

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report September 19, 2019

Auditor Information

Name: Aaron Keech	Email: aaron@preaauditing.com
Company Name: PREA Auditors of America, LLC	
Mailing Address: 14506 Lakeside View Way	City, State, Zip: Cypress, Texas 77429
Telephone: 713-818-9098	Date of Facility Visit: February 6, 2019

Name of Agency: Nueces County Community Supervision and Corrections Department	Governing Authority or Parent Agency (If Applicable): Texas Department of Criminal Justice, Community Justice Assistance Division
Physical Address: 1901 Trojan Drive, Corpus Christi, Texas 78416	City, State, Zip: Huntsville, Texas 77342
Mailing Address: Click or tap here to enter text.	City, State, Zip: Click or tap here to enter text.
Telephone: 956-289-7410	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
The Agency Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal

Agency mission: The Nueces County Community Supervision and Corrections Department I to influence positive change and accountability in offender behavior through the use of evidence-based practices consistent with the services directed by the Court and in collaboration with other agencies and the community.

Agency Website with PREA Information: <https://nuecescountyprobation.com/>

Agency Chief Executive Officer

Name: William Shull	Title: Executive Director
---------------------	---------------------------

Email: William.shull@nuecesco.com	Telephone: 361-854-4122
--	--------------------------------

Agency-Wide PREA Coordinator

Name: Catherine F. Modlin	Title: Clinical Supervisor
----------------------------------	-----------------------------------

Email: Catherine.modlin@nuecesco.com	Telephone: 361-289-4242
---	--------------------------------

PREA Coordinator Reports to: Facility Director, Elsa Leal	Number of Compliance Managers who report to the PREA Coordinator 0
---	---

Facility Information

Name of Facility: Nueces County Substance Abuse Treatment Facility

Physical Address: 745 North Padre Island Drive, Corpus Christi, Texas 78406
--

Mailing Address (if different than above):

Telephone Number: 361-289-4242

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
-------------------------	-----------------------------------	---	---

<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
------------------------------------	--	--------------------------------	----------------------------------

Facility Type:	<input checked="" type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: The Nueces County Substance Abuse Treatment Facility is dedicated to the protection of the community and the proposition that facilitating positive change in clients results in responsible and productive behavior which in turn enhances the quality of life for all members of society.
--

Facility Website with PREA Information: http://nuecescountyprobation.com/
--

Have there been any internal or external audits of and/or accreditations by any other organization?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
--	---	-----------------------------

Director

Name: Elsa Leal	Title: Facility Director
------------------------	---------------------------------

Email: Elsa.leal@nuecesco.com	Telephone: 361-289-4242
--------------------------------------	--------------------------------

Facility PREA Compliance Manager

Name:		Title:	
Email:		Telephone:	
Facility Health Service Administrator			
Name: Veronica Martinez		Title: Nurse	
Email:		Telephone: 361-228-7778	
Facility Characteristics			
Designated Facility Capacity: 104		Current Population of Facility: 90	
Number of residents admitted to facility during the past 12 months			158
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			124
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			189
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 19-62	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			9-12 Months
Facility Security Level:			Low
Resident Custody Levels:			Low
Number of staff currently employed by the facility who may have contact with residents:			65
Number of staff hired by the facility during the past 12 months who may have contact with residents:			22
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			12
Physical Plant			
Number of Buildings: 4		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		4	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			

The Nueces County Substance Abuse Treatment Facility has sixty-one (61) cameras. The cameras are strategically located in the living unit, dining hall, kitchen, common areas, classrooms, hallways, processing/ intake, front entrance, visitation area, facility perimeter, and post areas. The video surveillance system has a maximum retention of ninety (90) days and has the capabilities to record and transfer video to DVD for long term storage. The agency limits access to the video surveillance system only to the Facility Director, Operations Manager, PREA Coordinator, and Investigative staff. Cameras are prohibited in the shower areas and inside resident rooms.

Medical

Type of Medical Facility:	Facility Clinic
Forensic sexual assault medical exams are conducted at:	Doctors Medical Regional Center

Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	53
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	2

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA audit of the Nueces County Substance Abuse Treatment Facility (SATF) was conducted by single auditor, J. Aaron Keech, US DOJ Certified PREA Auditor contracted through the PREA Auditors of America LLC. In November 2018, PREA Auditors of America LLC independently contracted with this auditor to complete the PREA Audit of the Nueces County Substance Abuse Treatment Facility (SATF).

The PREA audit of the Nueces County Substance Abuse Treatment Facility (SATF) ("The Facility"), operated under the governing authority of the Community Supervision and Corrections Department (CSCD) ("The Agency") was schedule for one day on February 6, 2019. The on-site audit phase began on the morning of Wednesday, February 6, 2019 at 7:00 AM CST in the facility's conference room for a entrance meeting with the auditor, Agency Director, Agency Deputy Director, PREA Coordinator, Human Resource Manager, Facility Director, Clinical Supervisor, Administrative Investigator, Operations Manager, and Facility Counselor at the Nueces County Substance Abuse Treatment Facility (SATF) located at 725 North Padre Island Drive, Corpus Christi, Texas. With all the agency and facility administrators present for the entrance meeting, it was evident the agency and facility take PREA implementation very serious, was a team approach which resulted in staff buy in to PREA standard compliance. Throughout the audit process, agency and facility administrators were tentative and open to advice and constructive feedback. The on-site audit phase concluded later that evening at 9:30 PM CST with an exit conference with the auditor, Agency Director, PREA Coordinator, Facility Director, Operations Manager. This PREA certified audit was Nueces County Substance Abuse Treatment Facility's first certified PREA audit since the standards were adopted in 2013.

Pre-Audit Phase:

During the Pre-Audit phase, on November 21, 2018, there was an introductory kickoff meeting by telephone conference call with the Agency Director, Deputy Director, PREA Coordinator, Human Resource Manager, Facility Director, Clinical Supervisor, Operations Manager, and the auditor. The purpose of the initial kickoff meeting was to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones.

On December 16, 2018, the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications before December 26, 2018, six weeks prior to the on-site phase. On December 26, 2018, time stamped photographs indicating the required

audit notices were posted in various locations throughout the facility. The notices were posted in color with decent sized text, both in English and Spanish versions. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy. Throughout all audit phases, the auditor did not receive any communication from the facility or agency staff or residents as a result of the posted notices. On January 7, 2019, approximately four weeks before the on-site visit, the Pre-Audit Questionnaire along with supportive documentation was received by the auditor to review. The auditor wishes to extend his appreciation to the Agency Director, Residential Director, PREA Coordinator, Facility Administrative staff and employees of the Nueces County Substance Abuse Treatment Facility (SATF) for their professionalism, hospitality, hard work, and kindness.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures, and additional supportive documentation review. The information necessary for the audit was provided on a secure I-cloud storage drive, to include the Agency/Facility policies and procedures, agency mission statement, and daily population reports. Each folder was set up by specific standard, which included the agency's/facility's policies and procedures and supporting documentation. Additional folders included agency mission statement, and daily population reports for the past twelve (12) months. The results of the Pre-Audit Questionnaire and supporting documentation review were shared on an issue log with the Agency Designee, Facility Director, and PREA Coordinator. The auditor requested additional documentation relating to procedures and clarification with facility and agency operations. Additional requests for information were exchanged throughout the pre-audit phase. The requested information was provided to the auditor in an efficient manner.

Phone conversations were conducted, and emails exchanged with the PREA Coordinator to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones. On February 5, 2019, the auditor received the staff roster, staff schedule for random and specialized staff for the on-site audit day. The auditor was also provided a complete resident roster by name, date of birth, race, housing unit, county of residence, probation officer, and facility case manager. Lastly, the PREA Coordinator provided a list identifying targeted resident interviews.

The auditor contacted Just Detention International to inquire if that Agency or Facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the Nueces County Substance Abuse Treatment Facility (SATF). The Texas Coalition Against Rape organization was contacted as well, which resulting in no reports or complaints regarding the agency and facility. The auditor conducted internet research regarding the facility by searching the internet for any Department of Justice involvement, litigation and federal consent decrees, BJS data, local oversight bodies, and news articles resulting in no findings related to sexual abuse or sexual harassment.

Outreach to Outside Advocates:

The auditor contacted and interviewed the Program Manager from The Purple Door, an organization that operates twenty-four (24) hours, seven (7) days a week providing victim advocate to accompany and support the victim through the forensic medical examination process and investigatory interviews and will provide emotional support, crisis intervention, information, and aftercare services. The Program Manager indicated that they provide their services to residents free and in a confidential

manner. They also provide a hotline for residents to contact them to report sexual abuse or sexual harassment or to access an advocate who will meet and accompany them during the forensic examination. The Program Manager reported that they have not received a call on the hotline from any resident during the past 12 months. The victim advocates from The Purple Door are required to complete forty hours of advocacy related trainings. On June 28, 2019, five (5) facility staff, three (3) mental health counselors and one (1) probation officer attended and completed the Office of the Attorney General Sexual Assault Training sponsored by The Purple Door, the local rape crisis and recovery center. The attendees received forty (40) hours of training to provide direct client victim advocate services to residents who experienced sexual abuse and sexual harassment. The PREA Coordinator forwarded the training agenda and certificates of completion to the auditor.

On-Site Phase:

The on-site phase began on Wednesday, February 6, 2019, at approximately 7:00 a.m. CST at the Nueces County Substance Abuse Treatment Facility for an entrance meeting in the facility's conference room with the auditor, Agency Director, Agency Deputy Director, PREA Coordinator, Human Resource Manager, Facility Director, Clinical Supervisor, Administrative Investigator, Operations Manager, and Facility Counselor. After introductions, a discussion about the audit process, and an explanation of the audit's logistics were completed, based on staff scheduling the auditor began interviewing third shift random staff followed by first shift random staff. A total of twelve (12) random staff were interviewed from all three (3) shifts on the day of the on-site visit. All staff interviewed stated they have worked all three (3) shifts on a rotating schedule over the course of their employment. All random staff were asked the first responder duties. Specialized staff interviews were conducted with one (1) medical staff, one (1) mental health staff, one (1) intermediate or higher-level staff, one (1) staff charged with monitoring retaliation, two (2) intake staff, three (3) staff that perform the screening for risk of victimization and abusiveness, and two (2) staff on the incident review team. During the evidence review period, two (2) volunteers were interviewed over the telephone.

Thereafter, twenty-three (23) residents, seventeen (16) male and seven (7) female resident interviews were conducted comprised of sixteen (16) random residents and seven (7) targeted residents. There were two (2) resident interviewed who identified as lesbian, gay, or bisexual, one (1) resident with limited English proficient, two (2) residents reported sexual victimization during the risk screening process, one (1) resident who reported sexual abuse, and one (1) resident with a cognitive disability. There were zero (0) residents within the resident population with no physical disabilities, residents who identified as transgender or intersex and none who were blind, deaf, or hard of hearing.

After resident and staff interviews concluded, the facility tour began with the auditor, Facility Director, PREA Coordinator. The facility is a substance abuse treatment program on a small, six (6) acre campus consisting of four (4) buildings. According to the schematics, building 745A is divided into three (3) sections; the Administration area, the medical suite, and a male dormitory. The first section, administration area consists of a main entrance, the facility director's office, operations manager office, and two offices, and a conference room. The second section is the medical suite with two (2) nurse offices, one (1) examination room, two (2) probation officer offices, staff restrooms, and two storage rooms. After proceeding through a locked glass entrance door is the third section of the building, one (1) male dormitory. The male dormitory has twelve (12) rooms, a control station office, a laundry room, supply room, one (1) recreation area, two (2) staff offices, dining room, and kitchen area. At the rear of

the building is a fenced in outdoor recreation area. The second building, building 745 B houses support staff consisting of a laundry room, four (4) staff offices, a conference room, three (3) GED lab classrooms, and four (4) additional staff offices. The third building, building 745 C has one (1) male dormitory on one side of the building and on the opposite end is one (1) female dormitory. Both the male and female resident bathrooms have separate toilet stalls and shower area allowing for privacy. Between the male and female dormitories is one (1) counselors office, laundry room and a central station office. The fourth building, building 745 D is designed in the same configuration as building 745 C with two dormitories with bathrooms that have separate toilet stalls and shower areas. The two dormitory areas are separated by one (1) counselors office, laundry room and a central station office.

After the tour, a random file review related to human resources and resident files, logbooks, and additional documentation were completed as well. The on-site audit phase concluded later that evening at 9:30 PM CST. The on-site audit phase concluded later that evening at 9:30 PM CST with an exit conference with the auditor, Agency Director, PREA Coordinator, Facility Director, Operations Manager. The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the Pre-Audit and On-Site Audit phases. The auditor extended a special thanks to agency administrators and PREA Coordinator for their hard work and dedication through the pre and on-site audit phases. Based on the findings during the Pre-Audit and On-Site Audit phases, corrective action was discussed to address the issues noted during the audit. The auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, documentation obtained while on-site in order to make a compliance determination for each standard resulting in an interim report.

Tour:

The following observations were noted during the tour:

- As required by the auditor, on-site audit notices of the PREA audit were posted throughout the facility in areas where the public have access, and all living units
- Grievance Box was in an accessible and designated area in the facility and forms were accessible to residents.
- The facility has no segregated or isolation rooms/cells.
- A wide variety of PREA Posters were observed throughout the campus, living units, and program areas.
- Posters showed how residents can make reports of sexual abuse; ways to report sexual abuse including third party reporting were posted throughout on the facility.
- The resident's files are kept in secure area.
- PREA information is posted and is available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into residents' rooms, or the toilet and showers. A video camera review was conducted with the Operations Manager and the auditor. The video camera system is only accessible to Facility Administration and Investigators.
- Cameras were placed strategically throughout the facility in areas to reduce blind spots.
- Reporting notices are in areas identifying the hotline name, number, and the purpose to report sexual abuse and offer outside counseling services.

- Bed assignment sheets were completed indicating resident bed location based on their vulnerability and aggressiveness assessments.
- Unannounced rounds were being conducted on the living units by Intermediate level staff.
- No opposite gender staff conduct showers or bathroom breaks and staff post themselves in a visible area to ensure youth do not leave the area without approval.
- When residents go take showers they are clothed when going to the shower and exiting the shower area. It was observed that residents showered in an open shower area where three to four residents can shower at one time and it was suggested if funding would become available the facility should consider upgrades to individual shower stalls with PREA friendly shower curtains or shower doors that show only the residents head and ankle/feet area.

Tour Recommendations:

- Throughout the facility there are several solid doors (mostly storage rooms) accessible to certain staff and restricted to residents. To reduce facility liability, the recommendation was to place a restricted area sign on identified doors to give clear visual for authorized personnel only- no residents are allowed. The locations were noted during the tour to the PREA Coordinator and the Facility Director. Restricted area signs were placed on the identified doors, photographs were taken and the PREA Coordinator sent the photographs to the auditor and compliance was achieved in the area.

Random Staff Interviews and verification of corrective action:

The auditor selected staff at random from the staffing roster provided by the facility prior to the on-site audit date. The selection included a cross section of staff to ascertain the training levels of staff in various positions and from all three (3) shifts. On the day of the on-site visit, a total of twelve (12) random staff were interviewed, five (5) from first shift, four (4) from second shift, three (3) from third shift. All staff interviewed indicated they have worked all three (3) shifts over the course of their employment at the facility. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private area was the staff break room located in the administrative suite. The interview area allowed for a non-threatening or intimidating environment resulting in staff being comfortable during the interview process. Overall, the random staff who were interviewed revealed (including specialized staff) indicated they have been trained and educated on PREA and were very knowledgeable of the agency's zero tolerance policy requiring staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any retaliation against residents and staff, and any neglect or violation of responsibilities that may contribute to an incident.

Knowledgeable strengths from the random staff were in areas of the following: prohibition from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status and policies for opposite gender entering the housing unit and that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender, staff restrictions when conducting cross gender pat down except in exigent circumstances (115.215), agency's use of resident interpreters when making an allegation (115.216), agency's protocol for obtaining physical evidence if resident alleges abuse (115.221), staff reporting requirements and the agency/facility's procedure for reporting (115.261), how can staff privately report sexual abuse of

residents, how residents can privately report (115.251), knowing or learning a resident is at imminent risk and how quickly they take action (115.262.)

Knowledgeable weaknesses from random staff were in the areas of knowing the dynamics of sexual abuse and sexual harassment in confinement and how to communicate effectively and professionally with residents, including lesbian, gay, bi-sexual, transgender, intersex, and gender nonconforming residents (115.231), and first responder duties (115.264.) During the corrective action period, all staff are required to receive additional remedial training on the above-mentioned topic and standards. After the on-site visit, on April 30, 2019, all staff were re-trained on the above-mentioned topics related to the dynamics of sexual abuse and harassment in confinement and first responder duties. The facility PREA Coordinator sent the documentation to this auditor during the evidence review phase. Based on the responses and lack of knowledge, the auditor will re-interview random staff to verify re-training and a marked improvement in knowledge and understanding with the standard noted in the interim report. On July 1, 2019, the auditor re-interviewed nine (9) random staff on the topics of the dynamics of sexual abuse and harassment in confinement settings and first responder duties which indicated staff received the remediation training and confidently knew each training element.

Administration/Agency Leadership and Specialized Staff Interviews:

During the pre-audit phase, administrative staff and specialized staff at the agency level were interviewed on-site to include the Deputy Director, Facility Director, PREA coordinator, Mental Health Counselors, Intermediate level staff, Intake staff, Staff who perform Screening for risk of victimization and abusiveness. Overall, administrative and specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

The Agency and Facility staff selected for interviews included:

Staff Interviews and Interactions	Number (#)
Agency Director or Designee- Deputy Director	1
Facility Director	1
PREA Coordinator	1
Investigative Staff (Agency/Facility)	1
Mental Health Staff	1
Medical Staff	1
Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches	NA
Human Resources Manager	1
Intermediate or Higher-Level Facility Staff	1
Volunteer	1
Staff who Perform Screening for Risk of Victimization and Abusiveness	3
Staff on the Sexual Review Incident Review Team	2
Designated Staff Member Charged with Monitoring Retaliation	1
First Responder (Non-Security)	NA
First Responder (Security)	12

Intake Staff	2
Victim Advocate Program Manager	1
SANE/SAFE Staff	1
Staff Who Supervise Resident in Isolation	NA
1 st Shift Random Staff	5
2 nd Shift Random Staff	4
3 rd Shift Random Staff	3
Number of Random Staff Interviews	12
Number of Targeted Staff Interviews	31
Number of Random and Targeted Re-Interviews	11
Total Number of Staff Interviews	42

Note: Some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff members were interviewed more than once if their duties covered more than on specialized area.

Residents Interviewed:

The number of residents housed during the on-site audit day was ninety (90). The auditor documented resident selection and interviews on the PREA Audit Agenda/Tally Sheet and selected a sample of residents geographically diverse by living unit, admission date, race, and date of birth. Prior to and/or during the entrance conference, the auditor scheduled all interviews and documented residents who were interviewed by the time. The auditor was provided a private room within the facility from which work from and conduct confidential interviews with residents. The private room was the staff break located in the administrative suite. The area allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process. For those targeted resident categories that were present at the time of the on-site audit, additional random resident interviews were added to the total number of interviews.

Resident Interviews and Interactions	Number (#)
Residents with Physical Disability	0
Residents who are Blind, Deaf, or Hard of Hearing	0
Residents who are Limited English Proficient (LEP)	1
Residents with a Cognitive Disability	1
Residents who Identify as Lesbian, Gay, or Bisexual	2
Residents who Identify as Transgender or Intersex	0
Residents who Reported Sexual Abuse or Sexual Harassment	1
Residents who Reported Sexual Victimization During Risk Screening	2
Number of Random Resident Interviews	16
Number of Targeted Resident Interviews	7
Total Number of Resident Interviews	23

Interviews with residents confirmed that they are informed and educated on the agency's zero tolerance policy, their rights to be free from sexual abuse and sexual harassment, and how to report sexual abuse or sexual harassment. They were notified of the rules against sexual abuse and the right to be free from retaliation for reporting. Furthermore, residents are never naked in full view of opposite gender staff. When staff conducts pat down and strip searches, they are conducted by same gender staff and there is one staff present when a search on one resident is being performed. The strip searches are conducted in a private setting by at least one staff of the same gender at a time.

Residents interviewed reported they felt safe and more importantly feel sexual safe with the facility. Mostly all residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Residents interviewed knew what kinds of services were available, received mailing addresses, and understood what information remains private and what is told to or listened to by someone else. (115.253) Twenty-one (21) out of twenty-three residents answered in the affirmative of knowing information pertaining to outside counseling services.

When asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions," all twenty-three (23) residents reported that staff of the opposite gender announces their presence when entering the unit. The residents reported the facility makes every attempt with having same gender staff supervise the same gender resident. Furthermore, twenty-two (22) of the twenty-three (23) residents knew the reason why staff of the opposite gender are to announce their presence, to be respectful and cover up when changing clothes or taking a shower. (115.215)

With regards to resident screening questions (115.241), all but one resident interviewed remembered being asked "when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse all residents. Of those residents with a length of stay longer than thirty (30) days, the auditor asked if staff ever asked the screening questions on more than one occasion, of the twenty-one (21) residents, nineteen (19) residents indicated or remembered they have been asked more than once. Review of resident files verified all residents were asked the question on more than one occasion.

In cases where the auditor was unable to meet the required number of interviews in a particular targeted population, the auditor relied on interviewing additional random residents and specifically asking the residents while placed within this facility and to their knowledge, there have been any residents who have been blind, deaf, or hard of hearing; limited English proficient, residents aware of any resident who identify as transgender or intersex. When interviewing administration and specialized staff, the auditor asked similar questions in order to gain additional information to meet the targeted number of residents.

On-site Documentation Review:

- Ten (10) resident mental health files
- Ten (10) resident social files
- List of sixty-five staff verifying 115.317 hiring and promotion standard
- Logbook and Binder Review on random living units

- Ten (10) human resource files

Documentation requested by the facility and received prior to on-site:

- Complete Resident Roster
- Residents with Disabilities and Limited English Proficient Residents
- LGBTI Residents
- Residents who have been in isolation
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- Specialized Staff
- Contractors who have contact with Residents
- Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Medical services: On-site medical
- Three (3) Investigative files and reports of sexual abuse allegations for the past twelve (12) months.

Post-Onsite Audit Phase

On April 17, 2019, the PREA audit interim report was submitted to the agency PREA Coordinator for agency designees and facility administrator to review and plan for corrective action. Based on the findings, correction action was required for several standards. After administrative review, approximately one and half weeks later a telephone conference call was held to consult with staff and administrators to provide information and guidance on deficiencies, recommendations for corrective action and an agreed upon deadline for implementing all requirements. As a way of moving forward during the corrective action period, it was agreed upon to use a corrective action tracking form to guide the agency/facility and auditor on completion requirements, note the status of all requirements, and note the completion date of all corrective action requirements. Telephone conference call meetings were held with this auditor and agency and facility administrators. Throughout the corrective action period, supporting documentation was exchanged provided by using the secure I-cloud storage drive for standard compliance. Throughout the corrective action period, agency and facility administrators persevered in completing the required corrective action in order to meet the PREA standards. Their hard work, dedication is commendable and deserves acknowledgement on behalf of this auditor.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Agency Moto: “Creating a Desire for Positive Change”

Agency Mission Statement: The Agency Mission Statement is as followed: “The Nueces County Community Supervision & Corrections Department (CSCD) recognizes the need for providing a continuum of care for substance abuse treatment among probationers. In addition, evidence-based practice indicate that interventions should be driven by individual assessment, and that appropriate treatment should be done in the least restrictive setting available to meet the probationer’s criminogenic needs. Furthermore, the Nueces County Substance Abuse Treatment Facility (SATF) provides inpatient services to address the criminogenic needs of probationers.”

Facility Mission: The Substance Abuse Treatment Facility is dedicated to the protection of the community and the proposition that facilitating positive change in clients results in responsible and productive behavior which in turn enhances the quality of life for all members of society.

Facility Background, Physical Plant, Security Supervision

The SATF is a structured community treatment program for offenders, operated by the Community Supervision and Correction department under the direction of the Board of District Judges. The facilities are funded by the Community Justice Assistance Division (CJAD) of the Texas Department of Criminal Justice (TDCJ). The SATF is governed by Residential standards as well as Substance Abuse Treatment Standards developed by CJAD and adopted by the Texas Board of Criminal Justice. The facility can accommodate one hundred and four (104) residents, in which twenty-four (24) beds have been reserved for females. Depending on the needs of the client, treatment will be provided in English or Spanish. All treatment is geared to meet the client’s criminogenic needs.

The Purpose of Inpatient Services can be summarized as follows:

1. To provide the courts with an alternative to incarceration.
2. Ensure compliance with the conditions of Community Supervision.
3. Reduce jail/prison populations by impacting potential jail/prison admissions.
4. Provide public protection by ensuring levels of security appropriate for the population served by the Inpatient Services, including a monitored and structured environment for the resident population.
5. Provide its residents with opportunities that may not be available in confinement, For example: educational programs, alcohol/drug treatment, employment/life skills training.

Eligibility Criteria

1. Is medically stable;
2. Is able to function with limited supervision and support;
3. Demonstrates a maladaptive patter of substance use leading to clinically significant impairment or distress, as manifested by one (or more) of the following, occurring within a 12-month period:
 - a. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home;
 - b. Recurrent substance use in situations in which it is physically hazardous;
 - c. Recurrent substance-related legal problems;
 - d. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effect of the substance;
4. Does not require detoxifications services;

Treatment Objectives and Services

Residents will be assigned to a Counselor and a CSCD Supervision Officer while in the program for assistance and counseling. Trust your Counselor and CSCD Supervision Officer to form a therapeutic alliance with you early in the treatment phase and utilize individual sessions to evaluate your personal goals. Accept your Counselor and CSCD Supervision Officer's suggestions or recommendations as an alternative to your life choices because your success depends on your ability to cope with life situations after you leave treatment.

You and your Counselor will develop treatment objectives and evaluate your progress. Residents have many program responsibilities and the following treatment services are offered to all Residents in accordance with individual treatment plans and the schedule of daily programming.

1. Cognitive Restructuring
2. Individual Counseling
3. Food Services
4. Nutrition Education
5. Commitment to Change (Relapse Prevention)
6. HIV/AIDS Education / Health Education
7. After Care Services
8. Literacy/GED Classes
9. Design for Living skills
10. Conflict Resolution
11. Behavioral Redirection
12. Personal Time (Free Time)
13. Recreational Activities
14. Anger Management
15. Community Service Restitution
16. Behavior Awareness/Assertiveness Skill Training
17. Family Education
18. Physical Education
19. Incentive system
20. Religious Services (Optional)
21. Twelve Step Support (as court ordered)

Residents may be court ordered to attend AA/NA/CA meetings after leaving the facility, therefore, they should attend in-house and outside AA/NA meetings along with the recommendation that they obtain a sponsor for AA step work. Occasionally, Residents may be referred outside the Facility for contract counseling services.

Accreditation:

In November 2018, The Texas Department of Criminal Justice - Community Justice Assistance Division (TDCJ-CJAD) has completed an Eligibility Compliance Evaluation of the Nueces County Community Supervision and Corrections Department conducted during the month of September 2018. A total of 346 felony cases and 13 misdemeanor placements were reviewed for state funding and the results are

as follows. Of the 346 felony cases reported to TDCJ-CJAD during the month of July 2018, 346 cases were determined to be eligible for funding. This is a compliance rate of 100%. All misdemeanor placements were confirmed for July 2018. The training records for 74 CSOs were reviewed for the FY 16-17 biennium.

Facility Demographics:

- Designed Facility Rated Capacity: 104
- Average Daily Population: 77
- Actual Population on the on-site audit: 90
- Youthful Residents Housed: 0
- Residents Age Range: 19-62
- Gender- Male and Female Residents, Housed separately
- Custody/Security Level in the facility = Low Security
- Average Length of Stay: 9-12 months
- Number of Staff employed who have contact with residents: 65
- Number of Staff hired in the past twelve (12) months: 22
- Number of Volunteers and Contractors who have contact with residents: 53

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 3

115.213, 115.221, 115.286

Number of Standards Met: 38

115.211, 115.212, 115.215, 115.216, 115.217, 115.218, 115.222, 115.231, 115.232, 115.233, 115.234, 115.235, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

The summary of corrective action can be found in two locations of the interim report, in the audit narrative section and in each specific standard. Corrective action is an expected part of the PREA audit. Of the seven (7) standards not met, corrective action required revisions to the existing policies and/or supporting documentation, update training materials with additional staff training, and demonstrate "institutionalized" practices. On April 30, 2019, the PREA Coordinator updated the identified facility policy and procedures and had facility staff trained on the updates and acknowledged their understanding and receipt of the updates. The seven (7) standards not met were corrected during the 180-day corrective action period. There was some time consumed in the role of a consultant first and secondly as an auditor throughout all audit phases, however during the post on-site phase, facility administration and staff vigorously completed all requirements to meet or exceed standards. During the corrective action phase, the auditor assisted the facility as a collaborator by consulting with staff and administrators, to provide information and guidance, and direct staff to seek additional information and technical assistance available from the PREA Resource Center. Beginning in the audit narrative section and in each standard the corrective action lists the deficiency, recommended corrective action, the deliverables, and a timeline for implementing the required actions. Listed below is a summary of corrective action by standard with outcome:

115.231 (a) 5. Agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in confinement. Facility staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment however, most staff struggled on the topic of dynamics of sexual abuse and harassment within a confinement setting and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. During staff interviews, the auditor had to probe staff in order to get a correct response. It was recommended that staff could benefit with some additional follow up training in the two topic areas. On April 30, 2019, the PREA Coordinator conducted staff training on the of dynamics of sexual abuse and harassment within a confinement setting and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. On July 1, 2019, nine (9) random staff were re-interviewed and were able to confidently describe and knew the two topic areas. Based on the supporting documentation submitted by the agency, the facility follows and meets the standard.

115.235 (a) Agency/facility ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. (c) The agency maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

Between April 23-29, 2019, the twelve (12) substance abuse counselors completed the PREA: Mental Health Practitioners training presented by the National Institute of Corrections and the specialized

training certificates were presented to the auditor. On April 30, 2019, the PREA Coordinator updated the identified facility policy and procedures and had facility staff trained on the updates and acknowledged their understanding and receipt of the updates. On August 2, 2019, two (2) full-time mental health counselor was re-interviewed and was knowledgeable with the material presented and questions asked by the auditor All required work was completed prior to the 180-day corrective action period and the facility meets the standard.

115.252 (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. On April 23, 2019, the agency/facility policy was updated to reflect the standard language. On April 30, 2019, facility staff were trained on the updates and acknowledged their understanding with receipt of the policy updates. Resident and staff handbooks were revised and the change in policy/procedures were explained for new resident admissions and newly hired staff.

115.264 (a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. During the pre-audit phase, the auditor recommended the policy and any relevant training material documentation relating to first responder duties reflect exact wording as written in the standards.

On April 23, 2019, the Facility Director made the required changes and updated the policy and all relevant documentation. On April 30, 2019, the PREA Coordinator and Facility Director conducted staff training on the first responder duties. Staff sign in sheets were provided documenting staff participation. On July 2, 2019, nine (9) random staff were re-interviewed and were able to describe the first responder duties. Based on the supporting documentation submitted by the facility it meets the standard.

115.265 (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Based on the lack of detail described in the facility policy, the auditor's recommendation was for the facility to develop a written institutional plan that specifically

outlined coordinated efforts taken in response to an incident of sexual abuse among all parties. On April 30, 2019, facility administration updated the plan and re-trained staff on the where the coordinated response plan is located within the facility if a sexual abuse allegation occurs. On July 2, 2019, nine (9) random staff were interviewed to verify the updated plan and the institutional plan's location within the facility. All staff correctly answered the questions. The correction was made prior to the end of the 180-day corrective action period and the facility is compliant with the standard.

115.271 (a-e) (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. (b) The agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. (c) Investigators shall gather and preserve direct and circumstantial evidence. (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. (e) No agency shall require a resident 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. (g-j) (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. On April 23, 2019, the agency/facility policy was updated to reflect the standard language. Facility staff, including administrative investigators were trained on the updates and acknowledged their understanding with receipt of the policy updates.

115.278 The agency/facility omitted two subsections of the standard, (a) that requires that following an administrative finding that a resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process. (f) The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation. On April 23, 2019, the agency/facility policy was updated to reflect the standard language. Facility staff were trained on the updates and acknowledged their understanding with receipt of the policy updates. Resident and staff handbooks were revised and the change in policy/procedures were explained for new resident admissions and newly hired staff.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Agency Organizational Chart
- PREA Poster- Zero Tolerance, English and Spanish Version
- PREA Acknowledgement of Understanding Form
- TDCJ Audit Report dated November 1, 2018
- Substance Abuse Treatment Facility Flyer
- Substance Abuse Treatment Facility Handout

Interviews:

- Agency Designee – Deputy Director
- Facility Director
- PREA Coordinator

The initial policy review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures mandates a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies outline the agency’s approach to prevent, detect, and respond to sexual abuse and sexual harassment. The policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassment. The policy also designates an upper level PREA Coordinator for the agency that has sufficient time and authority to develop, implement and oversee Agency and Program efforts to comply with the PREA Standards in all its facilities. The facility provided an agency and facility organizational chart which designates an upper level administrator, the Clinical Director as the PREA Coordinator.

Interview Results:

- The Facility Director confirmed the appointment, qualifications, and continued efforts of the PREA Coordinator.
- Interview with the PREA Coordinator indicated she was extremely knowledgeable on the PREA Standards. The PREA Coordinator is committed to implementing PREA within the facility. She has experience and has the sufficient time and authority to develop, implement, and oversee the efforts to comply with the PREA Standards.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Policy and Supporting Documents Reviewed, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Designee – Deputy Director
- Facility Director
- PREA Coordinator

The Nueces County Substance Abuse Treatment Facility does not contract with other entities for the confinement of residents.

Interview results:

- The Deputy Director, Facility Director, and PREA Coordinator confirmed the Nueces County Substance Abuse Treatment Facility does not contract with other entities for the confinement of residents. Since the agency does not contract for the confinement of residents, the agency Contract Administrator is not applicable. Should the agency/facility contact in the future, the auditor recommended to the Executive Director and Residential Director update the facility policy will require revision and any and all future contracts shall adopt PREA standard 115.212.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County CSCD Residential Staffing Plan dated June 14, 2018
- Facility Staffing Plan Deviation Form

Interviews

- Agency Designee-Deputy Director
- Facility Director
- PREA Coordinator

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures explains the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against sexual abuse and harassment. The policy indicates the facility takes into consideration the four requirements in standard 115.213 (a) – 1-4: 1. The physical layout of the facility; 2. The composition of the resident population; 3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 4. Any other relevant factors. In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.

The facility shall make its best effort to comply on a regular basis, with the approved PREA Staffing Plan and shall document and justify all deviations. Staff deviations are documented, and notification is made to Facility Director. The PREA Coordinator is responsible for reviewing the PREA Staffing Plan in conjunction with the daily Residential Monitor Schedule. If a Staffing pattern falls below the PREA Staffing Plan due to absence, the Shift Supervisor (SRM) shall notify the PREA Coordinator of the deviation. The PREA Coordinator will document and describe the deviation along with a thorough justification for the deviation; and notify the PREA Coordinator of the deviation within seven (7) calendar days. The facility provided a staffing deviation form indicating the date, reason for the deviation to include a description of any corrective actions that were taken to resolve the deviation.

The Nueces County CSCD residential staffing plan dated June 14, 2018 shows how the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against sexual abuse and harassment. The first section of the staffing plan identifies staff by relief and non-relief positions, each staff major functions and status whether the positions are filled or vacant. Furthermore, the staffing plan identifies staff to resident ratios, staff supervision of residents, supervisory personnel, video monitoring system, facility-specific factors related to sexual safety, availability of education and programming opportunities, access to medical and mental health care, physical building characteristics that can impact line of sight and visibility, privacy considerations and limits to cross gender

The Nueces County S.A.T.F. adheres to Texas Department of State Health Services (DSHS) Chapter 448 Rules which requires minimum direct care staff to resident ratios of 1:16 during waking hours and 1:32 during sleeping hours. These minimum rations must always be met except in the case of unforeseen and temporary circumstances. At any time that the minimum staffing ratios are not met the circumstances must be documented in an incident report that lists the reason(s) and the duration that the minimum staff-to-resident ratio was not met, and any actions taken to correct the situation. In practice, Nueces County S.A.T.F. will attempt to exceed the staff-to-resident ratios by having one (1) additional direct care staff assigned to each shift to cover emergency transport, cover shifts for staff who call in sick or to augment building-wide coverage. Senior Residential Monitors also maintain a roster of employees to call in to cover shifts as needed due to staff absences.

Residential Monitors (R.M.) are required to monitor clients at the facility to provide for the safe and efficient management of client behavior / activities. Nueces County S.A.T.F. always utilizes established procedures to monitor the whereabouts of clients, including sign-in/ sign-out procedures, Outside Activity requests (O.A.s), and residential head count. R.M.s are also required to regularly walk the hallways no less than every 15 minutes. R.M.s are always required to carry two-way radios.

At least one supervisory level person, including Administrators, Clinical Supervisors, Senior Probation Officer, S.R.M.s will always be on duty. Administrators, including Facility Director, Clinical Supervisor(s), PREA Coordinator, Operations Manager will always be on call. On duty supervisory personnel are required to always be accessible to direct and oversee building operations and safety and respond to crises or incidents. On-call administrative personnel must be available to respond promptly and effectively in the event of crises or emergencies at the facility. Administrators and Supervisors can augment coverage but can only be considered in the staff-to Resident ratio when directly observing residents.

In addition to the staffing plan describing staff to resident ratios, staff supervision of residents, supervisory personnel, the staffing plan includes video monitoring system, facility-specific factors related to sexual safety, availability of education and programming opportunities, access to medical and mental health care, physical building characteristics that can impact line of sight and visibility, privacy considerations and limits to cross gender viewing, prevalence of incidents of sexual abuse, applicable laws, regulations, and findings, staffing plan development and review by the facility administration and staff.

The facility staffing plan is reviewed no less frequently than once annually by facility administration in collaboration with the PREA Coordinator. The facility staffing plan assessment review is documented and recommendations and modifications are implemented as appropriate. For PREA compliance, the staffing plan development and review considered the following factors: Generally accepted secure residential practices are met; findings of inadequacy are addressed; adequate numbers of supervisory personnel, physical building inadequacies, such as “blind spots” are addressed to the maximum extent possible; responses are made where there is a prevalence of sexual abuse reporting on a certain shift, in a certain location, with certain personnel, or as pertaining to other factors; programs occurring on a particular shift; the composition of the resident population; applicable state and federal laws and regulations; prevailing staffing patterns; and the resources the facility has available to commit to ensure adequate staffing levels. The information for this standard was reviewed by this auditor and the facility exceeds the standard, given the overarching comprehensive approach with all supporting documentation provided by the agency and facility.

A review of the Pre-Audit Questionnaire indicated:

- The average daily number of residents over the past five years was 89.
- The average daily number of residents on which the staffing schedule was predicated was 104.
- The most common reason for deviating from the staffing plan in the last twelve (12) months was staff shortages.
- The questionnaire indicted the facility does review the staffing plan at least once every year documenting any adjustment when necessary.

Interview Results

- Interviews with the Deputy Director and Facility Director indicated at a minimum the staffing plan takes into consideration in 115.213 (a) 1-4 such as resident capacity, video monitoring, and housing bed locations.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents) Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures

- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Strip Search Procedures
- PREA Staff Training sign in sheets

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator
- Random Staff
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures prohibits any cross-gender strip search or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Pat and strip searches of transgender/Intersex residents will be completed by a staff member of the same sex for which the resident has been classified by referring agency. The Facility Director indicated that any cross-gender strip search or cross gender visual body cavity searches are conducted requiring only by having an exigent circumstances and the search would be documented in the log and in the residents file.

The facility has a policy and procedure for residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing is incidental to routine living quarter checks. Employees of the opposite gender announces their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothes.

Searches or physical examination of a transgender or intersex resident for the sole purpose of determining the resident's genital status is prohibited. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. While on-site, there were no transgender or intersex residents housed at the facility. The Deputy Director, Facility Director, and PREA Coordinator indicated that over the past twelve (12) months there have not been no transgender or intersex residents placed at the facility.

A review of the training documentation and staff interviews confirmed that training on pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of residents are prohibited. Staff were able to describe what an exigent circumstance would be seeking authorization to conduct such a search. Eleven (11) of the twelve (12) random staff interviewed were able to describe what an exigent circumstance would be and the procedures for securing authorization to conduct such a search as well as the requirements for justifying and documenting those searches.

All residents interviewed stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. Residents confirmed that same gender staff conduct pat or strip searches and supervise showers. All residents interviewed stated that they had never been searched by a staff member of the opposite sex nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down searches in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

Mostly all random staff interviewed, specifically those of the opposite gender- indicated that they announce themselves when entering a housing area. Documentation of opposite gender announcements are logged and documented on the designated form. During the tour it was observed female staff announce their presence when entering the male living unit. Facility staff and resident interviews confirmed residents can shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them.

During the facility tour, the auditor observed that showers provide for privacy, most often using PREA curtains or closed doors. Residents are required to be dressed when entering and exiting the shower area. Staff of the same gender conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of Residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

Interview Results:

- Twelve (12) random staff interviewed said they announce their presence when entering a living unit.
- Twenty-three (23) residents reported that staff of the opposite gender announce their presence when entering the living area. Residents further stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing. Residents also stated the facility has same gender staff scheduled to supervise residents.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- What You Should Know video Spanish transcript and video in large font
- What You Should Know video English transcript and video
- Resident's Guide for the Prevention and Reporting of Sexual Abuse and Sexual Harassment in Community Corrections Facilities
- Nueces County Resident Handbook, English version
- Nueces County Resident Handbook, Spanish version
- Resident Zero Tolerance Policy Information Sheet, English version
- Resident Zero Tolerance Policy Information Sheet, Spanish version
- Resident PREA Acknowledgment Form, English version
- Resident PREA Acknowledgement Form, Spanish version
- Reporting Poster, Spanish version
- Reporting Poster, English version

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator
- Random Staff
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. (b)

The facility takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective. The Clinical Supervisor will assign individuals to counselors based on the needs of the resident including those with limited English skills, reading or writing abilities. Should there be a need, documents are available in Spanish and in large font.

The agency does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of the resident's allegations.

There are postings throughout the facility both in English and Spanish. The resident brochure- PREA Zero Tolerance Policy information sheet, and the resident Handbook are in English and Spanish and contain information that provides appropriate explanations regarding PREA to residents based upon their individual needs.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past twelve (12) months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0).

Interview Results:

- Interviewed staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse.
- During the on-site visit, there was one (1) resident who was limited English proficient interviewed and reported services are provided by residential monitors who are bi-lingual.
- Interview with the Facility Director indicated that if a resident exhibits a disability, arrangements will be made to provide the necessary and required assistance. The Intake staff also indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay.
- In an interview with one (1) resident who was limited English proficient, he stated that they were provided materials in a format that ensured effective communication and that staff took the time to ensure that they understood all material presented. Intake Staff acknowledged they would take the necessary time to fully explain all PREA related materials.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County CSCD PREA Administrative Adjudication and Institutional Reference Check Form and Employee samples
- Employee Code of Conduct
- Employment Application Supplement form
- Conditions of employment form
- List of staff hired in the last twelve (12) months
- Staff list with criminal background checks with dates

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator
- Human Resources Manager

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures and supporting documentation contains all the elements required by this standard and all background checks are conducted initially on new employees, contractors, volunteers and promotion decisions of employees and contractors. Incidents of sexual harassment will be considered in determining whether to hire, appoint, or promote anyone, or enlist the services of any individual contractors. The initial background checks include the screening for criminal record checks, possible checks on criminal convictions and pending criminal charges, access to local, state and federal criminal databases to conduct background checks, and best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse and any resignation during a pending investigation or an allegation of sexual abuse.

During the hiring process, potential facility staff completes the Employment Application Supplement Form and Conditions of Employment Form that contains the questions regarding past misconduct. After initial review of the Employment Application Supplement Form, incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may

have contact with residents was not present on the form and once the omission was brought to the attention of the PREA Coordinator and Facility Director and the form was updated by the agency Human Resources Department and use for future prospective employees.

The Conditions of Employment Form imposes upon employees a continuing affirmative duty to disclose any such misconduct. The PREA: Preventing Sexual Misconduct Against Offender Signature Form further explains the agency's zero tolerance policy against sexual abuse and sexual harassment and termination from employment shall be the presumptive disciplinary sanction for staff who engage in such misconduct.

The agency tracks and has a system in place for otherwise capturing such information for current employees, volunteers, and contractors. The facility submitted a spreadsheet of list of staff names, dates of hire, date of last criminal background check, and future completed check. The PREA Coordinator, Facility Director, and the Human Resources Manager office maintains a spreadsheet to monitor background checks are completed once within five (5) years. The spreadsheet indicated all staff had criminal background checks completed within five (5) years and most staff had checks done in 2018 and 2019.

While on-site, a file review of ten (10) personnel files of current employees, contractors and volunteers with various hiring dates was conducted with the findings that newly hired employees, volunteers, and contractors had the required documentation indicating the necessary checks completed. The ten (10) files indicated employees had a criminal background check at the upon hiring and the facility was able to show that criminal background checks are completed at least every five years of current employees who may have contact with residents or may have a system in place for otherwise capturing such information for current employees.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks: 12.
- In the past 12 months, the number of persons promoted who may have contact with residents who have had criminal background checks: 0.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents: 12.

Interview Results:

- Interview with Deputy Director, Facility Director, PREA Coordinator, and Agency Human Resources Manager confirmed a hiring process performs criminal record background check on newly hired employees and contractors. The agency Human Resource Manager stated that criminal background checks are completed every year when a driver's license check is run by the state of Texas. Staff are required to report any criminal offenses including sexual abuse and harassment.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Surveillance System Schematic and Layout Diagrams

- Video Surveillance System Description

Interviews:

- Agency Designee-Deputy Director
- PREA Coordinator
- Facility Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures stated when designing or acquiring any new facility, planning any substantial expansion or modification of existing facilities, the agency/facility will consider the effect of the design, acquisition, expansion or modification upon the ability to protect inmates from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, facilities will consider how such technology may enhance the ability to protect residents from sexual abuse.

The Nueces County Substance Abuse Treatment Facility has sixty-one (61) cameras. The cameras are strategically located in the living unit, dining hall, kitchen, common areas, classrooms, hallways, processing/ intake, front entrance, visitation area, facility perimeter, and post areas. The video surveillance system has a maximum retention of ninety (90) days and has the capabilities to record and transfer video to DVD for long term storage. The agency limits access to the video surveillance system only to the Facility Director, Operations Manager, PREA Coordinator, and Investigative staff. Cameras are prohibited in the shower areas and inside resident rooms.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility (SATF) PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door dated 7/16/18

- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Nueces County Sheriff's Office dated 7/25/18
- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Corpus Christi Police Department dated 7/3/18
- Facility Sexual Abuse and Sexual Harassment Incident Form
- Email indicating no cost to the victim from the local rape crisis center
- The Purple Door Sexual Assault Training Agenda
- Five (5) staff certificates of completion of the Office of the Attorney General Sexual Assault Training Program

Interviews:

- Facility Director
- PREA Coordinator
- Random Residents
- Random Staff
- Specialized Staff
- Program Supervisor, The Purple Door
- CARE Team Clinical Director at SAFE Hospital

The initial review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures contained the elements of the standard and identified that all allegations of sexual abuse and sexual harassment be referred to the appropriate investigative agency, Corpus Christi Police Department. Additionally, policy requires the investigative agency to follow a uniform protocols that maximize the potential for obtaining usable physical evidence for administrative and criminal prosecutions.

The facility has a community partnership agreement with the Nueces County Sheriff's Office and the Corpus Christi Police Department. According to the MOU, it is agreed and understood that both law enforcement agencies will provide investigative services to residents and staff of the Nueces County Substance Abuse Treatment Facility pursuant to standard 115.221 (Evidence Protocol & Forensic Medical Examinations), standard 115.234 (Special training: Investigations), and standard 115.271 (Criminal and Administrative Agency Investigations) on a 24 hours a day basis.

Agency policy offer residents who are victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The organization providing forensic exams is the Doctors Regional Medical Center in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. The organization provides sexual assault exams provided by Sexual Assault Nurse Examiners/Forensic Examiners. Forensic medical examinations are offered without financial cost to the victim or victim's family.

If requested by the victim, a victim advocate, or qualified facility staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as indicated. The Purple Door

Program Supervisor indicated the above-mentioned services along with aftercare services will be provided to residents on a twenty-four (24) hours basis.

On June 28, 2019, five (5) facility staff, three (3) mental health counselors and one (1) probation officer attended and completed the Office of the Attorney General Sexual Assault Training sponsored by The Purple Door, the local rape crisis and recovery center. The attendees received forty (40) hours of training to provide direct client victim advocate services to residents who experienced sexual abuse and sexual harassment. The PREA Coordinator forwarded the training agenda and certificates of completion to the auditor. The agency/facility uses a qualified agency staff members screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general. The information for this standard was reviewed by this auditor and the facility exceeds the standard, given the overarching comprehensive approach with all supporting documentation provided by the agency and facility.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFE during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

Interview Results:

- The PREA Coordinator and Facility Director were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would “make sure the resident victim was stable,” preserve the evidence and, if the mental health counselors were on site, call on the mental health staff to conduct an assessment.
- For victims of sexual assault, the Program Supervisor at The Purple Door indicated that the facility will offer all victims access to forensic medical examinations without financial cost.
- Random and specialized staff indicated that SANE/SAFE are provided by the local hospital.
- Mostly all staff interviewed indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility.
- Twenty-one (21) out of residents twenty-three (23) interviewed knew services were available outside the program for dealing with sexual abuse if they would need services.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door dated 7/16/18
- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Nueces County Sheriff's Office dated 7/25/18
- Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Corpus Christi Police Department dated 7/3/18
- Facility Sexual Abuse and Sexual Harassment Incident Form
- Email indicating no cost to the victim from the local rape crisis center

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Investigative Staff
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility Policy and Procedures, the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Memorandum of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door, Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Nueces County Sheriff's Office, Community Partnership Agreement between the Nueces County Substance Abuse Treatment Facility and the Corpus Christi Police Department requires an administrative and/or criminal investigation for all allegations of sexual abuse or sexual harassment.

The policy requires allegations of sexual abuse or sexual harassment to be referred for administrative investigations to an agency with the legal authority to conduct criminal investigations. To that extent, the Nueces County Sheriff's Office and Corpus Christi Police Department provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse. Referrals made by the facility for criminal investigations are documented when referred to Nueces County Sheriff's Office and Corpus Christi Police Department. The Facility Director ensures that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all

allegations of sexual abuse and sexual harassment. The agency/facility has a website as the means to publicly distribute the required policy.

Per a review of the Pre-Audit Questionnaire, documentation, and confirmation by staff interviews the following has been recorded:

- The number of allegations of sexual abuse and sexual harassment received during the past 12 months were three (3).
- The number of allegations resulting in an administrative investigation during the past 12 months was three (3).
- The number of allegations referred for criminal investigation during the past 12 months was zero (0).

Interview Results:

- All random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policys' requirements; the staff were to report all allegations to their immediate supervisor and an internal and criminal investigation would occur.
- Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Training Sign in sheets for 2018
- PREA Training Power Point Presentation
- PREA Staff Acknowledge of Understanding Form
- PREA Brochure for staff, volunteers, and contactors, English and Spanish version
- National Curriculum and Training Institute, Preventing Sexual Misconduct Against Offenders case scenarios 1-4
- Administrators Business Meeting minutes May-June 2018
- Sexual Assault information sheet for staff
- State of Texas sexual abuse law reference
- Revised PREA staff training power point presentation and staff re-interview questions

Interviews:

- PREA Coordinator
- Facility Director
- Deputy Director
- Random and Specialized Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires PREA Training upon initially becoming an employee (new employee orientation training), as well as refresher training. The PREA policy contains

all ten (10) topics consistent with this standard's requirements and is tailored to this facility and the gender of their resident populations. In addition to the ten (10) required topics, the facility also trains employees on state and local laws imposing criminal liability for the sexual abuse of a person held in custody and the locations, situations, and circumstances in which sexual abuse may occur in a confinement setting.

The topics from the training PowerPoint that required additional information based on a lack of staff knowledge are the dynamics of sexual abuse and sexual harassment in confinement, common reactions of sexual abuse and sexual harassment victims, and details regarding how to communicate effectively and professionally with residents, including lesbian, gay, bi-sexual, transgender, intersex, and gender nonconforming residents.

The staff training documentation includes training material and facility staff interviews confirmed that staff receives PREA training during initial pre-service training and during refresher in-service training. All employees are trained as new hires regardless of their previous experience. All new employees receive the Nueces County policies and procedures on prevention strategies to maintain a professional atmosphere and sign the PREA Acknowledge of Understanding Form sheet indicating they received the training and understand their responsibilities for all the different training modules upon completion of the initial PREA training. Once every two years thereafter, employees are required to attend a PREA Refresher training and sign a training sheet indicating they received the training and understand they training they received. For 2018 all staff have received the required training.

A review of all facility staff and training education forms, observation of the day-to-day operations as well as facility staff interviews confirmed that staff are receiving their required PREA training. The PREA Coordinator and Facility Director indicated that in addition to refresher training taking place, once a month at mandatory staff meetings on going training occurs on any policy updates and training topics to include PREA.

Facility staff interviews confirmed their comprehension of the PREA training and their obligation to report any allegation of the sexual abuse and/or sexual harassment however, most staff struggled on the topic of dynamics of sexual abuse and harassment within a confinement setting and how to communicate effectively and professionally with residents, including lesbian, gay, bi-sexual, transgender, intersex, and gender nonconforming residents. During staff interviews, the auditor had to probe staff in order to get a correct response. To meet the standard, additional training in the two areas will need to be completed during the corrective action period.

Corrective Action:

During the first thirty (30) to forty-five (45) days of the corrective action period:

- The PREA Coordinator will update and revise the staff training power point to cover all training related topics. The auditor recommendation is to refer to the staff training material completed by The Moss Group located on the PREA Resource Center.
- All staff will receive the staff training required by the standard.
- After training has been conducted, the auditor will re-interview random staff to verify knowledge and understanding on all training topics.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were sixty-five (65.)

Interview Results:

- Twelve (12) out of twelve (12) random staff interviewed stated they receive PREA Training.
- Eight (8) out of twelve (12) random staff had difficulty knowing the dynamics of sexual abuse and sexual harassment in a confinement setting.
- Seven (7) out of twelve (12) staff did not know or were prompted on knowing how to communicate effectively and professionally with residents, including lesbian, gay, bi-sexual, transgender, intersex, and gender nonconforming residents.

Corrective Action required and verification since the on-site phase:

- During the first thirty (30) to sixty (60) days of the corrective action period, the Facility Director and PREA Coordinator will update and revise the staff training power point to cover all training related topics. The auditor recommendation is to refer to the staff training material completed by The Moss Group located on the PREA Resource Center.
- All staff will receive the staff training required by the standard.
- After training has been conducted, the auditor will re-interview random staff to verify knowledge and understanding on all training topics.

On April 23, 2019, the Facility Director and PREA Coordinator revised the staff training power point to cover all training related topics. The updated training material was forwarded and reviewed by the auditor. On April 30, 2019, the PREA Coordinator conducted staff training on the of dynamics of sexual abuse and harassment within a confinement setting and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. On July 1, 2019, nine (9) random staff were re-interviewed and were able to confidently describe and knew the two topic areas. Based on the supporting documentation submitted by the agency, the facility follows and meets the standard.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Training for Volunteers and Agenda
- Volunteer Handbook
- PREA Acknowledge of Understanding Form for Volunteers
- PREA Training Sign in sheets for 2018
- PREA Training Power Point Presentation
- PREA Brochure for staff, volunteers, and contractors, English and Spanish version

The initial review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures requires volunteers and contractors who have contact with residents

to receive PREA training.

The training material for volunteers and contractors includes their responsibilities of the agency's sexual abuse and harassment prevention, detection, and response policies and procedures, the agency's zero tolerance policy and informed on how to report such incidents. An additional document, PREA Acknowledgement of Understanding Form, Volunteer Handbook, and Volunteer Brochure describes the facilities zero tolerance policy, definitions, reporting requirements, and how to report sexual abuse and harassment of residents.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of volunteers and individual contractors who have contact with residents who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection and response: three (53.)

Interview Results:

- Interviews with the three (3) volunteers and contractors confirmed their knowledge of the required PREA training and the facility's zero tolerance policy, definitions, reporting requirements, and how to report sexual abuse and harassment of residents.
- All three (3) volunteers stated that when conducting services or meetings, there is at least one (1) staff present providing supervision when services or group meetings are being held within the facility.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County SATF Resident Handbook
- Orientation Document-Zero Tolerance Statement
- PREA Residents Acknowledgement Form, English and Spanish version
- PREA Poster- Zero Tolerance in English and Spanish version
- What You Need to Know Video and transcript, regular and large font
- PREA Brochure for residents, English and Spanish version

Interviews:

- PREA Coordinator
- Intake staff
- Random staff
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires that during the intake process, all residents shall receive information regarding the facility's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In most cases, within seventy-two (72) hours of the intake process, SATF provides residents with information regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding policies and procedures for respondent to such incidents. This process occurs through a face to face review of the resident handbook, which each resident keeps and refers to.

Intake staff documents verification of resident orientation and education on PREA by completing the Resident PREA Acknowledgment form. The form is maintained by the PREA Coordinator. All residents even those who have transferred from another facility also receive comprehensive information. Intake staff have residents sign and acknowledge of the PREA Acknowledgement Form informing residents on how to make reports of sexual abuse and sexual harassment along with the PREA brochure with contact numbers to outside counseling services and to make reports outside of the agency, including the Ombudsman Office. Also, the Intake staff reviews with the resident the Guide for the Prevention and Reporting of Sexual Abuse and Harassment in Community Corrections Facilities.

File review and documentation of residents' signatures were reviewed and confirmed during resident interviews. Residents are provided information on prevention/intervention, self-protection, reporting and treatment/counseling and it is available in accessible formats for future reference. Most residents interviewed stated that they received this information the same day they arrived at the facility and identified signing some forms. The assigned intake staff presents PREA information to include the resident brochure, in a manner that is accessible to all residents and provides education on an ongoing basis individually or in a group session. PREA postings were observed during the facility tour in the housing units, common areas, and residents identified the postings as another source of information for them.

Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was one hundred eight-nine (189.)

Interview Results:

- The Intake Staff indicated that during orientation all residents, to include transfers from other facilities, are educated on the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. All resident education information is given during the intake process and is given on the date of admission. The Intake staff also reviews with residents and have them sign and acknowledge the PREA acknowledgement form, orientation form, and the PREA Brochure for residents informing them on how to make reports of sexual abuse and sexual harassment along with the contact numbers to outside counseling services and to make reports outside of the agency, and the resident handbook.
- Twenty-two (22) out of twenty-three (23) residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment. After reviewing a random sample of resident files, ten (10) files showed resident receipt of receiving and acknowledging the intake information.
- Residents were interviewed using the following statement, when you came to this facility, were you told about:
 - Your right to not be sexually abused or sexually harassed, all residents answered yes.
 - How to report sexual abuse or sexual harassment, all residents answered yes.
 - Your right not to be punished for reporting sexual abuse or sexual harassment, all residents answered yes.
- Twenty-one (21) out of twenty-three (23) residents interviewed knew if there were services available outside of the facility for dealing with sexual abuse if they ever needed, knew what kinds of services were available, knew when they could speak with such services, and knew that what is said remains private. The auditor was very impressed on the resident's overall knowledge on this related topic.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- National Institute of Corrections (NIC) Specialized Training for Investigations Website and Training Certificates
- Certificate of attendance of the PREA Investigator Training from Public Agency Training Council

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Administrative Investigator

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures stated the PREA Coordinator shall ensure that more than one (1) person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as a back-up during employee absences (e.g., leave, paid time off, sickness, offsite training, etc.) from work. Investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PREA Coordinator shall ensure all staff are trained to call the law enforcement to investigate the allegations.

Specialized training shall include techniques for interviewing sexual abuse victim, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The facility maintains documentation that agency investigators have completed the required specialized training in conducting Sexual Abuse investigations by providing copies of the National Institute of Corrections (NIC) Specialized Training for Investigations certificates.

The Nueces County SATF has three (3) investigators including the facility director who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. Specialized training certificates indicated that the three (3) investigators completed the training. Based on interviews, facility investigators are experienced and capable of conducting administrative investigations of sexual abuse and harassment.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- National Institute of Corrections (NIC) Specialized Training for Medical staff
- 115.235 Word Document on the status of SAFE/FNE Nurses
- PREA Behavior Health Specialized Staff training certificates from the National Institute of Corrections

Interviews:

- PREA Coordinator
- Facility Director
- Medical Staff
- Mental Health/Substance Abuse Counselors

The initial review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures states in section C: Training and acknowledgement, subsection b.) Specialized Training; In addition to the general training provided to all employees all full and part-time

Qualified Mental Health Professionals, who work regularly in the facility, shall receive specialized medical training as outlined below: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations of sexual abuse and sexual harassment (115.235 (a)(1-4))

The Nueces County SATF policy and procedure omitted in the policy 115.235, sections (a and b) requiring full and part time mental health practitioners who work regularly in its facilities receive specialized training. The agency/facility will revise the policy and procedure as required by the standard. The facility must also have all mental health staff receive the specialized training that is offered by the National Institute for Corrections. The PREA Coordinator submitted documentation in the form of NIC Specialized Training for Medical Practitioners.

The organization providing forensic exams is the Doctors Regional Medical Center in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. The organization provides sexual assault exams by certified Sexual Assault Nurse Examiners/Forensic Examiners. Forensic medical examinations are offered without financial cost to the victim or victim's family.

Corrective Action required and verification since the on-site phase:

Within the first sixty days (60) days of the corrective action period:

- Update the facility policy to reflect subsections (a) and (b) of the standard.
- All mental health staff must complete the specialized training and provide documentation to the auditor.
- The PREA Coordinator will provide the necessary documentation to the auditor verifying training completion.
- The auditor will re-interview mental health staff to verify training completion and overall understanding and knowledge on the Specialized Training for mental health staff.

Between April 23-29, 2019, the twelve (12) substance abuse counselors completed the PREA: Mental Health Practitioners training presented by the National Institute of Corrections and the specialized training certificates were presented to the auditor. On April 30, 2019, the PREA Coordinator updated the identified facility policy and procedures and had facility staff trained on the updates and acknowledged their understanding and receipt of the updates. On August 2, 2019, two (2) full-time mental health counselor was re-interviewed and was knowledgeable with the material presented and questions asked by the auditor. All required work was completed prior to the 180-day corrective action period and the facility meets the standard.

<p style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
--

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about

his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Facility Sexual Victimization and Abusiveness Screening Form
- Facility Sexual Victimization and Abusiveness screening re-assessment tracking form
- Email from Staff who conducts Screening of Abusiveness and Victimization to the PREA Coordinator

Interviews:

- PREA Coordinator
- Facility Director

- Intake Staff
- Screening Staff
- Random Staff
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires upon admission to the facility, and upon transfer to another facility, residents shall be screened by staff assigned to perform the initial intake screening process in order to obtain information relevant to housing, counseling and groups with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The screening shall identify past victims and/or predators and assess vulnerability to sexual abuse victimization. Staff shall complete the interview portion of the screening upon intake or at least within twenty-four (24) hours of arrival at the facility.

Screenings shall include interview questions and a review of the resident's computerized record (C.S.S.), which must be completed within seventy-two (72) hours of admission to the facility. Prior criminal history will be considered. Screenings will be completed and documented using the Sexual Victimization and Abusiveness Risk Screening Form, which will be shared with resident's Counselor for proper treatment planning and monitoring. Should any risk factors be identified at this time, Clinical Supervisor will consult with the Operations Manager and Facility Director to determine a housing assignment that ensures the safety of all Residents. All completed Screening Tool forms will be maintained in the PREA Coordinator's office. Screening of residents should only be used as a guideline for determining appropriate housing and services and should never be used as the sole reason for the deprivation of a program or privilege. Counselors will monitor any Resident who has the potential for violating other residents (aggressors) and Residents who may be at risk for victimization. Any evidence that this is occurring must be immediately reported to the appropriate Supervisor.

Reassessment screenings of the resident's risk level of victimization or abusiveness will be conducted by the appropriate staff member designated by the Facility Director. The reassessment shall occur: 1. Within thirty (30) days of the resident's arrival at the facility. The reassessment will include any additional relevant information received by the facility since the initial intake screening; 2. When warranted, due to a referral, request, incident of sexual abuse, or receipt of additional information that may impact the resident's risk of victimization or abusiveness. Residents may not be disciplined for refusing to answer or for not disclosing complete information, in response to questions asked pursuant to the following: 1. whether the resident has a mental, physical, or developmental disability; 2. whether the resident is, or is perceived to be, LGBTI or Gender Non-Conforming; 3. whether the resident has previously experienced sexual victimization; or 4. the resident's own perception of vulnerability. Appropriate controls shall be implemented within the facility regarding the dissemination of responses to questions asked in order to ensure that sensitive information is not exploited by employees or other residents to the resident's detriment. The facility's policy limits staff access to this information on a "need to know basis."

The orientation and assessment process consist of the Intake Staff, completes the initial housing assessment, the PREA Sexual Victimization/Abusiveness Risk Screening Form, which acquires a baseline assessment to obtain and use information about the resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Specifically, the PREA Sexual

Victimization/Abusiveness Risk Screening Form, an objective screening instrument, inquires whether the resident has a mental, physical, or development disability, the age of the resident, physical build of the resident, whether the resident has previously been incarcerated, the resident's criminal history is exclusively non-violent, risk of victimization and vulnerability, and any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender and intersex, and whether the resident has previously experienced sexual victimization, and the resident's own perception of vulnerability.

After an initial review of the PREA Sexual Victimization/Abusiveness Risk Screening Form, the assessment omitted the criteria of whether the resident has prior convictions for sex offenses against an adult or child. It was also recommended to add some additional information in the area relating to the results of the assessment, whether the outcome results indicated the resident classified as sexually vulnerable or sexually aggressive. As well as additional space for resident comments and staff remarks noting housing preference and document the need for an override of the results are warranted. The recommendations were adopted, and the Sexual Victimization/Abusiveness Risk Screening Form was revised, intake staff were informed of the change and began to use the newly revised form for new admissions and re-assessments.

With regards to re-assessments not to exceed thirty (30) days from the resident's arrival at the facility, reassessing the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening the facility meet the subsection of the standard. The PREA Coordinator submitted ample documentation demonstrating Counselors are conducting re-assessments as scheduled and the practice appears to be institutionalized within facility operations. After reviewing the status of ten (10) resident assessments, mostly all the assessments and re-assessments were completed on time outlined in policy.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexually victimization or risk of sexually abusing other Residents with 72 hours of their entry into the facility was one hundred and twenty (120.)

Interview Results:

- With regards to resident screening questions, all but one resident interviewed remembered being asked "when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse all residents. Of those residents with a length of stay longer than thirty (30) days, the auditor asked if staff ever asked the screening questions on more than one occasion, of the twenty (21) residents, nineteen (19) residents indicated or remembered they have been asked more than once. Review of resident files verified all residents were asked the question on more than one occasion.

- The one (1) resident (witness) was interviewed who reported sexual abuse; the resident remembered receiving a risk re-assessment and as a precaution was moved to another dormitory.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Facility Sexual Victimization and Abusiveness Screening Form
- Facility Sexual Victimization and Abusiveness screening re-assessment tracking form
- Email from Staff who conducts Screening of Abusiveness and Victimization to the PREA Coordinator
- Room assignment process
- Facility Sexual Victimization and Abusiveness Screening Form
- Resident brochure for SATF Residents

Interviews:

- Facility Director
- PREA Coordinator
- Intake and Screening Staff
- Operations Manager
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures indicates before or upon admission or no later than twenty-four (24) hours to the facility, and upon transfer to another facility, residents shall be screened by staff assigned to perform the initial intake screening process in order to obtain information relevant to: 1.housing, counseling and groups with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive; and 2.identify past victims and/or predators and assess vulnerability to sexual abuse victimization. The facility makes individualized determinations about how to ensure the safety of each resident.

In deciding whether to house a transgender or intersex resident in a male housing unit or a female housing unit, or when making other housing and programming assignments for such residents, the facility shall consider the transgender or intersex resident's own views with respect to his/her own safety and shall consider on a case-by-case basis whether such a placement would ensure the Resident's health and safety. Consideration should also be given as to whether the placement would

present management or security problems. Transgender and intersex residents shall be given the opportunity to shower separately from other residents. The policy included the establishment of a unit solely dedicated to the housing of LGBTI and/or Gender Non-Conforming residents is strictly prohibited unless required by consent decree, legal settlement, or legal judgment for the purpose of protecting that resident.

Interview Results:

- The interviews with the Facility Director, PREA Coordinator, and Screening staff indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units, or wings solely based on identification status for protecting such residents.
- The Operations Manager approves all housing assignments and programming changes to the bed chart and the assignment sheet is updated and revised when a resident is admitted and when a change is necessary. The Facility Director and PREA Coordinator oversee the process at the administrative level.
- The facility submitted a process description along with a bed chart that identifies resident room assignments based on any risk of abusiveness and vulnerability.
- Interviewed staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility will house these residents in the general population unless requested by the resident for special housing for safety issues. Furthermore, staff interviewed explained when a resident is at risk for victimization or vulnerability, the resident is placed in a designated room close to staff supervision.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures

- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA Acknowledgement of Understanding
- Resident Handbook and addendum
- Nueces County Brochure, English Version
- Nueces County Brochure, Spanish Version
- Nueces County Resident Grievance Form
- PREA Posters
- Facility Reporting Notice

Interviews:

- PREA Coordinator
- Facility Director
- Random Staff
- Random Residents

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures provides multiple internal ways for residents to report sexual abuse and harassment retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents.

Residents are informed verbally and in writing on how to report sexual abuse and sexual harassment. These various ways of reporting include telephoning the hotline number, a written or verbal complaint to the Ombudsman, advising an administrator, or staff member, placing a written complaint in the grievance box, and by making an external complaint to a third party (i.e. family member). Also, during the intake and admission process residents are advised of their rights as written in the resident handbook and zero tolerance policy form. The facility informs residents of at least one way to report abuse or harassment to a public entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and harassment to agency officials, allowing the resident to remain anonymous upon request. The outside entities residents can use is by notifying the Texas Board of Criminal Justice Ombudsman's Office and by calling the toll-free number for Mujeres Unidas, the local rape crisis center.

While touring the entire facility, it was observed in the living areas postings of the PREA information (posters), other facility information, reporting boxes. The victim advocate information postings were observed on the living unit area. Reporting procedures are provided to residents through the resident handbook. With regards to third-party reporting postings, the content appears to busy and quite challenging for residents to clearly know how to make a third-party report. For clarification purposes, the auditor suggested the facility create a separate third-party reporting notice with contact information.

During the tour, the auditor tested the grievance and reporting process by placing a written notice inside the boxes verifying the reporting mechanism. While on-site the auditor did not receive any indications from staff of receiving such letters. Five (5) days after the on-site visit, the Operations Manager

informed the auditor he had received the test grievance form and was processed as outlined in the facility policy.

Resident interviews indicated they know more than one way to report sexual abuse and sexual harassment by telephoning The Purple Door, speaking with a staff they trust, and about the anonymous reporting capability and third-party reporting by having or knowing someone else make the report for you so that you do not have to give your name. Most residents interviewed knew they could file a grievance to privately report sexual abuse and harassment. The residents also indicated they have the option to report by submitting an "I Need Assistance" (INA) form to the PREA Coordinator, Investigators, and the Facility Director.

Random staff interviews were knowledgeable and indicated that staff knew of at least one way to privately report sexual abuse of resident, by telling their immediate supervisor and by forwarding a report in the form of a letter and submit to the Facility Director or PREA Coordinator. Staff can also make an anonymous report to The Purple Door by calling the toll-free telephone number which is posted throughout the facility. All staff interviewed knew they can accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
 Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
 Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Resident Handbook and Addendum
- Staff training on policy update, attendance sheets dated 5/1/19
- Updated policy dated 4/23/19

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Random Residents
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities) indicated the agency/facility is not exempt from the standard. Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures did not describe procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

The policy manual describes the orientation residents receive that explains how to use the grievance process to report allegations of abuse and has administrative procedures/appeal process for dealing with resident's grievances regarding sexual abuse and/or harassment. Residents may place a written grievance or complaint in the locked Grievance box.

The facility has a grievance process enabling timely response and layers of review. The policies and procedures describe an unimpeded access and process. Residents are not required to utilize an informal process for reporting allegations of sexual abuse or sexual harassment nor are they required to submit it to the staff member involved in the allegation. According to the policy, the Facility Director is responsible for investigating the grievance and a preliminary review of the incident and the facility's response shall be conducted forty-eight (48) hours to seventy-two (72) hours following a reportable PREA incident and issues a final decision within five calendar days to determine whether the resident is in substantial risk of imminent sexual abuse.

After review of the policy, subsections (f) and (g) were omitted, the establishment of procedures for the filing of an emergency grievance, an initial response by the Residential Director within forty-eight (48)

hours, and the agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith. The Residential Director will be required to add the language into policy and the resident handbook as well as inform staff and residents. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.

Random resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes. Residents indicated they would contact a trusted staff or telephone the hotline in relation to sexual abuse or sexual harassment complaints.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was 0.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was 0
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the Resident declined third-party assistance, containing documentation of the resident's decision to decline reported was 0.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was 0.
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was 0.
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the Resident for having filed the grievance in bad faith reported was 0.

Interview Results:

- According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

Corrective Action required and verification since the on-site phase:

Within the first thirty (30) to sixty (60) days the Facility Director will:

- The facility will update current policy and resident and or employee handbooks to include the standard language and inform and train staff and residents of the updates and submit policy update to the auditor.

On April 23, 2019, the agency/facility policy was updated to reflect the standard language. On April 30, 2019, facility staff were trained on the updates and acknowledged their understanding with receipt of the policy updates. Resident and staff handbooks were revised and the change in policy/procedures were explained for new resident admissions and newly hired staff.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door dated 7/16/18
- Facility Sexual Abuse and Sexual Harassment Incident Form
- Email indicating no cost to the victim from the local rape crisis center
- Nueces County Brochure, English Version
- Nueces County Brochure, Spanish Version
- Resident Handbook Addendum, English Version
- Residential Handbook Addendum, Spanish Version
- PREA Posters

Interviews:

- PREA Coordinator
- Facility Director
- Random Residents

The review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedures ensures that residents are provided with access to outside victim advocates for emotional support services related to sexual abuse by The Purple Door. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The agency or facility attempts or maintains memorandum of understanding (MOUs) or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. The Program Supervisor for The Purple Door indicated the above-mentioned services along with aftercare services will be provided to residents on a twenty-four (24) hours basis.

All but two (2) residents interviewed confirmed their knowledge of how to access these outside services, knowledge of what kind of services are provided to them, when they are able to talk with people from these services, and the knowledge of what is said that remains private related to mandatory reporting law.

Interview Results:

- With regards to residents know if there are services available outside of the facility for dealing with sexual abuse, twenty-one (21) out of the twenty-three (23) residents were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it, what kinds of services were available, received mailing addresses, and understood what information remains private and what is told to or listened to by someone else. The auditor was very impressed on the resident’s overall knowledge on this related topic.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

- Nueces County Brochure, English Version
- Nueces County Brochure, Spanish Version

Interviews:

- PREA Coordinator
- Facility Director
- Random Residents
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures identifies the facility's third-party reporting process and instructs facility staff to accept third party reports from any source. The facility's website provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident. There are several reporting options (written, verbal and anonymous) for the receipt of third-party reports of sexual abuse or sexual harassment. This information is reported directly to the Facility Director and PREA Coordinator.

The facility staff provides the resident with a packet containing varied forms, and third-party reporting information. Resident interviews confirmed awareness and knowledge of reporting sexual abuse or harassment to others outside (third party reporting) of the facility including access to family members and attorney. Additionally, they are instructed to report allegations of sexual abuse and sexual harassment to a trusted adult, the Ombudsman, probation officers, and attorneys. Mostly all facility staff interviewed were able to describe how reports may be made by third parties.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
 Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator
- Random Staff
- Mental Health Staff
- Intake Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures identified the reporting process for all staff to immediately report any knowledge, suspicion or information they receive regarding sexual abuse and harassment, retaliation against residents or staff who report any incidents or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All staff are mandated reporters and random staff interviews confirmed the facility's compliance with this standard. All staff receive information and clear steps on how to report sexual abuse and sexual harassment and instructions to maintain confidentiality through the facility's protocol and training. The staff would immediately notify their immediate supervisor, the facility investigator and the facility director, furthermore, staff would then complete and file a written incident report with the details of any incidents that would occur in the facility in compliance with this standard. If the alleged victim is under the age of 18 or considered a vulnerable adult under the state or local vulnerable persons statute, the agency/facility report the allegation to the designated state or local services agency under applicable mandatory reporting laws.

After further review of the policy, subsection (e) was omitted, the practitioner's requirement to inform residents of their duty to report, the limitations of confidentiality, and the facility report all allegations of sexual abuse and harassment, including third-party and anonymous reports to the designated investigators. The PREA Coordinator and Facility Director made the required language change to policy and staff will be informed of the update. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility.

Interview Results:

- All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff was also aware of the facility procedure for reporting any information related to a resident sexual abuse allegation.
- Interview with medical and mental health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual

- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator
- Residential Director
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures require that immediate action to be taken upon learning that a resident is subject to a substantial risk of imminent sexual abuse. The supporting documentation, interviews with the Deputy Director, Facility Director, PREA Coordinator, and random staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse.

Facility staff indicated that if a resident was in danger of sexual abuse or at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate the resident from the alleged perpetrator and contact their immediate supervisor. Additionally, the resident would be referred for mental health services and medical services to include being transported to the local SAFE/SANE hospital. All residents interviewed reported they feel safe and more importantly sexual safe at this detention facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0.

Interview Results:

- Interview with the Facility Director, PREA Coordinator, specialized and random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment, and transfers residents to another living unit based on the safety and security of all residents.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Designee- Deputy Director
- Facility Director

- PREA Coordinator
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires if the allegation involves events that took place while the alleged victim was not at the S.A.T.F. facility (while housed at another facility), the following actions will be taken a. a member of the PREA team will contact the outside entity where the abuse took place as soon as possible, but no later than seventy-two (72) hours after receiving the allegation; b. determine whether the allegation was reported and investigated. If the allegation was reported and investigated by the appropriate officials, the facility shall document the allegation, name and title of the person contacted, and that the allegation has already been addressed. Under this circumstance, further investigation and notification need not occur.

If the allegation was not reported or not investigated, a copy of the statement of the resident shall be forwarded to the appropriate official at the location where the incident was reported to have occurred; c. All such contacts and notifications shall be documented including the allegation, any details learned from contact with the site where the alleged abuse took place, and the facility's response to the allegation. If an allegation is received from another facility, the Facility Director will ensure that allegation is investigated.

After further review of the policy, the facility needs to revise (a) to the head of the facility (not PREA team member) that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The required language to the policy was made to match the standard requirement. The Facility Director had received zero (0) allegations that a resident was abused while confined at another facility during the past twelve (12) months. On April 23, 2019, the agency/facility policy was updated to reflect the standard language. Facility staff were trained on the updates and acknowledged their understanding with receipt of the policy updates.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was 0.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was 0.

Interview Results:

- Interviews with the Deputy Director, Facility Director, and PREA Coordinator indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a current resident, they would monitor that resident until investigation is completed.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- PREA First Responder Questions
- Staff training on policy update, attendance sheets dated 5/1/19
- Updated policy dated 4/23/19
- Revised staff first responder duties cards
- Revised first responder duties supplement form

Interviews:

- Facility Director
- PREA Coordinator/Residential Director
- Mental Health staff
- Intake Staff
- Random Staff and First Responders

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy-Procedures requires any employee who discovers or learns of sexual abuse, or an allegation of sexual abuse, shall ensure that the following actions are accomplished:

- a. the alleged victim is kept safe, has no contact with the alleged perpetrator, and notify one of the following members of Management: PREA Compliance Manager, Facility Director and/or PREA Coordinator;
- b. Take steps to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- c. if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating and
- d. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating;
- e. all required information concerning the allegation is kept confidential by discussing the information with only those employees who have a direct need to know.

Also on the PREA First Responder Questions, the same language it is written; If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged abuser not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking drinking, or eating.

During the pre-audit phase, the auditor recommended the policy and any relevant training material relating to first responder duties reflect exact wording as written in the standards. Specifically, change the word “request” the alleged abuser change to “ensure” the alleged abuser not take any actions that could destroy physical evidence. The Facility Director accepted the change and updated the policy and relevant documentation.

All random staff interviews showed difficulty in providing the action steps identified in the policies and procedures, had limited knowledge of their responsibilities and duties as first responders, and were unaware of why they do these duties. The auditor’s recommendation was that staff receive additional follow up training in this area to meet the standard.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a Resident was sexually abused as zero (0).
- In the past 12 months, of the allegations that a Resident was sexually abused the number of times a non-security staff was the first responder were zero (0).

Interview Results:

All twelve (12) staff interviewed could not indicate all the action steps identified in the policy, had limited knowledge of their responsibilities and duties as first responders.

Correction Action required and verification since the on-site phase:

During the first thirty (30) to sixty (60) days of the corrective action period:

- The Residential Director must update the policy to reflect the correct wording as noted in the standard.
- Conduct staff training on first responder duties and document that staff have participated and understood the training.
- Provide the auditor with staff training sign in sheets.
- The auditor will re-interview randomly selected staff to verify training completion and overall understanding and knowledge on the first responder duties.

On April 23, 2019, the Facility Director made the required changes and updated the policy and all relevant documentation on first responder duties. On April 30, 2019, the PREA Coordinator and Facility Director conducted staff training on the first responder duties. Staff sign in sheets were provided documenting staff participation. On July 2, 2019, nine (9) random staff were re-interviewed and were able to describe the first responder duties. Based on the supporting documentation submitted by the facility it meets the standard.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews, and Observations

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Nueces County SATF written institutional coordinated response plan
- Staff training on policy update, attendance sheets dated 5/1/19
- Updated institutional coordinated response plan dated 4/23/19

Interviews:

- PREA Coordinator
- Facility Director
- Specialized Staff
- Random Staff

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. After the

facility only produced the written institutional plan in policy, the auditor recommended the facility develop a written institutional plan that coordinates action taken by all relevant departments within the agency.

During the pre-audit phase, the auditor required the PREA Coordinator develop the written institutional plan required by the standard. Additional details are needed in all areas as described in agency/facility policy.

Interview Results:

- Interviews with specialized and random staff indicated they were not certain if the facility had a written coordinated response plans or the location of the plan.

Corrective Action required and verification since the on-site phase:

- During the first thirty (30) to forty-five (45) days of the corrective action period, the auditor will assist the Facility Director and PREA Coordinator revise the written institutional plan. Upon revision, the facility will re-train staff on the written plan and where the plan is located within the facility. The auditor will re-interview randomly selected staff to verify training completion, overall understanding of the coordinated response plan and the exact location of where the plan can be used as a reference in case of a sexual abuse allegation.

April 30, 2019, facility administration updated in detail the written institutional coordinated response plan and re-trained staff on the where the coordinated response plan is located within the facility if a sexual abuse allegation occurs. On July 2, 2019, nine (9) random staff were interviewed to verify the updated plan and the institutional plan's location within the facility. All staff correctly answered the questions. The correction was made prior to the end of the 180-day corrective action period and the facility is compliant with the standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews, and Observations

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director

Neither the agency/facility are involved in collective bargaining. According to the Deputy Director, Facility Director, and PREA Coordinator there is nothing that limits the agency's ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Finally, Texas is a right to work state and does not have any union representation for its employees.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy Manual
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

- Nueces County PREA Retaliation Monitoring Report Form
- Nueces County PREA Retaliation Monitoring Report Form for allegations over the past twelve (12) months

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director

The review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedure states that any employee or resident with Nueces County Substance Abuse Treatment Facility is prohibited from retaliating against other employees or residents for reporting allegations of sexual abuse or sexual harassment. Employees and/or residents who are found to have violated this prohibition shall be subject to disciplinary action. The facility is required to act promptly to remedy any form of retaliation.

The agency protections from retaliation are afforded to all residents and staff who report sexual abuse or sexual harassment and who cooperate with an investigation. The Facility Director designated the PREA Coordinator as the staff person charged with monitoring retaliation. The facility employs multiple protection measures, including housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Retaliation monitoring continues in thirty (30) day increments until at least ninety (90) days following a report of sexual abuse and is documented on the PREA Retaliation Monitoring Reporting Form. The facility goes beyond that time frame if the resident or staff needs that extension up to an additional ninety (90) days. The facility monitors resident disciplinary reports, housing or program changes as well as negative performance reviews or reassignments of staff. In the case of residents, monitoring will include periodic status checks to determine if resident levels are lost for legitimate causes. The PREA Coordinator monitors retaliation on a weekly basis and documents all relevant information including protective measures, items that show cases of retaliation, note if there were any occurrence and add a comments if necessary. The periodic checks are documented if there were or were not any reports of retaliation.

After further policy review, subsection (c) was omitted, Items the agency should monitor include any disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The PREA Coordinator/Residential Director made the required language change to policy.

Over the past twelve months, the facility reported three (3) sexual abuse allegations and there were no incidents of retaliation in all allegations. The interview with the PREA Coordinator confirmed there were three (3) allegations requiring retaliation monitoring. The monitoring for retaliation included periodic checks over the designated time period of 90 days, resulting in zero (0) cases of retaliation.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was 0. There was supporting documentation to show that retaliation was monitored during the ninety (90) days for the three (3) sexual abuse allegations.

Interview Results

- Interview with one (1) resident who reported sexual abuse as a witness, documentation indicated the PREA Coordinator checked in periodically throughout the months. Resident reported no retaliation over the period of the monitoring period.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Investigation reports for three (3) allegations during the past twelve (12) months
- Staff training on policy update, attendance sheets dated 5/1/19
- Updated policy dated 4/23/19

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Administrative Investigator

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the Facility Director shall ensure that an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment.

After further review of the policy during the evidence review phase, subsections (a through e) and (g-j) must be added to the policy and required for standard compliance.

The facility omitted the subsections that requires the agency/facility conduct its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Over the past twelve (12) months there were three (3) administrative investigations and the investigative reports were done so promptly, thoroughly, and objectively for all allegations.

The agency uses investigators who have received specialized training in the sexual abuse investigations involving juvenile victims as required by 115.234. Nueces County SATF has three (3) investigators who completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was 0.

Correction Action required and verification since the on-site phase:

During the first forty-five (45) days of the corrective action period:

- The Facility Director must update the policy to reflect the correct wording noted in the standard.

On April 23, 2019, the agency/facility policy was updated to reflect the standard language. On April 30, 2019, facility staff including administrative investigators were trained on the updates and acknowledged their understanding with receipt of the policy updates.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Investigation reports for three (3) allegations during the past twelve (12) months

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Administrative Investigator

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures contains the elements of the standard and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated. The assigned investigator investigates the allegation and indicates a standard of a preponderance of the evidence or a lower standard of proof for determining if allegations are substantiated, unsubstantiated or unfounded.

Interview Results:

Interviews with the Deputy Director, Facility Director, PREA Coordinator, and Administrative Investigator confirmed the agency or program does conduct administrative investigations. When there is evidence that a prosecutable crime has taken place and the facility consults with prosecutors before conducting compelled interviews.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

- Resident Allegation Status Notification Form
- Resident Allegation Status Notification Form for the three (3) allegations over the past twelve (12) months

Interviews:

- PREA Coordinator
- Facility Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires an administrative investigation and a referral for a criminal investigation, where appropriate, are completed for all allegations of sexual abuse and sexual harassment following an investigation into a resident's allegation of sexual misconduct suffered in a facility, the facility shall be informing the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

If the facility did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident. Following a resident's allegation that a staff member has committed sexual misconduct against the resident, the facility shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: 1. the staff member is no longer posted within the resident's area; 2. the staff member is no longer employed at the facility; and/or 3. the facility learns that the staff member has been indicted or convicted of a charge related to sexual misconduct within the facility.

Also following a resident's allegation that he or she has been involved in an incident of sexual misconduct by another resident, the facility shall subsequently inform the alleged victim whenever: 1. the facility learns that the alleged abuser has been indicted or convicted on a charge related to sexual misconduct within the facility; or 2. the facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. All notifications or attempted notifications shall be documented and placed in the resident shall sign the forms, verifying that such notification has been received. The signed Resident Allegation Status Notification form shall be kept in the resident's file. The facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was 3.

- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was 3.
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 0.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 0.

- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was 0.

Interview Results

- Interviews with the PREA Coordinator and Facility Director indicated that the program will notify residents both in writing- who make an allegation of sexual abuse-when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- After reviewing the allegation documentation, specifically, the Resident Allegation Status Notification form, the facility provided three (3) of the three (3) forms, allegations dated 10/7/18 and 10/20/18, and 7/3/18. All three (3) incidents were sexual harassment and not sexual abuse.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) 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? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Employee Code of Conduct
- Employment Application Supplement form
- Conditions of Employment form

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator/
- Facility Director
- Human Resources Manager

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires all residents found guilty of sexual abuse shall be institutionally disciplined in accordance with the facility disciplinary procedures. Employees shall be subject to disciplinary sanctions up to and including termination for violating facility sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. An employee will adhere to the following disciplinary sanctions for violating PREA policy. Disciplinary sanctions for violations of facility sexual abuse or sexual

harassment policies (other than engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories. All terminations for violations of the facility sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was one (1).
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was one (1).
- In the past 12 months, the number of staff from the facility who has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were 0.
- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was 0.

Interview Results

- Interview with the Human Resource Specialist and PREA Coordinator, Facility Director interviews validated his technical knowledge of the reporting process was consistent with the agency/facility policies and procedures. The auditor will request further information regarding the one staff that was subject to disciplinary sanctions up to including termination.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Volunteer PREA Acknowledgement Form

Interviews:

- Facility Director
- PREA Coordinator
- Human Resources Manager
- Volunteers

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires any civilian or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violation of the facility sexual abuse or sexual harassment policies by a civilian or contractor will result in further prohibitions.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

Interview results:

- Interviews with the Facility Director, PREA Coordinator, and volunteers confirms the process for corrective action for contractors and volunteers.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Updated policy dated 4/23/19
- Staff training on policy update, attendance sheets dated 5/1/19

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires all residents found guilty of sexual abuse shall be institutionally disciplined in accordance with the facility disciplinary procedures. Because the burden of proof is substantially easier to prove in a resident's disciplinary case than in a criminal prosecution, a resident may be institutionally disciplined even though law enforcement officials decline to prosecute. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

The facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. A resident may be disciplined for sexual conduct with an employee only upon finding that the employee did not consent to such contact. Residents who deliberately allege false claims of sexual abuse can be disciplined.

The agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. The Facility Director or designee will contact law enforcement to determine if a deliberately false accusation may be referred for prosecution.

The facility omitted two subsections of the standard, (a) that requires that following an administrative finding that a resident engaged in resident-on-resident sexual abuse, following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process. (f) The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was 0.
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was 0.

Interview results:

- Interviews with the Deputy Director, PREA Coordinator, and Facility Director confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories; consider whether a resident's mental disability

or mental illness contributed to his behavior when determining what type of sanction if any be imposed.

Correction Action required and verification since the on-site phase:

During the first thirty (30) to sixty (60) days of the corrective action period:

- The Facility Director must update the policy to reflect the correct wording noted in the standard, review update with staff, and provide documentation.

On April 23, 2019, the agency/facility policy was updated to reflect the standard language. On April 30, 2019, facility staff were trained on the updates and acknowledged their understanding with receipt of the policy updates. Resident and staff handbooks were revised and the change in policy/procedures were explained for new resident admissions and newly hired staff.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse 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?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door
- PREA Brochure for Residents

Interviews:

- PREA Coordinator
- Medical and Mental Health Staff
- Random Staff
- Program Manager, The Purple Door
- CARE Team Clinical Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their

professional judgment. Medical and mental health staff will maintain secondary materials documenting The timeliness of emergency medical treatment and crisis intervention services that were provided; The appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

The facility's policy offers residents who are victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The organization providing forensic exams is the Doctor's Regional Medical Center in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. The organization provides sexual assault exams provided by Sexual Assault Nurse Examiners/Forensic Examiners. Forensic medical examinations are offered without financial cost to the victim or victim's family. For victims of sexual assault, the Program Supervisor at The Purple Door indicated that the facility will offer all victims access to victim advocate services and support.

Interview Results

- Interviewed random staff indicated that they would immediately notify their supervisor.
- Interview with medical and mental health care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Interviewed medical and mental health care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents
- Memo of Understanding between Nueces County Substance Abuse Treatment Facility and The Purple Door
- PREA Brochure for Residents

Interviews:

- PREA Coordinator
- Medical and Mental Health Staff
- Program Manager, The Purple Door
- CARE Team Clinical Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The facility provides such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within sixty (60) days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

The facility's policy offers residents who are victims of sexual abuse access to forensic medical examinations. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). The organization providing forensic exams is the Doctor's Regional Medical Center in Corpus Christi, Texas, which operates twenty-four (24) hours, seven (7) days per week. The organization provides sexual assault exams provided by Sexual Assault Nurse Examiners/Forensic Examiners. Forensic medical examinations are offered without financial cost to the victim or victim's family. For victims of sexual assault, the Program Supervisor at The Purple Door indicated that the facility will offer all victims access to victim advocate services and support.

Interview Results

- Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Interview with Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. Furthermore, the facility provides victims with medical and mental health care consistent with the community level of care, resident victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.
- Interview with the Program Supervisor at The Purple Door indicated and confirmed access to emergency medical and mental health services. The Program Supervisor further indicated that victim advocate services will be provided as well. The facility also has staff trained as victim advocates to immediately respond at the facility until a victim advocate is present.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: 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 affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- Sexual Abuse Incident Review Checklist
- Sexual Abuse Review Team Meeting Minutes for three (3) sexual abuse allegations

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director
- Incident Review Team Members

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the Nueces County SATF PREA Team shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from the PREA Coordinator, Investigators and any medical or mental health practitioners who became involved in the case.

The review team shall: a. consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; b. consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay , bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; d. assess the adequacy of staffing levels in that area during different shifts; e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (2)(a) – (2)(e) of this section, and any recommendations for improvement and submit such report to the Facility

Director and PREA Coordinator. The facility shall implement the recommendations for improvement and shall document its reasons for not doing so.

All findings and recommendations for improvement will be documented on the Sexual Abuse Incident Review Checklist. Completed incident review will be forwarded to the Facility Director and the PREA Coordinator. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. The auditor recommends the agency/facility consider the following additions to the review checklist; subsections (c), and (d)(1) - (d)(5) with any recommendations for improvement.

The facility had reported three (3) administrative investigations of alleged sexual abuse or sexual harassment that occurred at the facility in the past twelve (12) months. The Sexual Abuse Incident Review forms were completed and as followed: allegation #1 dated 7/1/18, resident on resident sexual harassment with an outcome resulting in unfounded; allegation #2 dated 10/7/18, resident on resident sexual harassment with an outcome resulting in substantiated; allegation #3 dated 10/22/18, resident on resident sexual harassment with an outcome resulting in unfounded.

The standard requires the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. All three (3) allegations were sexual harassment and not sexual abuse. The facility completed sexual abuse review team meetings on allegations all three (3) sexual abuse allegations including outcomes with unfounded outcomes. The best practice is for the agency/facility continue to conduct incident reviews on all allegations of sexual abuse and sexual harassment no matter the outcome of substantiated, unsubstantiated, or unfounded. The facility has shown shows going above and beyond to prevent, detect, respond, and report sexual abuse and sexual harassment resulting in a more sexually safe environment for residents and staff.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility- excluding only “unfounded” incidents- was 3.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding- only “unfounded” incidents-was 3.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2017 Survey of Sexual Victimization- SSV- 2 Other Correctional Facilities
- 2017 Survey of Sexual Victimization- SSV- IJ Other Correctional Facilities

Interviews:

- Agency Designee- Deputy Director
- PREA Coordinator
- Facility Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the agency shall collect, maintain, and review accurate uniformed data for every allegation of sexual misconduct using a standardized instrument and a set of definitions. The standardized instrument the facility uses is an incident reporting form and the set of definitions used are defined and outlined on the policy.

The agency policy states the facility aggregates the incident based sexual abuse data annually and the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization by the Department of Justice. The agency policy stated it maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. As a matter of consistency and with the recommendation, the agency/facility add, subsection (f) upon request the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. The agency does not contract for the confinement of its residents.

The facility advised the auditor they had not collected the incident-based data, at a minimum necessary to complete the Survey of Sexual Victimization survey. The auditor recommended to the Deputy Director and PREA Coordinator to review and complete the survey to begin to gather and express in summary form for the purposes of statistical analysis. The PREA Coordinator completed the Survey of Sexual Victimization for 2017. The auditor suggested the agency and facility contact local correctional jurisdiction and parent governing agency to verify forwarding the survey to the US Census Bureau.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2017 Survey of Sexual Victimization- SSV- 2 Other Correctional Facilities
- 2017 Survey of Sexual Victimization- SSV- IJ Other Correctional Facilities
- 2017 Annual Report
- Link to website

Interviews:

- Agency Designee- Deputy Director
- Facility Director
- PREA Coordinator

The initial review of the Nueces County Substance Abuse Treatment Facility, Prison Rape Elimination Act (PREA) Policy and Procedure requires the agency review data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. The annual report includes a comparison of the current year’s data and corrective actions with those from prior years. The annual report provides an assessment of the agency’s progress in addressing sexual abuse. The Deputy Director approves the annual report and makes annual report readily available to the public at least annually through its website. The agency policy redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)
- 2017 Survey of Sexual Victimization- SSV- 2 Other Correctional Facilities
- 2017 Survey of Sexual Victimization- SSV- IJ Other Correctional Facilities

Interviews:

- Agency Designee- Deputy Director
- Facility Director

The initial review of the Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures requires the facility to ensure that data collected pursuant to 115.287 are securely retained. The Facility Director shall make all aggregated sexual

abuse data readily available to the public at least annually through its website and all data shall not have any personal identifiers. The facility PREA Coordinator shall maintain sexual abuse data collected for at least ten years after the date of the initial collection. The facility PREA Coordinator shall destroy all data collected after the 10-year anniversary of the initial collection.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
 Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Hidalgo County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Deputy Director
- Facility Director
- PREA Coordinator

Interview Results:

- This is the facility's first PREA audit and was audited in Year 3 of the 2nd Audit Cycle.
- This auditor had access to the entire facility and was able to conduct interviews and that was provided with documentation in accordance to the standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Supporting Documents, Interviews and Observations:

- Nueces County Substance Abuse Treatment Facility (SATF), Prison Rape Elimination Act (PREA) Policy and Procedures
- Nueces County Substance Abuse Treatment Facility PREA Audit: Pre-Audit Questionnaire (Community Confinement Facilities)

Interviews:

- Deputy Director
- PREA Coordinator

- Facility Director

There has been no final audit report issued in the past three years and is the first facility to undergo a PREA audit as directed by the governing or parent organization, Community Justice Assistance Division of the Texas Department of Criminal Justice.

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 resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

J. Aaron Keech

September 19, 2019

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

