

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

| | | | |
|--|--|------------------------------------|--|
| Name of facility: | O. L. Luther Unit | | |
| Physical address: | 1800 Luther Drive Navasota, TX 77868 | | |
| Date report submitted: | December 2, 2014 | | |
| Auditor Information | Wynnie Testamark-Samuels | | |
| Address: | P.O.Box 639081 | | |
| Email: | wynnie@wtsconsultant.com | | |
| Telephone number: | 786-258-4951 | | |
| Date of facility visit: | October 30 - 31, 2014 | | |
| Facility Information | | | |
| Facility mailing address: (if different from above) | O. L. Luther Unit Texas Department of Criminal Justice P.O. Box 99 Navasota, TX 77868 | | |
| Telephone number: | 936-825-7547 | | |
| The facility is: | <input type="checkbox"/> Military | <input type="checkbox"/> County | Federal |
| | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Municipal | xx <input type="checkbox"/> State |
| | <input type="checkbox"/> Private not for profit | | |
| Facility Type: | <input type="checkbox"/> Jail | xx Prison | |
| Name of PREA Compliance Manager: | Shameka Oaks | Title: | Lieutenant |
| Email address: | Shameka.oaks@tdcj.texas.gov | Telephone number: | 936-825-7547 |

| | | | |
|--|---|--------------------------|--|
| Agency Information | | | |
| Name of agency: | Texas Department of Criminal Justice | | |
| Governing authority or parent agency: (if applicable) | State of Texas | | |
| Physical address: | 861-B I-45 North, Huntsville, Texas 77320 | | |
| Mailing address: (if different from above) | P.O. Box 99, Huntsville, Texas 77342 | | |
| Telephone number: | 936-295-6371 | | |
| Agency Chief Executive Officer | | | |
| Name: | Brad Livingston | Title: | Executive Director |
| Email address: | Brad.livingston@tdcj.texas.gov | Telephone number: | 936-437-2101 |
| Agency-Wide PREA Coordinator | | | |
| Name: | William Stephens | Title: | Director, Correctional Institutions Division |
| Email address: | William.stephens@tdcj.texas.gov | Telephone number: | 936-437-2170 |

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the O.L. Luther Unit- Navasota, Texas was conducted on October 30-31, 2014 by Wynn Timer Samuels (Lead Auditor) and Ian Rachal (Team Auditor). During the two and half days, the auditors toured the institution and conducted formal staff and inmate interviews. Twenty-five (25) random inmates from all of the housing units, 5 specialized staff, 35 Correctional Officers, 10 support staff to include volunteers and contractors, were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation. During the onsite tour, the following were present: Senior Warden Mr. Gordy and his Command Staff.

The auditors found the staff and inmates to be aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were aware of reporting responsibilities, preservation of evidence, as well as dealing with victims of sexual assault and/or sexual harassment. The Luther Unit administration in collaboration with Medical and Mental Health staff, did an exceptional job providing additional educational training to all staff on how to identify signs of sexual assault/harassment and specialized staff on how to deal and treat victims of sexual assault and or sexual harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The O. L. Luther Unit was established in July 1982 that is located on approximately 7,003 acres (that is shared with the Pack Unit), in Grimes County, ten miles southwest of Navasota, Texas. Luther Unit design capacity is 1316, with a current population 1251, day of the audit. Luther Unit houses sentenced male offenders ranging from G1, G2, G3 classification; from age 18 to 81. The unit does not house youthful offenders. In addition, it houses inmates in trusty camp. The average length of stay is 2726 days, and the average length of sentence 19.3 years.

There are total of 343 employees to work the unit.

The facility make is comprised of 14 buildings, 30 single cell housing units, 22 open bay/dorms housing units, 30 segregation cells (admin/disciplinary), and 4 multiple occupancy cells housing units.

Educational Programs that are offered at the unit are Literacy, Special Education, Title I, Changes/Release, English as a Second Language, Cognitive Intervention, Project RIO. Career and Technology Programs: Auto Specialization (Brakes), Electrical Trades, Horticulture, Welding, and Lee College of Academic, that offers Welding and Advanced Welding. The Luther Unit has a very impressive Stainless Steel Plant.

Additionally, Luther and Pack Unit work in cooperation in Agriculture Operations: Cow/Calf Operation, Edible and Field Crops, Farm Shop, Security Horses, Security Pack Canines, Swine Finishing Operation, Grain Storage, and Buffalo Ranch (11,002 acres).

Luther Unit values and has a solid volunteer base. Initiatives includes, Substance Abuse Education, Support Groups, Life Skills, Religious/Faith Based Studies and Administrative Segregation Outreach Program.

Staff and offenders assigned to work the various a jobs/positions were very happy and proud of what they did and was proud to demonstrate and showcase their work.

Luther unit provides ambulatory medical, dental, and medical health services. Medical care is available 24 hours a day, seven days a week. Twelve (12) bed assisted living infirmary. Digital Medical Services (DMS), electronic specialty clinics, and chronic care clinics available.

When it is determined that a forensic medical exam is necessary, the offender is transferred to the nearest hospital emergency department that has staff competent to perform such exams.

All staff receive PREA training through Pre- Service or In-Service annually and documented electronically and placed in employees' electronic file.

SUMMARY OF AUDIT FINDINGS:

The Facility has had no accusations of staff sexual harassment or sexual abuse. Luther Unit did conduct 4 investigations (2 administrative /2 criminal) (inmate on inmate) of sexual abuse,. In each case the OIG conducted extensive interviews with the alleged victim and the alleged perpetrator. The 4 cases were all found to be unsubstantiated. After thorough investigation, it was determined, no forensic evidence collection was required. In each case, the investigation followed the agency policy/guidelines of handling sexual assault/abuse accusations. It should be noted that the Senior Warden Gordy, PREA Compliance Manager Lt. Oaks, the Command Staff and Medical/Mental staff continued to monitor the alleged victims and alleged abusers long after the conclusion of the investigation(s) concluded.

No offenders were placed in involuntary segregation.

On October 30-31, 2014, an onsite visit was completed at O.L. Luther Unit Facility in Navasota, Texas. The results indicate:

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

§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)

§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)

§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)

§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 – Luther Unit does not house youthful inmates.

§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)

§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)

§115.17 – Hiring and Promotion Decisions

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with HR and the Senior Warden the 5 year re-checks on criminal backgrounds, as required under section (e) of this standard, are current.

In the past 12 months, 62 persons were hired who may have contact with inmates and have had criminal background records check.

§115.18 – Upgrades to Facilities and Technology

- 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)

§115.21 – Evidence Protocol and Forensic Medical Examinations

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

Auditor comments, including corrective actions needed if does not meet standard

Based on AD-16.03 P:13 , SPPOM-05.01 Sexual Abuse Checklist. Documentation provided, indicated that OIG investigators have had PREA training.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

SPPOM-05.01 P:2 SIII, OIG conducts administrative and criminal investigations for the O. L. Luther Unit.

§115.31 – Employee Training

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

Auditor comments, including corrective actions needed if does not meet standard

Training is a primary concern and focus at the O.L. Luther Unit. Training curriculum (AD 12.20 P:1&8), training bulletins and sign in sheets, were reviewed ; as well as through interviews with random staff.

§115.32– Volunteer and Contractor Training

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed lesson plans. Handbook for volunteers, sign in sheets for volunteers and contractors. As well as through interviews with volunteers and contractors.

§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)

Auditor comments, including corrective actions needed if does not meet standard

Review of Orientation material and Inmate Handbook and interviews with intake staff and random inmates. Additionally, reviewed limited English speaking paperwork and interviewed inmates. No deaf or blind inmates as of 10/31/2014.

§115.34 – Specialized Training: Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Office of Inspector General (OIG) conducts administrative and criminal investigations for Luther Unit. He articulated Miranda, Garrity , evidence collection and interviewing sexual assault victims processes .

§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)

Auditor comments, including corrective actions needed if does not meet standard

All forensic exams are performed at the hospital. The interviews conducted with the specialized staff reflects agency commitment to PREA and the safety of inmates in general.

§115.41 – Screening for Risk of Victimization and Abusiveness

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed re-classification meeting minutes, screening instrument (SPPOM-03.01 and IPM-CL-69 P.3) and interviews with random inmates, PREA Compliance Manager, Lt. Oaks, screening and medical staff.

§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)

Auditor comments, including corrective actions needed if does not meet standard

Review of screening instrument (SPPOM-03.01 and IPM-04-01 P.1) and PREA Plan. Discussions with staff indicated placement of transgender inmate is done based on genitalia. Transgender inmates receive a program reassessment as required by section (d) of this standard. (e) When conducting interviews, staff and transgender inmates indicated that input from inmates (transgender) is considered when making housing/program assignments.

§115.43 – Protective Custody

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with the Senior Warden Gordy, PREA Compliance Manager, Lt. Oaks and the Command staff.

§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)

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with random staff and inmates and PREA Compliance Manager, Lt. Oaks, and Senior Warden Gordy.

§115.52 – Exhaustion of Administrative Remedies

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

Auditor comments, including corrective actions needed if does not meet standard

Luther Unit have not had any administrative remedies as a result of sexual abuse.

§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)

Auditor comments, including corrective actions needed if does not meet standard

Information is stated in Inmate Handbook and inmate , medical staff , and Senior Warden Gordy interviews .

§115.54 – Third-Party Reporting

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

Auditor comments, including corrective actions needed if does not meet standard

Review of notice on website and posters in facility, as well as interviews with inmates who confirmed they were aware of 3rd party reporting.

§115.61 – Staff and Agency Reporting Duties

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

Auditor comments, including corrective actions needed if does not meet standard

Based on review of Safe Prisons Plan P:22-23, SPPOM-05.01 P:4, interviews with random staff; Senior Warden Gordy and Medical/Mental health staff.

§115.62 – Agency Protection Duties

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with Senior Warden Gordy and random staff.

§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)

§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)

§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)

§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)

§115.67 – Agency protection against retaliation

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with Senior Warden Gordy, PREA Compliance Manager Lt. Oaks, and random staff.

§115.68 – Post-Allegation Protective Custody

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

Auditor comments, including corrective actions needed if does not meet standard

Based on review of segregation housing documents and interview with Senior Warden Gordy and Command Staff. At the time of audit, there were no inmates in voluntary segregation for risk of sexual victimization.

§115.71 – Criminal and Administrative Agency Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with OIG investigator, and documentation presented demonstrated investigator's training. AD-02.15 P:7, Records Retention Schedule P:49, 60 and OIG OPM-03.72

§115.72 – Evidentiary Standard for Administrative Investigations

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interview with OIG investigator for the Luther Unit, review of PREA Plan P:30 and SPPOM-05.05 Attachment J P:5, M

§115.73 – Reporting to Inmate

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

Auditor comments, including corrective actions needed if does not meet standard

Staff interviews indicated; whenever sexual misconduct allegation by staff is substantiated, inmate (victim) is notified and documentation reviewed.

(Policy went into effect on July 2014)

§115.76 – Disciplinary sanctions for staff

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

Auditor comments, including corrective actions needed if does not meet standard

TDCJ (Luther Unit) policy does indicate presumptive sanction (termination) for violation of Agency zero tolerance. Based upon the documentation reviewed, no staff have been accused of sexual abuse or harassment.

§115.77 – Corrective action for contractors and volunteers

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

Auditor comments, including corrective actions needed if does not meet standard

Based on documentation provided, no contractor or volunteer has been accused of engaging in sexual abuse. Interviews with Senior Warden Gordy, PREA Compliance Manager Lt. Oaks, confirmed policy.

§115.78 – Disciplinary sanctions for inmates

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

Auditor comments, including corrective actions needed if does not meet standard

Based upon agency (TDCJ) Luther Unit policy as well as confirmed procedure through interviews with Warden and PREA Compliance Manager.

§115.81 – Medical and mental health screenings; history of sexual abuse

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

Auditor comments, including corrective actions needed if does not meet standard

Based on PREA screening form , medical log as well as interviews with intake staff, medical and mental health staff.

§115.82 – Access to emergency medical and mental health services

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

Auditor comments, including corrective actions needed if does not meet standard

Review of policies (CMHC A-01.1P:1 , CMHC G-57.1P:1. & SPPOM-05.01-2),as well as interviews with medical and mental health staff.

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

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

Auditor comments, including corrective actions needed if does not meet standard

Reviewed policies (PREA Plan P:14, SPPOM-05.01 P: 1-2, 4) & CMHC G-57.1 P:2) and interviews with medical and mental health staff.

§115.86 – Sexual abuse incident reviews

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

Auditor comments, including corrective actions needed if does not meet standard

Based on interviews with Senior Warden Gordy, Command Staff and , PREA Compliance Manager Lt. Oaks.

§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)

§115.88 – Data Review for Corrective Action

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

Auditor comments, including corrective actions needed if does not meet standard

Data was submitted and reviewed as required by standard.

§§115.89 – Data Storage, Publication, and Destruction

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

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Wynnie T. Armuebo

Auditor Signature

December 2, 2014

Date