

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

**Date of report:** 05-19-2017

<b>Auditor Information</b>			
<b>Auditor name:</b> David "Will" Weir			
<b>Address:</b> P. O. Box 1473; Raton, NM 87740			
<b>Email:</b> will@preaamerica.com			
<b>Telephone number:</b> 405-945-1951			
<b>Date of facility visit:</b> 04-06-2017			
<b>Facility Information</b>			
<b>Facility name:</b> Treatment Associates of Victoria (Residential)			
<b>Facility physical address:</b> 107 Cozzi Circle; Victoria TX 77904			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 361-572-3006			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Community treatment center		<input type="checkbox"/> Community-based confinement facility
	<input type="checkbox"/> Halfway house		<input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center		<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Jeffrey Warner			
<b>Number of staff assigned to the facility in the last 12 months:</b> 17			
<b>Designed facility capacity:</b> 81			
<b>Current population of facility:</b> 75			
<b>Facility security levels/inmate custody levels:</b> minimum			
<b>Age range of the population:</b> 18-65			
<b>Name of PREA Compliance Manager:</b> Wallace C. Hall III		<b>Title:</b> QA Manager/PREA Coordinator	
<b>Email address:</b> <a href="mailto:whall@tavicinc.com">whall@tavicinc.com</a>		<b>Telephone number:</b> 361-572-3007 x1924	
<b>Agency Information</b>			
<b>Name of agency:</b> Treatment Associates of Victoria, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> 304 Chama Drive; Victoria, TX 77904			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 361-572-3007			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Jeffrey Warner		<b>Title:</b> Executive Director	
<b>Email address:</b> warner_jeffrey@hotmail.com		<b>Telephone number:</b> 361-572-3007 x1911	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Wallace C. Hall III		<b>Title:</b> QA Manager/ PREA Coordinator	
<b>Email address:</b> <a href="mailto:whall@tavicinc.com">whall@tavicinc.com</a>		<b>Telephone number:</b> 361-572-3007 x1924	

## AUDIT FINDINGS

### NARRATIVE

Treatment Associates PREA Coordinator and Quality Assurance Manager, Wallace Hall, III, requested PREA Auditor Will Weir of PREA America LLC to conduct the agency's PREA Audit. The process was started on January 9, 2017 and notices went up by February 16. The Pre-Audit Questionnaire and supporting documentation was provided by March 28. Phone conferences were held and emails exchanged in order to better understand the information provided.

The audit team met with several staff and administrators at 8am on April 6. The team was provided with staff and resident rosters and given a tour of the facility. 11 staff and administrators were selected and interviewed throughout the day, including the PREA Coordinator who also served as the designee for the agency director. The audit team randomly selected 12 residents for interviews. Four of the residents selected were off site conducting job search activities, as verified by their schedules. The team made additional random selections to replace those not available. 8 female and 4 male residents were interviewed privately by Auditor Weir. Two interviews were unusual in the sense that the resident was asked whether it was OK for members of the Texas Department of Criminal Justice (TDCJ) Private Facilities Compliance Team to sit in on the interviews since they were present at the facility that day to learn more about the PREA auditing process. Both residents agreed without hesitation and the Compliance Team offered confidentiality and were assets to the interviews. An exit conference was held at the end of the day to review the audit.

#### Exit Conference:

Present: Audit Team; 3 TDCJ officials (listed below); Wallace Hall III, PREA Coordinator; Brandi Huber, House Manager; Anna Charles, Administrative Assistant; and Nick Orsak, Administrative Assistant. The audit team expressed appreciation for the excellent assistance provided to make the audit flow smoothly. The audit team reviewed observations they had regarding the progress of the audit. The audit team summarized responses given by the residents without compromising the resident's confidentiality. Residents had told the auditor that all the staff are good at their jobs and would respond effectively to an incident. The residents indicated a general level of facility uniformity and consistency, with no exceptions, regarding compliance with PREA standards in day to day operations. Some remember the screening for risk of victimization and abusiveness very well and believe the staff take their safety very seriously. The audit team was also able to report that Treatment Associates staff also responded very well to the interview questions, demonstrating a thorough understanding of the facility PREA policy. The audit team's policy review, and review of other documentation also indicated the facility is compliant with PREA standards.

The following Texas Department of Criminal Justice (TDCJ) officials were present at the facility during the onsite audit and during the Exit Conference: Jamey Elkins, Regional Supervisor for Private Facilities; Shiela Moore, Director of Compliance for Private Facilities; and Eddie Winslow, Contract Monitor.

Documentation reviewed include: Organizational Chart; TDCJ Contract; Mission Statement; Offender PREA Acknowledgement; Program Description; Potential for Sexual Assault/Sexual Victimization Screening Instrument and completed screenings and reassessments; PREA Emergency Checklist-Sexual Assault; Staff PREA Acknowledgement; Standards of Conduct; PREA policies; Significant Incident Report; Client Bill of Rights; Spanish forms; Requirements Applicable to all Treatment Services; Client Grievance Procedures; Clients in Control of Other Clients Policy; Pre-Audit Questionnaire; Policy Regarding Searches; Staffing Plan reviewed; Schematic; PREA Investigative Plan; Residential Program Rules; Daily Population Reports; documentation of searches; Annual Report; Investigator Training documentation; Random employee files and background checks; Investigation; Community Agreement Between Mid-Coast Family Services and Treatment Associates; TDCJ Safe Prisons/PREA Operations Manual; PREA SANE Nurse Memorandum; Memorandum of Agreement Between Treatment Associates and the Deaf and Hard of Hearing Center (DHHHC); resident roster; staff roster; and PREA notices and postings in the facility.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Treatment Associates of Victoria residential campus has an administration building with a small lobby and office to the side and a large room which has several work stations including one which is behind the window opening to the office. Camera monitors are up to observe, and if necessary review, incidents from several weeks ago. The cameras are in place throughout the residential hall but none are placed to allow inappropriate viewing of the residents.

The Residential building is located a few steps away from administration with a parking lot on one side and an outdoor recreational area between the buildings. The building has a front porch which opens to the Dining/Day Room area. To the right is a men's laundry area a closet and wing for the women. This has two dorms laundry bathrooms a storage area.

On the left is an office area which is open with a counter to interact with the residents in the day room. A pantry and kitchen is located next to the office. And the dorms are across from the day room. Each of the four dorms has a double row of bunk beds and bathrooms. Across from Dorm 3 and 4 are the group rooms, one in front of the other, and two offices nestled in the second and smaller group room.

## **SUMMARY OF AUDIT FINDINGS**

Treatment Associates of Victoria received its onsite PREA Audit on April 6, 2017. The facility demonstrated compliance with all applicable PREA Standards, exceeding standards in four areas. There was one PREA Standard that did not apply.

Number of standards exceeded: 4

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 1

### Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

**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 agency has a written policy mandating zero tolerance, outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors and includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The agency employs an upper-level, agency-wide PREA coordinator who also serves as the facility Compliance Manager. He answers directly to Executive Director Jeffrey Warner and has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. The Agency PREA Coordinator is Wallace C. Hall, III. During the onsite audit, the auditor verified these policies are in place and available to staff and residents. Signs are posted around the facility. All staff and inmates interviewed indicated an understanding of the zero tolerance policy, as well as how to report.

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

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

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N/A. The facility/agency does not contract out for the confinement of its residents. The agency/facility provides services, contractually, for the Texas Department of Criminal Justice (TDCJ). TDCJ requires PREA compliance for contractors.

### Standard 115.213 Supervision and monitoring

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

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Treatment Associates of Victoria has developed and documented a staffing plan that provides for adequate levels of staffing to protect residents against sexual abuse. This plan considers the physical layout of the facility, the composition of the resident population, the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. At least annually the facility reviews the staffing plan to see whether adjustments are needed in the staffing plan, prevailing staffing patterns, the deployment of video monitoring systems and other monitoring technologies, or the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The staffing plan was provided to the auditor, as well as policy that guides the plan. The onsite audit indicates the staffing plan is being followed. No staff or inmate interviews indicated any incidents of staffing plan deviations, or times when the facility was not adequately staffed. There is documentation of the staffing plan being reviewed. However, in circumstances where the staffing plan is not complied with, policy requires the facility to document and justify all deviations from the plan. The average daily number of residents is 65. The staffing plan was based on an average of 81.

**Standard 115.215 Limits to cross-gender viewing and searches**

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

**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.**

Exceeding this PREA Standard, the facility does not “conduct any strip, body cavity, Pat down or any search that involves physical contact between Staff and Client.” (See Policy 708.001, p. 1). In addition they document all searches that are done, not just the ones required by PREA. They have clients empty pockets and use a security wand to detect contraband. If needed, law enforcement can be called. Policies and procedures have been implemented that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine supervision. Staff of the opposite gender announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. It is forbidden to search of physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. The agency trains their staff regarding how to perform searches according to policy and when to call for police assistance. All interviews indicated these standards and policies are being followed without exception. In addition, documentation received indicated this standard has been exceeded for more than the 12 month period of time reviewed for this audit.

**Standard 115.216 Residents with disabilities and residents who are limited English proficient**

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

**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 agency has established procedures to provide disabled residents 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 agency has established procedures to provide residents with limited English proficiency 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. Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident safety, the performance of first-response duties under § 115.264, or the investigation of the resident allegations. The facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used, although none have been used in the past 12 months according to information provided the auditor. Residents and staff provide examples of when residents have been assisted in their understanding of their rights and other things they needed to know as per this standard and related policies, as well as for their successful reintegration into the community. Treatment Associates provides for this standard in their policy and in their contractual obligation to TDCJ. They “provide training on multiple needs offenders, to include the oversight and monitoring of mentally impaired, mentally retarded and sex offenders.” They are forbidden from excluding any offenders from programming due to special needs. In addition to having access to the network of services available to TDCJ, exceeding this standard, the agency has MOU’s and relationships in the community, and even statewide, that facilitates the provision of quality services to residents with disabilities. According to documentation reviewed, and interviews conducted, this standard has been exceeded for longer than the 12 month period reviewed for this audit.

### Standard 115.217 Hiring and promotion decisions

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

**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.**

Treatment Associates’ policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in any of this activity. Policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. Policy requires that before it hires any new employees who may have contact with residents, it conducts criminal background record checks; and, consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. These checks are completed contractually by TDCJ, “A criminal background check shall be completed by [TDCJ] for each employee (including consultants, independent contractors and their employers and agents, and volunteer workers who work on a routine basis at the facility) within thirty (30) days prior to being assigned . . .” The PREA standard requires that background record checks be conducted at least every five years, but Treatment Associates exceeds standards because TDCJ provides these background checks and has a system in place that constantly monitors data bases to detect any arrests of employees and notifies the proper administrators the next business day. Policy clearly states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Policy also clearly states that all applicants and employees who may have contact with residents will be asked directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. All interviews with administrators involved in hiring confirm these policies are being followed. The agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. Policy also clearly states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Several personnel files were randomly pulled, verifying current background checks have been performed. These policies and practices have been in place for several years.

### Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

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The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. However the facility has updated their video surveillance system considering PREA. Documentation regarding this system was provided to the auditor, and the way the system helps keep residents safe was explained during the audit.

**Standard 115.221 Evidence protocol and forensic medical examinations**

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

**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.**

Treatment Associates is responsible for administrative investigation duties regarding sexual abuse or harassment allegations. The Office of Inspector General (OIG) and Victoria Police Department do criminal sexual abuse investigations. All residents who experience sexual abuse have access to forensic medical examinations at an outside facility without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Citizens Hospital, Detar Hospital, and Detar North Hospital have a SANE rotation schedule. All Treatment Associates staff have been given a memorandum with the numbers to call to find which hospital to take a victim. When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. In the past 12 months there have been no forensic medical exams conducted because there were no allegations. The facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means and these efforts are documented. When a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. If requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Interviews conducted, and documentation reviewed, indicate this information is available to all staff. Staff either understand this information or know where to find it and who to ask. Supervisors and administrators demonstrate an excellent grasp of this process.

**Standard 115.222 Policies to ensure referrals of allegations for investigations**

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

**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.**

Treatment Associates ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident sexual abuse or staff sexual misconduct). During the past 12 months, there have been no allegations of sexual abuse and sexual harassment that were received, and no investigations performed. The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency's policy is publicly available. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. The onsite audit staff interviews, as well as a review of policy and other documentation, indicate there is an understanding that all allegations will be referred immediately for investigation, even if the victim recants or changes the story.

### **Standard 115.231 Employee training**

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

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The facility trains all employees initially and at least annually, as verified by training logs and interviews, on the following matters: (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) The right of residents to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (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 residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Employees are initially trained on how to work with residents of all genders. The auditor reviewed the training curriculum provided.

### **Standard 115.232 Volunteer and contractor training**

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

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All volunteers and contractors who have contact facility residents are required to be trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents, however, the facility does not

utilize volunteers at this time. All volunteers and contractors who have contact with residents are to be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.

### Standard 115.233 Resident education

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

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Exceeding PREA Standards, Treatment Associates residents receive PREA information at time of intake, and then receive the information a second time in a face to face interview, and then the information is also provided through videos and training materials and addressed in groups and counseling sessions. The screening for risk of abusiveness and victimization is also provided in a way that is informative. The information includes the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Resident PREA education is available in formats accessible to all residents, including those who are: limited English proficient, deaf, visually impaired, otherwise disabled, and limited in their reading skills. The agency maintains documentation of resident participation in PREA education sessions. The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. During the onsite audit, the auditor observed the notices and posters, examined the training logs and materials, and interviewed randomly selected residents. Residents reported multiple PREA trainings and did well answering questions that demonstrated their understanding of PREA. They know they can get help reporting and that they can be anonymous. They know they should not be retaliated against and do not believe they would be retaliated against at Treatment Associates. They even know substantial information about how to respond if someone is abused and that outside advocacy is available. Also, the staff interviews indicated that the residents have been educated about PREA and know they can report and that victims of sexual assault and harassment can get help. Staff and residents at this facility appear to have been provided information in ways that kept their attention and helped them retain the information. Also, there are ongoing processes that improve and enhance the training given.

### Standard 115.234 Specialized training: Investigations

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

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Treatment Associates requires that investigators are trained in conducting sexual abuse investigations in confinement settings and provided documentation regarding this training. Training ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

### Standard 115.235 Specialized training: Medical and mental health care

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

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Treatment Associates has policy related to the training of medical and mental health practitioners. All medical and mental health care practitioners who may work with victims of sexual abuse are to be properly trained. The training for any that work in the facility must include: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The agency does not conduct forensic exams.

### Standard 115.241 Screening for risk of victimization and abusiveness

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

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Treatment Associates has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents to be completed within 72 hours of arrival. Policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. Policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding whether or not the resident has a mental, physical, or developmental disability; whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether or not the resident has previously experienced sexual victimization; and, the resident's own perception of vulnerability. During the audit, resident and staff interviews consistently indicated these screenings are conducted by skilled interviewers and the information is used appropriately to protect residents, but access to confidential, sensitive information is limited to protect privacy. The screening tool was reviewed by the auditor and it considers whether the resident has a mental, physical, or developmental disability; the age of the resident; the physical build of the resident; whether the resident has previously been incarcerated; whether the resident's criminal history is exclusively nonviolent; whether the resident has prior convictions for sex offenses against an adult or child; whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the resident has previously experienced sexual victimization; and the resident's own perception of vulnerability. Completed screenings and reassessments were reviewed by the audit team.

### Standard 115.242 Use of screening information

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

**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.**

Information from the risk screening required by § 115.241 is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Individualized determinations are made about how to ensure the safety of each resident. All staff indicate an understanding that some residents are at higher risk of sexual abuse or abusiveness than others, although anyone can be a victim. Treatment Associates makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis. A transgender or intersex resident's own views with respect to his or her own safety is given serious consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. Policy states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units. The practices associated with these policies were verified through staff interviews and a review of documents.

#### **Standard 115.251 Resident reporting**

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

**Auditor 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.**

Treatment Associates has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment; retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. They are always free to talk to any staff they choose or to call the Administration Office. Also, the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Treatment Associates provides multiple outside reporting numbers which are posted liberally around the housing unit, including the Safe Prison's Program Management Office, PREA Ombudsman Office, and the Office of Inspector General. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately or by the end of their shift. The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents verbally and in writing. Staff are informed of these procedures. All residents interviewed know they can report and all staff interviewed say they can take reports and know how to instruct and assist residents to make reports.

#### **Standard 115.252 Exhaustion of administrative remedies**

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

- Does Not Meet Standard (requires corrective action)

**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.**

Treatment Associates has an administrative procedure for dealing with resident grievances regarding sexual abuse. Residents are provided Client Grievance Procedures within 24 hours of arriving at the facility. They are given contact information for the Texas Department of State Health Services and TDCJ. Agency procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Agency policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. A decision on the merits of any grievance or portion of a grievance alleging sexual abuse must be made within 90 days of the filing of the grievance. The agency notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. If the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision. The agency also has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. These require an initial response within 48 hours and a final agency decision within five days. Policy limits the ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months there have been no grievances filed that alleged sexual abuse. Compliance with this standard was based on a review of policy and interviews conducted.

#### **Standard 115.253 Resident access to outside confidential support services**

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

**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.**

Treatment Associates provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers) for local, state, or national victim advocacy or rape crisis organizations and enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored and of mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The has made attempts to enter into memoranda of understanding (MOU’s) with community service providers. There is an MOU with Mid Coast Family Services which the auditor reviewed and verified.

#### **Standard 115.254 Third-party reporting**

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

**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.**

Treatment Associates provides a method to receive third-party reports of resident sexual abuse or sexual harassment. In conjunction with TDCJ, the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The auditor verified that staff and residents are instructed about third party reporting, and the information is available publicly. Residents indicated they know about third party reporting and know how to do it.

#### **Standard 115.261 Staff and agency reporting duties**

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

**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.**

Treatment Associates requires all staff 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 occurred in a facility, whether or not it is part of the agency. It is also required that all staff report immediately any retaliation against residents or staff who reported such an incident. All staff are to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff interviewed indicate they will report immediately, and the residents interviewed indicate they believe staff will report. Residents, as well as staff interviewed, state they have not observed sexual abuse or harassment at this facility.

#### **Standard 115.262 Agency protection duties**

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

**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.**

When Treatment Associates learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). In the past 12 months, there has not been any times the agency determined that a resident was subject to substantial risk of imminent sexual abuse. Verification with this standard was verified by a reading of policy and interviews with residents and staff.

### Standard 115.263 Reporting to other confinement facilities

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

**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 auditor confirmed that Treatment Associates has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the facility has not received any allegations that a resident was abused while confined at another facility. Agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The facility documents that it has provided such notification within 72 hours of receiving the allegation. Facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. Information received during the audit indicates that in the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities. Compliance with this standard was based on a review of policy and interviews with staff and administrators.

### Standard 115.264 Staff first responder duties

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

**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.**

Treatment Associates has a first responder policy for allegations of sexual abuse. This policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report will separate the alleged victim and abuser and to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first responder will request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. If the abuse occurred within a time period that still allows for the collection of physical evidence, staff is to ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. In the past 12 months, there have been no allegations that a resident was sexually abused, so the auditor was not able to review documentation of first responder duties actually performed. First Responder duties are printed on the back of staff name tags and interviews indicate staff understand their first responder duties.

### Standard 115.265 Coordinated response

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

- Does Not Meet Standard (requires corrective action)

**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.**

Treatment Associates has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan was provided to the audit team.

#### **Standard 115.266 Preservation of ability to protect residents from contact with abusers**

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

**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 agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012. This was verified during the onsite audit. The facility has the ability and authority to protect residents from contact with abusers.

#### **Standard 115.267 Agency protection against retaliation**

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

**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.**

Treatment Associates has a policy to protect all residents and staff who report sexual abuse or sexual harassment, or cooperate with sexual abuse or sexual harassment investigations, from retaliation by other residents or staff. PREA Coordinator Wallace Hall, with assistance from HR, the Director, and supervisors, monitor for retaliation to assure full compliance with this standard. Policy and interviews indicate they monitor the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. They indicate they will utilize shift supervisors, as well, in monitoring conduct and treatment for 90 days, or longer if indicated, and to act promptly to remedy any retaliation. No incidents of retaliation in the past 12 months are known. They use multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. They monitor resident disciplinary reports, housing, and program changes, as well as negative performance reviews and reassignments of staff. Monitoring includes periodic status checks.

### Standard 115.271 Criminal and administrative agency investigations

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

**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.**

Treatment Associates has written policy related to criminal and administrative agency investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. Policy requires the agency to retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Investigations are to be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigators who have received special training in sexual abuse investigations must be used. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; they shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. A polygraph examination is not required. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Interviews with administrators verify that the facility cooperates with outside investigators and endeavors to remain informed about the progress of investigations.

### Standard 115.272 Evidentiary standard for administrative investigations

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

**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.**

Treatment Associates policy states, and interviews verify, that when conducting administrative investigations, the agency will impose a standard of a preponderance of the evidence, or a lower standard of proof, when determining whether allegations of sexual abuse or sexual harassment are substantiated.

### Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)

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

**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.**

Treatment Associates has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. In the past 12 months reviewed for this audit, there have been no criminal and/or administrative investigations of alleged resident sexual abuse. If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. Also, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the residence, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following a resident's allegation that he or she has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. By policy, and contractual agreement with TDCJ, all notifications to residents described under this standard are documented.

**Standard 115.276 Disciplinary sanctions for staff**

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

**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.**

Treatment Associates staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there was one staff from the facility who allegedly violated agency sexual abuse or sexual harassment policies and was terminated or resigned, and was reported to law enforcement. However, this investigation has not yet been concluded so could not be reviewed for this audit. The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Interviews with the HR Director and the PREA Coordinator (designated Executive Director) indicate these policies are known and will be followed. Also, interviews with staff and residents indicate a strong belief that Treatment Associates will not tolerate any abuse and will take appropriate actions if/when an incident occurs.

**Standard 115.277 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)

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

**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.**

Agency policy requires that 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 bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents since there were no such allegations. Interviews, as well as policy review, clearly indicates the facility will take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

#### **Standard 115.278 Disciplinary sanctions for residents**

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

**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.**

Treatment Associates residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding, or a criminal finding of guilt, that a resident engaged in resident-on-resident sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. According to the Pre Audit Questionnaire and interviews conducted at the site, there have been no such findings in the past year. Residents are sometimes referred off site for any therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits. The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between residents but deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Verification of this standard was verified through document reviews and interviews.

#### **Standard 115.282 Access to emergency medical and mental health services**

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

**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.**

Treatment Associates resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided and the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported, and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Verification of this standard was established through review of policy, administrative directives, the coordinated response plan, and interviews.

### **Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

**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.**

Treatment Associates offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Services that cannot be provided inhouse are referred out. Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Since there were no allegations, these services were not required during the past 12 months. Compliance was verified through a review of policy and interviews conducted at the facility with administrators.

### **Standard 115.286 Sexual abuse incident reviews**

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

**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.**

Treatment Associates conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners who report their findings and any recommendations for improvement to the facility head. The facility implements the recommendations for improvement or documents its reasons for not doing so. The team considers whether policies or practices need to be changed; whether the incident or allegation was motivated by race, ethnicity, LGBTI status or perceived status, or gang affiliation or other group dynamics at the facility; whether physical barriers in the area where the abuse allegedly occurred might enable abuse; and whether monitoring technology should be augmented or changed. The auditor could not review any incident reviews since there were no investigations conducted, or indicated, in the past 12 months. Mr. Hall appears to fully understand this standard and intends to be proactive regarding these reviews.

### Standard 115.287 Data collection

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

**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.**

Treatment Associates collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. They aggregate the incident-based sexual abuse data at least annually and maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

### Standard 115.288 Data review for corrective action

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

**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.**

Treatment Associates, and TDCJ, reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. The agency makes its annual report readily available to the public, once approved by the agency head. When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The agency indicates the nature of material redacted, if any.

**Standard 115.289 Data storage, publication, and destruction**

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

**Auditor 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.**

Treatment Associates securely retains incident-based and aggregate data. Policy requires, and the auditor's interviews verified, that aggregated sexual abuse data is made readily available to the public at least annually. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

**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.

D. Will Weir

05-19-2017

Auditor Signature

Date