

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: October 23, 2016 (revised 10/25/16)

Auditor Information		
Auditor name: Michelle L. Burrows		
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Telephone number: (614) 567-7170		
Date of facility visit: September 28-30, 2016		
Facility Information		
Facility name: Clyde M. Johnston Unit		
Facility physical address: 703 Airport Road, Winnsboro, TX 75494		
Facility mailing address: <i>(if different from above)</i>		
Facility telephone number: 903-342-6166		
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal
	<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: Stacey LeBlanc		
Number of staff assigned to the facility in the last 12 months: 155		
Designed facility capacity: 612		
Current population of facility: 602		
Facility security levels/inmate custody levels: Minimum Security		
Age range of the population: 18-69		
Name of PREA Compliance Manager: Lori Price	Title: Safe Prisons PREA Mgr. (Lieutenant)	
Email address: Lori.Price@tdcj.texas.gov	Telephone number: 903-342-6166 x2212	
Agency Information		
Name of agency: Texas Department of Criminal Justice		
Governing authority or parent agency: <i>(if applicable)</i> State of Texas		
Physical address: 861-B I-45 North, Huntsville, TX 77320		
Mailing address: <i>(if different from above)</i> P.O. Box 99, Huntsville, TX 77342		
Telephone number: 936-295-6371		
Agency Chief Executive Officer		
Name: Bryan Collier	Title: Executive Director	
Email address: Bryan.Collier@tdcj.texas.gov	Telephone number: 936-437-2101	
Agency-Wide PREA Coordinator		
Name: Lori Davis	Title: Director Correctional Institutions Division	
Email address: Lori.Davis@tdcj.texas.gov	Telephone number: 936-437-2170	

AUDIT FINDINGS

NARRATIVE

The PREA audit of the Clyde M. Johnston Unit was conducted on September 28-30, 2016 by Auditor Michelle L. Burrows. Three weeks prior to the audit, the auditor received the PREA Pre-Audit Questionnaire and documents on a thumb drive provided by the agency. The auditor communicated with the agency requesting further documentation for clarification and review. The auditor reviewed the interviews of the Director's Representative, PREA Coordinator, and the Texas Department of Criminal Justice during the audit that were completed by another auditor. The auditor also reviewed the Texas Department of Criminal Justice (TDCJ) and State of Texas PREA Ombudsman Office websites prior to the audit. A tentative schedule was set with the Warden for the audit time-frame.

The evening before the audit, the auditor met with the Warden and the Regional Safe Prisons Sergeant. A schedule for the audit was discussed. The facility provided the requested information to be used for the random selection of offenders and staff to be interviewed (random and specific category) including an alpha listing of all offenders housed at the facility, lists of staff by duty position and shifts, lists of offenders for specific categories to be interviewed, list of staff who perform risk assessments, and a list of volunteers on site during the audit. Additional information in the packet included the daily population reports. Key facility staff during the audit included Warden, Major, Safe Prisons Lt./PREA Manager, Safe Prisons Correctional Officer; and the Regional Safe Prisons Manager. The audit began on September 28, 2016 following the close out of the American Correctional Association (ACA) audit.

The auditor began with interviews of random inmates and staff. A facility tour was completed during the ACA tour. All housing units and program areas, food service, and medical were toured. During the tour, the auditor made visual observations of the program areas and housing units including bathrooms and officers post site lines. The auditor spoke to random staff and offenders regarding PREA education and facility practices. Review of the housing unit log books and shift rosters was conducted to verify immediate/higher level staff rounds. During the tour, the auditor identified site line concerns in the food service area as there was a corner area that was not immediately visible. The mirror needed adjusting and the facility took immediate action to correct this issue. The bathrooms and showers in the dorms had barriers installed to provide privacy while still providing visual sight for security.

All required facility staff and inmate interviews were conducted on-site during the two day audit. Forty (40) formal inmate interviews were conducted and twenty-four (24) inmates were informally interviewed during the facility tours, (10% of the 602 inmate population). The random interviewees were selected by the auditor from the housing rosters and designated lists of inmates provided by the facility. Random offender interviews from different housing units (62), Disabled and limited English speaking ability (1), LGBTI (3), and who disclosed sexual victimization (3) were interviewed. Due to the high population turnover, the list of specialized interviews was very limited. Offenders were selected randomly from each housing unit and from the lists provided for the specialized interviews. Two (2) offenders refused interviews. A total of thirty-two (32) staff was formally interviewed and additional twenty-two (22) informal staff interviews were also conducted during the facility tour (35% of 155 employees). Staff was randomly selected from each of the two shift rosters and different departments within the facility. Additionally, specialized staff were interviewed including the Warden (1), PREA Manager (1), Intermediate-Higher Level Staff (3), Medical and Mental Health (4), Human Resources (1), Volunteers/Contractors (2), Investigator (2), Staff Who Perform Screening (3), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor Retaliation (1), First Responders (3), and Intake staff (3). Agency staff interviews reviewed included the PREA Coordinator (1), Contract Administrator (1) and the Agency Head (1) that were previously interviewed by another PREA auditor.

The PAQ was submitted and it was reported that there were three allegations of sexual abuse at the Johnston Unit. After the submission of the PAQ, there were two incidents of sexual abuse reported to Johnston Unit and during the PREA audit, another allegation was made. Therefore, there were six (6) total allegations during the audit period (12 months prior to the audit): four (4) allegations occurred at the facility and two (2) allegations reported that occurred at another facility. There was one (1) staff on offender sexual abuse allegation and the administrative findings of the this allegation was substantiated. OIG did not open a case on this allegation; however, as there was not enough evidence to pursue charges. Of the remaining three (3) offender on offender allegations; all were alleged to be offender on offender sexual abuse. The administrative findings of these allegations were two (2) were substantiated and one (1) unfounded. OIG did not open cases on these allegations for the same reason. A review of four (4) administrative investigations was conducted. The auditor would like to note that two (2) of the four (4) allegations were made against the same offender. An exit meeting was conducted by auditor Ms. Burrows at the completion of the on-site audit. While the auditor could not give the facility a final finding, the auditor did provide a preliminary status of their findings. There were no outstanding issues at the end of the site visit. The auditor shared with the Warden and the facility's administration feedback from the offender population. Staff and offenders both shared the positive impact the Safe Prisons Office has had on the facility and the availability and responsiveness of the Safe Prisons Office staff. The auditor thanked Texas Department of Criminal Justice, Warden LeBlanc, the Johnston Unit staff for their hard work and commitment to the Prison Rape Elimination Act. The facility was contacted during the writing of the report to clarify certain information for the report. The facility was responsive in providing the information.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Mission of the Texas Department of Criminal Justice (TDCJ) is to “provide public safety, promote positive change in offender behavior, reintegrate offenders into society, and assist victims of crime.” The mission statement of the Clyde M. Johnston Unit is “to improve safety from crime for the citizens of the State of Texas by decreasing significantly our residents’ return to crime in comparison to non-treated inmates, and to reduce the cost of recidivism by providing unmatched substance abuse treatment appropriate to the need of the individual offender.”

The Clyde M. Johnston Unit houses male offenders and is located approximately 1 mile east of Winnsboro in Wood County, Texas. The unit sits on 342 acres. The operations of the facility include Laundry, Food Service, Maintenance, and four Community Service squads which provide service to local city and state agencies, local school districts, and non-profit organizations. The Johnston Unit houses a maximum of 612 probationers. There are three housing units consisting of three (3) double bunked dormitories in each unit and they each can house 68 offenders. The facility has three segregation cells that are infrequently used. If there is a major violation, the offender is transferred within three to five days back to court.

The facility is a Substance Abuse Felony Punishment Facility and provides substance abuse treatment via the Therapeutic Community Model. Programming is very intense and the offenders have limited “down time.” The Substance Abuse Program offers volunteer led Parenting classes in addition to 12 Step programs. Windham School District offers GED preparation and testing, literacy, cognitive intervention, volunteer led tutoring, and CHANGES classes, as well as library services. Volunteer programming available to the offenders through the Chaplaincy Department includes All-Faith Services, Chemical Dependency Courses, Grief Classes, and Spiritual Growth Programs. The University of Texas Medical Branch (UTMB) manages the medical department. Chronic disease, emergency care, preventative medicine, pharmacy, and referrals to other facilities are all services available to offenders. The facility’s medical department is open 12 hours a day with emergency care available 24 hours a day.

The Johnston Unit does not have any video cameras throughout the facility. The staff must rely on mirrors to cover any blind spots. It would be beneficial to the staff and the department to eventually look at installing a video surveillance system to assist with any issues that could arise.

The Unit is managed by a Senior Warden.

SUMMARY OF AUDIT FINDINGS

On September 28-30, 2016, a site visit was completed at the Clyde M. Johnston Unit. The final report was provided on October 23, 2016. The results of the Clyde M. Johnston Unit PREA audit is listed below.

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

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

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

The Texas Department of Criminal Justice (TDCJ) has a written policy, Executive Directive 03.03 Safe Prisons/PREA Program, mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The agency also established a Safe Prisons/PREA Plan in August 2014 that outlines the agency's approach to preventing, detecting, and responding to sexual abuse and harassment. The plan is a forty page document that outlines the agency's zero tolerance and the implementation of the safe prison plan through the following sections: administration and designated staff; offender management and services; offender screening and assessment; reporting allegations; investigations; training and education; data collection; and administrative considerations. The PREA policy and Safe Prison/PREA Plan is also supplemented by other agency policies, Executive Directives, Security Memorandums, and post orders. Through observation of bulletin boards, posters, handouts and materials, review of offender and staff handbooks, and interviews with staff and offenders it was apparent that the Johnston Unit is committed to Zero Tolerance of sexual abuse and sexual harassment. Each staff member also carries an informational card that outlines the first responder requirements.

Each facility within the Department is to identify a compliance manager that will ensure that effective practices and procedures are in place at the facility to ensure compliance with standards. This position reports directly to the Warden. The facility has designated a Lieutenant as the PREA Compliance Manager and oversees the Safe Prisons Office for the facility. The Safe Prisons Office also has one backup manager who is a correctional officer. The Safe Prison Office responsibilities include PREA policy compliance, investigations, and the audit process. The offenders who reported sexual abuse and the LGBTI offenders were familiar with the Safe Prisons Office staff. They indicated they were able to report concerns to the Safe Prison Office and were sure that the office would follow-up on issues. The Safe Prisons staff starts the offender education upon arrival at the facility and explains the Safe Prisons Office responsibilities and availability to the offenders. The Safe Prisons staff makes rounds in the housing areas to ensure the office services are available to the offender population; this was documented through review of the housing unit logbooks. Offenders were able to identify the Safe Prisons staff which demonstrates the active role and accessibility the Safe Prisons staff has created at the Johnston Unit. The Safe Prisons Lt. also claimed during the interview process that she has enough time to perform the PREA duties for the facility as the amount of allegations are minimal due to the type of facility and the high turnover of inmates.

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)

Texas Department of Criminal Justice (TDCJ) has renewed fifteen (15) contracts for the confinement of offenders on or after August 20, 2012. The contract language states, "The Contractor shall comply with the Prison Rape Elimination Act (PREA) Standards for Adult Prisons and Jails and report any offender sexual abuse or sexual harassment to the TDCJ-PFCMOD in accordance with Department Policy." All of the contracted secure facilities have undergone PREA audits. Thirteen have exhibited full compliance. The reports of the completed audits can be viewed at the agency's website.

The contracts include language that states the department designated contract monitor will monitor the facility to ensure compliance with the PREA standards. The contract monitor oversees all the operational practices, contract practices including PREA compliance, and the day to day operations of the facility. PREA Compliance is accomplished through a monitoring checklist that will be completed every six months. A copy of the contract language and checklist was provided by the Safe Prisons/PREA Program Manager and Manager Administrative Review and Risk Management Review and Standards.

Standard 115.13 Supervision and monitoring

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

The Johnston Unit has developed a staffing plan that is based on the eleven criteria of the standard to include generally accepted detention and correctional practices; any judicial finding of inadequacy; and findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal and external oversight bodies; all components of the facilities physical plant (including “blind spots” or areas where staff or offenders may be isolated); the composition of offender population; the number and placement of supervisory staff; institutional programs occurring on a particular shift; any applicable State, or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. This process is outlined in Administrative Directive 11.52 Security Staffing and Security Operations Procedure Manual 07.02. Based on the review of the staffing plan and interviews, the staffing plan was developed by the leadership of the Johnston Unit with input from the PREA Manager and unit staff, regional staff, TDCJ Correctional Institution Division Security Systems Office and in coordination with the PREA Coordinator. The facility makes its best efforts to comply with the plan. When deviations occur, the position deviated is documented on the shift turnout roster with the employee’s name, post reassignment, and the reason for the deviation. Administrative Directive Security Staffing 11.52 outlines the requirement of the daily review of the facility’s turnout reports. The Warden indicated during her interview that the deviation reports are reviewed daily by the shift supervisors, Warden’s area, and Human Resources Office to ensure compliance with the staff priority plan. If a deviation is expected to be long term, a Position Deviation Form must be submitted to the Security Systems Office for review and action. The most common reasons for deviations listed in the questionnaire were medical transports and constant and direct supervision/observation.

The Security Operations Procedure Manual Section Annual Security Staffing Review 8.06 and Administrative Directive Security Staffing 11.52 outlines that security systems conducts an annual staffing review. The first staffing plan review in 2016 occurred on March 4, 2016. From the review, the Johnston Unit staffing plan recommended that the recreation position on first shift was deleted in favor of a turnout gate position for first shift which is a priority 2 position (meaning that overtime will not be utilized to fill the position). The change was approved. It is noted this recommendation was not based solely on PREA concerns. The last staffing plan review was conducted in August 2016 for the Johnston Unit. As a result of the meeting and review of the security staff allocations along with statistics presented by the PREA Coordinator, it was determined that the A-B-C Housing Unit Rover positions be moved from a Priority 2 position to a Priority 1 position to increase the staffing levels. The unit is utilizing all resources available to ensure the adequate security staff is available to meet the requirements of the staffing plan.

Intermediate and higher level staff conduct unannounced rounds. The rounds are documented on the turnout reports and in housing unit logbooks. Through reviews of housing area logs, and interviews with staff and offenders, it was confirmed that unannounced rounds are done randomly throughout the facility. The staff accomplish unannounced rounds by staggering the round times on a daily basis, using different routes and not a routine pattern. The agency’s policy Safe Prisons/PREA Plan and post orders prohibits staff from alerting other staff members that supervisory staff rounds are occurring.

Standard 115.14 Youthful inmates

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

The Johnston Unit does not house youthful inmates

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)

Through the review of Administrative Directive 3.22 Offender Searches and the Safe Prisons/PREA Plan, governing offender searches and cross gender searches, it confirms the policies and procedures address the standard. Interviews with staff and offenders plus observation of actual searches conducted during the audit, the Johnston Unit does not conduct cross gender strip searches. The policy does allow cross gender strip searches only in extraordinary circumstances and when approved by the Warden. When a cross gender strip search occurs, it will be documented on the Cross-Gender Search Log, SPPOM 02.05 Attachment D. All body cavity searches are completed only by medically trained professionals. The policy also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown.

The facility has not conducted any cross gender strip searches.

The policy Safe Prison/PREA Plan and practice, allows all offenders the opportunity to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. This was confirmed by interviews with offenders and staff. During the offender interviews, inmates felt they received a sense of privacy for these functions. This was reviewed during the facility tour and housing unit visits and it was determined the curtains provide privacy for the offender.

The Safe Prison/PREA Plan and officer's post orders require that staff of the opposite gender announce their presence when entering offender housing areas; this was observed during the audit. Female staff "knock and announce," they knock on the door when entering the area and loudly announce female on the pod or female on the floor. Staff are also provided training on unannounced rounds to help assure compliance with the standard that limits cross gender viewing.

The policy, AD 3.22 Offender Searches, also prohibits staff from frisking transgender and intersex offenders for the purpose of determining genitalia status. All body cavity searches are completed only by medically trained professionals at a local hospital. During interviews with staff, they were aware of the policy and indicated only medical could conduct such searches. All staff received training in conducting pat down searches, cross gender pat down searches, searches of transgender and intersex offenders in a professional and respectful manner. Other than annual training, this training is also part of the initial pre-service training and during daily turnout briefing. This is supported by policy AD 3.22 Offender Searches. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these policies in the annual training, Lesson Plan Contraband and Shakedown.

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

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

The agency's policies 115.16 Intake Procedures, Administrative Directive 4.25 Language Assistance Services to Offenders Identified as Monolingual Spanish, 6.25 Qualified Interpreter Services, and 115.61 Offenders with Special Needs has established procedures to provide disabled offenders equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policies and directives address interpreter service, American Sign Language services and offenders with special needs. The Johnston Unit employs two (2) qualified interpreters who are designated staff who has demonstrated a satisfactory level of competency in both Spanish and English languages through a Language Assessments Scale Spanish oral proficiency test. PREA handouts and the offender handbook are available both in English and Spanish. The PREA posters are posted in English and Spanish throughout the facility. During the audit, one interview was conducted with limited English offender at the facility (at the time of the audit, Johnston Unit only had one limited English offender and he refused an interpreter). This offender indicated he had received the PREA information and knew how to report if needed. Johnston Unit does not house deaf inmates.

The agency policy, 115.16 Administrative Directive 4.25 Language Assistance, prohibits the use of offender interpreters or other types of offender assistants except in limited circumstances where there may be delay in obtaining an effective interpreter. There were no instances where an offender interpreter was utilized. If an offender interpreter was used in a limited circumstance it would be documented. The utilization of a staff interpreter must be documented. The facility's two certified qualified interpreters are available and would assist.

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)

Through a review of policies and executive directives, PD71 Selection Systems Procedure, PD73 Selection Criteria for Correctional Officer Applicants, PD75 Applicants with Pending Criminal Charges or Prior Criminal Convictions, PD27 Employment Status Pending Resolution of Criminal Charges or Protective Order, and the Safe Prison/PREA Plan, it was determined that the agency has established a system of conducting criminal background checks for new employees and contractors who have contact with offenders to ensure they do not hire or promote anyone who engaged in sexual abuse in a prison or other confinement setting; been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, or if the victim did not consent or was unable to consent to refuse; or had civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force, coercion, or if the victim did not consent. The application forms, Employment Application Supplement and Employment Supplement for Agency Applicants, require the employee to answer questions of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. These forms are utilized for new hires and promotions. There were 8 criminal background checks completed during this audit time frame for new hires.

The background check process is conducted electronically by entering the employee information into the Criminal Justice Information System (CJIS). A State Identification Number (SID) is created by the employee/contractor fingerprint and information. The system checks daily to ensure all SIDs are entered in the system. This system provides warrant checks every six months on employees and contractors generated the month of their birth date and six months after their birth date. The system also provides an automatic electronic notification to the agency when any criminal charges are brought against an employee or contractor. The monthly reports are saved for one month for viewing and six months for recall. The process of warrant checks twice a year and daily monitoring exceeds the standard requiring background checks at least every five years.

Employees and contractors annually complete the Employee Acknowledgment Form that affirms they understand their obligations to disclose current and past sexual abuse and misconduct. The employee must also confirm the statements of: have not engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution and have not been civilly or administratively adjudicated or 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 refuse. This requirement is also stated and available to employees in the Safe Prison/PREA Plan. The policy PD 73 Selection Criteria for CO Applicants states an applicant who provides false or inaccurate information or documentation in the application process shall be disqualified from consideration for any TDCJ position for a minimum period of one year from the date of the applicant's PERS 283, State of Texas Application for Employment. A current employee who provides false or inaccurate information or documentation may be subject to disciplinary action in accordance with PD-22, "General Rules of Conduct and Disciplinary Action Guidelines for Employees."

The agency only provides copies of confidential documents contained in an active or former employee's file when a release of information is provided. The release of information authorization must be signed and dated by the active or former employee within 60 calendar days prior to the request. The request will be handled by the Employee Service Section – Records Human Resources Division. This is outlined in policy PD56 Request and Release of Employment Information or Documents. The background process is conducted and maintained by the Human Resources Division in Huntsville. Also through interviews with the Human Resource Manager and Warden, it was determined that the agency policy and PREA standards were being followed concerning hiring, promotional decisions, and background checks.

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)
- NOT APPLICABLE

Johnston Unit has not made any expansions or modifications of the existing facility and they do not have any video monitoring surveillance.

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)

Texas Department of Criminal Justice is responsible for administrative investigations and the Office of the Inspector General (OIG) conducts all criminal investigations. Both investigations start immediately following an allegation. Policy and procedures, AD (Administrative Directive) 16.03 Evidence Handling, CMHC (Correctional Managed Health Care) G57.1 Sexual Assault/Sexual Abuse, OIG 04.05 Offender Sexual Assault Investigations, SPPOM (Safe Prisons/PREA Operations Manual) 5.01 Sexual Abuse Response and Investigation outlines evidence protocols for administrative proceeding and criminal prosecutions; and requirements for forensic exams through the use of the Sexual Abuse Checklist operating memorandum. The protocols were reviewed and found to be in line with the DOJ's National Protocol for Sexual Assault Medical Forensic Examinations. An interview was conducted with the Johnston Unit's OIG Investigator (via telephone) and the Lieutenant of the Safe Prisons Office. Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require the SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized.

There were no forensic medical exams conducted during this audit period. The interview conducted with Investigator confirmed the practices for sexual abuse investigations and was very knowledgeable of the Sexual Abuse Response Plan steps. The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. The agency continues to solicit community rape crisis organizations across the state who are willing to establish a partnership with the agency. The Agency's Safe Prisons/PREA Program Manager is overseeing this process.

Policy 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Johnston Unit has two (2) designated staff as offender victim representatives (OVR): chaplain and the assistant program director. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. They are available to respond when requested by the victim to provide services.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

The agency policies, AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, AD 16.20 Reporting Incidents/Crimes to OIG, 5.01 Sexual Abuse Response and Investigation, Board Policy 01.07 Inspector General Policy Statement, PD29 Sexual Misconduct with Offenders, 5.05 Completing the Offender Protection Investigation, and the Safe Prison/PREA Plan directs that all allegations of sexual abuse and sexual harassment be referred for investigation. The facility completes the administrative investigation and OIG completes the criminal investigation. The agency's policy describes the responsibilities of the agency and OIG. The allegations are investigated and reported with findings. Documentation of the administrative investigations are maintained in the Safe Prisons Office. Documentation of the OIG investigation is maintained in their central office and outcomes are shared with the agency and facility administration. An interview was conducted with Johnston Unit's Major, the Safe Prison Lieutenant, and the OIG Investigator. All investigators demonstrated the knowledge of facility's investigation responsibilities and the responsibilities of the OIG Investigator. The roles and responsibilities of each agency was clearly defined and understood. The agency's policy is available on the agency's website.

There were six (6) allegations during the audit period: 4 allegations occurred at the facility, and 2 allegations reported that occurred other facilities. There was one allegation of staff on offender that was substantiated due to the admission and resignation of the employee and was referred to OIG for investigation; however, due to the lack of physical evidence, a case was not opened on this instance. The administrative findings of these allegations was three were substantiated and one was unsubstantiated. The OIG investigations were not available for review.

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)

TDCJ has been training staff on sexual abuse and sexual harassment prior to the PREA requirement. The agency's policies, PD76 Training and Staff Development, PD29 Sexual Misconduct with Offenders, 6.01 Unit Safe Prisons PREA Program Awareness Training, and Training Curriculum Safe Prisons/PREA Program address all the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and

professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with Safe Prison/PREA staff and leadership staff discussing the PREA information and requirements.

The initial training occurs at pre-service through the training curriculum Safe Prisons/PREA Program. The training is also provided annually through the annual in-service training for all staff. Additional training occurs during turnout briefing with different topics daily/weekly based on PREA updates and general information refreshers. The Safe Prison Office staff also provides monthly training with a different topic selected for each month. Staff during interviews acknowledged the numerous methods they received training including the security supervisors provided educational information while conducting rounds. The Pre-Audit Questionnaire indicated that only 158 of 159 staff had completed training. This number was reported in error as the one employee who allegedly did not receive training is the instructor for PREA and she receives her PREA training elsewhere. This was confirmed by the facility when they provided the training documentation. TDCJ policy, AD 12.20 In-Service Training Program requires staff to complete the training annually as a refresher instead of the every two years as required by the standard. New employees receive the training as part of the pre-service training within sixty days of employment. Training is documented through the signature of the employee on the Employee Acknowledgment Form. Gender specific information is provided through the lesson plan Gender Specific Training- Safe Prisons Initiative. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another. All training is maintained in the Department's Training Database for each employee. Documentation of training is directed through department policies ED12.10 TDCJ Training Database and PD97 Training and Staff Development.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA/Safe Prison policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training shows the facility exceeds the standard. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, the role of the Safe Prisons Program/Office, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

Standard 115.32 Volunteer and contractor training

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

All contractors and volunteers who have contact with offenders in the TDCJ and the Johnston Unit receive PREA training prior to assuming their responsibilities. The agency has 22,697 volunteers and 77 contractors agency-wide and Johnston Unit has 69 volunteers and 9 contractors. The volunteer and contractor must complete the required training prior to being approved for services. Approved volunteers and contractors are not limited to specific facilities; they are approved to serve at all TDCJ facilities to include secured facilities and parole. The agency's policies, AD 2.46 Entities Contracting with the TDCJ, AD 7.35 Administration of Volunteer Services, PD Sexual Misconduct with Offenders, Volunteer Service Plan, Volunteer Services Training Video, Handbook for Volunteer, Letter of Orientation for Special Volunteers, and the Safe Prisons/PREA Plan covers the PREA training requirements of volunteers and contractors. This training includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, and response. The agency also has a PREA training video, Volunteer Services Training Video, to help educate volunteers on PREA information. Volunteers are provided a handbook which is also available on the public website that covers PREA. Contractors attend the annual employee in-service training with facility staff. Training records were reviewed and the files demonstrated the contractors and volunteers received training and documented they understood the training through a signature on the Acknowledgment of Volunteer Training/Orientation Form. The form is filed in the volunteer's central file maintained at the TDCJ Volunteer Services in Huntsville, Texas. The electronic file is the source to which the facility identifies the approval status of a volunteer.

The electronic file is updated by the TDCJ volunteer services staff. Volunteers and contractors are required to attend the training every two years to maintain their approval process. The agency exceeds the standard with the requirement of training every two years and providing updated information as needed to the volunteers and contractors. Interviews were conducted with six (6) volunteers and contractors. They all indicated they had received training. They were knowledgeable on PREA, their responsibilities for reporting, the reporting process, and the agency's zero tolerance policy.

Standard 115.33 Inmate education

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

The Texas Department of Criminal Justice and the Johnston Unit provide a comprehensive offender PREA education to the offender population beginning at reception into the agency. The agency policies, 5.00 Orientation Procedures, Unit Orientation, and 6.02 Offender Sexual Abuse Awareness Training, address the PREA education for offenders at intake. At intake into the facility, the Safe Prisons Office staff provide offenders information through a PREA pamphlet and offender rule book (both available in English and Spanish) that explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. During this audit period, the 1,217 offenders that were received at the facility were given educational information. The random offenders interviewed acknowledged receiving education on the same day as intake into the facility. The PREA information is provided again to the offender by staff during the risk assessment process. During facility orientation, within a week of arriving, offenders receive Offender Sexual Abuse Awareness Education through a video titled Offender Safe Prisons Orientation Video and classroom information which expands on previous information provided in the handbook and pamphlet. The training is documented through a signature of each offender on Attachment Q Sign-in Roster of policy 6.02 Offender Sexual Abuse Training.

The facility also offers training through Peer Education Sexual Assault Awareness Class which is part of the Peer to Peer Training. This is a training developed through the agency's Safe Prisons Office. Peer to Peer Class is a four day, four hour training taught by offenders. The training provides open discussion and interactive activities. The facility exceeds this standard as they are continuously reviewing the PREA information daily and they show the PREA video to all inmates every Sunday.

The facility provides inmate education in formats accessible to all inmates. This is accomplished through written handbooks, pamphlets, and posters; verbally through video; and staff interaction. Information is provided in English and Spanish, American Sign Language, and other languages are available through the Qualified Interpreter Services. Policies AD 6.25 Qualified Interpreter Services - American Sign Language, 51.1 Offenders with Special Needs, 51.5 and Certified American Sign Language (ASL) Interpreter Services outlines this process and accessibility of services.

The facility conducted education with all inmates within the twelve month period. Through random offender interviews and discussions with offenders on the facility tour, offenders acknowledged they have received PREA information upon arrival at the facility and reinforced daily through staff interaction and information posted in the housing areas. They were able to explain how to report an incident and were aware of the zero tolerance policy. The intake process was observed demonstrating the sharing of the PREA information with incoming offenders. The Classification Committee also reviews PREA information with the offender during the interview including how to report, who to report to, and maintaining appropriate professional relationships with staff and other offenders.

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)

The agency's policies, Board Policy 01.17 Inspector General Policy Statement, OIG 2.15 Training Procedures, AD 16.03 Evidence Handling, OIG 4.05 Offender Sexual Assault Investigations reflects that investigators are to be trained in conduct sexual abuse investigations in confinement settings. The specialized training curriculums Safe Prisons/PREA Investigations Conducting a Thorough Investigation, OIG Sexual Assault Investigation Topics, and OIG Interview and Interrogation includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency's 143 OIG and 9 Johnston Unit investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records.

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)

Correctional Managed Health Care policies G57.1 Sexual Abuse/Sexual Assault, C19.1 Continuing Education/Staff Development, and the Medical and Mental Health PREA Training direct specialized PREA training and continuing education for all medical and mental health staff. The training curriculum includes 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 who to report allegations or suspicions of sexual abuse and sexual harassment. The medical and mental health staff received training through an electronic on-line course, classroom with the Safe Prison staff, and attending annual in-service training with the facility's employees. The training records for the medical and mental health staff demonstrated that specialized and general PREA training was conducted. The training records are maintained by the medical department. Any training conducted by the Safe Prisons Office is maintained by that office. Interviews with the healthcare staff demonstrated they understood 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 who to report allegations or suspicions of sexual abuse and sexual harassment.

The facility's healthcare practitioners do not conduct forensic medical exams. Victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible, trained SANE or SAFE staff will be utilized.

Standard 115.41 Screening for risk of victimization and abusiveness

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

The screening process for the risk of victimization and abusiveness are outlined in the Safe Prisons/PREA Operational Manual (SPPOM) 3.01 Offender Assessment Screening, Correctional Managed Health Care Policy Manual (CMHCPM) E35.1 Mental Health Appraisal for Incoming Offenders, 5.06 Intake Procedures, and the Safe Prisons/PREA Plan. The policies, manuals, and Offender Assessment Screening Form were reviewed. An assessment is conducted of all inmates during receiving at the facility. This assessment assists with determining an inmate's vulnerability or tendencies of acting out with sexually aggressive behavior. Inmates identified as high risk with a history of sexually assaultive behavior or vulnerability will be identified, classified appropriately, and monitored.

The auditor had the Safe Prison Office staff that completes the intake and screening to explain the assessment process from the receiving of the offender at the facility to the completion of the risk screening process. At the arrival to the facility, the intake staff completes the Offender Assessment Screening Form. This process conforms to the PREA standards. The screening forms include questions regarding mental, physical, and developmental disabilities; age of the offender; physical build of the offender; whether the offender has been previously incarcerated; whether the offender's criminal history is exclusively nonviolent; whether the offender has prior convictions against an adult or child; whether or not the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether or not the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability. The forms are usually completed on the day of arrival at the facility. The policy requires the screening should occur within 24 hours but no longer than 72 hours of arrival. The process conforms to the PREA standards. The facility on the Pre-Audit Questionnaire indicated 1,213 offenders were screened within 72 hours of their intake. The facility has four (4) staff members trained who can perform the risk assessments.

The classification committee reassesses the offender's risks of victimization and abusiveness. The agency's Safe Prisons/PREA Plan policy addresses the reassessment of offenders risk level when warranted by a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization. In the audit period, less than 1% (2 out of 1,226) of Johnston Unit offenders was reassessed for risk of victimization or abusiveness. These reassessments were completed within 30 days of the offenders' intake into the facility.

Through policy review of 3.01 Offender Assessment Screening and the Safe Prisons/PREA Plan and confirmed through staff interviews, offenders may not be disciplined for refusing to answer or disclosing information during the risk assessment process. The staff interviews also confirmed appropriate controls have been implemented to ensure that sensitive information is not exploited by staff or other offenders. The screening tools are maintained in the offender's institutional file in the Record Department. Other than the record staff, the only other staff with access is the Warden, Major, Intake staff, Safe Prisons Office staff, and the Unit Classification Committee (UCC). Information is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals. The protection of information is outlined in policies 3.01 Offender Screening Assessment, Safe Prisons/PREA Plan, Correctional Managed Health Care Policy Manual (CMHCPM) A09.01 Privacy of Care, and CMHCPM H61.1 Confidentiality and Release of Protected Health Information.

Standard 115.42 Use of screening information

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

The agency's policies 4.01 Intake Procedures, 3.01 Offender Assessment Screening, AD 4.17 Offender Housing Assignment Criteria and Procedures, AD 4.18 Offender Job Assignments and the Safe Prisons/PREA Plan address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for high risk of sexual victimization or high risk of being sexually abusive an immediate referral will be made to the classification committee and a shift commander to determine housing assignment. The housing and program assignments are made on a case by case basis. Through offender and staff interviews, it was determined that the facility addresses the needs of the offender consistent with the security and safety of the individual offender.

The agency's policy CMHCPM G51.1 Treatment of Offenders with Intersex Conditions and the Safe Prisons/PREA Plan indicate that the facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. There were no identified transgender offenders at this facility during this audit.

By policy 3.02 Special Population Review and the Safe Prisons/PREA Plan, transgender and intersex offenders shall be reassessed at least twice each year to review any threats of safety experienced by the offender. The policy acknowledged that reassessments are conducted every six months. The Safe Prison/PREA Manager also confirmed during the interview that a special population review is conducted with each transgender offender.

The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status. One offender interviewed who identified as being gay stated he would prefer to be housed in specialized housing. The facility has an area where transgender/intersex inmates have the opportunity to shower separately from other inmates.

Standard 115.43 Protective custody

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

The agency's Administrative Segregation Plan, Administrative Segregation Initial Placement and Notification Form, Safe Prison/PREA Plan, Guidelines for Administrative Segregation, and the Offender Protective Investigation Form Report prohibits the placement of offenders at high risk for sexual victimization in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. The Safe Prison/PREA Plan and Administrative Segregation Plan direct that if an offender is placed in segregation housing for protective custody, the offender would have access to programs, privileges, educations, and work opportunities to the extent possible. Any restrictions will be documented on the Administrative Segregation Hearing Record Form. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted every seven days for the first sixty days then at least every thirty days thereafter per policy Administrative Segregation Plan, Guidelines for Administrative Segregation's, and the Safe Prisons/PREA Plan.

The Johnston Unit has not placed an offender in involuntary segregated housing. Offenders are placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. An Offender Protective Investigation is started immediately upon the offender being placed in transient housing. This timeframe was verified through the review of investigation files. From the interviews with staff and offenders, the auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

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)

The Texas Department of Criminal Justice established procedures allowing for multiple internal and external ways for offenders to report sexual abuse, sexual harassment, and retaliation. PREA reporting methods are shared with offenders at intake, during orientation, in the PREA brochure, and on posters throughout the facility. Offenders can report verbally and in writing to staff, write the Safe Prison Office, report through the grievance system, utilize third party reporting, or send an anonymous note. Inmates may also report allegations in writing to the Office of the Inspector General and PREA Ombudsman as an outside agency, policy ED 02.10 Prison Rape Elimination Act Complaints and Inquires. Reports to the PREA Ombudsman may be made confidentially and remain anonymous upon request. Per policy 3.91 Uniform Offender Correspondence Rules, the offender may send correspondence to a special correspondent which includes the PREA Ombudsman, any member of the Texas Board of Criminal Justice, and Executive Director, sealed and uninspected. The PREA Ombudsman and OIG offices immediately forward any reports of sexual abuse and sexual harassment to facility officials for investigation. The offices forward to the facility information regarding the allegation and the victims name unless the victim has requested to stay anonymous.

During the offender interviews, most offenders indicated they felt comfortable reporting sexual abuse or sexual harassment and they know the options available to them for reporting. Also during the informal interviews with offenders while touring the facility, they indicated they knew the reporting process and felt comfortable reporting to the housing unit officer, Safe Prison Office Staff, or a supervisor. Also during the offender interviews, some lacked knowledge of being able to make a report anonymously to outside sources and they were under the impression all mail is searched and read. After discussion with the Warden and mail room staff, if there is question regarding the recipient of mail as being considered "special" mail, a contact is made to Huntsville for a determination on the whether or not they can read/search the mail.

Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders. Staff were also knowledgeable on the ways offenders could report to staff and their responsibility in the process. Staff acknowledged through interviews that they would report immediately any allegations and document through an inter-office communication form. They were aware they could privately report an incident to the OIG or Ombudsman Offices. They identified the PREA Ombudsman Office and OIG as outside offices they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

Standard 115.52 Exhaustion of administrative remedies

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

The agency's policies AD 03.82 Management of Offender Grievances, BP 03.77 Offender Grievances, Safe Prison/PREA Plan and OGOM 1.04 PREA Allegations addresses administrative procedure for offender grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an offender is subject to a substantial risk of imminent sexual abuse. The Department does not impose a time limit for the submission of a grievance regarding an allegation of sexual abuse or requires an inmate to use an informal grievance process or otherwise to attempt to resolve with staff. The offender handbook, the Safe Prisons/PREA Plan, and the Safe Prisons/PREA Operational Manual also outlines this process.

Grievances are submitted to the Grievance Office. Grievances alleging sexual abuse are handled as emergency grievances. They are coordinated immediately with the Warden, Major, Unit Safe Prisons/PREA Program Manager, OIG, and the PREA Ombudsman as outlined in the Safe Prisons/PREA Plan. When the emergency grievance alleges the substantial risk of imminent sexual abuse, it is forwarded to a management level for review for immediate corrective action. An initial response is provided within 48 hours of receipt. The agency's policy requires that within 5 calendar days of notification of a grievance, a staff member must respond with the action taken. The agency's policy also requires that a decision on the merits of any grievance alleging sexual abuse be made within forty (40) days. Policy does not allow extensions on emergency grievances which all sexual abuse allegations are considered.

The Department policies AD 03.82 Management of Offender Grievances, OGOM 9.00 Third Party Grievances, and the Safe Prison/PREA Plan address third party assistance in filing requests for administrative remedies of sexual abuse and permit to file such requests on behalf of inmates. A third party grievance received will be processed as an emergency grievance. The alleged offender will be given an opportunity to agree or disagree with the allegation and to have the request processed on the offender's behalf. The offender's decision will be documented on the Third Party Preliminary Investigation Form. The Safe Prison/PREA Plan states an offender may be disciplined for filing a grievance related to sexual abuse only when the investigation determines the offender filed the grievance in bad faith. The Johnston unit had no grievances filed regarding sexual abuse.

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)

The agency's policy 02.02 Offender Victim Representative, BP 03.91 Uniform Offender Correspondence, PREA Brochure, and the Safe Prisons/PREA Plan indicates that offenders shall be provided access to victim advocates for emotional support services related to sexual abuse by access to victim offender representatives, giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers, where available, and the extent to which communications will be monitored. There is a list of outside confidential support services available to the offender population through the law library and Safe Prisons Office. Inmates can write the PREA Ombudsman, which is confidential, and the PREA Ombudsman Office will fax the letter to the addressed Rape Advocacy Agency.

Offenders indicated through the interview process, they were not aware of the outside support services. However, the facility provides this information in multiple ways to the offenders: during the education process, in the PREA brochure, and on posters within the facility. This information is also available through the law library and Safe Prison Office. There are also posters throughout the facility that state Rape Crisis Resource Directory is available through the Safe Prisons Office. Upon discussion of this concern with the facility staff, the Safe Prison staff indicated they would further stress this information during the education process with the offenders. The auditor verified the Directory was available and it is provided to the offender upon request.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various letters to rape crisis center agencies. The agency continues to solicit community rape crisis organizations across the state who are willing to establish a partnership with the agency. The Agency's Safe Prisons/PREA Program Manager is overseeing this process.

Policy 2.02 Offender Victim Representative (OVR) Training requires each facility to have at least two offender victim representatives from the following job qualifications: mental health practitioner, sociologist, chaplain, social worker, and case manager. The OVR must be available to provide emotional support services and counseling on and off the facility as needed. The Johnston Unit has two (2) designated staff as offender victim representatives (OVR): chaplain and the assistant program director. The offender victim representatives are trained as victim advocates who can provide victim support to staff or inmates who have been sexually abused. They are available to respond when requested by the victim to provide services. The facility was also reviewing other methods to distribute this information to the offenders.

Standard 115.54 Third-party reporting

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

The agency's policies Executive Directive 02.03 Ombudsman Program, ED 02.10 Prison Rape Elimination Act Complaints and Inquires, 04.02 Receiving Allegations of Sexual Abuse from an Outside Agency establishes guidelines and procedures for responding to complaints or inquires both through the Ombudsman Office and agency staff. The Department's website provides a link to the PREA Ombudsman as a method for third party reporting of sexual abuse and sexual harassment. The link encourages family members and the general public to report allegations of sexual assault to the PREA Ombudsman Office, the agency's Ombudsman Coordinator, and/or the CID Ombudsman Office. Third party reporting can also be accomplished through contacting the Office of the Inspector General. Third party reporting information is shared through the agency website, brochures, pamphlets, and handouts including the General Information for Families of Offenders Brochure.

General public complaints and inquires received by the Ombudsman Office, either in writing or verbally, must be responded to within ten days. However, the sexual assault allegations are forwarded immediately to the PREA Ombudsman, Facility Administrator, and OIG for investigation. Offenders interviewed were able to identify the PREA Ombudsman, OIG, and contacting family as methods for third party reporting. Staff were also able to identify these reporting methods during their interviews. These reporting systems were outlined through review of policies and procedures, offender handbook, and posters throughout the facility.

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)

The agency's policies AD 16.20 Reporting Incidents/Crimes to the Office of Office of Inspector General, PD29 Sexual Misconduct with Offenders, and the Safe Prison/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment; retaliation against offenders or staff who reported such an incident; and any

staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy 05.01 Sexual Abuse Response and Allegation states that staff are not to reveal any information related to a sexual abuse report to anyone other than extent necessary. This is covered in the annual in-service training, pre-service training, and turnout briefings for all staff. The Safe Prison/PREA Plan and the Employee General Rules of Conduct also outlines these requirements. Specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report.

Policy CMHC G57.01 Sexual Assault/Sexual Abuse addresses the medical and mental health staff reporting requirements for sexual abuse. Medical and mental health staff must report incidents that occurred in a correctional setting without consent only in the interest of treatment, security, and management issues. If the sexual assault/abuse occurred in the community setting previously, the staff may only report to OIG if the offender provides consent. If under the age of 18, the staff must report the incident to OIG and the offender consent is not required. The Child Protective Services Agency would also be contacted.

All allegations are reported to designated investigators, policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General, CMHC G57.1 Sexual Assault/Sexual Abuse and Safe Prison/PREA Plan. Staff indicated through interviews they were aware of the methods available to them to report sexual abuse and sexual harassment of offenders including third-party and anonymous reports. Staff acknowledged through interviews that they would report immediately any allegations and document them through an inter-office communication form. They were aware they could privately report an incident to the OIG or the Ombudsman Offices. They identified the OIG and Safe Prison Office as the investigators they could contact by phone or in writing. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

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)

The agency's policies 5.01 Sexual Abuse Response and Investigation, 02.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, 5.03 Time Frames Associated with Offenders Protection Investigations, and the Safe Prison/PREA Plan requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The Safe Prisons/PREA Operational Manual outlines the immediate action that is to be taken to protect offenders who are in substantial risk of sexual abuse by removing the offender immediately from the area to a safe location. All staff interviewed knew the steps to take to protect an offender at risk for sexual abuse. Line and supervisory staff work simultaneous to take protective measures as information is reported. The first responders interviewed outlined the process taken to ensure the safety of the offender. This information is also provided to staff through training, employee policies, and located on the informational card provided to the employee.

In the audit period, staff reported that no inmate has been subject to imminent risk of sexual abuse.

Standard 115.63 Reporting to other confinement facilities

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

The agency's policies 4.02 Receiving Allegations of Sexual Abuse from an Outside Agency, 4.01 Reporting Allegations of Sexual Abuse to Other Confinement Agencies, 2.09 PREA Ombudsman Policy Statement, 16.02 Reporting Incidents to the Office of Inspector General, and the Safe Prison/PREA Plan requires upon receiving an allegation that an offender was sexually abused while confined at another facility, that the Warden of the facility that received the offender must immediately notify the facility where the sexual abuse is alleged to have occurred, and start the investigation process. This process is outlined in the Safe Prisons/PREA Operating Manual and Safe Prison/PREA Plan. The facility must document and report as soon as possible but no later than 72 hours the offender's allegation by submitting a

priority email via the Department's mainframe followed by a phone call to alert of the allegation and impending email. The facility will print and retain a copy of the email in the appropriate PREA compliance folder. The reporting facility must also notify the Safe Prisons/PREA Manager. The facility staff is also responsible for notifying the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation. A letter in writing is prepared and faxed within 72 hours, usually within 24 hours from the time the facility becomes aware of the incident. This process was confirmed through the interviews with the Warden, PREA Manager, Investigator, and the Agency Head.

In the audit period, there was two (2) allegations received that an offender was abused while confined at another facility. They were investigated and were found unsubstantiated.

Standard 115.64 Staff first responder duties

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

The agency's policies 5.01 Sexual Abuse Response and Investigation, OIG 4.05 Offender Sexual Assault Investigations, AD 16.03 Evidence Handling and the Safe Prisons/PREA Plan requires that all staff must report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse. The policies also clearly specify the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The first security staff member to respond to the report is required to separate the alleged victim and abuser; preserve and protect the crime scene; request the alleged victim and alleged abuser to take no action to destroy evidence. Policy also outlines that staff are to notify the immediate supervisor or shift commander. The Shift Commander will make further notifications to the Warden, medical, mental health, Safe Prison Office, and OIG.

The first responder responsibilities to separate the alleged victim and abuser, instruct not to take any actions that could destroy physical evidence, and ensure the crime scene is secure is covered in the PREA pre-service training, annual in-service training, and during turnout briefings. Each staff member is provided an informational card identifying the steps to take as a first responder and reporting requirements.

Johnston Unit exceed this standard as all staff are trained as first responders. Through interviews with investigative staff, higher and intermediate level supervisors, first responders, and random staff it was demonstrated that staff was knowledgeable in the steps as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the offender.

In the audit period, there were four (4) allegations that an offender was sexually abused. A security staff member was the first responder in all four (4) allegations.

Standard 115.65 Coordinated response

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

The agency’s policy 5.01 Sexual Abuse Response and Investigation and the Safe Prison/PREA Plan outlines the coordinated effort between security staff, Office of the Inspector General, medical and mental health services, and victim advocate/offender victim representative. The procedures provide a systemic notification and response following a reported sexual abuse incident. A checklist, Sexual Abuse Investigation Checklist, is provided to assist with the documentation of the completion of each part of the notification and response process.

The facility exceeds this standard as the Johnston Unit has a written institutional plan coordinating actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, OIG, and facility leadership. This written plan mirrors the agency’s plan outlined in the Safe Prisons Plan. The checklist is utilized to ensure all process steps are completed and notifications are made. During staff interviews, each department detailed their responsibilities in their coordinated efforts during an incident. Interviews with the Warden and higher-level staff indicated a commitment by the facility leadership for handling a coordinated response. The coordinated response was also documented on the Sexual Abuse Investigation Checklist located in each of the investigation files.

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

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

The Texas Department of Criminal Justice reported there has been no collective bargaining agreement entered into or renewed since August 2012. Texas is a “right to work state” and does not have collective bargaining. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation.

Standard 115.67 Agency protection against retaliation

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

The Department’s policies 5.08 90 Day Monitoring for Retaliation, PD29 Sexual Misconduct with Offenders, PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees, PD31 Discrimination in the Workplace and the Safe Prisons/PREA Plan outlines protection of all inmates and staff who report sexual abuse or sexual harassment, cooperates with sexual abuse or sexual harassment investigations, and from retaliation by staff or inmates. The policy designates the Warden or the Safe Prisons/PREA Compliance Manager as the staff member to monitor retaliation.

The Safe Prison Office staff monitors the offenders. The Safe Prison Office staff complete at a minimum thirty (30) day reviews for retaliation. A notebook is maintained with a documentation form, Offender 90 Day Monitoring Form, for each inmate that is being monitored. As part of the monitoring, a review of the offender files for changes that may reflect retaliation concerns including housing changes, program changes, job assignment changes, disciplinary findings, and information from staff. The staff is very knowledgeable of their responsibilities.

There were no inmates currently being monitored at this facility. There is a ninety (90) day monitoring time period for retaliation review, however the time frame can be extended if warranted. There was no monitoring cases extended beyond the 90 days for this audit period.

At the Johnston Unit, the Major and PREA Lt. is assigned to monitor all staff sexual abuse retaliation. Reviews are completed at a minimum thirty (30) day for retaliation. A file is maintained with a documentation form, Staff 90 Day Monitoring Form, for each staff that is being monitored. As part of the review, performance reviews, reassignments of staff, and staff information are reviewed to determine if retaliation is occurring. The monitoring includes periodic in-person status checks every thirty days. When evidence suggests the staff member is experiencing or expresses fear of retaliation for reporting and cooperating with sexual abuse and/or harassment investigations, the warden shall promptly remedy the situation and advise the staff member of the availability of emotional support services. If a staff member or inmate who reported sexual abuse or cooperated with an investigation expresses a fear of retaliation, the facility and agency will take appropriate measures to protect that individual against retaliation. Also an investigation will be initiated and the monitoring will be continued. Once the monitoring is completed, the Completed Monitoring Form is placed in the investigation packet maintained in the Safe Prisons Office. The retaliation monitoring process was confirmed through interviews with the Warden, Major, and PREA Manager. There were no reported incidents of retaliation at the facility.

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)

The agency's policies 4.63 Transient Status Offenders, Administrative Segregation Plan, and the Safe Prison/PREA Plan prohibits the placement of offenders who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Johnston Unit utilizes their transient housing cells to separate offenders as needed during the investigation process. Offenders are placed in transient housing for 72 hours pending investigation; it may be extended for another 72 hours if needed for completion of the investigation. From the interviews with staff and offenders, the auditor felt that the facility was addressing individual housing and program needs consistent with the security and safety of the offender.

There were no offenders who suffered sexual abuse held in involuntary segregation housing in the audit period.

Standard 115.71 Criminal and administrative agency investigations

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

The PREA standard is met through the agency's policies 16.20 Reporting Incidents/Crimes to the Office of Inspector General, 2.15 Operations of Emergency Action Center, OIG 4.05 Offender Assault Investigations, OIG 5.10 Property and Evidence Control, 16.03 Evidence Handling, 5.05 Completing the Offender Protection Investigation Worksheet, 5.11 Completing the Staff on Offender Sexual Abuse Investigative Worksheet, and the Safe Prisons/PREA Plan. These policies addresses conducting the sexual abuse and sexual harassment investigations including third-party and anonymous reports.

The agency follows a uniform evidence protocol to investigate sexual abuse and sexual harassment. The sexual investigations will be conducted promptly, early, and objectively including third party and anonymous reports, and the use of investigators who have been specially trained in sexual abuse investigations. Through the review of investigation reports, the investigations were initiated immediately and notification to OIG was immediate. OIG starts their investigation immediate upon notification. This was also confirmed through the interviews with the facility investigator and OIG investigator. If the incident occurs after hours, the shift commander will begin the investigation process and notify the Safe Prison/PREA Lieutenant and the OIG. Once on site, OIG will take over the investigation and the Safe Prisons/PREA Lieutenant will continue the administrative investigation.

In the review of the training records, all investigators have received special training in sexual abuse investigators. The specialized training curriculums, Safe Prison Training: Conducting a Thorough Investigation and OIG Sexual Assault Investigations are utilized for the specialized training of investigators. The agency's 143 OIG and 28 facility investigators have completed the general PREA training and the required specialized training for investigators. The specialty training was verified through the investigator interviews and review of the training records.

Based on the review of the investigations, the agency's policies, and interviews with facility staff, investigators, and offenders it was determined investigations into allegations of sexual abuse and sexual harassment are done promptly, thoroughly and objectively for all allegations. When an allegation is reported, the facility's investigator begins an administrative investigation immediately. It is also referred to the Office of Inspector General immediately to begin a criminal investigation. The investigators and the Warden acknowledged the cooperation and working relationship between the facility and OIG during the investigation process. OIG investigator shares information that is able to be shared giving consideration to the integrity of the case.

If OIG determines a crime has been committed, the case is referred for prosecution. It is discussed with the special prosecution unit to determine if additional information or items are needed for support. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an offender or staff. Neither the agency nor OIG require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. All administrative and criminal investigations will be completed on all allegations even if the alleged abuser or victim transfers or departs employment with the agency. The investigators complete a written report with investigation findings. The report format contains the persons involved; a thorough summary of the incident including the physical, testimonial, and documentary evidence; notifications made with timeline; what action or inaction was taken; attachments from the investigation; administrative review and summary; and the Warden's comments. The investigation report is part of the Investigation Folder which also contains the EAC incident report, victim offender travel card, alleged abuser travel card, offenders photographs after allegation, medical and mental health clinical notes including the referrals, completed retaliation monitoring forms, and the Sexual Abuse Investigation Checklist completed. The Investigation Folder is maintained in the Safe Prisons Office. Four (4) cases were reviewed. All contained the required information. The investigation reports were very detailed, well written, and easy to follow the reasoning of the findings.

The criminal and administrative investigation reports involving any sexual abuse assault must be retained for as long as the alleged abuser(s) is incarcerated or employed within the Texas Department of Criminal Justice, plus five years. The Offender Investigation Packet and the OIG criminal investigation reports are maintained permanently electronically. This process is supported by Department policies 3.72 Record Retention-PREA and the records retention Schedule.

There were six (6) allegations during the audit period: four (4) allegations occurred at the facility and two (2) allegations were reported to Jhonnton Unit as they occurred at other facilities. There was one staff on offender allegation that was substantiated (sexual misconduct). OIG did not open a case on the situation due to lack of evidence.

Standard 115.72 Evidentiary standard for administrative investigations

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

The Department’s policy 5.05 Completing the Offender Protection Investigation and the Safe Prisons/PREA Plan imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interviews with the investigator and staff confirm compliance with the policy and standard.

Standard 115.73 Reporting to inmates

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

The agency’s Safe Prisons/PREA Plan and UCC Notification of Offender Protective Investigation requires that all offenders who make allegations of sexual abuse shall be informed of the investigation outcome whether the finding was substantiated, unsubstantiated, or unfounded. The procedures for reporting investigation outcomes to inmates are documented on the Attachment J: Offender Protection Investigation Form. The process directs the Unit Classification Committee (UCC) and the Safe Prison PREA Manager to notify the inmate in person the outcome when it is determined to be substantiated, unsubstantiated, and unfounded. The process is the offender will be notified verbally and in writing by the PREA Lieutenant and the offender signs acknowledging the notification on the Offender Protection Investigation Form Attachment J, along with the PREA Lieutenant’s signature for documentation of the process completion. This process was confirmed during interviews with staff and offenders and reviews of the notifications in the case files.

OIG provides monthly updates to the facility on the criminal investigations. The offender is informed of the progress of the investigation, policy 5.10 Reporting Sexual Abuse Criminal Case Status to Offenders and the Safe Prison/PREA Plan. The investigation updates to offenders of prosecution cases are made through written format by the Safe Prisons/PREA Program Manager at the agency level. If the allegation of sexual abuse was by a staff member, the policy requires the Warden to inform the offender of the status of the staff member to include whether the staff member is no longer posted within the offender’s unit, the staff member is no longer employed at the facility, the agency’s learns that the staff member has been indicated on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the policy requires the Safe Prison PREA Manager to inform the offender whether the alleged abuser has been indicated on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility. The investigation files reviewed all contained the offender notifications documented on the Offender Protection Investigation Form. All the notifications made by the facility were made in a timely basis.

Standard 115.76 Disciplinary sanctions for staff

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

The agency's policies PD29 Sexual Misconduct with Offenders, PD13 Sexual Harassment and Discourteous Conduct of a Sexual Nature, and PD22 General Rules of Conduct and Disciplinary Action Guidelines for Employees state that staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a level 1 violation where dismissal is recommended. Only the Executive Director, Deputy Executive Director, or the appropriate Division Director is authorized to impose a less severe disciplinary action. The policies also provide disciplinary sanctions for violations of the agency's policies relating to sexual abuse or sexual harassment 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. Policy AD 16.20 Reporting Incidents/Crimes to the Office of Inspector General directs that all incidents or allegations of serious employee misconduct shall be reported to the OIG for determination regarding the OIG action to be taken in response to the reported incident.

In the audit period, there was one employee who violated the agency sexual abuse or sexual harassment policies resulting in his immediate resignation for violating the agency's policy on employee misconduct. No charges were filed against the employee as there was no evidence to prove there was sexual contact.

Standard 115.77 Corrective action for contractors and volunteers

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

The Department's policies PD29 Sexual Misconduct with Offenders, the Volunteer Service Plan, Volunteer Training Facilitators Guide, and the Safe Prisons/PREA Plan prohibit contractors or volunteers who engaged in sexual abuse to have contact with offenders and require they be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The contractor/volunteer will also be prohibited from further contact with offenders. This was supported by the volunteer and contractor training and orientation including the PREA training video. Interviews with eight (8) contractors and volunteers confirmed they were aware of the policies and the remedial measures that could occur for engaging in sexual abuse or sexual harassment of offenders. The Warden stated during the interview that the volunteer/contractor would be suspended from entering the facility during the investigation. If the sexual abuse case is substantiated, the volunteer/contractor would be prohibited from entering an agency facility and may be turned over for prosecution if warranted. The facility would take appropriate remedial measures for any violation of agency sexual abuse or sexual harassment policies and would consider whether to prohibit further contact with inmates.

In the audit period, there have been no contractors or volunteers who have violated the agency sexual abuse or sexual harassment policies.

Standard 115.78 Disciplinary sanctions for inmates

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

The agency’s policies Disciplinary Rules and Procedures for Offenders and the Safe Prisons/PREA Plan outline disciplinary sanctions for offenders for sexual abuse and sexual harassment. The offenders are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions are commensurate with the nature and circumstances of the abuse committed, the offenders disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offenders mental disabilities or mental illness contributed to his behavior. The offender disciplinary policy outlines major and minor offenses, all with different levels, clearly indicating a formal disciplinary process resulting in administrative findings. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed, if any; policy Disciplinary Rules and Procedures for Offenders and Safe Prison/PREA Plan.

The policy indicates an offender may be disciplined for sexual conduct with staff only upon finding that the staff did not consent to such contact. The policy states an offender reporting a sexual abuse in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if the investigation does not establish sufficient evidence to substantiate the allegation for purposes or disciplinary action. The agency’s policy prohibits all sexual activity between offenders to include consensual and will process discipline on offenders, but will not consider it sexual abuse. There were two (2) administrative findings of offender-offender sexual abuse. There was no criminal finding of guilt for offender-on-offender sexual abuse.

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

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

The agency’s policies G57.1 Sexual Assault/Sexual Abuse, Offender Assessment Screening, E35.2 Mental Health Evaluation, and the Safe Prisons/PREA Plan requires medical and mental health follow-up within ten business days for those offenders who disclosed during screening prior sexual victimization or previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community. At intake screening, if the inmate has disclosed prior sexual victimization and/or previously perpetrated sexual abuse the inmate is referred for medical and mental health services. If deemed as an emergency or a serious nature, the inmate is seen immediately by medical and mental health. All other follow-ups from referrals will be seen by medical and mental health within 10 days. During interviews with medical and mental health staff, they outlined the screening process and confirmed that follow-ups are conducted within the proper time frames. All of the inmates that disclosed victimization during screening acknowledged they were offered medical and mental health services. They also indicated they received follow-up with medical and mental health in most cases the same day of disclosure.

Information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners, and other staff as required; policies 5.05 Completing the Offender Protection Investigation, A09.1 Privacy of Care, H61.1 Confidentiality and Release of Protected Health Information, and the Safe Prison/PREA Plan. Information is shared with appropriate staff including the Warden, Major, Classification, and the Safe Prison Office staff as needed to make housing, bed, work, education, and program assignments. The medical and mental health staff obtain informed consent before reporting prior sexual victimization that did not occur in an institutional setting, Health Services Policy #1.44 Health Screening of Inmates; policies G57.1 Sexual

Assault/Sexual Abuse, 170.1 Informed Consent, 2.05 Requirement to Contact Department of Family Protective Services. This process was confirmed through interviews with medical and mental health staff, the Warden, and the Safe Prison Office staff.

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)

The Department’s policies G57.1 Sexual Assault/Sexual Abuse, A01.1 Access to Care, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan indicate that offenders who are victims of sexual abuse shall be afforded access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The policies also indicate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Emergency medical attention is provided through the facility’s medical department. Health care services are on grounds seven days a week, 12 hours a day. Inmates in need of emergency services or who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the offender. State law, Senate Bill 1191 Emergency Services for Survivors of Sexual Abuse, requires that emergency room staff have specialized training to complete a forensic exam, but does not require SANE or SAFE training. When it is possible trained SANE or SAFE staff will be utilized. There were no forensic medical exams conducted during this audit period.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Shift Commander begins the notifications which include medical and mental health services as outlined in the Safe Prison/PREA Plan and 5.01 Sexual Abuse Response and Investigation. This process was verified through incident reviews, the Sexual Abuse Investigation Checklist within the investigation files, and interviews with staff and medical and mental health practitioners.

The offenders also receive timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, policy G57.1 Sexual Assault/Sexual Abuse. These services are offered through the CID nurse immediately. Additional education and follow-up treatment and testing are provided as needed by the CID nurse. The interviews with medical staff confirmed this process. Treatment services are provided to every victim without any financial costs policy G57.1 Sexual Assault/Sexual Abuse.

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

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

The agency’s policies G57.1 Sexual Assault/Sexual Abuse, 5.01 Sexual Abuse Response and Investigation, and the Safe Prisons/PREA Plan outline medical and mental treatment including evaluations, on-going care, and treatment to all offenders that have been victims and abusers. The services and treatment is at no cost to the offenders and are consistent with the community level of care, policies E32.1 Receiving, Transferring, and Continuity of Care Screening, G57.1 Sexual Assault/Sexual Abuse, and E44.1 Continuity of Care. Prophylactic treatment of venereal diseases is offered to victims of sexual abuse and the offender is scheduled for testing and education. These services are offered through the CID nurse immediately. Additional education, follow-up treatment, and testing are provided as needed by the CID nurse. Treatment services associated with sexual assault/sexual abuse or alleged sexual assault/sexual abuse will not result in the application of the health services fee to the victim. Interviews with medical and medical health staff, offenders, and file reviews verified and documented the process.

The Safe Prisons/PREA Plan and policy 57.1 Sexual Assault/Sexual Abuse states if an incident occurs within the 96 hours of reporting, the offender will be seen by a mental health professional immediately after medical exams are completed. If reported after 96 hours, the offender will be referred to and will be seen by a mental health professional within 10 business days. This applies to the victim and the offender-on-offender abuser. A mental health evaluation of all known offender on offender abusers shall be attempted within 60 days of learning of the abuse and treatment shall be offered when deemed appropriate in accordance with CMHC policies. Reviews of the medical and mental health notes contained in the investigation packet, confirmed offender abusers was seen by mental health immediately and a mental health evaluation was completed.

The mental health practitioner interviewed explained the process that occurs once a referral is made. He indicated, in most cases, the offender is seen for an evaluation the day of the referral. Treatment will be offered based on the outcome of the mental health evaluation.

Standard 115.86 Sexual abuse incident reviews

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

The agency's policies AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents, 8.01 Monthly Safe Prisons/PREA Plan, and the Safe Prisons/PREA Plan direct that the Warden and the Incident Review Team complete an administrative review for all alleged sexual abuse and staff sexual harassment incidents. The Administrative Incident Review must be forwarded to the Regional Director no later than 10 working days following the notification to Emergency Action Center (EAC). The facility Warden obtains input from security supervisors, investigators, and medical and/or mental health practitioners when completing the review. The review shall be conducted in accordance with AD-02.15, Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents. The review team includes the Major, Safe Prison Office staff, and as needed input from line supervisors, investigators, medical, and mental health practitioners. The review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident alleged occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and Unit Safe Prisons/PREA Manager for improvements based on the above assessments; a review of whether lesser alternative means of managing the situation were available; an identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs; a determination of whether substandard employee conduct was a factor in the incident; and corrective actions taken. The facility will implement recommendations that result from the review, or document the reasons for not doing so. The Regional Director reviews the Administrative Incident Review Report and documents any comments in the final portion of the Administrative Review Section and forwards to EAC no later than 20 working days following the initial notification to EAC. All Administrative Incident Reviews containing recommendations or corrective action require a written 90-day follow-up report prepared by the Regional or department head. The follow-up report shall be completed and submitted to the Deputy Director for Prison and Jail Operations or designee within 90 days of the notification to EAC.

There is a monthly Safe Prisons/PREA report as outlined in the Safe Prisons/PREA Operational Manual, which involves the Warden and PREA Compliance Manager review of findings and the implement recommendations or improvements. The Sexual Abuse Incident Review Team meets monthly and is documented through meeting minutes. The review team includes the Deputy Wardens, Major, Safe Prison Office staff, and as needed input from line supervisors, investigators, medical, and mental health practitioners.

Sexual abuse incident reviews were completed on all the substantiated and unsubstantiated cases. A review of the monthly meeting minutes and the administrative incident review team reports included in the investigation files was reviewed. The review of the files and interviews with the Warden, Incident Review team members, and Safe Prison Office staff demonstrates compliance with the standard.

Standard 115.87 Data collection

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

The agency collects accurate information and data regarding every allegation of sexual abuse at the facilities under its control through a case management database. The PREA Ombudsman oversees the reporting of sexual abuse and sexual harassment information for the Texas Department of Criminal Justice. One of the responsibilities of the PREA Ombudsman is to collect statistics regarding allegations of sexual abuse from each correctional facility in accordance with national PREA standards. Daily a list of all alleged sexual abuse incidents that occurred the previous day is reported to the PREA Ombudsman and Safe Prisons/PREA personnel. The information is collected using an uniform data standardized instrument, Survey of Sexual Violence 2012. The Safe Prisons/PREA Operational Manual directs the data collection for the facility. The agency and the PREA Ombudsman aggregates this incident based sexual abuse data at least annually. The 2014 Safe Prison /PREA Annual Report is available for review on the agency's website. The agency provided the Department of Justice with data from the previous calendar year. This information also was incorporated into the 2014 Safe Prison/PREA Annual Report. The annual report was reviewed as part of the audit process.

Department policies that outline the data collection process include: AD 2.15 Operations of the Emergency Action Center and Reporting Procedures for Serious or Unusual Incidents; BP 2.09 PREA Ombudsman Statement; OIG 4.05 Offender Sexual Assault Investigations; and 01.01 Safe Prisons/PREA Management Office.

Standard 115.88 Data review for corrective action

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

The Department's policy BP 2.09 PREA Ombudsman Statement outlines the PREA Ombudsman's responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility; preparing monthly and semiannual activity reports for distribution to the Texas Board of Criminal Justice (TBCJ) chairman, TBCJ members, and TDCJ executive management; and ensuring the TBCJ chairman and TDCJ executive management are informed of any problematic, systemic trends. The Ombudsman office, along with TDCJ and the OIG, coordinate to produce the annual report. The report provides data evaluation, policies and program changes, camera improvements, training, and statistical information for yearly comparisons. The agency and facility uses the monthly and annual reports to improve the effectiveness of its sexual abuse prevention, detection, and training, including identifying problem areas and taking corrective action on an ongoing basis. Before publishing the annual report, all personal identifiers are removed. The annual report is approved by the Executive Director of the Texas Department of Criminal Justice then the report is published on the Texas Board of Criminal Justice PREA Ombudsman website. The 2014 Safe Prison/PREA Program Annual Report is available on the website for review. The report was reviewed as part of the audit process. Through interviews with the PREA Compliance Manager, PREA Coordinator, and Warden and review of the facility's monthly reports it documents the data collection process and correction actions taken by the facility.

Standard 115.89 Data storage, publication, and destruction

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

The Department’s policy BP 2.09 PREA Ombudsman Policy Statement, Record Retention Schedule, 2.29 Records Management, and the Safe Prison/PREA Plan direct how the incident based information and aggregate data is collected, properly stored, and securely retained. The PREA Ombudsman’s responsibilities include collecting statistics regarding allegations of sexual assault, sexual contact, and staff sexual misconduct from each correctional facility including contracted facilities; preparing monthly and semiannual activity reports for distribution. Access to the data is controlled. The agency’s aggregate data is available to the public through the agency’s website and the PREA Ombudsman annual report. The 2014 Safe Prison/PREA Program Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed. The record retention schedule indicates records are required to be maintained as part of the Texas State Library and according to Texas Government Code. All Offender Investigation Packets and criminal investigations and which include sexual abuse cases are permanently maintained electronically.

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.



Auditor Signature

October 23, 2016
Date