

**PREA AUDIT REPORT    INTERIM    FINAL**

**JUVENILE FACILITIES**

**Date of report:** 9/29/16

<b>Auditor Information</b>			
<b>Auditor name:</b> Talia Huff			
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<b>Telephone number:</b> 785-766-2002			
<b>Date of facility visit:</b> 5/4/16-5/6/16			
<b>Facility Information</b>			
<b>Facility name:</b> Jerry J Esmond Juvenile Justice Center			
<b>Facility physical address:</b> 6101 Attwater Avenue, Texas City, Texas 77590			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 409-770-5918			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Brent T. Norris			
<b>Number of staff assigned to the facility in the last 12 months:</b> 67			
<b>Designed facility capacity:</b> 39			
<b>Current population of facility:</b> 31			
<b>Facility security levels/inmate custody levels:</b> secure			
<b>Age range of the population:</b> 10-17			
<b>Name of PREA Compliance Manager:</b> Dink Watson		<b>Title:</b> Detention Superintendent	
<b>Email address:</b> <a href="mailto:Dink.Watson@co.galveston.tx.us">Dink.Watson@co.galveston.tx.us</a>		<b>Telephone number:</b> 409-770-5935	
<b>Agency Information</b>			
<b>Name of agency:</b> Galveston County Juvenile Justice Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Galveston County Juvenile Board			
<b>Physical address:</b> 6101 Attwater Avenue, Texas City, Texas 77590			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 409-770-5918			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Brent T. Norris		<b>Title:</b> Director of Juvenile Services/ Chief JPO	
<b>Email address:</b> <a href="mailto:Brent.Norris@co.galveston.tx.us">Brent.Norris@co.galveston.tx.us</a>		<b>Telephone number:</b> 409-770-5935	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Glen Watson, LMSW		<b>Title:</b> Deputy Director of Special Programs	
<b>Email address:</b> <a href="mailto:Glen.Watson@co.galveston.tx.us">Glen.Watson@co.galveston.tx.us</a>		<b>Telephone number:</b> 409-770-5918	

## AUDIT FINDINGS

### NARRATIVE

In September 2015, 360 Correctional Consulting, LLC., was awarded several PREA audits, by the Texas Juvenile Justice Department (TJJD), of county juvenile facilities in Texas. This report is a product of this award and is of the Jerry J Esmond Juvenile Justice Center (JJC) in Dickinson, TX.

November 2015, communications began with the PREA Coordinator Glen Watson, who also holds the title of Deputy Director of Special Programs. Talia Huff, of 360 Correctional Consulting LLC conducted this PREA audit. The onsite portion of the audit was conducted on May 4-6, 2016. Auditor Notices in both Spanish and English were sent via email to the PREA Coordinator and were posted in living units, common areas, staff break rooms, and bulletin boards 6 weeks prior to the onsite audit. The auditor received confirmation on March 23, 2016, that the Auditor Notices had been posted. No resident letters were received by the auditor, despite Auditor Notices being abundantly posted around the facility (every housing unit, common area, dining, intake, facility entrance, break room, and medical among other places). This was noted during the site review. The facility provided sufficient pre-audit documentation to include the completion of the Pre-Audit Questionnaire and supporting documentation for each standard where prompted. It was provided via flash drive in a very organized manner.

The morning of May 4, 2016, the auditor arrived at the Jerry J Esmond Juvenile Justice Center/Galveston County Juvenile Justice Department (GCJJD) and held an in-brief with facility administration and leadership, which included Brent Norris (Director of Juvenile Services/Chief Juvenile Probation Officer), Glen Watson (Deputy Director of Special Programs/PREA Coordinator), Earnestine Sanders (Deputy Director of Case work/PREA Compliance Manager), David Terrell (Deputy Director of Detention/PREA Compliance Manager), Dink Watson (Detention Superintendent/PREA Compliance Manager), HR/Office Manager, and other administration. A brief discussion was held regarding the PREA audit process and methodology as well as other audit and facility logistics. Following the in-brief, the auditor was led through the site review. The site review comprised most of the morning and covered all areas, units, and departments of the facility. PREA (End the Silence) signs, Auditor Notices, and Crisis Centers and Hotlines postings were abundantly observed in every living unit, common area, visitation area, facility entrance, intake, and control rooms. The PREA (End the Silence) signs contained the TJJD Hotline number.

The auditor observed some residents attending school, witnessed staff interactions, and had informal discussions with residents and staff members. The atmosphere was quiet and orderly. Staff were pleasant and aware of PREA and the ongoing audit. Throughout the site review, cross-gender announcements were consistently made and heard by auditor and inhabitants of the housing unit. In addition, the auditor also made the following observations:

- The auditor identified a few blind spots to consider to increase sexual safety for residents and staff
- Most doors contained a window which increases resident sexual safety
- There were some windows that were partially, or wholly covered with paper which decreases ability to see into some offices (i.e. Education Records Coordinator office)
- Placement of security cameras was well thought out and will help investigators in determination of case outcomes
- All residents asserted that they would be comfortable reporting sexual abuse or harassment to staff
- All rooms are single occupancy
- There are no camera views in rooms or areas where resident may be in a state of undress
- Housing units are conducive to direct supervision and set up to comply with required staffing ratios; each unit holds 8 residents
- There is an East and West Activity Yard for resident recreation that connect together at one juncture

- The Control Room contains 4 monitors with 60 camera angles; many of which scan/tilt/zoom

The auditor obtained staff and resident rosters with which to select random staff and residents to interview. The staff selected were from varying units, shifts, and rank as well as specialized staff, non-uniform staff, a contractor, and a volunteer staff. Female and male residents were chosen at random from each unit. Interviews were conducted with administrative staff and leadership as well as other specialized staff that perform specific PREA-relevant duties.

The facility was clean and well maintained and staff were friendly and cooperative. The PREA Coordinator was very receptive and accommodating and enabled an efficient audit. Leadership was inviting and open to auditor feedback. Staff and inmates were positive and willing to converse with the auditor.

## DESCRIPTION OF FACILITY CHARACTERISTICS



**Jerry Esmond Juvenile Justice Center**

The fundamental purpose of the Jerry J Esmond Juvenile Justice Center is to provide a secure facility for the housing of juveniles who are believed to have engaged in some type of unlawful conduct requiring structured supervision or protection of the public. It is the facility's philosophy to manage this program in accordance with the Texas Juvenile Probation Commission Standards and the Texas Family Code. The Jerry Esmond Juvenile Justice Center (GCJJD) houses juveniles 10-17; or 17 years of age or older and under 18 years of age who have been found to have engaged in delinquent conduct or conduct indicating a need for supervision as a result of acts committed before becoming 17 years of age. The facility operates twenty-nine (29) single occupancy rooms. Juveniles who are placed in detention will participate in a comprehensive program, including diagnostic services, both indoor and outdoor recreation, educational programming, voluntary religious instruction and other services believed to be beneficial to the child.

GCJJD is comprised of detention as well as the TLC program. The following was taken from the facility's website and describes the TLC Residential Program:

*The Transforming Lives Cooperative (TLC) Residential program is the continuation of a cognitive behavioral approach to rehabilitation initiated in late 2008. The program, formerly known as the About Face Program, adopted the TLC name for 2010 to better reflect the department's commitment to therapeutic programming. This cognitive behavioral program helps program participants learn how thinking errors affect their life and the lives of those around them. The program has evolved from its inception as a boot camp to the current therapeutic community approach. Staff members encourage program participants to process decisions leading to problem behaviors based on whether the behavior is hurting them or someone else, against the*

*rules, making things worse, selfish, or illegal. Probationers are prompted to identify thinking errors being used and alternative ways of thinking and behaving.*

*The TLC Residential Program only accepts juveniles assigned by order of the Juvenile Court pursuant to Progressive Sanction Level 5. Juveniles are assigned to this program for a period of six to twelve months with requirements for participation in all required program activities and compliance with program rules, policies and procedures. The TLC Residential Program is operated in a secure educational setting on location at the Jerry J. Esmond Juvenile Justice Center, under the constant direction, supervision, and guidance of program staff referred to as Team Leaders. Educational needs are provided for by contract with Dickinson Independent School District. Additional contract services provided for residents include: psychological testing; psychiatric assessment and treatment; individual, group and family counseling; sex offender treatment; substance abuse education and treatment; Youth Cognitive Lifeskills training; and onsite medical services.*

The TLC Residential Program seeks to provide a program to effectively channel the delinquent juvenile's behavior into more positive outcomes in the forms of willing law abiding citizens, instilling within its participants the importance of self discipline, responsibility, and respect towards one's self and one's community. The TLC program was implemented to reduce the number of juveniles committed to the Texas Youth Commission.

GCJJD has a capacity of 39 youth and a population of 31 reported in pre-audit documentation; 10 of which are beds designated for the TLC Residential Program (2 females, 8 males). The Detention and TLC programs are separate, but in the same building/structure. The average length of stay for Detention is 12 days while the average length of stay for residential is 7 months.

There are five (5) designated living units in the facility (A, B, C, D, E). Each unit is comprised of 8 single rooms. Units B houses female residents. Each unit has a dayroom/common area. Direct supervision occurs at all times with an officer inside each unit when it is occupied by residents. Each room has its own toilet. Each unit has 2 showers that are shared by all residents. Only one resident at a time is allowed out during shower time. Others are locked in their rooms. There are no camera views in rooms or showers, but other than that the units are well covered by cameras.

The Activity Yard is an outdoor recreation area used by residents when weather allows, but there is also an indoor gymnasium. Education is offered and there are several classrooms in which male and female residents attend school together. Onsite medical is provided by contract with Boon Chapman. Medical staff is on site sixteen (16) hours a day, five (5) days a week Monday thru Friday, and are on site four (4) hours a day Saturday and Sundays. Medical staff is "on call" the remaining hours.

GCJJD contracts with a food service vendor to prepare meals for the residents; The Aramark Corporation. Residents eat in a designated dining hall.

As far as treatment, GCJJD provides a variety of treatment services for juveniles. Outpatient services are provided via contracts with The Family Service Center of Galveston County, The Gulf Coast Center, The University of Texas Medical Branch and individual service contracts as needed as well as:

- Individual and family therapy
- Suicide / mental health assessments
- Crisis intervention
- Substance abuse education
- Substance abuse treatment counseling

- Oasis Program – sex offender treatment program
- Intensive community based case management
- Psychiatric assessment and consultation

## **SUMMARY OF AUDIT FINDINGS**

The auditor was very impressed with the efforts and accomplishments made to achieve PREA compliance at the Jerry J Esmond Juvenile Justice Center. Sexual safety is genuinely part of safety and security at the facility. In the Auditor Interim Report, four (4) standards were exceeded, 26 standards were met, 10 were not met, and 1 was not applicable. Most of the standards not met required only minor corrective action.

The facility and auditor corresponded throughout the corrective action period and the facility was able to satisfy all corrective action on September 29, 2016. This Final Auditor Summary Report reflects that the Jerry J Esmond Juvenile Justice Center has satisfied all PREA standards, exceeding 5 of them.

Number of standards exceeded: 5

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Organizational Chart
- Abuse, Neglect, and Exploitation Policy
- PREA Policy

## **Interviews, Document and Site Review:**

### Provision (a)

Upon review of the documentation provided, the auditor noted areas in which the agency and facility mandates PREA and sexual safety-specific measures. GCJJD PREA Policy and Abuse, Neglect, and Exploitation Policy both contain definitions of sexual abuse and sexual harassment as prescribed by the PREA standards. Both of these policies assert the zero tolerance toward sexual abuse and sexual harassment and together they outline strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The PREA Policy is an impressive example of citing the PREA standards in combination with citing facility-specific methods of compliance.

All interviews with staff, residents, and specialized staff affirm that the facility does implement measures of prevention, detection, and response strategies.

### Provision (b)

GCJJD has appointed an upper-level PREA Coordinator; Glen Watson, Deputy Director of Special Programs. Mr Watson has made sufficient time and has authority to develop and oversee agency PREA compliance efforts. Interviews and discussion with Mr Watson indicated this was accurate. The PREA Coordinator/Deputy Director of Special Programs reports directly to the Director of Juvenile Services/Chief Juvenile Probation Officer who is the equivalent to the Agency Head. Interviews with the Director of Juvenile Services revealed that PREA compliance efforts are a priority and there appears to be support given to the PREA Coordinator for this endeavor.

### Provision (c)

GCJJD operates only one facility, though, they have designated 3 PREA Compliance Managers in order to integrate PREA compliance throughout the different departments of the agency. The PREA Compliance Managers were interviewed and reported that they had sufficient time for PREA compliance efforts. Compliance efforts are split and assigned respectively between Detention Services, Special Programs, and Casework Services and all are upper level administrators.

GCJJD exceeds this standard due to the exemplary policy that is not only congruent with the PREA standards, but it outlines specific practices and performance in coming into compliance. The policy is very reader-friendly. In addition, GJCCD employs 3 PREA Compliance Managers.

### **Corrective Action:**

No corrective action is necessary.

## **Standard 115.312 Contracting with other entities for the confinement of residents**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Contracts for confinement: Rockdale Regional Juvenile Justice Center
- PREA Policy
- Texas Justice Probation Commission Private Service Provider Contractual Monitoring and Evaluation Report-template
- Contracts and websites for non-secure placements utilized by GCJJD

**Interviews, Document and Site Review:**

Provision (a)

GCJJD provided 1 contract for the confinement of residents to review; Rockdale Regional Juvenile Justice Center. Page 8 of the contract contains lists PREA as one of many state and federal laws that must be complied with. The auditor interviewed the Agency Contract Administrator; Earnestine Sanders, the Deputy Director of Casework Services/PREA Compliance Manager. She asserted that GCJJD ensures the PREA language is contained in each contract. The auditor verified that the language was in the contract.

The auditor learned of additional contracts in place with 6 non-secure juvenile placements and requested to view those contracts. Upon review, the auditor verified that these placements did not appear to meet the definition of “juvenile facility” under the PREA Standards. Nevertheless, the language for PREA compliance was in the contracts.

Provision (b)

Ms Sanders articulated the process for monitoring contracts and compliance with PREA as well as other standards they must comply with. She explained that the Placement Coordinator does scheduled and non-scheduled visits and documents this in chrono notes kept by Ms Sanders. The auditor was provided the TJJD (Texas Juvenile Justice Department) monitoring form, which GCJJD uses to document site visits. This form is not PREA specific and ideally should be enhanced by TJJD to account for PREA compliance. The Agency Contract Administrator reported that she reached out to Rockdale and found that had completed their PREA audit, though, the Final Auditor Report was/is not yet available. She added that Rockdale is required to notify GCJJD of any incidents which would include sexual abuse and sexual harassment. GCJJD also checks monthly for any reports that may have been filed.

Of note, GCJJD PREA Policy, page 4, states, “All Galveston County Juvenile Justice Department contracts include a no fault clause for termination of the contract in the event that the department finds that the private agency has failed to comply with PREA requirements and, cannot or will not come into compliance.”

The following practices exceed this standard: monthly inquiries to double-check no reports were filed, including PREA in non-secure placement contracts, scheduled and nonscheduled visits to placements and documentation thereof.

**Corrective Action:**

No Corrective action required.

**Standard 115.313 Supervision and monitoring**

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

- Does Not Meet Standard (requires corrective action)

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**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- GCJJD Facility Staffing Plan
- Staffing Plan development documents
- Staffing Plan reviews
- PREA Checks for A, B, C, D, E pods
- Daily Roster

### **Interviews, Document and Site Review:**

#### Provision (a) & (c)

GCJJD has developed, implemented, and documented a staffing and supervision plan that provide for levels of staffing and supervision that, per PREA Policy, exceed both state and federal standards. The PREA Policy asserts that at least one juvenile supervision officer is assigned to each pod, which is an eight bed single occupancy housing unit as well as during program hours. One (1) juvenile supervision officer is assigned to every sixteen (16) residents during non-program hours. Existing policies and staffing plans provide for continuous uninterrupted visual supervision by a juvenile supervision officer during regular program hours and random room checks at intervals not to exceed 13 minutes during non-program hours. The PREA Policy states that, “Staff ratios meet or exceed the minimum requirement of 1:8 during resident waking hours and 1:16 during resident sleeping hours.” While onsite, auditor observations observed this in practice. Ratios during waking hours was easily visible, largely by virtue of the 8-man pods and each pod providing direct supervision by 1 officer. While attending school and/or programming, the officers remain in direct supervision along with the teacher/instructor. During no-waking hours, there is still one officer per pod.

The average daily number of residents was 34 and the staffing plan was predicated on 40 residents.

The PREA Coordinator provided excellent documentation of their staffing plan, through a lens of sexual safety, which included consideration of the 11 required elements of this provision, some of which were:

- All applicable state and federal standards and statutes
- No judicial or federal findings of inadequacy
- The most recent Monitoring and Inspections Report and Findings by TJJC (343 standards of compliance)
- Components of the physical plant including a very thorough assessment of blind spots around the facility
  - This was an impressive 6-page spreadsheet of every single room, hallway, closet, office, etc. It was also signed by the Agency Head and PREA Compliance Mangers.
- Facility Camera Map
- Program Schedules
- Staffing Schedules
- Staffing Plan Review documents

#### Provision (b)



It was articulated in interviews with the PREA Coordinator and Detention PREA Compliance Manager that there were no deviations from the staffing plan. They adhere strictly to the ideal and adequate staffing levels set forth in their staffing plan and policy. Auditor observations seemed to support this as well.

Provision (d)

GCJJD demonstrated policy and practice of annual staffing plan reviews, which was articulated by the PREA Coordinator in interviews and discussions. Staffing Plan Review documents were provided for auditor review. This appears to be an institutionalized practice as evidenced by supporting documentation of the annual reviews from December 2012, Nov/Dec 2013, Dec 2014, and Dec 2015. These reviews are signed by the Agency Head, Deputy Director/PREA Coordinator, and 2 facility administrators. It was noted, however, that while the review documents cite the elements of this provision, it would be ideal to include the results from the review itself as well. The auditor recommends enhancing the documentation in that manner.

Provision (e)

Implementing policy and practice of unannounced rounds is well institutionalized at GCJJD. The PREA Policy on page 5 asserts the way this is put into practice: “Supervisors (i.e., Director, Deputy Directors, Detention Superintendent, Supervisor Special Programs, Intake Officers) will conduct unannounced rounds on day and night shifts to identify and deter staff sexual abuse and sexual harassment. These unannounced rounds will be documented for each housing unit in the POD log books or using the electronic data recording system referred to as “The PIPE”. Pursuant to federal standards, facility staff is prohibited from alerting other staff members that these supervisory staff rounds are occurring.”

By reviewing various log books and electronic entries, the auditor was able to verify this practice. In addition, it was consistently reported during staff interviews with supervisors and intermediate-level staff that conduct these rounds. The rounds cover all shifts and are sporadic in times/intervals.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.315 Limits to cross-gender viewing and searches**

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Searches Policy
- LGBTI Training slides

- Pre-Audit Questionnaire
- Searches Training Curriculum

### **Interviews, Document and Site Review:**

#### Provision (a)

The Pre-Audit Questionnaire indicated that GCJJD does not conduct cross-gender strip searches or body cavity searches and has had zero (0) such incidents in the 12-month review period. PREA Policy, page 5-6, prohibits such searches. Search Policy, page 1, states, “Residents will only be searched by same-gender staff (male to male and female to female) via metal detectors, “pat” search, and if probable cause is determined, a “strip” search.” Page 2 of the Search Policy goes on to say, “All **strip searches** will be conducted by same-gender staff and limited to **visual observation** of the resident and **shall not** involve any **physical touching.**”

Interviews of staff, residents, and administration consistently reported that strip and body cavity searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

#### Provision (b)

The Pre-Audit Questionnaire indicated that GCJJD does not conduct cross-gender pat searches and has had zero (0) such incidents in the 12-month review period. PREA Policy, page 5-6, prohibits such searches. Search Policy, page 1, states, “Residents will only be searched by same-gender staff (male to male and female to female) via metal detectors, “pat” search...”

Interviews of staff, residents, and administration consistently reported that cross-gender pat searches are not done at all. There had never been an instance in which it had happened, even in exigent circumstances.

#### Provision (c)

Policy language does not address documentation and justification of cross-gender strip searches, cross-gender body cavity searches, and cross-gender pat downs and this was not available for review since no such instances have occurred. There is no exception in policy that allows for cross-gender searches, even in exigent circumstances.

Facility policy does not specifically require documentation of cross-gender pat searches and there was no available documentation to review since no such instances had occurred. Policy could be enhanced by including documentation of cross-gender pat searches as well.

#### Provision (d)

GCJJD has implemented policies and procedures to enable residents to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, except in “unavoidable exigent circumstances,” per PREA Policy, page 6. Policy also mandates that an announcement be made upon any opposite gender staff entering a pod (living unit).

This was supported by auditor observation as well as staff and resident interviews. Opposite gender announcements were consistently heard by the auditor. Residents consistently reported that they felt safe and had adequate privacy; absent of being viewed by staff of the opposite gender (staff in general actually). It was evident that this practice is institutionalized.

#### Provision (e)

Policy and practice is in place at GCJJD that prohibits the search or physical examination of a transgender or intersex resident for the purpose of determining genital status. This was echoed in all staff interviews; they articulated unequivocally that was not permitted and that the PREA Coordinator and administration would be notified to determine measures that needed to be taken in the event that a transgender resident was admitted. There were no

transgender or intersex residents reported at the facility at the time of the onsite audit and none were observed by the auditor. Therefore, none were interviewed for verification.

Provision (f)

GCJJD addresses this in the PREA Policy, page 6, which states, “All juvenile supervision officers receive training on how to conduct pat-down searches of all prospective residents. Pat-down search of transgendered or intersex residents will be conducted according to department policies, procedures and training for pat searches by a staff member of the same gender as the resident as determined by medical staff. The pat-down search will be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. There were no transgender or intersex residents reported at the facility at the time of the onsite audit and none were observed by the auditor.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.316 Residents with disabilities and residents who are limited English proficient**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Contract with MasterWord Services
- End The Silence brochure, Spanish
- Reporting Allegations by Juveniles & Juvenile Grievances form

**Interviews, Document and Site Review:**

Provision (a) and (b)

GCJJD takes appropriate steps to ensure that residents with disabilities have an equal opportunity to the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA Policy outlines specifically the accommodations available to do so: “...sign language interpreters, assistance from staff, professional interpreter services when bi-lingual staff members lack the specialized vocabulary to effectively translate (GCJJD maintains a contract with Masterword Services), large print, simplified explanations and other accommodations as necessary that ensure effective communication and the resident’s right to participate in and benefit from all aspects of the Galveston County Juvenile Justice Departments efforts to prevent, detect, and respond to sexual abuse and sexual harassment regardless of disability.”

Auditor gleaned information from residents, officers and staff members, and document review that affirmed the availability and awareness of these resources for residents with disabilities. Intake Supervisors provide information and conduct intake duties. Interviews were conducted with officers regarding intake duties related to PREA. For deaf or hard-of-hearing residents, GCJJD has access to sign language interpretive services. The auditor was provided with the contract with MasterWord Services for review. Also, intake officers articulated that they are vigilant of indications that a resident may have a disability; mental illness, reading, cognitive delay, etc. In that instance mental health staff are notified and follow up. As far as comprehension of the information provided, an Intake Supervisor explained that each question may have to be read to the resident and were aware of interpretive services for deaf residents. Intake officers go over a "Reporting Allegations by Juveniles & Juvenile Grievances" form. The form reviews what PREA is, GCJJD zero tolerance policy, how to report, and then the resident's acknowledgement and signature. An intake officer articulated the methods of report that are relayed to new intakes and reported that residents are given a copy of the form to keep and reference.

An interview was conducted with a Limited-English proficient resident utilizing a Spanish-speaking staff member. A developmentally-delayed resident was also interviewed. Both these residents expressed an understanding of PREA and the information given upon intake as well as how to report sexual abuse or sexual harassment if needed.

In the event that a Spanish-speaking resident is received, the intake officer explained the process of obtaining an interpreter; utilizing a Spanish-speaking staff member first if possible.

Provision (c)

The PREA Policy, page 6, contains language addressing this provision.

Random staff interviews consistently indicated that staff were aware of the prohibition of relying on resident interpreters.

**Corrective Action:**

No corrective action necessary.

**Standard 115.317 Hiring and promotion decisions**

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

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**In order to make my determination, I reviewed the following policies and other documentation:**

- Qualifications for Employment policy
- Evaluations-Personnel policy
- Contractors policy

- Volunteers and Interns policy 1.43
- Interns policy
- Personal Conduct and Appearance policy
- Employee Performance Appraisal form
- Employee Performance Appraisal Addendum form
- Employee criminal records checks documentation (i.e. FBI Criminal History, TDPS)

**Interviews, Document and Site Review:**

Provision (a), (c)(1)&(2)

GCJJD does not hire or promote anyone nor enlist the services of a contractor that has engaged in the activity described in 115.317 (a) (2). As prescribed in the PREA Policy, applicants “who may have contact with residents are screened prior to employment through TXDFPS database, TXDPS Sex Offender Registry, fingerprint based criminal background checks using Fingerprint Applicant Services of Texas (FAST),” as well as psychological examination, employment reference check with prior employers, and three written personal references.

The Pre-Audit Questionnaire revealed that 8 people had been hired during the review period in which background checks had been completed.

The Office Manager was interviewed by the auditor and confirmed the process that is outlined in policy. This staff member was knowledgeable about PREA and the requirements thereof particularly as it related to HR functions. The auditor reviewed personnel files and records in HR. Files were selected at random and included new hire staff, veteran staff, contractors, and volunteers. Every file that was reviewed was put together in an organized fashion and every file contained the required background check documentation and verified the process set forth in the PREA policy.

Provision (b)

The Office Manager explained that incidents of sexual harassment are considered when determining whether to hire or promote someone. This is mandated in the PREA Policy as well, on page 7. In regard to a new hire, any information obtained regarding incidents of sexual harassment (from outside sources, via reference checks, etc) would be considered prior to hiring. For in-house incidents of sexual harassment, they would be known through virtue of HR housing progressive discipline records and would subsequently be considered.

Provision (c)

The HR office does not currently have a formal way that establishes contact with all prior institutional employers for information regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of such. At GCJJD, the supervisor for the respective department, in which an applicant would be assigned, performs reference checks. This is a general reference check, however, and does not specifically inquire about substantiated allegations of sexual abuse or resignation during a pending investigation. The auditor reviewed reference checks that had been completed and confirmed this information to be missing. Upon a review of personnel records, the auditor noted 2 employees that had prior institutional employers in which they were not contacted for the purpose of inquiring about the applicant’s involvement in substantiated sexual abuse or resignation during a pending investigation.

Provision (d)

The Office Manager asserted that the same background and fingerprint check process for applicants occurs prior to the enlistment of contractors, which is mandated by the PREA Policy, page 7. The auditor reviewed personnel files and records. Files and record review included the selection of random contractors. Every contractor file reviewed contained the required background check documentation.

Provision (e)

As explained by the Office Manager, set forth in PREA Policy (page 7), and in the auditor comments of provision (a), GCJJD is required to utilize the Fingerprint Applicant Services of Texas (FAST). Every state employee is registered in this system and anytime law enforcement contact occurs involving an employee, GCJJD receives an auto-email informing the agency. This email is sent to the 2 people at the facility; one being the Office Manager. The auditor was provided with examples of these emails that had been received.

#### Provision (f)

GCJJD does ask all applicants specifically about the activity described in 115.317(a)(2). The PREA Policy, page 7, states, "Potential employees and current employees (during annual evaluation) will be asked if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated for 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. Employees of the GCJJD are required to disclose any such conduct pursuant to federal law and state standards related to Abuse, Neglect and Exploitation."

The auditor reviewed applications completed by employees and verified that the required questions were asked, which is documented on the PREA Acknowledgement form. In addition, file review verified that current employee files also consistently contained the PREA Acknowledgement completed annually when performance appraisals were completed.

#### Provision (g)

As set forth in the PREA Policy (page 7), material omissions regarding misconduct related to sexual abuse and sexual harassment is grounds for termination. There were no such instances for the auditor to review.

#### Provision (h)

PREA Policy, page 7, addresses this provision as such: "The GCJJD will, upon request for information, notify an institutional employer if a former employee who has made application for employment is not eligible for rehire at the GCJJD based on substantiated allegations of sexual abuse or sexual harassment."

The Office Manager reported that she had not received such a request, but her practice would be to forward the call to the appropriate supervisor. She does not believe they are prohibited by law from providing this information. This policy and practice could be strengthened by solidifying who and how this information will be provided to agencies requesting.

#### **Corrective Action:**

1. Implement and formalize a process of contacting prior institutional employers to inquire about involvement in substantiated sexual abuse or resignation during a pending investigation.

#### **Update:**

1. GCJJD revised and implemented the reference check to include information from prior institutional employers; inquiring about applicant's involvement in substantiated sexual abuse or resignation during a pending investigation. The auditor reviewed and approved the language and the PREA Coordinator affirmed the use of this form now as standard operating procedure. Furthermore, the PREA Coordinator reported that they had been making their best effort at making requests of former institutional employers, but that most were not responding and/or were not providing the desired information. As of July 22, 2016, the auditor was provided with examples of completed requests that had been sent to prior institutional employers and asked that they continue to send these throughout the remainder of the corrective action period. The auditor made the request at the end of the corrective action period and there were no additional applicants.

### **Standard 115.318 Upgrades to facilities and technologies**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Facility Camera map
- Facility schematic

#### **Interviews, Document and Site Review:**

##### Provision (a)

GCJJD has not acquired an expansion or had a physical plant modification during the review period.

##### Provision (b)

The GCJJD Pre-Audit Questionnaire indicated that the facility has installed/updated video monitoring since August 20, 2012. Interviews with the PREA Coordinator indicated they had enhanced their existing video monitoring system by installing additional cameras in the pods (living units). Interviews with the Agency Head and Facility Head/PREA Coordinator expressed that they are always looking to update and/or enhance facility safety and certainly consider that when adding cameras.

About 60 cameras were reported in total and have about 3 months retention capability. The auditor observed these in the control room. Camera coverage appeared to be adequate to supplement direct staff supervision, but do not contribute to cross-gender supervision or viewing residents in a state of undress.

#### **Corrective Action:**

No corrective action is necessary.

### **Standard 115.321 Evidence protocol and forensic medical examinations**

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

- Does Not Meet Standard (requires corrective action)

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- Pre-Audit Questionnaire
- National Protocol for Sexual Assault Medical Forensic Examination 2013
- Cooperative Working Agreement (SART)
- Resident file review
- Mental Health records review

**Interviews, Document and Site Review:**

Provision (a)

GCJJC conducts administrative investigations of alleged sexual abuse and sexual harassment. Primarily the PREA Coordinator and PREA Compliance Manager(s) conducts the sexual abuse/harassment investigations. Criminal allegations are referred to the Galveston County Sheriff’s Office (SO) and are required to be reported to Texas Juvenile Justice Department (TJJD) for investigation. Because an allegation of sexual abuse involving criminal conduct usually entails components of an administrative investigation and/or because it is possible for the facility to conduct a non-criminal investigation of sexual abuse, this standard calls for a uniform evidence protocol to be utilized by the agency. Although, GCJJD does not conduct criminal investigations or process potential crime scenes for collection of physical evidence, PREA Policy (page 7) mandates that, “the department is required to conduct an internal investigation within 30 days, the department will make every effort to secure any area where a sexual assault is alleged to have occurred in order to preserve any potential crime scene and maximize the potential for obtaining usable physical evidence pending law enforcement investigation and/ or forensic examination.”

The PREA Policy mandates preserving and protecting evidence while the Abuse, Neglect, and Exploitation Policy outlines what constitutes Serious Incidents (sexual abuse and sexual harassment of residents among them) and, on page 9, outlines the procedure in the event it occurs.

During staff interviews, preservation of the crime scene and of potential evidence was clearly and consistently articulated. There was one allegation during the review period that involved a resident allegedly touching the groin of another resident through the clothing while standing in line. Collection of physical evidence was not warranted.

Provision (b)

The agency reports that the uniform evidence protocol is developmentally appropriate for youth and provided the Nation Protocol for Sexual Assault Medical Forensic Examinations 2013 for review. The facility and staff appears to be cognizant and ensure developmentally appropriate communication and protocols for residents.

Provision (c)

GCJJD offers all residents that experience sexual abuse access to forensic medical exams at an outside facility. This is mandated in PREA Policy and forensic exams are conducted at UTMB (University of Texas Medical Branch). Exams are provided without medical cost to the resident, which was articulated in policy and by staff interviews. The auditor was also provided with documentation in the form of a letter to UTMB affirming that forensic exams will be



provided if needed and that they: 1) will be developmentally appropriate for youth; 2) will be based on the most recent edition of the Nation Protocol for Medical Forensic Examinations; 3) will be performed by certified SANE's (Sexual Assault Nurse Examiner); and 4) as requested, the victim will be accompanied by a victim advocate.

In addition, the auditor was provided with documentation, A Cooperative Working Agreement, of a community SART (Sexual Assault Response Team), of which the Sheriff's Office is a part. Theoretically, any sexual assault would be immediately reported to the Galveston County Sherriff's Office and the SART would then kick in.

Provision (d)

The PREA Policy states that GCJJD will "provide alleged victims of sexual assault access to a victim advocate from the Resource & Crisis Center of Galveston County, Inc. or other rape crisis center."

During an interview with the PREA Compliance Manager, he/she was not clear how the process of offering access to a victim advocate would work. It was reported that it may be the protocol of the SART (Sexual Assault Response Team) or law enforcement, but was not sure. The Cooperative Working Agreement of the SART establishes a protocol for offering victim advocacy.

During the review period, there were no forensic exams performed as a result of a GCJJD report of sexual abuse.

There was one allegation reported to have occurred at the facility during the review period. It involved alleged touching over clothing. Within about 24 hours, the allegation had been determined unfounded and did not warrant emotional support services. The auditor did also learn of a report of alleged sexual abuse by a female resident upon intake, that occurred in the community. It was the auditor's understanding, after looking at available documentation, that the resident reported to a nurse that she had been raped the day before. Law enforcement was immediately contacted and arrived 45 minutes later to interview the resident. There was no documentation of a forensic exam and the PREA Compliance Manager reported that one was not performed. There was no further documentation or investigation by law enforcement to review and assess whether a forensic exam was warranted or whether it had been deemed unnecessary. Neither the PREA Coordinator nor PREA Compliance Manager, nor Intake Officer that wrote documentation, was able to convey why a forensic exam did not occur or what the investigation revealed. The auditor explained that this is the where the facility's coordinated response should have kicked in, though, law enforcement did take over the investigation. GCJJD ensured that the resident was provided access to mental health/crisis intervention; in fact, she was provided access to mental health of her choosing which was a counselor the resident had previously seen. The auditor did review the documentation of mental health/crisis intervention.

Provision (f)

GCJJD reported pre-audit they had requested of their law enforcement counterpart to follow the requirements of 115.321(a)-(e). The auditor was provided with documentation in the form of a letter to the Galveston County Sheriff affirming they follow the requirements of this standards and outlining those specifics in thirteen (13) enumerated items.

Provision (g)

This provision is not applicable to determining this facility's PREA compliance.

Provision (h)

This provision is not applicable to determining this facility's PREA compliance.

**Corrective Action:**

No corrective action is necessary.

## Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- Pre-Audit Questionnaire
- Investigative records
- Agency website

### **Interviews, Document and Site Review:**

#### Provision (a)

GCJJD does ensure an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Through interviews with the agency head, PREA Coordinator and PREA Compliance Manager(s), random staff, residents, and informal discussion it was evident that allegations of sexual abuse and sexual harassment are taken very seriously and are acted upon right away. GCJJD reported a total of 1 allegation throughout the review period resulting in 1 administrative investigation and no criminal investigations. The auditor reviewed the 1 investigation which involved a resident allegedly touching the penis of another resident through clothing while standing in line. It was determined to be unfounded.

#### Provision (b)

GCJJD has policies in place that ensure allegations are referred to an agency with the legal authority to conduct criminal investigations; PREA Policy and Abuse, Neglect, and Exploitation Policy specifically. Investigations involving potential criminal conduct are referred to and investigated by the Galveston County Sheriff’s Office and TJJD. Interviews with administration revealed that GCJJD has a productive relationship with the Sheriff’s Office (SO) and indicates the SO is willing to conduct such investigations.

Page 8 of the PREA Policy states, “The Galveston County Juvenile Justice Department is required by local policy and states standards enumerated in the Texas Administrative Code to report all allegation of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made and, to the Texas Juvenile Justice Department via phone within 4 hours of the time the person gains knowledge of or suspects the allegation occurred.”

GCJJD reported pre-audit there were no allegations reported for criminal investigation. In fact, the auditor learned of the one allegation and it was reported to law enforcement and TJJD and involved touching genitals through clothing. Review of the documentation for the one allegation that was reported revealed that local law enforcement and TJJD was immediately notified as outlined in policy.

The agency publishes PREA information on its website (<http://www.galvestoncountytexas.gov/JJ/Pages/default.aspx>) and includes the agency's zero tolerance toward sexual abuse and sexual harassment, commitment to maintaining a sexually safe environment. There is a PREA link on the main page that guides a user to several PREA documents including a PREA Overview, PREA Policy, data, etc.

Provision (c)

The PREA information on the agency/facility website describes the responsibilities in the posted PREA Policy. The PREA Policy asserts that administrative investigations are conducted by GCJJD and that criminal investigations are conducted by Galveston County Sheriff's Office:

Provision (d)

This provision is not applicable in determining PREA compliance of this facility.

Provision (e)

This provision is not applicable in determining PREA compliance of this facility.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.331 Employee training**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- PowerPoint slide show (Overview of (PREA) Prison Rape Elimination Act (2003))
- Training curricula
- Training sign-in sheets
- Staff Acknowledgement forms
- PREA Video

**Interviews, Document and Site Review:**

Provision (a) & (b) & (c)

GCJJD mandates PREA training for all its employees. Staff interviews indicated that there was a depth of PREA knowledge throughout the facility. Staff articulated the elements of this standard well and consistently reported that

they receive this training annually. Staff knowledge and articulation of the dynamics of LGBTI residents-communicating effectively and professionally and understanding the terms- could be strengthened.

PREA Policy mandates PREA staff training and outlines the required elements in this standard. It also states, “Galveston County PREA training is tailored to meet the attributes of juveniles served by the Jerry J. Esmond Juvenile Justice Center inclusive of both male and female residents.”

The auditor was provided the curriculum in order to review the content of the training material. The materials contained each of the required elements of this standard. Staff are delivered trainings via Powerpoint as well as other methods such as e-courses, video, and other documents. Auditor review of random training records revealed that all staff had received PREA training.

The zero tolerance policy and practice is abundantly known throughout the facility by staff, administration, and residents. GCJJD reported there to be 73 employees had received the training during the review period.

All current employees had received the mandatory annual PREA training. Auditor verified by looking at random training records. The review of training records included a diagonal slice of personnel; veteran staff, new staff, contractors, volunteers, etc. Of the veteran staff files, all contained PREA training records reflective of annual training.

Provision (d)

Employees sign an acknowledgement form at the time of training. It does acknowledge that the employee has received and understood the training.

Auditor review of employee files verified these acknowledgement forms. Every file contained the forms.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.332 Volunteer and contractor training**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Contractor/Volunteer file review

## **Interviews, Document and Site Review:**

### Provision (a) & (c)

GCJJD PREA Policy, page 9/10 addresses the training of contractors and volunteers; asserting that contractors and volunteers receive PREA training and at a minimum be “notified of the department’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.”

GCJJD reported 61 contractors and volunteers had received PREA training. Auditor interviewed one volunteer and 3 contractors. GCJJD contractors include medical and mental health staff. Because of the amount of time and contact with residents, the medical and mental health staff were interviewed as random staff as well as contractors. Each of the interviews indicated that the volunteer/contractor had received PREA training. The volunteer reported that the PREA Coordinator had delivered this training to several volunteers, he recalled that it was approximately an hour long and comprised of slides and a form to sign. It was also reported that annually the PREA Coordinator provides PREA information. All contractors and volunteers were aware of PREA and their duties and avenues to report sexual abuse and sexual harassment.

The auditor verified this training by record review. Volunteer and contractor records are retained with the rest of the personnel records in the HR office. Volunteer and contractor files were pulled at random and each contained record of PREA training. In addition to training verification, the auditor noted that volunteers also received background checks; state and federal. Volunteers and contractors receiving annual PREA training in addition to volunteers receiving background checks exceeds this standard.

### Provision (b)

All contractors and volunteers receive the same amount of training, which includes information on the zero-tolerance policy and how to report, but also goes beyond that. This training appears to be adequate for all contractors and volunteers.

## **Corrective Action:**

No corrective action necessary.

## **Standard 115.333 Resident education**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Contract with MasterWord Services
- End The Silence brochure, Spanish

- Reporting Allegations by Juveniles & Juvenile Grievances form
- PREA video (JDI)
- Orientation Handbook
- Crisis Centers and Hotlines posting

**Interviews, Document and Site Review:**

Provision (a)

Page 10 of the GCJJD PREA Policy outlines resident education. In several different ways, GCJJD provides residents with information on the agency’s zero tolerance policy and how to report such incidents among other things. The first exposure to this information occurs at intake when the Intake Supervisor explains PREA and goes over the Reporting Allegations by Juveniles & Juvenile Grievances form. This form is read by the officer and covers youth rights in relation to sexual abuse and sexual harassment, the agency’s zero tolerance policy, who to report to and how to report confidentially. Residents then sign the form acknowledging receipt as well as the Intake Supervisor. The auditor observed an actual intake and verified that the information is read to the resident and the resident is given opportunities to ask questions. Ten (10) random residents were interviewed. Six (6) recalled receiving information at intake and most remembered signing a paper, though, many did not necessarily recall what it said. This is often typical considering the amount of information provided at intake and that often residents have come in at late hours and/or are under the influence (which was reported by many). All residents reported getting some kind of information about PREA, whether it was at intake or via the counselor thereafter.

The auditor gleaned information from several sources regarding PREA information provided at intake; one of which was an Intake Officer. This officer articulated the process well and asserted that every resident receives the information regardless of how many times the resident has been admitted. Consistent with policy, it was reported that residents are told of the zero tolerance policy, the different ways to report, and they sign the Reporting Allegations by Juveniles & Juvenile Grievances form.

Although generally residents are admitted to the detention side and then later may be transferred to residential, some are court-ordered as a direct admit to residential. In the event this happens, the intake officer asserted that the process is the same, but they also watch a PREA video once they get to the residential side. It was learned and verified through interviews that every resident, when admitted or transferred to the residential side, watches a PREA (JDI) video.

During the 12-month review period, GCJJD provided PREA information at intake to 662 residents.

Provision (b)

Ordinarily the day after intake, each resident meets with a counselor to receive comprehensive PREA education. During the review period, GCJJD reported that 662 residents received this comprehensive education. The auditor consistently gleaned from resident interviews that this occurs. An interview with a mental health staff who delivers this comprehensive education confirmed this procedure. Specifically, a PowerPoint print out is used to guide this process and is shown to residents. Residents are then also shown a PREA video.

Provision (c)

There were no current residents at GCJJD that were admitted prior to the review period. Interviews, observations, and document review indicated that all residents had received the information and education.

Provision (d)

See also auditor analysis of 115.316 earlier in this report. It was the auditor’s conclusion that GCJJD takes appropriate steps to ensure that residents with disabilities have an equal opportunity to the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Several resources are available to that end and it is best outlined in the PREA Policy on page 6 referring to standard 115.316. For deaf or hard-of-hearing residents,

GCJJD has access to sign language interpretive services. The auditor was provided with the contract with MasterWord Services for review. It was articulated that intake officers are vigilant of indications that a resident may have a disability; mental illness, reading, cognitive delay, etc. In that instance mental health staff are notified and follow up. As far as comprehension of the information provided, an Intake Supervisor explained that each question may have to be read to the resident and were aware of interpretive services for deaf residents.

An interview was conducted with a Limited-English proficient resident utilizing a Spanish-speaking staff member. A developmentally-delayed resident was also interviewed. Both these residents expressed an understanding of PREA and the information given upon intake as well as how to report sexual abuse or sexual harassment if needed.

In the event that a Spanish-speaking resident is received, the intake officer explained the process of obtaining an interpreter; utilizing a Spanish-speaking staff member first if possible.

End the Silence posters around the facility were posted in English as well as Spanish, though, the auditor was not provided with any other materials in languages other than English. It is recommended that materials be available in Spanish, such as the following: Reporting Allegations by Juveniles & Juvenile Grievances form, Orientation handbook and materials, Crisis Centers and Hotlines posting.

#### Provision (e)

Each resident signs the Reporting Allegations by Juveniles & Juvenile Grievances form acknowledging receipt of information. This form contains the Intake Supervisor's signature as well. This is placed and kept in the juvenile's file.

A group of resident files were selected at random and the signed acknowledgement form was available for each one. Additionally, during interviews most residents recalled signing for the form and receiving information regarding PREA.

#### Provision (f)

GCJJD keeps PREA information continuously and readily available to residents via an abundance of posters throughout the facility. This posted information was observed throughout the site review. Aside from the PREA zero tolerance signage, Crisis Centers and Hotlines posting was also in every unit and throughout the facility as well. The Crisis Centers and Hotlines posting contained toll free numbers and description of services for the following: Resource and Crisis Center of Galveston County, RAINN, Child Advocacy of Galveston County, Self-Injury, Suicide Hotline, LGBTI National Hotline, and Domestic Violence Hotline.

Signage was posted in both English and Spanish and were in each living unit, in hallways, classrooms, control rooms, the vestibule, medical, intake, etc.

#### **Recommendation:**

It is recommended that materials be available in Spanish, such as the following: Reporting Allegations by Juveniles & Juvenile Grievances form, Orientation handbook and materials, Crisis Centers and Hotlines posting. This is a required corrective action, though.

#### **Corrective Action:**

No corrective action is necessary.

### **Standard 115.334 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- TJJD Investigator’s Conference certificate of completion
- Advanced Child Abuse Investigations certificate of completion

**Interviews, Document and Site Review:**

Provision (a) & (c)

GCJJD conducts administrative investigations of sexual abuse and sexual harassment. PREA Policy, page 10, speaks to this standard, but essentially only says states that GCJJD does not conduct criminal investigations and that “Law enforcement investigators and/ or officers of the Administrative Investigations Division of the Texas Juvenile Justice Department conduct formal investigations pursuant to PREA 115.321 and 115.334.”

The auditor recommends that policy language be amended to reflect both administrative and criminal investigations since GCJJD does conduct administrative investigations of sexual abuse and sexual harassment allegations.

GCJJD provided documentation of specialized investigative training in the form of certificates of completion; one of the TJJD Investigator’s Conference and one from Texas Municipal Police Association Advanced Child Abuse Investigations. Both the PREA Coordinator and PREA Compliance Manger for the Detention side had completed the training.

Provision (b)

Curriculum for the specialized investigative training alluded to in the previous provision could not be obtained as verification of the elements required in this provision. Interviews were conducted with the PREA Coordinator and PREA Compliance Manager regarding investigative processes. Techniques for interviewing sexual abuse victims was articulated during these interviews as was the evidence required to substantiate allegations. It was explained that Miranda and Garrity is only used by law enforcement and that Garrity is not used at GCJJD in the course of an administrative investigation. Furthermore, though training was received regarding the collection of evidence, GCJJD collects no physical evidence, which is also stated in the PREA Policy. Only evidence preservation would be done.

Provision (d)

Provision is not applicable in determining PREA compliance of this facility.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.335 Specialized training: Medical and mental health care**



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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- Contract Providers-PREA Training Completed
- PREA Policy

**Interviews, Document and Site Review:**

Provision (a)

GCJJD reported on the Pre-Audit Questionnaire that all medical and mental health staff had received specialized training pursuant to this standard; 21 staff. The auditor interviewed a medical provider and two mental health providers and was not able to make a clear determination that the required elements of this specialized training had been received. Auditor was provided a spreadsheet which accounted for dates that medical and mental health providers had received training, though, no curriculum or agenda verifying the content of training could be provided.

It seems that, for medical providers, the HSA (Health Services Administrator) provides training and this was found in the midst of training records review by the auditor. There was a test that had been taken after the training.

Provision (b)

Medical staff at the facility do not conduct forensic exams.

Provision (c)

The auditor was provided with documentation showing dates that PREA training had been completed. It was titled Contract Providers-PREA Training Completed. All contract medical and mental health providers were on this spreadsheet.

**Corrective Action:**

1. Provide the auditor with the content of specialized training for medical and mental health staff and enhance their ability to articulate the elements therein.

**Update:**

1. 7/21/16: The auditor was provided with the specialized training content. Upon review of the training content, the auditor verified that the required elements were covered and that the source of the training was from the National PREA Resource Center. Since the onsite audit, the PREA Coordinator also developed a Pre & Post Test for the content and Specialized Training Acknowledgement Form for verification purposes, which was also provided to the auditor. This exceeds this standard.

## Standard 115.341 Screening for risk of victimization and abusiveness

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Behavior Screening-Unit Classification form
- Health history and Screening Form
- Completed PREA Screening forms

### **Interviews, Document and Site Review:**

#### Provision (a)

Upon intake, GCJJD obtains and uses information about residents’ history and behavior. The Intake Supervisor on duty will obtain this information using the Behavior Screening-Unit Classification form. This consistently occurs during the intake process; generally, within the first hour of arrival. It was reported that 662 residents were screened during the 12-month review period. The auditor conducted a review of resident files which revealed that these screenings were conducted right away upon intake each time. The auditor could not, however, verify that screenings were conducted periodically throughout a resident’s confinement. It was reported from staff that conduct the screening that it is only done during intake and not again during the resident’s confinement. Policy and practice should be in place to reassess a resident’s risk periodically and particularly when a youth is involved in an allegation of sexual abuse or sexual harassment.

While onsite, the auditor observed part of an intake in progress. The auditor had informal discussion with the resident and Intake Supervisor and observed the process by which the intake is completed. It was noted that, while the form is completed, it was not evident that the purpose of the form was known to staff or that it fulfills the purpose of reducing risk of sexual abuse.

#### Provision (b)

The Behavioral Screening-Unit Classification form serves as the objective (PREA) screening instrument. However, since this form has no scoring, training, manual, weighted questions, or overall determination, it fails to be objective. The completion of this form includes the assessment of cognitive/intellectual/physical/mental impairments, for example, which currently are not derived from any outside or professional source. It was reported that most of the information is gathered from self-report of the resident and that most often there are no records or reports to reference. Parents are consulted during the intake process also, so some information may come from the parent, but it was not clear that information from the Behavior Screening-Unit Classification form was inquired of from the parent.

The auditor reviewed completed screening forms and noted that there is little process in place to ensure accurate information or inter-rater reliability (consistency between rates) and therefore would not be able to determine whether or not risk factors existed. It was stated that records or reports would be difficult to ascertain, or may not exist, for residents being admitted for the first time. When asked about residents who had been repeatedly admitted, records, reports, or institutional information was not referenced.

May 13, 2016, one week after the onsite audit, the auditor received a revised screening form, which accounted for each required element and culminates in a determination of sexual risk by tallying a score for each question. The revised form constitutes an objective instrument.

#### Provision (c)

The Behavioral Health Screening-Unit Classification form captures most required elements outlined in this standard, though, to use it to reduce risk of sexual abuse appears to be secondary. In short, the form is completed, but the auditor questions whether it fulfills the purpose of reducing risk of sexual abuse. It was noted that only one required element is missing from the form, which is age.

The Behavioral Health Screening Form contains ten (10) of the eleven (11) elements required. 115.341(c)(4), however, was missing; the resident's age. The completion of the Behavioral Screening form is an institutionalized practice, though, the form needs a revision to include the one missing element and its purpose should be known to staff.

May 13, 2016, one week after the onsite audit, the auditor received a revised screening form, which accounted for each required element and culminates in a determination of sexual risk by tallying a score for each question. The revised form accounts for the missing element.

#### Provision (d)

As explained in the analysis of 115.333 Resident Education, this information is obtained during the intake process and it is obtained through conversations with the resident. It was reported that there are generally no court records, medical/mental health records, or the like to be used at intake. This screening should ideally involve input from medical/mental health or others that would shed light on potential risk factors affecting sexual safety of residents.

#### Provision (e)

GCJJD does ensure that sensitive information is not exploited to residents' detriment by staff or other residents by securely filing the Behavioral Health Screening form in resident files. Appropriate controls ensure that other residents never have an opportunity to view the information and staff seemed to understand the limited access. Access is limited to those making treatment and/or security decisions.

#### **Corrective Action:**

1. Implement practice to reassess resident's risk of sexual abuse periodically throughout confinement particularly when a resident is involved in an allegation of sexual abuse.
2. Provide training to staff regarding the purpose of the Behavior Screening-Unit Classification and ensure consistency between raters by providing training on how to administer the Behavior Screening-Unit Classification form and/or a manual outlining how to score items correctly and consistently.
3. Since the revision of the Behavioral Health Screening -Unit Classification form, GCJJD shall demonstrate institutionalization of said form. Implementation of the form began June 17, 2016. After 3 months, provide auditor with documentation demonstrating institutionalization.
4. Improve the accuracy of the information obtained in the Behavioral Health Screening Form by ensuring input from other sources are also included and contribute to the determination of overall risk of sexual

victimization or abusiveness. These sources may include court records, case files, facility behavioral records, classification assessments, medical and mental health screening information.

**Update:**

1. For detention residents, reassessing risk would be rare due to the average length of stay being only 7 days. For the residential side, average length of stay is 7 months. Policy requires that reassessments be completed periodically. The PREA Coordinator explained that this would happen in practice as such: “The residential program here is relatively short compared to most facility assignment contemplated by PREA (average of 7 months with a maximum of 12 months), the program is very small with only 10 residents in the entire program, every resident has the right to report allegations of sexual abuse and sexual harassment to the state of Texas through a toll free hotline 24 hours a day 7 days per week, have contact with multiple counselors every week and, are interviewed by an independent ombudsman for the State of Texas every other month to report any actual or perceived sexual abuse or sexual harassment. Because of these factors, we would likely only do a reassessment if there were some indication that something had changed since the initial assessment, there had been an allegation an incident or other indication that a reassessment would be needed.” The auditor feels this meets the intent and requirements under this standard.
2. 8/30/16: The auditor was provided with documentation verifying that staff have received training on the conducting the Behavior Health Screening. The training sign-in sheet as well as the training content was provided for review and was sufficient in satisfying this standard.
3. Throughout the corrective action period, GCJJD provided that auditor with all screening forms that had been completed through August 2016, which verified institutionalization.
4. GCJJD has enhanced their practice of ensuring they use input from other sources that would contribute to the determination of overall risk of sexual victimization or abusiveness. Policy language was enhanced and this was also included in the training for intake officers that conduct the screening forms. The auditor was provided with this documentation of training and the training content. In addition, on 9/26/16, the PREA Coordinator updated the auditor on the progress of GCJJD automating their screenings, which will automatically pull information from court and offense records to populate into the screening form.

**Standard 115.342 Use of screening information**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Disciplinary Actions and Guidelines Policy
- Room Confinement and Restriction Policy
- Behavior Screening-Unit Classification form

- Health history and Screening Form
- Completed PREA Screening forms

### **Interviews, Document and Site Review:**

#### Provision (a)

PREA Policy, page 11, addresses the Placement of Residents and contains the verbiage of this standard. It does not, however, specify that manner in which that is accomplished. It was not clear to the auditor that the screening information referenced in 115.341 is used in making housing, bed, program, or work assignments. The Behavior Screening-Unit Classification form does cite a Unit Assignment at the bottom of the form, though, it is not clear how or why that assignment is made. Interviews with staff did not give the auditor a clear understanding. The PREA Compliance Manager explained that intake officers would consider any current residents known to the admitting resident and if there were any issues between 2 residents. He also explained there is only one female unit, so all females would be placed in that unit, though, she could be placed closer to supervision or in a room away from any other female resident with which there was an issue. The four (4) rooms closest to the pod entrance, and thus closest to supervision, can be utilized for more vulnerable residents. Still the auditor did not ascertain that there is a risk of sexual abuse established as a result of 115.341 and then used to inform decision-making.

#### Provision (b)

Isolation of residents is not a general practice at GCJJD and is never long term; meaning longer than 48 hours in extreme cases. The Room Confinement and Restriction Policy parallels the intent of this standard. In part it states, “room confinements should be utilized as a last resort during instances when a resident is confined to their room pursuant to the conditions and requirements established by the Texas Administrative Code related to Disciplinary Seclusion, Room restriction, Resident-Initiated Separation, Safety-Based Seclusion, Protective Isolation, or Medical Isolation as follows. All residents, regardless of confinement type or reason, will only be assigned to their individually assigned sleeping quarters while separated from the general population.”

In some cases, when warranted, GCJJD could impose disciplinary seclusion or medical isolation. GCJJD has no “dry cells;” the resident stays in his/her own room. The resident still goes to school and has one hour of exercise, but does not get to watch movies or TV and does not attend other unit activities. Disciplinary Action and Guidelines Policy outlines types of disciplinary actions, being:

- Counsel resident
- Lower points on Daily Point Sheet
- Room Restriction (less than 90 minutes)
- Safety-Based Seclusion (4 hour review, 24 hour review)
- Disciplinary Seclusion-Major Rule Violation (90 minutes-48 hours)

The auditor learned that it would be a rare instance, in which a resident was assaultive, that privileges or activities would be restricted. The facility reported zero (0) residents were isolated for risk of sexual victimization during the review period and zero (0) were denied large muscle exercise. Regardless of the reason for isolation, all residents receive visits from medical and/or mental health staff.

#### Provision (c)

Lesbian, gay, bisexual, transgender, or intersex residents are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor is this status used an indicator of likelihood of being sexual abusiveness. The PREA Policy states this and interviews of staff and residents as well as observations during the site review supported this.

#### Provision (d)

The PREA Policy addresses this provision and the PREA Coordinator articulated very well the practice of considering the placement of a transgender resident on a case-by-case basis. To date, there were no transgender

residents reported, though, in this event the auditor was confident in the PREA Coordinator's implementation of policy and practice.

Provision (e)

The PREA Policy addresses this provision. Staff, however, were not aware of the requirement of placement and programming assignments of transgender/intersex residents needing to be reassessed at least twice per year. In addition, as reflected in the auditor comments of 115.341, reassessments are currently not conducted of residents other than at intake. A procedure for doing so should be implemented and staff should be aware of it.

Provision (f)

The PREA Policy addresses this provision and the PREA Coordinator articulated this very well. There have been no transgender residents admitted.

Provision (g)

All residents are given the opportunity to shower separately at GCJJD. This is by virtue of the physical plant and existence of only single showers.

Provision (h)

There were no residents isolated for risk of sexual victimization and this is not a practice at GCJJD. There were no such incidents and therefore no documentation for auditor review. This documentation was not applicable or warranted during the review period.

Provision (i)

This provision is not applicable to GCJJD since there were no residents isolated for risk of sexual victimization during the review period.

**Corrective Action:**

1. Implement practice that is congruent to policy (i.e. 115.342(a)) to use screening information to inform housing, bed, program, education, and work assignments with the goal of keeping residents sexually safe. Provide training to staff or increase knowledge of the purpose of the screening information.
2. Ensure the placement and programming assignments of transgender/intersex residents are reassessed at least twice per year. Staff responsible for these reassessments should be educated on this requirement.

**Update:**

1. The revised Behavioral Health Screening form indicates at the bottom of the form "Assigned Housing;" A, B, C, D, or E Pod. In the event that a resident is at elevated risk, the form indicates that the resident is placed in rooms 1, 2, 7, or 8, which offer enhanced supervision by virtue of their location in the pod. Additionally, there is a button that the staff member chooses that verifies that the JSO is notified of the risk level and need for special housing assignment. Auditor was also provided training sign-in sheets and training material for staff training that was held 8/18/16 with intake officers regarding the use of the screening information and using that information in decisions making for resident assignments. These efforts and documentation exceed the standard.
2. Language regarding reassessment of transgender and intersex residents is in policy. However, there have been no admission of transgender or intersex residents through the corrective action period.

**Standard 115.351 Resident reporting**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Orientation Handbook
- Abuse, Neglect, and Exploitation Policy
- End the Silence posters
- Grievance form
- Immigration Resources document

#### **Interviews, Document and Site Review:**

##### Provision (a)

GCJJD provides multiple internal ways for residents to privately report sexual abuse or sexual harassment or retaliation for reporting such incidents. The PREA Policy on page 12 addresses how this shall occur in practice.

The following are ways for residents to report internally: report to any staff member, call the TJJD hotline, write a grievance or request form. Random resident interviews revealed that these methods are known to the residents. Most disclosed they would first report to staff, which indicated a trust in the reporting culture. The resident Orientation Handbook outlines methods of report also. Staff, too, were able to articulate the multiple ways in which residents are able to report.

##### Provision (b)

The facility provides at least one way for residents to report externally to a public or private entity. That entity is the Texas Juvenile Justice Department (TJJD), which is where the hotline is routed to. The PREA Policy outlines the way in which residents can make a private call to the hotline. It states that residents assigned to the detention program will be provided access to the telephone in the intake office and residents in the TLC Residential Program will be provided access to the telephone in the pod during regular program/ school hours or the telephone in the intake office in the event E-Pod is occupied. Specifically, the PREA Policy states, “In each case, the supervising officer shall dial the number for the juvenile and step outside the door of the assigned area to allow the juvenile confidential access to the Juvenile Justice Department while maintaining continuous visual supervision for the duration of the phone call.”

Residents and staff consistently articulated this procedure. Residents were aware how they could make a private call and, although, a resident must have a staff give them access to the phone anytime they wish to call the hotline, the staff would not be privy to the nature of the call and the resident is able to remain anonymous upon request. Anonymity to the facility is questionable, however, since residents must request to use the phone and could possibly relate a report to that call.

Residents also have regular and frequent contact with their probations officers and can report to the family as well.

GCJJD provides information to residents detained solely for civil immigration purposes. The auditor was provided with a document titled Immigration Resources: Texas and National, which was 5 pages long and contained 26 different resources across Texas and the United States.

Provision (c)

Staff accept all reports of sexual abuse and sexual harassment and act upon them immediately, as evidenced through staff interviews and informal discussion. All reports are documented. Staff are required to report immediately or at least before the end of shift if not emergent. Evidence of this practice being institutionalized was also obtained through interviews of random residents.

Provision (d)

Residents are provided with a method and tools necessary to make a written report, which was evidenced through staff and resident interviews and is also outlined in the PREA Policy stating that residents “will be provided the opportunity and access to pen and paper to complete a grievance form and/ or access to a telephone to access the Texas Juvenile Justice Department’s toll-free number.”

Provision (e)

Staff have many methods to report sexual abuse and sexual harassment of residents. Most staff articulated that they would report to their supervisor/up-line. Staff also reported they would feel comfortable reporting to any member of administration, though they were also aware they could call the hotline as well.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.352 Exhaustion of administrative remedies**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Orientation Handbook
- Abuse, Neglect, and Exploitation Policy
- Grievance – Detention Program
- Grievance Due Process – TLC Program
- List of grievances filed

**Interviews, Document and Site Review:**



#### Provision (a)

GCJJD is not exempt from this standard. They do have an administrative process for dealing with resident grievances. This is addressed in the PREA Policy on page 13. Grievances alleging sexual abuse or sexual harassment will always be handled in a formal manner in accordance with PREA and Texas Administrative Code standards.

#### Provision (b) & (c)

GCJJD imposes no time limit on when a resident can submit a sexual abuse grievance. This appears to be in policy and practice. The PREA Policy contains language of this standard on page 13. Upon intake, residents are provided information on the grievance process by way of the Reporting Allegations by Juveniles & Juvenile Grievances form. The auditor observed part of an intake in progress in which this information was provided. Each resident is read the information on the form to ensure their comprehension and then they sign it. This form speaks to the grievance process in general. It does not speak specifically to sexual abuse grievances, though it does not impose a time limit and does not require an informal resolution. The auditor was provided with Orientation Handbooks that residents are given. There is a plethora of information contained therein, including rules and expectations and the explanation of the grievance process begins on page 20.

The Intake Officer on duty is the designated grievance officer and there is a grievance log kept in the intake office and maintained by the Intake Supervisor. Grievances are collected by the Intake Supervisor on a daily basis. GCJJD has grievance policies in effect for the detention and TLC programs. The Grievance – Detention Policy on page 2, however, states that a resident must try to informally resolve a grievance. This policy should be amended to reflect language that exists in the PREA Policy and that is congruent with this provision; omitting the requirement of informal resolution for sexual abuse grievances.

The Grievance Due Process – TLC Program Policy outlines a similar process of grievances on the TLC (residential) side. It, too, asserts that grievances will be collected by the on duty supervisor and that duties of the grievance officer include maintaining a grievance log, responding to the resident after receiving a grievance, providing a written resolution to the resident, and forwarding all appeals to the Deputy Director of Special Programs. It is congruent with the PREA Policy and PREA standards in that no time limit or informal resolution is required.

Resident interviews indicated they feel safe from sexual abuse and knew that filing a grievance was a method of report if needed. However, most said they would just tell staff. Residents indicated they trust that staff will do the right things to ensure their safety.

#### Provision (d)

Review of the PREA Policy and Grievance policies indicated that response time frames for grievances exceed what is required in this provision. The Grievance Due Process – TLC states, “Program staff has 24 hours to forward the resident’s grievance to the next level in the chain of command. Residents will receive a written response/ resolution to a submitted grievance using Grievance Form – Part 2 within 30 days after the date the grievance is received and will receive a written resolution to an appeal within 30 days after the date the request for appeal is received.”

GCJJD reported that to be no sexual abuse grievances filed within the review period. During resident interviews, no residents reported having filed a grievance alleging sexual abuse. The auditor reviewed the list of grievances for a 12-month period and did not find sexual abuse or sexual harassment grievances.

#### Provision (e)

Agency policy and procedure permits third parties, fellow residents, staff, family, or anyone to assist a resident in filing a grievance. There is no policy or practice in place that prohibits or discourages this. The PREA Policy contains the language of this standard, as such:

*Residents will be allowed assistance from third parties including fellow residents, staff members, family members, attorneys and outside advocates in filling request for administrative remedies relating to sexual*

*abuse, and such parties will be permitted to file such request on behalf of the resident. The resident must consent to have a request for administrative remedy filed on their behalf by any person other than their parent or legal guardian. If the resident declines to have the request submitted on their behalf, the agency shall document the resident's decision in the resident's file. A parent or legal guardian will not be restricted from filing a grievance or appeal regarding allegations of sexual abuse whether the juvenile agrees or not to have the request filled on his or her behalf."*

#### Provision (f)

There is a provision for filing of an emergency grievance for sexual abuse when there is substantial risk of imminent sex abuse or harassment. The PREA Policy outlines that any grievance indicating a resident is in imminent danger of sexual abuse, it will be immediately forwarded to a level of review in which immediate action will be taken; this includes immediate notification of the Facility Administrator and Chief Juvenile Probation Officer "with an initial response within 48 hours and a final decision within 5 calendar days. The written findings of the initial response and the department's final decision will document whether the resident is in substantial risk of eminent sexual abuse and the actions taken in response to the emergency grievance."

There were no emergency grievances filed within the review period and none seen during a review of grievances.

#### Provision (g)

Review of the PREA Policy revealed that discipline of residents filing a sexual abuse grievance is prohibited unless it is determined that it was filed in bad faith. The auditor found no evidence of discipline of residents for this reason nor was it reported during interviews.

#### **Corrective Action:**

1. Amend the Grievances – Detention Policy to reflect language that exists in the PREA Policy and that is congruent with this provision; omitting the requirement of informal resolution for sexual abuse grievances.

#### **Update 9/9/16:**

The PREA Coordinator provided the revised Grievance Policy, which reflects the requested language change; omitting the informal resolution for sexual abuse grievances. It states, "The Intake Supervisor, JSO, and juvenile should first try to resolve a grievance against a Juvenile Supervision Officer or another juvenile informally except for grievances involving sexual abuse. All grievances alleging sexual abuse or harassment will be handled in a formal manner."

In practice, residents were not required to do informal resolution and this was articulated by staff, leadership, and residents at the facility. Therefore, this policy revision satisfies this corrective action.

### **Standard 115.353 Resident access to outside confidential support services**

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

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Immigration Resources document
- Recognizing and Reporting pamphlet
- Crisis Centers and Hotlines
- Galveston SART Cooperative Working Agreement

### **Interviews, Document and Site Review:**

#### Provision (a)

There is information to available to residents on how to access outside victim advocates for emotional support services. The auditor was provided with a pamphlet titled Recognizing and Reporting. The pamphlet was created by the Texas Juvenile Probation Commission. Residents did not report being given a pamphlet or have awareness of it. Outside emotional support services are posted, however, in each pod via the Crisis Centers and Hotlines posting. Most residents reported awareness of this posting. The Crisis Centers and Hotlines posting contained toll free numbers and description of services for the following: Resource and Crisis Center of Galveston County, RAINN, Child Advocacy of Galveston County, Self-Injury, Suicide Hotline, LGBTI National Hotline, and Domestic Violence Hotline. This is a valuable resource for residents that covers a variety of services. The posting contains no mailing addresses as required by this provision. The posting should be strengthened by adding this. Residents are enabled reasonable communication in as confidential manner as possible, as set forth in the PREA Policy which outlines how and where residents can use the phone for accessing these services or for reporting. Residents and staff were consistently reported knowledge of this process during interviews with the auditor.

Although, there were no residents detained solely for civil immigration purposes and there were none ever recalled, GCJJD possesses an Immigration Resources document that cites contact information for state and national immigration resources.

#### Provision (b)

Residents were aware of the extent to which their communications are monitored; generally, they were aware that phone calls are not recorded or monitored by the facility and they were aware that generally conversations would be private, though, staff maintains visual supervision.

#### Provision (c)

The auditor was provided with documentation of a Cooperative Working Agreement, of a community SART (Sexual Assault Response Team). This Agreement was a lengthy and thorough document outlining the responsibilities of all SART members. Within the Cooperative Working Agreement, the Resource and Crisis Center of Galveston County agrees to, among other things, provide services and “be available to survivors and their family and friends.” It is also set for the in the Agreement that the Child Advocacy of Children is available for survivors seventeen (17) years of ago and younger as well as for their families. The Agreement has signatures of 29 different community leaders and service providers including the Galveston County Sheriff and the Director of UTMB (University of Texas Medical Branch which provides forensic exams for GCJJD).

#### Provision (d)

GCJJD PREA Policy as well as the Abuse, Neglect, and Exploitation Policy mandates reasonable and confidential access for residents with their attorneys and parents. The facility staff and residents reported this to be uninhibited access.

**Corrective Action:**

1. Include mailing addresses in the Crisis Centers and Hotlines posting as required by this standard.

**Update:**

1. 7/21/16: PREA Coordinator reported that mailing addresses were added to the postings for outside confidential support services. Auditor verified that these postings replaced the old postings which did not contain the mailing addresses.

**Standard 115.354 Third-party reporting**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- End the Silence posters
- GCJJD agency website

**Interviews, Document and Site Review:**

Provision (a)

Policy and Practice exists to establish a method to receive reports of sexual abuse and sexual harassment.

In addition, the GCJJD agency website provides much PREA information, policy, and data, which in part articulates the agency’s obligation of receiving third party reports.

Interviews with residents consistently indicated they were aware that they could use a third party or be a third party for reporting. Staff indicated they were aware also.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.361 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- TJJD Incident Report form
- TJJD Internal Investigation form

**Interviews, Document and Site Review:**

Provision (a), (b), & (e)

The PREA policy asserts that all staff are required to immediately report any knowledge or suspicion of sexual abuse or sexual harassment, and any knowledge or suspicion that retaliation for reporting is occurring. Facility staff is also required to report serious physical abuse, sexual harassment or sexual abuse immediately to their supervisor, local law enforcement and the Texas Juvenile Justice Department (TJJD). This was reported in every staff interview.

GCJJD is mandated to promptly report allegations of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made and, to the Texas Juvenile Justice Department within 4 hours of the time the person gains knowledge of or suspects the allegation occurred and to the alleged victim’s parents, legal guardian, and child welfare case worker as applicable. This is documented and sent to TJJD on the TJJD Incident Report form. This form cites the name and number of the parent/legal guardian and the date and time notified. The Abuse, Neglect, and Exploitation Policy mandates notification also, as such: “The Deputy Director of Casework/Special Programs/Detention or their designee shall contact the juvenile’s parent, guardian or custodian immediately (no later than 24 hours) and inform them of the allegation of abuse, neglect or exploitation involving their child. This notification shall be done via phone or in person. The conversation with the parent, guardian or custodian or the efforts made to make contact will be documented in caseworker and the juvenile’s file. It will also be documented on the TJJD Incident Form or the Internal Investigation report.”

Provision (c)

Page 15 of the PREA Policy states, “Information regarding sexual abuse reports is confidential and may not be disclosed by staff apart from reporting to designated supervisors or officials and agents of designated State or local agencies providing services, treatment, investigation, or other persons responsible for making security and management decisions.”

Staff were generally aware of this, but only after some prompting. This could be reiterated to staff. Suggestions are to provide this via staff email, reiterate in meetings, or post.

Provision (d)

All employees including contract employees such as medical and mental health are required by policy to report “to program supervisors and Chief Juvenile Probation Officer as well as the Texas Juvenile Justice Department pursuant to mandatory reporting laws of the Texas Administrative Code.”

Page 15 of the PREA Policy mandates that medical and mental health staff inform juveniles at the initiation of services of their duty to report and the limitations of confidentiality. Interviews with were not consistent in articulating that this occurs in practice. Three (3) medical/mental health staff were interviewed and 2 of them did not articulate this duty as practice; one of them had received a report of sexual abuse or sexual harassment and had not disclosed the duty to report and limitations of confidentiality.

Provision (f)

The PREA Policy and the Abuse, Neglect, and Exploitation Policy mandate that all allegations are including third party and anonymous reports are directed the appropriate investigators. It was consistently reported by staff and leadership and clear to the auditor that all allegations are referred for investigation and third party and anonymous reports are treated no differently.

**Corrective Action:**

1. GCJJD shall ensure that medical and mental health staff disclose their duty to report and limitations to confidentiality to resident upon the initiation of services.

**Update:**

1. PREA Coordinator created a document describing medical and mental health staff duties to report and their limitations to confidentiality. This serves as a posting that is visible in medical and mental health areas as well as a script that is used by medical and mental health staff.

**Standard 115.362 Agency protection duties**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy

**Interviews, Document and Site Review:**

Provision (a)

Page 15 of the PREA Policy states that GCJJD will take immediate action to protect residents in imminent danger of sexual abuse. This was also iterated by random staff, specialized staff, and leadership during interviews. By virtue of the physical plant (i.e. single rooms) residents can easily be protected from imminent danger. There are also other options that can be utilized, if needed, such as moving the youth to another part of the facility. Staff generally reported that they would keep the individual with them, and contact the PREA Coordinator for further decisions.

There is a very low incidence of sexual abuse reported and no instances in which a resident was in imminent danger of sexual abuse.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.363 Reporting to other confinement facilities**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation

**Interviews, Document and Site Review:**

Provision (a), (b), (c)

The PREA Policy addresses reporting to other confinement facilities on page 15/16; that GCJJD will promptly report any allegations of sexual abuse that reportedly occurred at another facility to the head of the facility where it is alleged to have occurred as soon as possible, but not later than 72 hours after receiving the allegation and also to TJJD within four (4) hours. The policy dictates that it will be documented in the juvenile’s case file.

GCJJD reported there to be no allegations from other confinement facilities during this review period. There was a report from a resident upon intake that an allegation occurred in the community, but no from another facility. Therefore, there was no pertinent documentation to review for verification.

Provision (d)

The Agency Head, PREA Compliance Manager, PREA Coordinator confirmed that any allegations received from other confinement facilities alleging that sexual abuse had occurred at GCJJD would result in an investigation, the same as other allegations generated from within. No such allegations had been received during the review period.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.364 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy

**Interviews, Document and Site Review:**

Page 16 of the PREA Policy cites this standard verbatim. Interviews with 10 random staff were conducted. Eight (8) articulated first responder duties readily. Two (2) either required significant prompting from the auditor to recall any first responder duties or that they would simply report the nearest JSO (this was a contractor). Therefore, it was generally clear and consistently reported by staff during interviews that they were well aware of the initial steps to follow in the event of reported sexual abuse. Substantially, staff were very cognizant of the preservation of evidence (particularly in regard to not allowing washing, showering, brushing teeth, toileting of the victim/perpetrator) and securing of any crime scene.

Pre-audit documentation showed that zero (0) allegations of sexual abuse were received during the review period. However, the auditor did learn of a report of alleged sexual abuse by a female resident upon intake, that occurred in the community. It was the auditor’s understanding, after looking at available documentation, that the resident reported to a nurse that she had been raped the day before. Law enforcement was immediately contacted and arrived 45 minutes later to interview the resident. There was no documentation of a forensic exam and the PREA Compliance Manager reported that one was not performed. There was no further documentation or investigation by law enforcement to review and assess whether a forensic exam was warranted or whether it had been deemed unnecessary. Specific details of the allegation were not available for review or maintained by the facility. Neither the PREA Coordinator nor PREA Compliance Manager, nor Intake Officer that wrote documentation, was able to convey why a forensic exam did not occur or what the investigation revealed. The auditor explained that this is the where the facility’s coordinated response should have kicked in, though, law enforcement did take over the investigation.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.365 Coordinated response**

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



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

In order to make my determination, I reviewed the following policies and other documentation:

- PREA Policy
- Cooperative Working Agreement (SART)
- Child Advocacy Working Protocol

**Interviews, Document and Site Review:**

It was learned that the County of Galveston has an established Sexual Assault Response Team (SART). As outlined in the PREA Policy, on page 16/17, GCJJD will follow established protocols and plans for coordinated response to incidents of sexual abuse established by the Galveston County SART. The Cooperative Working Agreement outlines the responsibilities of each community leader/SART member. The Working Agreement was a lengthy and thorough document and was provided for auditor review. The PREA Policy dictates that facility leadership will participate with the Galveston County SART in order to coordinate actions taken in response to an incident of sexual abuse among first responders, medical and mental health practitioners, investigators, and facility leadership. The department will also work with the Child Advocacy Center of Galveston County when appropriate/ applicable as determined by the Galveston County Sheriff’s Department and SART.

GCJJD’s specific role in the Galveston County SART, when warranted and as mandated in the PREA Policy, for a coordinated response includes but is not limited to:

1. *Assessing the victim’s acute medical needs;*
2. *Informing the victim of his or her rights under relevant State and Federal law;*
3. *Explaining the need for a forensic medical exam and offering the victim the option of undergoing one;*
4. *Offering the presence of a victim advocate or a qualified staff member during the exam;*
5. *Providing crisis intervention counseling;*
6. *Interviewing the victim and any witnesses;*
7. *Collecting evidence; and*
8. *Providing for any special needs the victim may have.*

**Corrective Action:**

No corrective action is necessary.

**Standard 115.366 Preservation of ability to protect residents from contact with abusers**

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

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

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

There is no collective bargaining in this facility. This standard is not applicable.

The PREA Policy affirms this and states, “Staff alleged to have engaged in sexual abuse will have no contact with the alleged victim or any other juvenile under the supervision of the department pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

### **Standard 115.367 Agency protection against retaliation**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy

#### **Interviews, Document and Site Review:**

##### Provision (a)

GCJJD’s PREA Policy, on page 17, is the policy established to protect residents and staff, who report sexual abuse or sexual harassment or cooperate with an investigation, from retaliation. The policy charges supervisors and facility administrators with monitoring potential retaliation and the implementation of protective measures to address any allegation of retaliation. Information provided on the Pre-Audit Questionnaire indicated that the PREA Compliance Manager is responsible for retaliation monitoring for Detention. A Residential Supervisor is responsible for monitoring retaliation monitoring for TLC.

While GCJJD has a policy for monitoring retaliation, the practice is largely informal and the auditor was not able to verify institutionalization of practice. More specific guidelines and processes for monitoring are needed in order for the facility to demonstrate this institutionalization.

##### Provision (b)

Different measures are available to protect residents and staff from retaliation. Several specialized staff were interviewed in regard to employing such measures, which were articulated primarily by the PREA Coordinator and PREA Compliance Manager. First and foremost, residents are immediately separated from alleged abusers. Residents can be moved to different pods. If a staff is involved, the staff member will be removed from contact with the resident and will not work on the same pod. If warranted, the staff member will be put on leave pending

investigation. GCJJD reported that no incidents of retaliation occurred during the review period. Additionally, the Crisis Centers and Hotlines posting offers a variety of emotional support services for anyone fearing retaliation. The PREA Coordinator and Compliance Managers are present, visible, and accessible to the residents and staff, which enhances the ability to monitor for retaliation. The PREA Coordinator stated that documentation of monitoring would most likely be done in chronological notes for the resident. Again this is largely done informally, should include process for staff retaliation, and documentation of the process is necessary in order to demonstrate the practice and institutionalization.

Provision (c)

Specialized staff, the PREA Coordinator and Compliance Manager, reported that monitoring for retaliation would occur for at least 90 days following a report of sexual abuse. The PREA Policy outlines the items to be monitored as required by this provision. It was reported that there is bi-weekly management meeting in which monitoring of retaliation could be discussed in the event of an allegation of sexual abuse. One of the PREA Compliance Managers said a memo could be used for documentation and kept in the resident or staff file. Uniformity and formalization is necessary to bring this process together.

Provision (d)

It was evident that supervisory staff-those charged with monitoring- are present and visible on the pods and around the facility and that in-person periodic status checks do occur on a regular basis and that is part of the current informal process of monitoring.

Provision (e)

PREA Policy includes the language of this provision. This will need to be included in a formalized process. During the review period, there were no reports of retaliation.

Provision (f)

The PREA Coordinator and Compliance Manager expressed awareness that the obligation to monitor terminates if an allegation is unfounded. However, at least unofficially a resident would still be monitored.

**Corrective Action:**

1. Formalize process for monitoring retaliation and documenting the measures of protection that have been taken; e.g. housing changes, removal of alleged abusers, emotional support services offered/utilized. The documentation of this formalized process should include items monitored such as disciplinary reports, housing or program changes, negative performance reviews, etc.

**Update:**

1. Through the corrective action period, GCJJD had no reports of sexual abuse. Therefore, no retaliation monitoring was warranted. Nevertheless, the process for doing so was formalized by requiring documentation of such monitoring on the Sexual Abuse Incident form. The revised Sexual Abuse Incident form captures most information regarding response to an allegation of sexual abuse. Some of that information includes the monitoring of retaliation; including items monitored. In a telephone conference 9/26/16, the PREA Coordinator (PC) and PREA Compliance Manager (PCM) explained that they would ultimately be charged with ensuring this monitoring occurs and would document it on this form. For resident monitoring, they would gather information from floor supervisors and for staff monitoring, the PC/PCM would do that monitoring themselves.

**Standard 115.368 Post-allegation protective custody**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Disciplinary Actions and Guidelines Policy
- Room Confinement and Restriction Policy

**Interviews, Document and Site Review:**

Provision (a)

There have been no instances during this review period of segregated housing to protect a resident who is alleged to have suffered from sexual abuse. None were reported and alluded to during resident or staff interviews. Because all residents are single-roomed, segregated housing would not be needed. Other means of separation are utilized and were articulated in interviews. Policy language - in the PREA Policy, Disciplinary Actions and Guidelines Policy, and Room Confinement and Restriction Policy - mandates that residents are afforded rights and provisions according to standard 115.342. See also the auditor comments therein.

The auditor reviewed resident files and grievances. No documentation or report of isolation pursuant to a report of sexual abuse was found.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.371 Criminal and administrative agency investigations**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- Investigative files
- Investigative training certificates
- Investigative training materials

**Interviews, Document and Site Review:**

Provision (a)

GCJJD does not conduct criminal investigations, evidence collection or interviews for the purpose of criminal prosecution. They report all allegations of sexual abuse to local law enforcement immediately but not later than one (1) hour of when an allegation is initially made as required by TJJD and outlined by the Abuse, Exploitation and Neglect Policy. Either law enforcement and/ or the Administrative Investigations Division of the Texas Juvenile Justice Department will conduct formal investigations.

GCJJD investigates administrative allegations of sexual abuse and sexual harassment and does so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports. Interviews of investigative staff, the PREA Coordinator, and PREA Compliance Managers affirmed this to be the practice at the facility. The facility also adheres closely to the requirements of reporting and investigating as outlined by the Texas Juvenile Justice Department. There was one (1) administrative investigations reported during the review period, which was determined to be unfounded.

The PREA Coordinator and Detention PREA Compliance Manager are designated to conduct administrative investigations. It was articulated that they are conducted in a thorough, objective, and prompt manner. Interviews of other supervisors and staff supported also that third party and anonymous reports are handled in the same manner as all other allegations. The Agency Head articulated the investigative process and requirements also during interviews and affirmed that they are initiated immediately and reported to TJJD. The auditor did not interview criminal investigators as they are external to the facility.

There was very little documentation to review regarding investigations due to there being only 1 allegation. The auditor also reviewed the list of grievances for a 12-month period and did not find sexual abuse or sexual harassment grievances.

Provision (b)

As indicated in the auditor comments of 115.334 of this report, the auditor was provided training certificates of the PREA Coordinator and Compliance Manager that conduct investigations of sexual abuse and sexual harassment.

Provision (c)

GCJJD does not conduct criminal investigations or process potential crime scenes for collection of physical evidence. PREA Policy (page 7) mandates that, “the department is required to conduct an internal investigation within 30 days, the department will make every effort to secure any area where a sexual assault is alleged to have occurred in order to preserve any potential crime scene and maximize the potential for obtaining usable physical evidence pending law enforcement investigation and/ or forensic examination.”

The PREA Policy mandates preserving and protecting evidence while the Abuse, Neglect, and Exploitation Policy outlines what constitutes Serious Incidents (sexual abuse and sexual harassment of residents among them) and, on page 9, outlines the procedure in the event it occurs.

For criminal investigations, TJJD and/or law enforcement shall gather and collect physical evidence and available electronic data (which would be provided by the facility), interview alleged victims and perpetrators and witnesses, and shall review prior complaints and reports of sexual abuse.

During staff interviews, preservation of the crime scene and of potential evidence was clearly and consistently articulated.

Provision (d)

As stated in PREA Policy and during interviews with specialized staff, investigations are not terminated solely because the source of the allegation recants.

Provision (e)

Administrative investigators at GCJJD do not conduct compelled interviews as that would generally only be necessary in the event of a criminal case. In the event that there is support for criminal prosecution, the investigation would be in the hands of local law enforcement. It would be law enforcement responsibility to consult prosecution prior to conducting compelled interviews. There was one allegation which was reported to law enforcement and TJJD. No criminal investigation ensued.

Provision (f)

Interviews and discussion with the PREA Coordinator and other staff members indicated that persons involved in an investigation are not judged or treated with any bias. The established environment exuded one of respect for all residents void of unjustly assessing one's credibility. It was also evident during interviews with staff and administration that the credibility of residents is not unjustly or prematurely determined. The facility uses no polygraph examinations with residents under any circumstances.

Provision (g)

There was very little documentation to review regarding administrative investigations, though, interviews and informal discussion with specialized staff indicated that staff actions or failures to act are considered in terms of whether it contributed to the sexual abuse.

Provision (h)

The auditor was not able to verify documentation of criminal investigations of sexual abuse. There was documentation provided of the 1 allegation which involved a resident touching another resident's genitals through clothing. It was reported to law enforcement and TJJD. No criminal investigation was initiated. It was quickly determined to be unfounded.

Provision (i)

In discussions and interviews with the PREA Coordinator, Agency Head, and other staff members it was reported that substantiated allegations that appear to be criminal are referred for prosecution. It would generally be the responsibility of TJJD and/or local law enforcement.

Provision (j)

The auditor learned of a report of alleged sexual abuse by a female resident upon intake, though it occurred in the community. Law enforcement was immediately contacted and arrived 45 minutes later to interview the resident. There was no documentation of the investigation, which may be typical since the alleged sexual abuse did not occur at GCJJD.

In congruence with this provision, PREA Policy language mandates the following, "The GCJJD will retain all written reports and statements related to an investigation of sexual abuse for as long as the abuser is incarcerated or

employed by the department, plus five years, unless the abuse was committed by a juvenile resident and applicable record retention law requires a shorter period of retention.”

Provision (k)

The departure of an alleged victim or abuser does not serve as basis for terminating an investigation. This was abundantly articulated by the PREA Coordinator. There was no instance of this occurring during the review period which to review and verify.

Provision (l)

This provision is not applicable to determining this facility’s PREA compliance.

Provision (m)

When an allegation is investigated externally, the facility remains informed of the progress of the investigation. Auditor learned through discussion and interviews with the PREA Coordinator that the facility has a healthy relationship with the Sheriff’s Office and reported correspondence via emails, phone calls, and in -person.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.372 Evidentiary standard for administrative investigations**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy

**Interviews, Document and Site Review:**

Through interviews with the PREA Coordinator and Compliance Manager, it was articulated that the facility uses the standard “preponderance of evidence” to determine whether allegations of sexual abuse are substantiated. Because of the low number of incidents of sexual abuse and sexual harassment, it was difficult to review and verify institutionalization of this in practice. The one reported allegation was determined to be unfounded, which appeared to be justified upon auditor review.

PREA Policy, page 19, does dictate this standard of evidence. The auditor strongly recommends including the definitions of case dispositions in the policy as well: substantiated, unsubstantiated, and unfounded.

**Corrective Action:**

No corrective action is necessary.

### **Standard 115.373 Reporting to residents**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Internal Investigation form

#### **Interviews, Document and Site Review:**

##### Provisions (a), (b) & (e)

The GCJJD PREA Policy, page 19, contains provisions (a), (c), (d), (e), and (f). GCJJD reported zero (0) allegations of sexual abuse during the review period and there were no investigations by external entities. Thus, no notifications were made.

The PREA Compliance Manager, who also conducts administrative investigations, confirmed that he makes required notifications which include the resident and resident's parents. It would be documented on the Internal Investigation form and then routed to the resident's file.

##### Provision (c)

There were no allegations of sexual abuse by a staff member which required notification to resident(s) whether the staff member is no longer posted on the resident's unit or employed at the facility, when the agency learns the staff member has been indicted or convicted on a sexual abuse charge related to the facility. It is recommended that the facility have a form or formalized way with which to ensure the elements of this standard are met and notified.

##### Provision (d)

There were no allegations of sexual abuse of a resident by another resident which required notification to resident(s) whether the alleged abuser had been indicted or convicted on a charge related to sexual abuse in the facility. It is recommended that the facility have a form or formalized way with which to ensure the elements of this standard are met and notified.

##### Provision (f)

The PREA Policy specifies this notification only if the resident is in the custody of GCJJD.

#### **Corrective Action:**

No corrective action is necessary.



### **Standard 115.376 Disciplinary sanctions for staff**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Review of personnel files

#### **Interviews, Document and Site Review:**

##### Provision (a) – (d)

PREA Policy states that staff are subject to disciplinary sanctions for violating the facilities policy against sexual abuse or sexual harassment. This policy language begins on page 20 and addresses each provision of this standard.

Through interviews with leadership and supervisory staff, it was articulated that disciplinary actions against staff are commensurate with the nature and circumstances surrounding the violation. During the review period there were no instances of sexual abuse or sexual harassment by staff in order for the auditor to verify this practice. There was a review of personnel records (see additional auditor comments in 115.317) and no records of staff discipline were found for violating policy regarding sexual abuse or sexual harassment. It was noted that each personnel file contained annual performance evaluations which evidenced an institutionalized process of evaluating work performance and/or correct performance that is not satisfactory.

#### **Corrective Action:**

No corrective action is necessary.

### **Standard 115.377 Corrective action for contractors and volunteers**

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

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Review of personnel files

**Interviews, Document and Site Review:**

Provision (a)

There is policy language regarding the corrective action of contractors and volunteers, which is found on page 20 of the PREA Policy and is as follows:

*The Galveston County Juvenile Justice Department will report any allegation of sexual abuse committed by a contractor or volunteer to law enforcement (unless the allegation is clearly not criminal), to the relevant licensing body and, prohibit the contractor or volunteer from having any contact with residents pending the completion of an investigation. The department will take appropriate remedial measures and/ or prohibit further contact by any contractor or volunteer that violates agency policy on sexual harassment or sexual abuse.*

Interviews with the Detention PREA Compliance Manager articulated the process outlined in the policy, though, there were no instances of a contractor or volunteer being involved of sexual abuse or sexual harassment during this period of review. Personnel file review consisted of contractors and volunteers as well and no record of this was found.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.378 Disciplinary sanctions for residents**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Disciplinary Actions and Guidelines – Detention Policy
- Room Confinement and Disciplinary Seclusion Policy

## **Interviews, Document and Site Review:**

### Provision (a)

The GCJJD PREA Policy addresses this standard beginning on page 20 under the heading Interventions and Disciplinary Sanctions for Residents. The Disciplinary Actions & Guidelines – Detention Policy more specifically lists prohibited behaviors and the application of fair and consistent rules and sanctions.

There is a formal disciplinary process used at the facility. The process allows youth who violate the facility rules to go before a disciplinary hearing officer. Sexual activity with another resident is considered a major rule infraction.

GCJJD reported no findings of resident-on-resident sexual abuse and no criminal findings of guilt.

### Provision (b)

Policy outlines that disciplinary 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 PREA Policy mandates this, but also the Disciplinary Actions & Guidelines – Detention Policy also lists violations and recommended disciplinary actions and states, "Discipline will be made based on the relative seriousness of each individual incident and may be to the discretion of the Juvenile Supervision Officer."

GCJJD does not generally isolate residents and when they do residents are placed in their rooms, but still participate in education and other activities outside the room. Therefore, daily large-muscle exercise or access to any legally required educational programming or special education services is not denied. Per policy, disciplinary seclusion is only assigned in conjunction with a written disciplinary report documenting the resident's precipitating behavior, the staff's response, the findings of the formal disciplinary review, and a completed Incident Report – Confinement Supplement form. Therefore, there is evidence of institutionalized and formalized practice which includes required documentation.

### Provision (c)

The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

The Room Confinement and Disciplinary Seclusion Policy outlines that, "Disciplinary seclusion shall not be issued to a resident with a known diagnosis of serious mental illness including residents with psychoses, schizophrenia, bipolar with psychotic features, depression with psychotic features, severe post-traumatic stress disorder, schizoaffective disorders, or severe or profound intellectual disability" and that "A mental health provider must be consulted before disciplinary seclusion is imposed if the resident has a current designation as moderate or high risk for suicide."

In viewing completed Incident Report – Confinement Supplement form, the auditor did not verify this documentation, but did not find documentation in violation of it either.

### Provision (d)

GCJJD does not generally offer therapy, counseling, and other interventions designed to address and correct underlying reasons or motivations for sexual abuse. Mental health staff reported employed by the facility do not offer this, but they reported that a resident may be referred and evaluated for such interventions as sex offender treatment. It would be provided off site by a contracted provider. The facility does not require participation in such interventions as a condition of access to the rewards-based level system or as a condition to access to general programming or education.

### Provision (e)

According to the PREA Policy a resident may be disciplined for sexual contact with staff only upon finding that the staff member did not consent to such contact. There have been no such instances at GCJJD to review.

Provision (f)

For the purpose of disciplinary action, a report of sexual abuse at GCJJD made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute false reporting, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was evident during the auditor's time onsite and with discussions had with staff and administration.

Provision (g)

All sexual activity between residents is strictly prohibited at GCJJD and will result in discipline action against residents for such activity. However, such activity between residents does not constitute sexual abuse if it is determined that the activity is not coerced. This was evident during the auditor's time onsite and with discussions had with staff and administration.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Behavior Screening
- Medical/mental health records

**Interviews, Document and Site Review:**

Provision (a) & (b)

The PREA Policy contains verbiage for this standard on page 20/21, which mandates a medical or mental health follow be offered to residents that disclose sexual victimization or perpetration upon intake. As explained in the auditor comments of 115.341, the Behavior Screening is completed at the time of intake by Intake Supervisor on duty. However, the screening was not culminating in an overall risk of sexual victimization with which to determine need of referral to medical or mental health. At the discretion of staff, residents may be referred, though, not as required by this standard. Residents meet the next day with a mental health counselor for continued/comprehensive PREA education. However, this is not pursuant to the Behavior Screening or, more specifically, whether a resident experienced prior sexual victimization or perpetration. Interviews with 2 staff that perform the screening upon intake affirmed the same; that all residents see the counselor the next day, though it is not pursuant to sexual victimization or abusiveness. The counselor does not receive a copy of the screening or information therein.

Provision (c)

Both policy and practice, evidenced by staff interviews and observations, supported that information related to sexual victimization or abusiveness is limited only to people/staff as necessary for treatment and security decisions.

Provision (d)

Medical and mental health practitioners do not obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting because all residents are under the age of 18.

**Corrective Action:**

1. GCJJD shall offer a follow up meeting with medical or mental health within 14 days of the Behavior Screening: a) if it indicates a resident has experienced prior sexual victimization whether it occurred in an institution or in the community; or b) it indicates that a resident has perpetrated sexual abuse whether it occurred in an institution or in the community.

**Update:**

1. 8/30/16: PREA Coordinator sent documentation of training provided to staff regarding this standard. When a medical/mental health follow up is warranted, it will be documented on the Behavioral Health Screening form. The screening form was revised to document information at the bottom. Verbiage states, "If a resident through PREA Screening has experienced prior sexual victimization or perpetrated sexual abuse whether occurred in facility or in community follow up treatment is required within 14 days: Follow up date: \_\_\_\_\_."

The form is then signed by the screening staff and the resident. Whether follow up is needed is also documented on the Detention Counseling Services form. Copies of these 2 forms are given to the Detention Superintendent or Programs Supervisors immediately following assessments and screening of each intake. The auditor was provided with completed screenings that verified use of this revised form and completion of the bottom portion regarding offering medical/mental health follow up. One of the residents disclosed prior sexual victimization and the auditor noted there was a follow up date and it was within 14 days of the admission.

**Standard 115.382 Access to emergency medical and mental health services**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- SART Cooperative Working Agreement
- Medical and mental health records

**Interviews, Document and Site Review:**

Provision (a)

The PREA Policy contains all the language of this standard, verbatim, on page 21. All interviews with 3 medical/mental health staff as well as interviews and discussions with specialized staff indicated that residents receive timely and unimpeded access to emergency medical treatment and crisis intervention.

Provision (b)

Policy mandates that any first responder shall take preliminary steps to protect an alleged victim and shall immediately notify medical and mental health. The auditor learned of a report of alleged sexual abuse by a female resident upon intake, that occurred in the community. It was the auditor’s understanding, after looking at available documentation, that the resident reported to a nurse that she had been raped the day before. Law enforcement was immediately contacted and arrived 45 minutes later to interview the resident and GCJJD ensured that the resident was provided access to mental health/crisis intervention. In fact, the resident was provided access to mental health of her choosing which was a counselor the resident had previously seen. The auditor did review the documentation of mental health/crisis intervention.

There was one allegation of sexual abuse occurring in the facility, which involved a resident allegedly touching another resident’s penis through clothing. It was determined within about 24 hours to be unfounded through review of video and witness statements. The report was made to a counselor. Documentation did not specify what preliminary steps were taken. The counselor that received the report was interviewed as a specialized staff, but asserted that he had received no reports of sexual abuse. It is likely that the staff did not correlate the report to sexual abuse. It is recommended that staff be re-briefed on what constitutes a report of sexual abuse and sexual harassment.

Provision (c) & (d)

The PREA policy states, “Resident victims of sexual abuse while incarcerated will be offered timely information about and timely access to emergency contraception and sexually transmitted infectious prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.”

The Abuse, Neglect, and Exploitation Policy states, “The department will provide medical treatment for victims of sexual abuse including testing for sexually transmitted diseases and HIV/ AIDS for any resident designated as a victim of sexual abuse that is confirmed by internal investigation or Texas Juvenile Justice Department investigation. A health care professional will determine what testing and treatment services are medically necessary and appropriate. The cost of the testing services and any subsequent medical treatment services will be paid by the department with no related testing or treatment costs assessed to the resident or the resident’s family.”

In addition, by virtue of the community SART (Sexual Assault Response Team) and after reviewing the SART Cooperative Working Agreement, residents would be afforded timely information and access to emergency contraception and STI prophylaxis.

No forensic exams or need for this were warranted during the review period. However, policy, the community SART, and staff interviews support that this would occur when needed.

**Corrective Action:**

No corrective action is necessary.

## **Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Abuse, Neglect, and Exploitation Policy
- SART Cooperative Working Agreement
- Medical and mental health records

### **Interviews, Document and Site Review:**

#### Provision (a) & (b)

The PREA Policy contains all the verbiage of this standard. GCJJD does offer medical and mental health treatment to all victims of sexual abuse. Medical and mental health staff that were interviewed as well as the PREA Coordinator articulated this. Use of the community SART specifically outlines best practice in evaluation and treatment including follow-up services, treatment plans, and referrals when necessary. The auditor reviewed the SART Cooperative Working Agreement.

#### Provision (c)

The 3 medical/mental health staff interviewed reported that the level of care is likely above what is offered in the community.

#### Provision (d)-(g)

As per protocol of the SANE and SART, victims would be offered pregnancy tests (if applicable), treatment and prophylaxis for STI’s as appropriate. All these services are offered without cost to the victim, which is mandated by policy and was also reported by staff.

There was one allegation that reportedly occurred at GCJJD and a resident that reported sexual abuse at intake was offered ongoing medical and mental health. The auditor reviewed documentation of this. No other reports of sexual abuse were made during this period of review.

#### Provision (h)

It was not articulated by mental health staff that known resident-on-resident abusers are evaluated within 60 days of learning of such abuse, though, the PREA Policy does state it.

### **Corrective Action:**

1. The facility shall ensure that all known resident-on-resident abusers are evaluated within 60 days of learning of such abuse, pursuant to 115.383(h).

**Update:**

1. 8/30/16: Documentation of medical/mental health staff sent by the PREA Coordinator pursuant to 115.341 and 115.381 included the requirements of this standard. Completed Behavioral Health Screenings that were provided pursuant to 115.341 did not identify resident-on-resident abusers. On a telephone conference with the PREA Coordinator and PREA Compliance Manager, they explained that this type of information would be reflected on the screening form. A copy of the form is forwarded to the Detention Superintendent (PREA Compliance Manager), a JCMS alert would be created, and it is tracked on the Sexual Abuse Incident Checklist.

**Standard 115.386 Sexual abuse incident reviews**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy

**Interviews, Document and Site Review:**

Provision (a), (b) & (c)

The PREA Policy, page 22, requires that GCJJD conduct a sexual abuse incident review within 30 days of the conclusion of all sexual abuse investigations (unless unfounded).

Policy also asserts that upper management officials with input from line supervisors, investigators, and medical or mental health be included in sexual abuse incident review teams. There was one reported allegation during the review period that occurred in the facility, though, it was determined to be unfounded. Therefore, no documentation was available for auditor to review and verify practice. It was not warranted.

Provision (d)

Documentation of reviews was not available with which to verify the 6 required elements of this standard. When interviewed as part of the sexual abuse incident review team, the PREA Coordinator articulated the required elements and affirmed that none had taken place yet because none had been warranted. The auditor suggests the use of a form that outlines the required elements so, in the event of an allegation of sexual abuse, GCJJD can demonstrate an adequate review.

**Corrective Action:**



No corrective action is necessary.

### **Standard 115.387 Data collection**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Survey of Sexual Victimization
- Data Collection – Detention
- Data Collection – TLC
- Data Collection – Rockdale Regional Juvenile Justice Center

### **Interviews, Document and Site Review:**

#### Provision (a), (b), & (c)

GCJJD, primarily the PREA Coordinator, does collect accurate and uniform data for allegations of sexual abuse using a set of definitions. Incident-based data is collected pursuant to TJJD’s mandated definitions as well as for the Survey of Sexual Victimization (SSV). The auditor was provided with the most recent SSV for review.

Upon review of the data collection for Detention, TLC, and Rockdale, it was noted that it is broken down by Abusive Sexual Contacts, Nonconsensual Sexual Acts, Staff Sexual Misconduct, and Staff Sexual Harassment. It reflects case dispositions and any ongoing investigations; all the information requested on the Survey of Sexual Victimization.

Data is gathered at least annually pursuant to the completion of the SSV. The facility collects and uses data more frequently than annually. Documents titled Data Review for Corrective Action is available for 2014 as well as 2015, indicating that it is aggregated at least annually.

#### Provision (d)

GCJJD provided aggregated data from the private facility with which they contract- Rockdale Regional Juvenile Justice Center.

#### Provision (f)

This provision is not applicable to determining this facility’s PREA compliance. DOJ has made no such request.

### **Corrective Action:**

No corrective action is necessary.

## Standard 115.388 Data review for corrective action

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Survey of Sexual Victimization
- Agency website
- Data Review for Corrective Action 2014
- Data Review for Corrective Action 2015

### **Interviews, Document and Site Review:**

#### Provision (a) & (c)

The facility reports they review data collected pursuant to 115.387 in order to improve and assess their PREA compliance efforts. GCJJD compiles an analysis of this data and posts it on the agency website via a link called PREA Overview, which is addressed to and signed by the Agency Head. GCJJD has a PREA page on their website, which is easily seen and accessible. The PREA documents therein include: PREA Overview, Policy and Procedure, Survey of Sexual Victimization 2014, Data Collection – Detention, Data Collection – TLC, Data Collection – Rockdale, Data Review for Corrective Action 2014, and Data Review for Corrective Action 2015.

The data collection for Detention, TLC, and Rockdale is broken down by Abusive Sexual Contacts, Nonconsensual Sexual Acts, Staff Sexual Misconduct, and Staff Sexual Harassment. It reflects case dispositions and any ongoing investigations; all the information requested on the Survey of Sexual Victimization.

The can be viewed on the agency’s website: <http://www.galvestoncountytexas.gov/jj/Pages/PREADDataDetention.aspx>

#### Provision (b)

The PREA Overview includes a comparison of previous years’ data and an analysis thereof, as such:

*Year over year comparison revealed no substantiated incidents or allegations of sexual violence or sexual abuse during the calendar years of 2014 and 2015....one allegation reported in 2014 involving an unfounded allegation of staff sexual misconduct related to a routine pat search and two allegations reported in 2015 including one allegation of a youth’s plan to exchange sex for contraband which was determined to be unfounded following review of statements and video (see attached PREA Data Collection documents) and one allegation of a youth grabbing another youth through the clothing which was determined to be unfounded following a review of statements and video. These allegations are not related nor do they suggest a pattern...”*

Provision (d)

No information was redacted from the report as it was not deemed necessary.

**Corrective Action:**

No corrective action is necessary.

**Standard 115.389 Data storage, publication, and destruction**

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

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

**In order to make my determination, I reviewed the following policies and other documentation:**

- PREA Policy
- Agency website
- Data Review for Corrective Action 2014
- Data Review for Corrective Action 2015
- Data Collection – Detention
- Data Collection – TLC
- Data Collection – Rockdale

**Interviews, Document and Site Review:**

Provision (a)

Page 23 of the PREA Policy contains the language of this standard, verbatim. Interviews with the PREA Coordinator indicated his awareness of the requirement.

Provision (b)

GCIJD contracts with one (1) private facilities for the confinement of residents – Rockdale Regional Juvenile Justice Center. The auditor viewed the Data Collection – Rockdale on the agency website, which contains data necessary to complete the Survey of Sexual Victimization.

Provision (c)

Upon review of the sexual abuse data made publically available, the auditor found no personal identifiers.

Provision (d)

The language of this provision is included in policy as alluded above. Through discussion with facility staff, it was evident they are aware of this requirement.

**Corrective Action:**

No corrective action is necessary.

**AUDITOR CERTIFICATION**

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Talia Huff

9/29/16

Auditor Signature

Date