender grievance process that meets the requirements of PREA. The process allows the offender to file an informal written complaint/grievance about sexual abuse or any correctional issue. The complaint can be filed with any staff and will be directed to the Warden for response if necessary. The

offender handbook outlines the process required. In the past 12 months, there was one grievance filed concerning sexual abuse or harassment and the final decision was reached within the 90 day period.

Policies include MTC 903E.02 pg 1 & 13 & TDCJ AD 03.82, SPPP, OG-004, ED 02.03.

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)

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STISF provides to the offender, confidential access to outside victim advocates by providing the name of the organization, toll free telephone number, posters, and the information is in the offender handbook. The facility maintains MOU's with the Crisis Center to provide advocate services and informs the offender of limits to confidentiality.

Policies are found in MTC 903E.02,pg 1 & 14.

Standard 115.54 Third-party reporting

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

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

MTC has a website (mtctrains.com) that provides the opportunity for third party reporting of sexual violence. The website also provides the reporting policies regarding any sexual violence. TDCJ provides third party reporting to the TDCJ Ombudsman, the OIG, or the PREA Ombudsman.

Policies are found in MTC 903E.02, pg 1 & 14 & TDCJ SPPP.

Standard 115.61 Staff and agency reporting duties

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

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

The MTC and TDCJ have policies that require all staff to immediately report any incident of sexual abuse/harassment. The policies also address the need to maintain confidentiality and address possible retaliation. Senior management staff has been assigned the task to monitor possible retaliation and the monitoring must be recorded. The staff are required to maintain confidentiality of all reports except for those in the need to know.

Medical and mental staff report all sexual abuse allegations and they inform the offender of their duty to report.

These policies are found in MTC 903E.02 pg 1,14-15 & TDCJ SPPP, SOF, & SPPOM.

Standard 115.62 Agency protection duties

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

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

MTC and TDCJ requires all staff to immediately take steps to protect any offender who is the subject of imminent sexual abuse. There has been zero incidents of this action being required in the past 12 months.

These policies are found in MTC 903E.02, pg , pg 1 & 7 & TDCJ SPOM 5.01, 5.03.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MTC & TDCJ both have policies that requires notification of another facility when they learn of a offender that had been sexually abused at that other facility. This notification is done within the 72 hour time frame. Documentation is required that the report will be investigated and properly acted upon. In the past 12 months, the facility reported zero allegations of sexual abuse that an offender received at another facility. The auditor did receive an offender letter advising the auditor that he had been sexually abused at another TDCJ facility approximately 12 years ago. The report was investigated by facility and TDCJ staff and the inmate was interviewed and advised of the findings.

These policies are found in MTC 903E.02 pg 1 & 5 & TDCJ SPOM 04.01, & 05.05.

Standard 115.64 Staff first responder duties

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

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

The MTC & TDCJ policies meets all first responder requirements of PREA. This policies were verified by the responses from the staff being questioned. In the past 12 months, zero allegations of sexual abuse from an offender was recorded.

These policies are found in MTC 903E-02 pg 1 & 15 & TDCJ SPOM 05.01.

Standard 115.65 Coordinated response

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

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

The STISF has adopted the TDCJ written institutional plan for a coordinated response to any incident of sexual abuse. The plan meets the requirements of both MTC and PREA. This plan is found in TDCJ SPOM 05.01.

Policies are MTC 903E.02 pg 1 & 10, 904E.319 FN pg 1 & TDCJ SPOM 05.01.

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

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

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

Not applicable.

The STISF employees do not participate in collective bargaining.

Policies are MTC 903E.02 pg 15.

Standard 115.67 Agency protection against retaliation

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

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

Both MTC and TDCJ have policies that protect offenders and staff who report sexual abuse/harassment from retaliation. Senior management supervises the plan. Any monitoring required will be conducted for a minimum of 90 days or longer if needed. The facility reported zero instances of retaliation in the past 12 months.

These policies are found in MTC 903E.02 pg 1 & 16 & TDCJ SPOM 05.08.

Standard 115.68 Post-allegation protective custody

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

MTC has policies in place that govern the use of involuntary segregation. These policies meet the PREA requirements. The facility reported that no offenders who reported sexual abuse were held in involuntary segregation in the past 12 months. If this would occur, policies require 30 day reviews.

These policies are found in MTC 903E.02

Standard 115.71 Criminal and administrative agency investigations

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

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

Per MTC & TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. Administrative investigations are conducted by PREA trained facility staff. Three STISF staff have received PREA investigation training.

The facility reported zero cases of sustained criminal allegations since 20 August, 2012. Written reports are developed and retained per PREA, MTC, & TDCJ requirements.

These policies are found in MTC 903E.02 pg 1,7,& 16 & TDCJ SPOM AD 16.20, BP 01.07; SPPP AD 16.03.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MTC & TDCJ policy indicated they use as a standard the preponderance of the evidence.

MTC 903E.02 pg 1 & 16 & TDCJ SPPP.

Standard 115.73 Reporting to inmates

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

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

Per MTC & TDCJ policy, the TDCJ OIG conducts all criminal investigations. In accordance with the MTC contract with TDCJ, any allegation involving sexual abuse or criminal activity requires that the OIG be notified immediately to assume control of the investigation. Administrative investigations are conducted by PREA trained facility staff.

In the past 12 months, zero allegations were recorded. Per policy, the offender would be informed of the outcome of any investigation. There were zero complaints directed towards staff.

Policies are MTC 903E.02 pg 1 & 17 and TDCJ SPPOM 5.10.

Standard 115.76 Disciplinary sanctions for staff

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

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

Both MTC and TDCJ have disciplinary sanctions for staff up to and including termination for violating sexual abuse/harassment policies. The facility reported zero cases of staff violating sexual abuse or harassment policies and none were terminated or resigned for violating policies on sexual abuse/harassment.

Policies are MTC 903E.02 pg 1 & 17, 203.2 pg 1, 203.10 pg 1 & TDCJ SPPP.

Standard 115.77 Corrective action for contractors and volunteers

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

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

Both MTC and TDCJ have disciplinary sanctions for volunteers and contractors up to and including termination of the contract for violating sexual abuse/harassment policies. The facility reported zero cases of volunteers/contractors terminated for violating policies on sexual abuse/harassment.

Policies are MTC 903E.02 pg 1,17-18 & TDCJ SPPP.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Both MTC & TDCJ have policies that provide sanctions for offenders engaged in sexual abuse of another offender. These sanctions meet the PREA requirements. Consideration is given to the offender’s mental status in final determinations. Treatment is also offered to those found guilty. Both MTC & TDCJ have policies that do not permit consensual sex between offenders. The facility reported zero cases of administrative or criminal findings of offender-on-offender sexual abuse in the past 12 months.

Policies are MTC 903E.02 pg 1 & 18 & TDCJ SPPP & Disiplinary Code.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

MTC and TDCJ policies require that all offenders (100%) who disclosed prior sexual victimization during initial screening be offered a follow-up meeting with medical or mental health. The meeting is required within 14 days of the initial screening.

The same policy also applies to offenders who perpetrated sexual abuse. Documentation is required to be maintained for all meetings. Information found in the follow-up meeting is strictly limited to medical, mental health, security, and management staff. Informed consent is obtained by the medical staff.

Policies are MTC 903E.02, TDCJ SPPP & CMHC H 61.1, 6-57.1.

Standard 115.82 Access to emergency medical and mental health services

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

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

The STISF medical program is staffed 16 hours per day, 7 days per week. Any offender who reports to be sexual abused has unimpeded access to medical treatment. The community standard medical treatment includes proper medical care, treatment for sexual transmitted disease, and at no cost to the offender.

Policies are MTC 903E.02 pg 1 & 19, 904E,310FN, TDCJ SPPP & UTMB G 57.1, E 31.1.

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

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

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

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

STISF provides medical and mental health evaluation and treatment consistent with the community standard for health care. The offenders are offered tests for sexually transmitted disease. These services are provided to all offenders who have been sexually abused. These services are at no cost. Offender abusers are also offered mental health evaluations within a 60 day period.

Policies are MTC 903E.02, pg 1 & 19 &, CMHC, TDCJ SPPP A-D, G.

Standard 115.86 Sexual abuse incident reviews

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

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

The facility policies require that all incidents of sexual abuse are thoroughly reviewed by an incident review team. This team includes the PREA Compliance Manager and several facility management staff. The reports are then reviewed by the Warden, MTC and TDCJ Administrative staff. The team is required to review and make recommendations within 30 days of the incident. The facility reported zero sexual abuse investigations in the past 12 months.

Policies are MTC 903E.02 , pg 1, 19-20 & TDCJ SPPP, AD 02.17, AD 02.15.

Standard 115.87 Data collection

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

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

MTC & TDCJ collects sexual abuse data from all of its facilities and compiles the data annually. The process followed meets the requirement of PREA.

Policies are MTC 903E.02 pg 1 & 29 & TDCJ SPPP.

Standard 115.88 Data review for corrective action

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

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

The MTC & TDCJ collects sexual abuse data from all facilities and aggregates into an annual report. This MTC report is available on the web at www.mtctrains.com. The report is approved by the Senior Vice President of Corrections at Management and Training Corporation.

Policies are MTC 903E.02, pg. 20 & TDCJ SPPP.

Standard 115.89 Data storage, publication, and destruction

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

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

The MTC & TDCJ collects and securely retains data for a period of at least 10 years. This data is compiled from reports of all its facilities. This information is a public document and is readily available to the public.

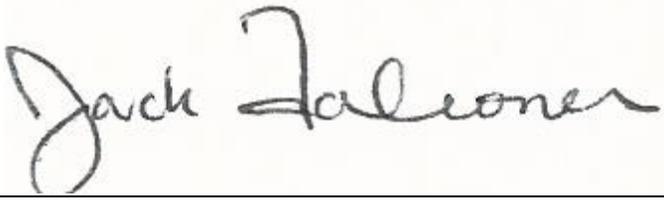
Policies are MTC 903E.02 & TDCJ SPPP.

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.

A handwritten signature in black ink on a light-colored background. The signature reads "Jack Falconer" in a cursive style. Below the signature is a horizontal line.

22 January, 2016

Auditor Signature

Date