



SAN PATRICIO COUNTY CSCD
COASTAL BEND REGIONAL
INTERMEDIATE SANCTION FACILITY

PRISON RAPE ELIMINATION ACT (PREA)
POLICY AND PROCEDURE MANUAL

Revised
December 2021

PRISON RAPE ELIMINATION ACT

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Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**
Section Number: **115.5**

Policy Number

1.00

Effective Date: Revised Date:

Policy

This section contains general definitions of terms that are used throughout this policy manual.

Definitions

For purposes of this part, the term—

Agency means the unit of a State, local, corporate, or nonprofit authority, or of the Department of Justice, with direct responsibility for the operation of any facility that confines inmates, detainees, or residents, including the implementation of policy as set by the governing, corporate, or nonprofit authority.

Agency head/administrator means the principal official of an agency.

Community confinement facility means a community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correctional facility (including residential re-entry centers), other than a juvenile facility, in which individuals reside as part of a term of imprisonment or as a condition of pre-trial release or post-release supervision, while participating in gainful employment, employment search efforts, community service, vocational training, treatment, educational programs, or similar facility-approved programs during nonresidential hours.

Coastal Bend Regional Intermediate Sanction Facility - (CBRISF) Community Confinement Facility located at 800 N. Vineyard, Sinton Texas, operated by the 36th, 156th & 343rd Judicial Districts Community Supervision and Corrections Department.

36th, 156th & 343rd Judicial Districts Community Supervision and Corrections Department - (CSCD) - local Adult community supervision and corrections department located on 404, W. Market, Sinton, Texas

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Texas Department of Criminal Justice - (TDCJ) headquartered in Austin, Texas

Community Justice Assistance Division - (CJAD) a division of the Texas Department of Criminal Justice tasked to oversee and assist all community supervision and corrections departments in the state of Texas located in Austin, Texas.

Contractor means a person who provides services on a recurring basis pursuant to a contractual agreement with the agency.

Detainee means any person detained in a lockup, regardless of adjudication status.

Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident or inmate.

Employee means a person who works directly for the agency or facility.

Exigent circumstances means any set of temporary and unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.

Facility means a place, institution, building (or part thereof), set of buildings, structure, or area (whether or not enclosing a building or set of buildings) that is used by an agency for the confinement of individuals.

Facility head/administrator means the principal official of a facility.

Full compliance means compliance with all material requirements of each standard except for *de minimis* violations, or discrete and temporary violations during otherwise sustained periods of compliance.

Gender nonconforming means a person whose appearance or manner does not conform to traditional societal gender expectations.

Inmate means any person incarcerated or detained in a prison or jail.

Intersex means a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.

Jail means a confinement facility of a Federal, State, or local law enforcement agency whose primary use is to hold persons pending adjudication of criminal charges, persons committed to confinement after adjudication of criminal charges for sentences of one year or less, or persons adjudicated guilty who are awaiting transfer to a correctional facility.

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Juvenile means any person under the age of 18, unless under adult court supervision and confined or detained in a prison or jail.

Juvenile facility means a facility primarily used for the confinement of juveniles pursuant to the juvenile justice system or criminal justice system.

Law enforcement staff means employees responsible for the supervision and control of detainees in lockups.

Lockup means a facility that contains holding cells, cell blocks, or other secure enclosures that are:
(1) Under the control of a law enforcement, court, or custodial officer; and
(2) Primarily used for the temporary confinement of individuals who have recently been arrested, detained, or are being transferred to or from a court, jail, prison, or other agency.

Medical practitioner means a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner means a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Pat-down search means a running of the hands over the clothed body of an inmate, detainee, or resident by an employee to determine whether the individual possesses contraband.

Prison means an institution under Federal or State jurisdiction whose primary use is for the confinement of individuals convicted of a serious crime, usually in excess of one year in length, or a felony.

Resident means any person confined or detained in a juvenile facility or in a community confinement facility. *Secure juvenile facility* means a juvenile facility in which the movements and activities of individual residents may be restricted or subject to control through the use of physical barriers or intensive staff supervision. A facility that allows residents access to the community to achieve treatment or correctional objectives, such as through educational or employment programs, typically will not be considered to be a secure juvenile facility.

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Security staff means employees primarily responsible for the supervision and control of inmates, detainees, or residents in housing units, recreational areas, dining areas, and other program areas of the facility.

Staff means employees.

Strip search means a search that requires a person to remove or arrange some or all clothing so as to permit a visual inspection of the person's breasts, buttocks, or genitalia.

Transgender means a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Substantiated allegation means an allegation that was investigated and determined to have occurred.

Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Volunteer means an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency.

Youthful inmate means any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.

Youthful detainee means any person under the age of 18 who is under adult court supervision and detained in a lockup.

Procedure

N/A

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.6**

Policy Number

1.01

Effective Date:

Revised Date:

Policy

This section contains definitions related to sexual abuse of terms that are used throughout this policy manual.

Definitions

Sexual abuse includes—

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
 - (2) Contact between the mouth and the penis, vulva, or anus;
 - (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
 - (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
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Section Number: **115.6**

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

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Sexual harassment includes—

(1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or resident directed toward another; and

(2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Procedure

N/A

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.211

Policy Number

2.00

Effective Date: 05/12/12

Revised Date: 12/13/2021

Policy

Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

(a) An agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

(b) An agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

(c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Definitions

N/A

Procedure

The Coastal Bend Regional Intermediate Sanction Facility (CBRISF) maintain a zero tolerance policy towards all forms of sexual abuse or harassment.

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.211**

Policy strictly prohibits the following:

- (a) sexual abuse or sexual harassment of a resident by any individual having contact with a resident of the facility.

- (b) sexual conduct between residents

Prevention:

Prevention of sexual abuse and sexual harassment in detention will be maintained by supervision of residents by staff and cameras. Residents will be allowed to report any sexual abuse or sexual harassment by having access to Texas Department of Criminal Justice - Community Justice Assistance Division, Ombudsman office phone number (1-800-535-0283). They will be allowed to call this number any time they believe they have been a victim of sexual abuse or harassment.

Criminal Background checks will be performed on all persons during pre-employment screening with the department.

Detecting

Detecting sexual abuse or sexual harassment will be completed through staff training of PREA standards. Staff will also be trained on verbal or emotional recognition of sexual abuse and sexual harassment.

Staff will be made aware of their Duty to Report. Any staff member who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged serious physical abuse, sexual abuse, or sexual harassment involving a resident shall report it to facility management, the Texas Department of Criminal Justice, Community Justice Assistance Division and local law enforcement.

Responding

Response to sexual abuse and sexual harassment reports will be handled by the PREA Coordinator.

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Section Number: **115.211**

PREA Coordinator

Department size negates the need for more than one PREA Coordinator. One PREA Coordinator will be chosen.

PREA Coordinator – Will be chosen by the facility Director or designee(s) will be the Facility Administrator. The Facility Administrator and PREA coordinator will be provided the training necessary to be in compliance with PREA standards.

The PREA coordinator will be provided sufficient time and authority to perform the required responsibilities to comply with PREA standards.

CBRISF Assistant Director Anthony Sanchez is the CBRISF PREA Coordinator.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.212**

Policy Number

3.00

Effective Date: 05/12/2012

Revised Date: 12/13/2021

Policy

Contracting with other entities for the confinement of residents.

(a) A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

(c) Only in emergency circumstances in which all reasonable attempts to find a private agency or other entity in compliance with the PREA standards have failed, may the agency enter into a contract with an entity that fails to comply with these standards. In such a case, the public agency shall document its unsuccessful attempts to find an entity in compliance with the standards.

Definitions

N/A

Procedure

The CBRISF does not contract with private agencies or other entities for confinement of our residents.

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.212**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.213**

Policy Number

4.00

Effective Date: Revised Date:

Policy

Supervising and Monitoring

(a) For each facility, the agency shall develop and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration: (1) The physical layout of each facility; (2) The composition of the resident population; (3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (4) Any other relevant factors. (b) In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. (c) Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) Prevailing staffing patterns; (3) The facility's deployment of video monitoring systems and other monitoring technologies; and (4) The resources the facility has available to commit to ensure adequate staffing levels.

Definitions

N/A

Procedure

Facility: The Coastal Bend Regional Intermediate Sanction Facility is a seventy (70) bed community corrections facility that provides residential services to defendants ordered by Judicial Courts in Texas. Both male and females residents may be served. The facility has a kitchen, dining rooms, TV room, GED lab, control room, offices, restrooms, conference room, supply rooms and closets and keeps separate sleeping quarters for males and females in two separate wings with staff controlled locked door access between the two wings. The facility is located at 800 N. Vineyard, Sinton, Texas.

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Section Number: **115.213**

Resident Population:

1. Felony or Misdemeanor
2. Male or Female
3. Must not be a Title 5 Offenders (Assaultive Offenses)
4. The Offender must not have a 3G Offense, sex offense, any offense involving assault, or violence or death.
5. All ethnicity groups served
6. Major Depressive Disorders are the only mental health diagnosis allowed in the program.
7. Participants who are not on community supervision are eligible for the program (pre-trial, pre-trial bond).

Video Monitoring: The facility is equipped with video surveillance in indoor common areas and front and rear outdoor entrances with recording capabilities of thirty (30) days prior to current day.

The facility Director shall access staffing, video monitoring and supervision practices with the Director of the Community Supervision and Corrections Department to update policy and/or equipment annually during the last quarter of the budget year. There shall be at least one male and one female staff on duty to handle issues of both genders.

Maintaining staff to offender ratio will be facilitated as follows:

- 1.) The Senior Residential Supervisor(s) and Director will provide a work schedule to Residential Monitor that include twenty-four (24) hour coverage at all times. There will be a minimal of three (3) Residential Monitors scheduled for each shift. The only exception is the 12 AM to 4 AM shift where only two (2) Residential Monitors are scheduled due to the Residents sleeping.
- 2.) If full-time staff is not available for their shift then they will report that their absence to their SRS. The SRS will then call the on-call full-time or part-time Residential Monitor(s) for coverage.

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- 3.) The Residential Monitor to Resident ratio will be one (1) to thirty (30) Residents facility wide.

The maximum Resident capacity is seventy (70) with a bed space for fifty-eight (58) males and twelve (12) females. The INTERMEDIATE SANCTION FACILITY should maintain a ninety (90) percent capacity with only eligible and appropriate placements. Any revisions to the maximum and minimum Resident capacities to the INTERMEDIATE SANCTION FACILITY will only be facilitated with TDCJ-CJAD approval.

The maximum capacity will be obtained by the following:

- 1) Conducting a Resident Census and Referral List on a daily basis
- 2) Follow up with Probation Officer's with items that may be missing from a packet
- 3) Accepting Courtesy Supervision; Accept eligible offenders needing the services offered by the Center on a courtesy supervision from other jurisdictions.
- 4) Utilize the Texas Facility Web Portal in order to provide information about the Center and report census and waiting period
- 5) Utilize the San Patricio CSCD Website to inform other Community Correction Officers about the Center and provide referral information
- 6) Visit in county and out of county CSCD offices to educate others about the Center
- 7) The CSCD Director and Center Director will attend other Director Meetings within the State in order to network with others to determine the need for services.
- 8) Make necessary changes to the program curricula as needed to meet the needs of the offenders in the State of Texas. All changes will be approved by CJAD prior to implementing.

The prevalence of sexual abuse incidents is minimal in this facility. In situations where staffing is not meeting this policy the Facility Director or Designee will be contacted to call in additional staff to meet requirements. Should staff requirements not be met the CSCD Director must be contacted for assistance in meeting staff requirements.

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Section Number: **115.214**

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Policy Number
5.00

Effective Date: Revised Date:

Reserved

Policy

N/A

Definitions

Procedure

This section is currently blank however; it is reserved for any future additions to the PREA standard.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.215

Policy Number

6.00

Effective Date:

Revised Date:

Policy

Limits to cross-gender viewing and searches.

(a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

(b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 residents, the facility shall not permit cross-gender pat-down searches of female residents, absent exigent circumstances. Facilities shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

(c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female residents.

(d) The facility shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

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(e) The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

(f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Definitions

N/A

Procedure

The INTERMEDIATE SANCTION FACILITY will conduct searches the following in order to control and reduce contraband within the Center:

Strip Search Procedures

Staff members conducting searches will make every effort to explain search procedures and describe each step of the procedure to the resident as the search is conducted. Staff members will maintain constant visual supervision of residents during a strip search. Staff members shall make all attempts to be sensitive to the special needs of residents with known histories of physical or sexual abuse during a search. The facility will keep written records of all items confiscated during strip searches of residents, as well as the individualized suspicion that lead to the search.

Strip searches:

The procedure for strip searches is as follows:

- a) Strip searches will be facilitated by staff of the same gender as the Resident
- b) Strip searches for males/females will take place within the private area of the restroom
- c) The male/female will first be asked if they have contraband
- d) Prior to entering the restroom area, the male/female will be asked to remove shoes, belts, ect.,
- e) The male/female will be instructed by the staff to remove one item at a time, which will be searched
- f) All belongings to include clothing will be searched

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- g) The staff keeping their distance will view and observe the male/female in order to make sure that they are not carrying any contraband on their body
- h) All areas of the body are viewed to include behind the ears, around the private area, and mouth area
- i) The staff does not touch the Resident while viewing but does instruct the Resident as to what area needs to be viewed and what the Resident needs to do to assist
- j) When the strip has been completed the RS will instruct the Resident that they may get dressed

Note: Staff will not conduct cross-gender strip searches or cross-gender visual body cavity searches

An oral cavity search may be conducted if there is reason to believe that a resident is concealing contraband, to verify medication was taken or as necessary for facility security. An oral cavity search is the examination of the resident's open mouth.

Body Cavity Search

An anal or genital body cavity search shall be conducted only if there is probable cause to believe a resident is concealing contraband. An anal or genital body cavity search is the physical probing search of a resident's rectum and/or vagina. An anal or genital body cavity search shall only be conducted by a licensed physician. Other medical personnel are prohibited from conducting an anal or genital body cavity search. Prohibited medical personnel include, but are not limited to, physician assistants, nurses or paramedics. Probable cause for a body cavity search shall be documented. This documentation shall include, but is not limited to the following:

- a. Name of the resident searched;
- b. Date and time of the search;
- c. Probable cause justifying the search; and
- d. Name and title of the person conducting search (i.e., physician).

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The facility shall have a filing or cross-referencing mechanism in chronological (i.e., date) order which enables all resident files for residents who have been subjected to an anal or body cavity search to be reviewed for sampling purposes when required by Texas Department of Criminal Justice.

General Requirements for All Types of Searches

No Touching Provision. this standard requires residents not be touched by facility staff to conduct a searches. Authorized physician conducting searches where physical contact is required shall not touch the resident being searched any more than is necessary to complete a thorough search. Authorized staff conducting searches shall refrain from touching, prodding, or probing that may cause pain or injury and shall also refrain from search techniques that may resemble fondling, especially in the area of the resident's breasts, genitalia, and buttocks.

Measures to Prevent Embarrassment and Humiliation. this standard requires during a search of a resident staff shall make concerted and comprehensive efforts to prevent the resident's embarrassment or humiliation. All resident searches shall be conducted in a professional manner, and the authorized staff conducting the search refrain from making inappropriate remarks or comments about the process, the resident being searched, or the resident's body or physical appearance. Staff's communications during the search shall be limited to the verbal instructions and requests necessary to facilitate an effective and efficient search and to facilitate resident, staff, and facility safety. Additionally, during searches staff members shall be sensitive to the potential special needs of residents with known histories of physical or sexual abuse.

Staff Training

Resident searches are conducted by all staff who have demonstrated competency in conducting safe, effective, and compliant resident searches. The Facility Administrator ensures staff with search responsibilities are provided with on-going training and instruction in the facility's search policies and procedures. Staff shall receive practical instruction that includes the demonstration of techniques for conducting appropriate searches.

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Staff Safety

Staff are provided with necessary equipment or clothing (e.g., gloves, etc.) to protect themselves during the course of a resident search. No sharp cutting instruments for cutting a resident's clothing will be introduced into a situation where a forced strip search is being facilitated due to a possible resident which is physically combative and could present a risk to both staff and resident safety. If a facility feels it is necessary to cut a resident's clothes this is only to be done with a blunt tip or specially designed instrument (e.g., those types of devices that may be used by EMT, etc.).

Staff shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

Security staff will be trained in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39

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Policy Number

7.00

Effective Date: 05/12/2012

Revised Date: 12/13/2021

Policy

Residents with disabilities and residents who are limited English proficient.

(a) The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

(b) The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

Definitions

N/A

Procedure

A resident shall receive an orientation immediately upon admission to the facility but in no case shall more than twelve (12) hours lapse between the time the resident is admitted into the detention facility and the time the orientation is completed. If the resident does not receive an orientation within the time frame required in this standard, the Supervision Officer shall document in the resident's file the reason for the delay.

The orientation shall be conducted in the resident's primary language and include an explanation of the facility's program rules, grievance policy and procedure, the procedures to access health care, reporting sexual abuse/sexual harassment, neglect, and Prison Rape Elimination Act (PREA) of 2003. PREA topics include the following: the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment, and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. If the resident cannot read or has low vision, a staff member shall read and explain the rules to the resident. If the resident's primary language is not English or Spanish, the resident will be considered inappropriate for placement at the CBRISF, and an alternate form of treatment needs to be recommended. Primary language shall be defined as the language normally used in the home by the resident and the parents. Medical conditions such as blind, deaf, etc. will also be considered as inappropriate for placement at the CBRISF, and an alternate form of treatment needs to be recommended. Each resident shall be provided with a copy to place with their personal effects.

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Documentation shall be maintained in the resident's file verifying the date and time the orientation was conducted (i.e., orientation forms). The date and time of the resident's admission to the facility shall be documented (i.e., admission forms) as required by the Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115 .

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.93 (y)

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Policy Number

8.00

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Policy

Hiring and promotion decisions.

(a) The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who—

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);
- (2) 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
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

(b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

(c) Before hiring new employees who may have contact with residents, the agency shall:

- (1) Perform a criminal background records check; and
- (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

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(d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

(e) The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

(f) The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

(g) Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

(h) Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Definitions

N/A

Procedure

Hiring and promotion decisions

Persons applying for employment with the CBRISF shall provide proof that they are eligible to work in the United States by providing proof with official documents enumerated in the federal Form I-9 and meet qualifications for the position applied. The best qualified candidate will be hired for the position.

(a) To be eligible for employment as a community supervision officer (CSO) who supervises offenders, a person:

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- (1) Must have a bachelor's degree conferred by an institution of higher education accredited by an accrediting organization recognized by the Texas Higher Education Coordinating Board; and
- (2) Cannot be employed as a peace officer or work as a reserve or volunteer peace officer; and
- (3) Cannot currently be on community supervision, parole, or serving a sentence for a criminal offense.

Criminal/Misconduct History

An applicant or an employee of the CBRISF will be prohibited from employment/promotion with the CBRISF if:

- The applicant or employee was convicted of, or placed on deferred adjudication for, a felony offense within the previous ten year period or misdemeanor within the previous five year period.
- The applicant or employee is currently under supervision by any local, state, or federal authority.
- History of misconduct such as child abuse, sexual abuse or harassment as confirmed by interview, screening checks by telephone of prior employment/incarcerations or investigations on current employees.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115 & Texas Government Code, Chapter 573

Texas Government Code, Chapter 76 & 573

Texas Department of Criminal Justice Assistance Division, Standards for CSCD's, sec 163.33 & 163.39

36th, 156th & 343rd Community Supervision and Corrections Department, Personnel Manual, Sec VI

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Policy Number

9.00

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Revised Date:

Policy

Upgrades to facilities and technologies.

(a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

(b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Definitions

N/A

Procedure

Any future upgrades to the facility or an acquisition of a new facility, protection of residents from sexual abuse will be considered in the upgrade, an expansion or new facility design.

Resident Observation Devices

Audio and Video Surveillance Devices – audio and video monitoring devices are used to supplement visual observations and record daily activities in common areas of the facility - such as hall ways, class rooms, dining areas, laundry room and outdoor activity.

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Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Section Number: **115.221**

Policy Number

10.00

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Revised Date: 12/14/2021

Policy

Evidence protocol and forensic medical examinations.

- (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
- (c) The agency shall offer all victims of sexual abuse access to forensic medical examinations whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.
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(d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

(e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(g) The requirements of paragraphs (a) through (f) of this section shall also apply to:

(1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in community confinement facilities; and

(2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in community confinement facilities.

(h) For the purposes of this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

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Definitions

N/A

Procedure

In the event of a sexual assault the following protocol shall be observed:

- A. The resident who is the victim of sexual abuse/assault shall be given professional medical assistance as soon as staff is made aware of the issue. The person performing the medical exam should have Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiners (SANE) training.
 - B. The victim of the sexual assault will be taken to a doctor/hospital and accompanied by law enforcement of the law enforcement investigation. The next of kin shall also be contacted and will be asked to meet law enforcement and the resident at the designated doctor's office or hospital. If next of kin is unavailable or cannot be reach the staff shall document all attempts to do so.
 - C. There will be no cost to the resident/next of kin for any examination which is a result of a sexual assault while housed at the Coastal Bend Regional Intermediate Sanction Facility (CBRISF).
 - D. Any evidence resulting from the doctor/hospital visit shall be available to any law enforcement personnel or CBRISF employee investigating the sexual assault.
 - E. The CBRISF shall make available to the victim, a victim advocate from local rape crisis center, The Purple Door. The Purple Door offers a 24 hour toll free number 1-800-580-HURT (4878). The CBRISF will document all efforts to secure services from The Purple Door.
 - F. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.
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G. To the extent the facility is not responsible for investigating allegations of sexual abuse, the facility shall request the investigating agency follow the requirements of (A) through (G) of this section.

H. The requirements of (A) through (G) of this section shall also apply to:

(1) Any State entity outside of the agency responsible for investigating allegations of sexual abuse in resident facilities; and

(2) Any Department of Justice component responsible for investigating allegations of sexual abuse in resident facilities.

I. Any and all paper work related to this matter shall not be kept in the resident's medical file. It shall be kept in a separate file located in the designated PREA Coordinator's office.

Each facility shall have policies and procedures regarding the medical treatment and testing of resident victims found to have been abused, neglected, or exploited while in the custody of the facility in a manner which any physical injuries may have occurred or any sexually transmitted diseases (STDs) may have been contracted. The policies and procedures shall require STD testing and medical treatment be made available during or at the conclusion of an internal investigation of abuse, neglect, or exploitation. A resident that incurs physical injuries or may have contracted a sexually transmitted disease (STD) as a result of an incident abuse, neglect or exploitation that receives a reason to believe disposition in a CJAD investigation is defined as a resident victim, despite the finding of the internal investigation. Resident victims, whether they are still in the physical custody of the facility or not, are entitled to receive testing for STDs and medical treatment services for physical injuries they may have contracted or incurred as a result of their victimization in the facility.

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Medical Testing and Medical Services Rendered Prior to Investigation Dispositions

The STD testing and medical services required by this standard may be made available or provided to resident victims once the allegation is reported, during, prior to or after the conclusion of an internal or CJAD investigation. STD testing and medical services that were offered or delivered upon disclosure of a qualifying incident may count toward meeting the compliance expectation(s) of this standard. However, facility staff should be cognizant that medical attention rendered immediately after the identification or disclosure of an alleged sexual assault or a physical assault event is typically being sought to provide for an examination of the alleged victim to identify, to treat immediate physical injuries, and to identify and collect physical evidence for the ensuing investigation (i.e., internal, administrative, and criminal). These initial medical services may assist in guiding and supplementing subsequent STD testing and medical treatment decisions; however, they may not always be medically legitimate substitutes for additional STD tests and medical treatment. Compliance with this standard will require that upon disposition of an internal or CJAD investigation, facility staff and applicable health care professionals assess all previously offered and rendered STD testing and medical treatment as well as make a determination as to what additional and/or repeated testing and medical treatment services are to be extended to the resident victim.

Cost of Services Rendered

In no case shall a resident victim or a resident victim's family be financially responsible for any medical tests or medical treatment services incurred as a result of their victimization. The prohibition against resident victim billing is applicable even if a youth has been placed in the facility per a contractual agreement without an outside placing entity.

Medical Consultation

Resident victims will be provided with appropriate consultation on the range and nature of the applicable testing from a health care professional. Victim should have ability to include his or her next of kin in the consultation.

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STD Testing and Medical Treatment Prior to Investigation Dispositions

It is appropriate and applicable that STD testing and medical treatment services be offered to the resident as soon as possible when there is reasonable suspicion and/or compelling evidence that a sexual assault may have occurred or at any time during or the conclusion on an investigation.

Detection, Response, and Monitoring of Sexual Abuse in Resident Facilities" are being provided in their entirety as follows:

Ongoing medical and mental health care for sexual abuse victims and abusers.

The facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody. The level of medical and mental health care provided to resident victims must match the community level of care generally accepted by the medical and mental health professional communities. The facility conducts a mental health evaluation of all known abusers and provides treatment, as deemed necessary by qualified mental health practitioners within sixty (60) days.

Discussion

Victims of sexual abuse can experience a range of physical injuries and emotional reactions even long after the abuse has occurred, that require medical or mental health attention. As required by this standard, the facility must be able to ensure that all victims receive the appropriate medical and/or mental health services recommended by qualified practitioners. Follow-up evaluations, assessments, and treatment may include the following actions: (1) reviewing any medical and mental health treatment provided immediately following the incident, including whether forensic medical exam was performed; (2) diagnosing any lingering acute or non-acute physical injuries, including oral trauma; and (3) assessing the psychological impact of the victimization, including the risk of suicide or self-harm and any resulting mental health treatment needs. These follow-up evaluations and assessments will enable mental health and medical practitioners to determine and provide the most appropriate treatment for the resident, which could include mental health treatment, medical treatment, or both. Reviewing and adjusting victim treatment plans at regular, clinically appropriate intervals will allow the agency to provide the most comprehensive and appropriate care for as long as treatment is required.

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Victims and perpetrators of sexual abuse, whether recent or historical, are at risk for sexually transmitted infections (STIs), including HIV. Regardless of whether a resident has accepted prevention or treatment for STIs, medical practitioners ought to offer and strongly encourage him or her to be tested for HIV and viral hepatitis six to eight weeks following the sexual abuse. Young victims may be particularly traumatized or confused by certain treatments, such as STI testing. All treatments should be age appropriate, and efforts should be made to thoroughly explain any treatment or test before administering it to residents.

In accordance with this standard's requirement to provide victims with the level of care generally accepted in the medical and mental health professional communities, if there has been vaginal penetration, victims who have been recently abused should be offered pregnancy tests, when appropriate, at the time of the medical evaluation and, if the test is negative, should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive counseling and have access to all pregnancy-related medical services that are lawful in the community.

Additionally, this standard requires mental health evaluation and treatment, when appropriate, of all known abusers. Mental health practitioners may find that ongoing mental health treatment, including counseling, group programs, or other therapeutic interventions, may be beneficial to abusers. Providing mental health treatment to abusers may help them to develop better control over their actions and improve their conduct; in doing so, such treatment may help reduce the likelihood of recidivism and thereby improve facility safety. As noted in the standard, the agency's mental health practitioners must use their professional judgment to determine the appropriate treatment and services for individuals with a recent or previous history of sexual abusiveness.

Any STD testing shall be kept confidential. HIV-AIDS results shall be kept confidential in accordance with HIV-AIDS federal confidentiality laws.

A resident can elect to be tested by the department contracted medical organizations or may be tested by specialized organizations such as the Coastal Bend AIDS Foundation (1-800-982-9629) or Planned Parenthood (361-857-0101/361-855-9107)

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Assessment and Counseling Services Rendered Prior to Investigation Dispositions

Assessments and counseling services required by this standard may be made available or provided to resident victims prior to the conclusion of an internal or CJAD investigation. Behavioral health services that were offered or delivered upon disclosure of a qualifying incident may count toward meeting the compliance expectation(s) of this standard. However, facility staff should be cognizant that behavioral health services rendered immediately after the identification or disclosure of an alleged sexual assault may assist in guiding and supplementing subsequent assessment and counseling decisions, these services may not always be legitimate substitutes for additional behavior health services. Compliance with this standard will require that upon disposition of an internal or CJAD investigation, facility staff and applicable mental health professionals will assess all previously offered and rendered behavioral health services and make a determination as to what additional and/or repeated behavioral health services are to be made available to the resident victim.

Assessment and Counseling Options

A facility shall make available to a resident victim, any and all applicable and appropriate assessments and counseling services determined to have a direct relationship to the sexual assault incident identified in the disposed investigation(s). Determinations as to what assessment and counseling services are necessary and appropriate shall be determined by a mental health professional or in direct consultation with a mental health professional.

Behavioral Health Services Prior to Investigation Disposition

Although the standard only requires that behavioral health assessment and counseling services be made at the conclusion of an internal or CJAD investigation, It is appropriate and applicable behavioral health assessment and counseling services be made available to the resident victim as soon as possible when there is reasonable suspicion and/or compelling evidence that a sexual assault may have occurred.

Non-Sexual Abuse, Neglect or Exploitation

Although the focus of this standard is limited to victims of sexual assaults, residents who have been determined to be victims of physical and/or emotional abuse, neglect or exploitation while in a facility also be provided appropriate behavioral health assessments and counseling services.

The CBRISF staff will refer victims to the level of care generally accepted in the medical and mental health professional communities, if there has been vaginal penetration, victims who have been recently abused should be offered pregnancy tests, when appropriate, at the time of the medical evaluation and, if the test is negative, should be offered retesting approximately six

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weeks thereafter. Victims who have positive tests should receive counseling and have access to all pregnancy-related medical services that are lawful in the community.

Additionally, this standard requires mental health evaluation and treatment, when appropriate, of all known abusers. Mental health practitioners may find that ongoing mental health treatment, including counseling, group programs, or other therapeutic interventions, may be beneficial to abusers. Providing mental health treatment to abusers may help them to develop better control over their actions and improve their conduct; in doing so, such treatment may help reduce the likelihood of recidivism and thereby improve facility safety. As noted in the standard, the agency's mental health practitioners must use their professional judgment to determine the appropriate treatment and services for individuals with a recent or previous history of sexual abusiveness.

Confidential Setting

Interactions between residents and health care professionals or mental health professionals that include the exchange of sensitive information including, but not limited to, screenings and assessments, shall be conducted in a confidential setting. Confidentiality shall be extended to situations when a resident supervision officer conducts health screenings and/or mental health screenings. For the purposes of this standard, a confidential setting is defined as a room or area that provides sound separation from other residents and unauthorized staff in order to prevent sensitive information that is relayed during assessments and screenings from being heard by others. Maintaining confidentiality of residents' medical and mental health information is prudent in order to guard against casual, unjustified dissemination of confidential information to non-medical staff or to other residents.

Private Setting

Interactions between a resident and a health care professional that involve treatment which may be considered intrusive (e.g., any treatment requiring removal of clothing or examination that involves touching of the resident's body, etc.) or that involves the exchange of confidential medical information shall be conducted in a private setting. The intent of this standard is to provide a resident with a setting that encourages open communication with the health care professional and to protect the resident's dignity.

Exceptions in Policy and Procedure

If the presence of a resident staff is necessary or prudent during certain sensitive situations (e.g., during screenings, assessments, treatments, etc.), the facility shall include this authorization in its policies and procedures. The policies and procedures shall ensure that the resident staff is instructed on maintaining confidentiality on what is observed and/or heard during the health

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encounter. Situations when the facility may authorize the presence of a resident supervision officer include the following:

- (1) if a resident poses a substantial risk to the safety of the health care provider, himself or herself, staff or others;
- (2) if the facility has a written policy that requires the presence of a resident supervision officer during medical treatment, which includes mental health consultation or mental health treatment;
- (3) if the health care professional, mental health professional or resident requests the presence of a resident supervision officer during the treatment; or
- (4) if the circumstance or situation indicates the presence of a resident supervision officer is necessary and prudent.

Confidentiality Laws

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted by Congress on August 21, 1996 [Public Law 104-191]. HIPAA regulates privacy practices of organizations and entities that handle certain types of medical information. The HIPAA laws also establish rules to address the use and disclosure of particular categories of health care information, referred to as protected health information that may be maintained by organizations contemplated under federal law (i.e., covered entities). Specifically, HIPAA regulates electronic health care transaction standards and the privacy and security of protected health information.

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The HIPAA provisions also require organizations to provide information regarding privacy rights and allow each individual about whom information is maintained to determine how medical information may be shared.

Secure resident pre-adjudication detention and post-adjudication correctional facilities that are registered with the Texas Resident Justice Department may fall under a correctional institution exemption. This applies to the state network of secure correctional facilities that do not perform any standard transactions that would classify them as a covered entity. As such, providers under contract or operating in a Commission-registered resident correctional entity may be exempt from compliance with certain HIPAA requirements. It is important to note, however, that some counties may be designated as a government-hybrid entity and consider all of its various departments as a covered entity. Since the applicability of HIPAA is definition and transaction-specific, each facility must evaluate its own operations and policies to determine whether the federal HIPAA mandates apply. Facilities should consult with competent and knowledgeable legal counsel to make this determination.

Governing Board Review of Policy and Procedure

CJAD recommends that the governing board, facility administrator, health services coordinator and health service authority periodically review local policies and procedures relating to medical records and other protected health information for compliance with federal and state confidentiality statutes. Forms, releases, contracts and privacy statements should also be routinely reviewed and updated. In addition, training modules for health care provider and facility staff should contain curriculum to ensure a working knowledge of information on the confidentiality of resident medical records and related HIPAA laws.

Staff Supervision Policies

Staff are strictly prohibited from sharing a resident's medical information with other residents, or other facility staff that are not required, or not authorized, to know about a resident's specific medical information. Additionally, Staff in traditionally confidential medical and mental health settings receive training on the facility's policies and procedures relating to confidentiality provisions specific to a resident's personal medical and mental health information.

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.221**

Internal Investigation

Internal investigation shall be conducted by a person qualified to investigate due to experience or training. The investigation will be comprehensive. The investigation shall be initiated immediately by administrator or designee upon the knowledge of alleged A.N.E. or death. The investigation may only be postponed if directed by law enforcement, requested by CJAD, or the internal investigation would compromise the integrity of a potential crime scene. The internal investigation shall be compiled within 30 business days of the initial report to CJAD. CJAD may extend this timeframe upon request. If an extension is granted CJAD may request submission of all information compiled to date or a statement of the status of the investigation.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.222**

Policy Number

11.00

Effective Date: 05/12/2012

Revised Date: 12/14/2021

Policy

Policies to ensure referrals of allegations for investigations.

- (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
 - (b) The agency shall have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or, if it does not have one, make the policy available through other means. The agency shall document all such referrals.
 - (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.
 - (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.
 - (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities shall have in place a policy governing the conduct of such investigations.
-

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**
Section Number: **115.222**

Definitions

N/A

Procedure

An internal investigation shall be conducted by a person qualified to investigate due to experience or training. The investigation will be comprehensive. The investigation shall be initiated immediately by administrator or designee upon the knowledge of alleged A.N.E. or death. The investigation may only be postponed if directed by law enforcement, requested by CJAD, or the internal investigation would compromise the integrity of a potential crime scene. The internal investigation shall be compiled within 30 business days of the initial report to CJAD. CJAD may extend this timeframe upon request. If an extension is granted CJAD may request submission of all information compiled to date or a statement of the status of the investigation.

The CBRISF shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

It is the CBRISF policy that any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged serious sexual abuse or sexual harassment involving a resident shall report to law enforcement and supervisor(s) or designee immediately from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse occurred.

Incident Notification. Within 24 hours of occurrence, the CSCD director and facility director shall notify and report by telephone or fax all serious or unusual events pertaining to the facility's operations and staff to the Sinton Police Department, San Patricio County Sheriff's Department, or San Patricio County District attorney's office, and if applicable, the CSCD director of the original/sending jurisdiction if the incident involves a resident from that sending jurisdiction

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Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (i)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.231**

Policy Number

12.00

Effective Date:

Revised Date:

Policy

§ 115.231 Employee training.

a) The agency shall train all employees who may have contact with residents on:

- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;
 - (6) The common reactions of sexual abuse and sexual harassment victims;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
-

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(b) Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Definitions

N/A

Procedure

The Residential Director shall ensure the facility has policies and procedures governing all facets of the facility's operations. This standard requires the governing board ensures the facility's policies and procedures prohibit certain conduct and requires policies consistent with the Prison Rape Elimination Act of 2003 (PREA).

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TRAINING:

Department PREA Sexual Abuse & Sexual Harassment Zero Tolerance

The CBRISF has a zero-tolerance PREA policy for sexual abuse and sexual harassment. Residential staff will undergo sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures during their initial orientation and residential staff will be required to complete refresher training every two years.

The training will consist of but may not be limited to the following:

- (1) Residents' right to be free from sexual abuse and sexual harassment;
 - (2) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (3) The dynamics of sexual abuse and sexual harassment in community correctional facilities;
 - (4) The common reactions of resident victims of sexual abuse and sexual harassment;
 - (5) How to detect and respond to signs of threatened and actual sexual abuse and how to identify sexual abuse between residents;
 - (6) How to avoid inappropriate relationships with residents;
 - (7) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (8) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;
 - (9) Need to report any allegations of sexual abuse and sexual harassment immediately to their supervisor or the PREA Coordinator.
-

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.231**

Abuse, Neglect, or Exploitation

The facility's policies and procedures shall specifically prohibit the physical, sexual or emotional abuse, neglect or exploitation of a resident by any individual having contact with a resident of the facility.

Consensual Resident-on-Resident Sexual Activity

The facility's policies and procedures shall specifically prohibit consensual resident-on-resident sexual activity. Even though not a PREA issue, consensual resident on resident sexual activity is consider a facility violation and will handle administratively which could lead up to removal from the program.

Code of Ethics

Residential Staff have an obligation to the public and to those individuals whom they supervise.

Residential Staff shall exercise the utmost precaution to ensure that a defendant whom the officer is supervising does not pose a substantial and unjustifiable risk to the community. Staff should notify any individual or a law enforcement agency, within the proper bounds of the law, whenever a community supervision officer has a good faith belief that the life, safety, or property of any member of the public may be endangered.

Residential Staff shall supervise defendants with fairness and competency. Staff shall treat all individuals that the officer is supervising with the dignity and respect to which all human beings are entitled. Staff shall treat all persons with whom they come in contact in his or her official capacity impartially. The staff shall neither treat some individuals more favorably than others; nor shall the staff treat some individuals more adversely than others.

Residential Staff shall maintain a professional relationship with the individuals they are supervising. Staff shall not use his or her authority as a supervising officer or his or her position to extract any personal gain from a resident or exert any undue duress or harassment of any resident.

Residential Staff shall not violate a resident's civil and legal rights, including any right to the confidentiality of any communication or records. Staff shall disclose no personal information concerning a resident other than in his or her official capacity and in accordance with any applicable law and administrative policy.

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Standards Subchapter: **PREA Community Confinement Standards**
Section Number: **115.231**

Residential Personnel Training:

(1) Initial Training Requirements. From the date of employment with the facility, all direct care staff shall receive initial training in ethics; discrimination and sexual harassment; first-aid procedures; cardiopulmonary resuscitation (CPR) procedures, PREA policy, and HIV/AIDS education. Direct care staff shall continue to receive the training dictated by the guidelines of the granting authority that provided the initial training in first aid and CPR procedures. All direct care staff shall receive residential staff training offered by the TDCJ CJAD within the first anniversary year of their hire date. PREA refresher training will be conducted every two years, and will include the following topics listed above.

(2) The Residential director shall maintains training records through the Community Correction Software (CSS) data base for each employee and vendor staff that reflect:

- (A) The number of training hours accrued and the dates of the training;
- (B) The specific programs attended with supporting documentation;
- (C) The number of accrued hours and the number of hours approved by the CSCD director as professional training; and
- (D) The number of training hours carried over from one biennium to another.
- (E) All training and understanding of topics discussed will be documented through employee signature.

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.231**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.33 (b)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Corrections Standards

Section Number: 115.232

Policy Number

13.00

Effective Date:

Revised Date:

Policy

Volunteer and contractor training.

(a) The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

(b) The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

(c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Definitions

N/A

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Corrections Standards**

Section Number: **115.232**

Procedure

VOLUNTEER/INTERN TRAINING

All volunteers/interns shall receive training on the zero-tolerance policy regarding sexual abuse and sexual harassment, reporting sexual abuse, sexual harassment in accordance to the CBRISF Prison Rape Elimination Act (PREA) policy and procedure.

Additional training topics offered, but not limited to, depending on the particular job assignment or task, include:

- Vision Statement
- Mission Statement
- Standard on the job orientation
- Ethics
- Security
- Human Relations
- Sexual Harassment
- Recognizing and Reporting Abuse, Exploitation, and Neglect
- Prison Rape Elimination Act (PREA)
- Confidentiality
- Crisis Intervention
- Suicide Prevention
- CPR
- First Aid
- Chemical Dependency
- Emergency Procedures
- Intake Procedures
- Management of Aggressive Behavior
- CPI - Crisis Prevention/Intervention
- Communication Network
- Non-Verbal Communication

Joint training to all volunteers/interns pending placement will be conducted concerning new facility programs and policies and procedures. All training and understanding of topics discussed, including will be documented through volunteer/intern signature.

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Standards Subchapter: **PREA Community Corrections Standards**

Section Number: **115.232**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.40 (s)

Coastal Bend Regional Intermediate Sanction Facility, Policy #22.00

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Corrections Standards**

Section Number: **115.233**

Policy Number

14.00

Effective Date: 05/12/2012

Revised Date: 12/15/2021

Policy

Resident education.

(a) During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

(b) The agency shall provide refresher information whenever a resident is transferred to a different facility.

(c) The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

(d) The agency shall maintain documentation of resident participation in these education sessions.

(e) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

Definitions

N/A

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Corrections Standards**

Section Number: **115.233**

Procedure

Resident PREA Orientation

The orientation shall be conducted within 12 hours in the resident's primary language and include an explanation of PREA hand out. PREA handout includes: prevention and intervention, methods of minimizing risk of sexual abuse, reporting sexual abuse and assault, and treatment and counseling. The orientation will also include the department's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Detention rules/PREA/Abuse, Neglect & Exploitation (ANE) handouts shall be posted in intake area, hall ways, classroom, and dining areas. Documentation of resident participation in education sessions shall be maintained in the resident's file.

Comprehensive Education of Residents

Within 72 hours of intake, each resident will be provided with comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. PREA handout will be provided to residents at intake.

Current and Future Resident PREA Education

Current residents who have not received sexual abuse and sexual harassment education shall be educated within one year of the effective date of the PREA standards. This information will also include what residents need to know if they are sent to other facilities. PREA handout will be provided to residents at intake.

Primary Language and Disabilities

If the resident cannot read, a staff member shall read and explain the rules to the resident. If the resident is disabled in any way, the format of the information will be adjusted to their disability. If the resident's primary language is Spanish or any other language, the facility shall provide the resident with an interpreter to conduct the orientation, education & training in PREA within 48 hours of the resident's admission. Primary language shall be defined as the language normally used in the home by the resident.

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Standards Subchapter: **PREA Community Corrections Standards**

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Signage

It is the policy of the Coastal Bend Regional Intermediate Sanction Facility to prominently display signage regarding a zero-tolerance policy concerning abuse, sexual abuse, and sexual harassment of residents. Signage shall be posted in all of the following places: Lobby or visitation areas of the facility to which the public has access; resident housing and common areas; common medical treatment areas; common educational areas; and other common areas. Signage is posted in both English and Spanish in all areas.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.40 (g)

Coastal Bend Regional Intermediate Sanction Facility, Policy #22.00

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Correction Standards**

Section Number: **115.234**

Policy Number

15.00

Effective Date:

Revised Date:

Policy

115.234 Specialized training: Investigations.

(a) In addition to the general training provided to all employees pursuant to § 115.231, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(c) The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

(d) Any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

Definitions

N/A

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Correction Standards**

Section Number: **115.234**

Procedure

The internal investigation shall be conducted by a person qualified to investigate due to experience and/or training. The investigation will be comprehensive and shall be initiated immediately by administrator or designee upon the knowledge of alleged sexual abuse/harassment. The investigation may only be postponed if directed by law enforcement, requested by CJAD, or the internal investigation would compromise the integrity of a potential crime scene. The internal investigation shall be compiled within 30 business days of the initial

report to TDCJ-CJAD. If an extension is granted TDCJ-CJAD may request submission of all information compiled to date or a statement of the status of the investigation.

Training

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of *Miranda* and *Garrity* (*rights of public employees only during an investigation*) warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or a case for prosecution referral.

Documentation the PREA Coordinator has completed the specialized training needed to conduct sexual abuse investigations shall be maintained in their personnel file.

State or Department of Justice Investigators

Any State entity or Department of Justice employee investigating sexual abuse in a community confinement setting shall have specialized training prior to investigating any such issues.

Before Questioning an employee during an internal investigation the Garrity Warning shall be read to the employee and signed by the employee and a witness as an acknowledgment of understanding.

GARRITY WARNING

You are advised that you are to be questioned as part of an official internal investigation by this Department. Before answering any further questions, you should review this document, which is intended to advise you of your rights and responsibilities as an employee of this Department in the

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context of this investigation.

The purpose of this meeting is to obtain your response to questions which arise from suspicions of misconduct relating to your job. You are advised that this meeting is purely an administrative inquiry related to your employment. You have all the rights and privileges provided by law and the policies of this Department, including the right to remain silent.

However, it is extremely important that you understand that you have a duty as an employee of this Department to cooperate with an internal investigation and to answer questions which relate to your official duties. **Your failure to cooperate with this investigation, and your refusal to answer questions which relate to your job may subject you to discipline up to and including termination. Therefore, while you have the right to remain silent, asserting that right in this context may subject you to dismissal from employment.**

Any information or evidence you furnish in response to questions asked of you during this investigation **may not be used against you in any criminal proceeding**, according to the ruling in *Garrity v. New Jersey*, 385 U.S. 493 (1967); however, any information or evidence you furnish may be used against you in administrative or civil proceedings.

I certify that on the ___ day of _____, 20___, I have read and understand the above statement, and have received a copy of this warning:

Employee: _____

Witness: _____

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Standards Subchapter: PREA Community Correction Standards

Section Number: 115.234

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Ruling in *Garrity v. New Jersey*, 385 U.S. 493 (1967)

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.235**

Policy Number

16.00

Effective Date:

Revised Date:

Policy

Specialized training: Medical and mental health care.

(a) The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:

(1) How to detect and assess signs of sexual abuse and sexual harassment;

(2) How to preserve physical evidence of sexual abuse;

(3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and

(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

(b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

(c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

(d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

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Definitions

Health Care Professional – A term that includes physicians, physician assistants, nurses, nurse practitioners, dentists, medical and nursing care assistants, emergency medical technicians (EMT), and others who, by virtue of their education, credentials and experience, are permitted by law to evaluate and care for patients.

Medical Treatment – Medical care, including diagnostic testing (e.g., x-rays, laboratory testing, etc.), performed or ordered by a physician, physician assistant or performed by a licensed nurse practitioner, emergency medical technician (EMT), paramedic or licensed vocational nurse (LVN) according to their respective licensure.

Procedure

Medical & Mental Health Practitioners

The CBRISF contracts with Dr. Rene Acuna located in Sinton, TX. Dr. Acuna or an accredited Physician's Assistant (PA), employed by his office, is responsible for the resident's medical care while housed in the CBRISF. Doctor office visits are conducted at Dr. Rene Acuna's office located at 1143 E. Sinton, Texas, 78387. After hours care, resident emergency concerns are taken to Northshore Urgent Care located at 1702 Hwy 181, Portland, Texas 78374. They will be trained by the PREA coordinator in the following areas:

- (1) How to detect and assess signs of sexual abuse and sexual harassment;
 - (2) How to preserve physical evidence of sexual abuse;
 - (3) How to respond effectively and professionally to resident victims of sexual abuse and sexual harassment; and
 - (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
-

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Forensic examinations will be conducted in a hospital or clinical setting by a trained specialist and not in the CBRISF facility. Medical staff shall be trained in how to preserve physical evidence. Documentation of this training shall be maintained by the PREA Coordinator.

Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.231 or for contractors and volunteers under § 115.232, depending upon the practitioner's status at the agency.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (c) (d)

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.241**

Policy Number

17.00

Effective Date:

Revised Date:

Policy

Screening for risk of victimization and abusiveness.

(a) All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

(b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

(c) Such assessments shall be conducted using an objective screening instrument.

(d) The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

(1) Whether the resident has a mental, physical, or developmental disability;

(2) The age of the resident;

(3) The physical build of the resident;

(4) Whether the resident has previously been incarcerated;

(5) Whether the resident's criminal history is exclusively nonviolent;

(6) Whether the resident has prior convictions for sex offenses against an adult or child;

(7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

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- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.
- (e) The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive.
- (f) Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.
- (g) A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- (h) Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section.
- (i) The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

Definitions

N/A

Prison, Rape Elimination Act Community Confinement Policy

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Section Number: **115.241**

Procedure

All residents will go through an intake process on the day of admission. The following is the protocol for all new residents.

Residential Monitor will be responsible for the following intake process on the day of admission:

- A. The Defendant candidate is transported to the INTERMEDIATE SANCTION FACILITY by the transport officer. The Secretary and/or other INTERMEDIATE SANCTION FACILITY Staff identify the Defendant candidate with the intake sheet to make sure that it is the right person. Once the Defendant candidate has been properly identified they are clocked in on their time card and INTERMEDIATE SANCTION FACILITY takes custody. The Defendant candidate is now a Resident.

- B. The same gender male or female Residential Monitor (RM will in-process the male or female Resident.
 - a. A Urinalysis (UA) is collected – the chain will be prepared by the Secretary and completed by the RM who is collecting the UA.
 - b. A strip will be conducted to make sure there is no contraband being brought in
 - c. Picture of the Resident's face for the file will be taken
 - d. Picture of all identifying scars and/or tattoos on the Resident will for the file will be taken
 - e. Residents list of approved possessions will be reviewed and inventoried
 - f. Money that the Resident brings in on admission will be receipted and entered into the Residents financial account
 - g. Hangers, linens, personal hygiene items will be issued to the Resident
 - h. Resident will be issued Treatment Books and one (1) ball point pen
 - i. Medication and medical questionnaire review
 - j. Resident will complete medical referral to be sent to Well-Med in Sinton, TX
 - k. Resident will complete Emergency Contact Form
 - l. Resident will be given information about Securus phone system and paperwork to be filled out by family members for family group (which occurs 30 days after admission into INTERMEDIATE SANCTION FACILITY)
 - m. Resident is given a tour of the facility and assigned a room with an assigned locker – Resident will be given a combination lock in order to keep locker secured

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- n. Resident will be given personal hygiene time (shower)

INTERMEDIATE SANCTION FACILITY Director, CSO or Counselor will be responsible for the following intake process on the day of admission:

- A. Interview the Resident to verify information – Resident will be asked questions on a variety of topics and will be further indoctrinated to the INTERMEDIATE SANCTION FACILITY program
 - B. Change of custody is entered into the CSS system
 - C. TRAS entered into CSS system
 - D. Demographic information updated in the CSS system
- A. New Admission Form completed (the original is given to the Secretary and a copy is kept in the treatment file)
 - B. A CSO, Counselor or Director will meet with the Resident in order to go over the rules and regulations, expectations, disciplinary procedures, activities and program. Resident will sign acknowledging their understanding and will receive a copy
 - C. Resident Rights, Grievance Procedures, Emergency Evacuation Plan, Prison Rape Elimination Act (PREA) and Release of Information will be reviewed and signed by the Resident. The Resident will receive a copy and one will be placed in his/her file.
- 1) Residents' Rights:
 - a.) Residents are granted access to contact Courts and his or her attorney. Such contacts include, but are not limited to: confidential telephone communications, uncensored correspondence and confidential visits.
 - b.) To be treated with dignity and respect; as an individual who has personal needs, feelings, preferences and requirements
 - c.) The right to participate in the development of his or her treatment plan. To have privacy in his or her treatment.
 - d.) The right to meet with Counselor at least once within a 30 day period and on an as needed basis to review treatment plan. A right to request change in problem statement; and a right to know the qualification of staff providing treatment.
-

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- e.) The Resident has a right to be fully informed of all services available at the Center.
 - f.) To receive information necessary to give informed consent prior to the start of any treatment.
 - g.) Continuity of Care: Discharges or transfers be implemented for medical reasons, for the Residents personal welfare, for the welfare of others, or as imposed by the Court of Jurisdiction.
 - h.) To voice opinions, recommendations and grievances in relation to policies and services offered by the Center, without fear of restraint, interference, coercion, discrimination, or reprisal. All Residents upon admission are advised of grievance procedure.
 - i.) To be free from mental, chemical and physical abuse, neglect or exploitation. All complaints will be handled in accordance of the grievance procedure.
 - j.) Residents will receive confidential treatment of his or her personal and medical records. Information from these sources will not be released without the Resident's prior written consent, except in an emergency, as required by law, or as required by the Court of Jurisdiction.
 - k.) To retain the use of his or her personal clothing and belongings, as permitted in Resident guidelines, unless to do so would infringe upon the rights and safety of others, or be contrary to his or her written plan.
 - l.) To refuse to participate in a research program without compromising access to services to which the Resident is otherwise entitled.
 - m.) To receive a complete explanation of the Resident rights in clear and easily understood terms. A copy will also be posted in the classroom for the Residents to read at his or her leisure.
- 2) Grievance Procedure
 - 3) Emergency Evacuation Plan Procedure: Auxiliary Emergency Manual
 - 4) Prison rape Elimination Act (PREA)
 - 5) Release of Information Procedure

D. Resident will reintegrate into the general population with guidance for Residential Monitor

All Residents will be assigned to a Qualified Credentialed Counselor (QCC). Within 10 days of admission the designated QCC will meet with the Resident to complete

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biopsychosocial and initial treatment plan. The information gathered will be utilized to formulate the individual treatment plan. The biopsychosocial will include:

- A. Offense
- B. Parental information
- C. Marital Status and Number of Dependents
- D. Medical history – Current illness and health problems including venereal diseases
- E. Dental history
- F. History of Mental Health Issues
- G. History of Drug and Alcohol Issues to include types of drugs used, mode of use, amounts used, frequency of use, date or time of last use and a history of problems that may have occurred after ceasing use
- H. Education
- I. Employment history

The identification, evaluation and assessments of offender's strengths, abilities, needs and substance preferences is obtained by the QCC in order to develop individual treatment plans of each Resident. A diagnostic summary is completed and signed off by the QCC. A clinical meeting will be conducted on a weekly basis between the QCC's and Clinical Director. The purpose of the clinical meeting is to discuss each Residents progress.

Behavioral Screening Requirements of victimization and abusiveness

Prior to being assigned to a housing unit, each resident shall be screened for potential vulnerabilities or tendencies of acting out in sexually aggressive or assaultive behavior. The intent of this standard is to ensure a safe environment for residents and staff as prompted by the Prison Rape Elimination Act of 2003. This is accomplished by making deliberate, informed decisions about the housing assignments of residents as available and taking into account any vulnerabilities or aggression to prevent the abuse of any resident. The behavioral screening shall take into consideration the following information,

1. Age;
2. Current charge(s) and offense history;
3. Physical size/stature;
4. Current state of mind;
5. Sexual orientation;
6. Prior sexual victimization or abuse;

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7. Level of emotional and cognitive development;
8. Mental or physical disabilities;
9. Intellectual or developmental disabilities; and
10. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse
11. The resident's own perception of vulnerability; and
12. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.
13. Whether the resident had previously been incarcerated.
14. Whether the resident's criminal history is exclusively nonviolent.
15. Whether the resident has prior convictions for sex offenses against an adult or child.

The facility will reassess the resident's risk level within 30 days of their arrival. The facility will also reassess the resident's risk level when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information.

Methods for Obtaining Information

The staff conducting the behavioral screening shall attempt to ascertain the information by conducting a face to face interview in a confidential setting, reviewing the resident's file including the offense history, offense narrative, admission records, health records (e.g., health screening, health assessments, Texas Risk Assessment System (TRAS), mental health screening (PAI), Pre-Sentence Investigation, Wide Range Achievement Test (WRAT) and any other relevant documentation. Information pertaining to items (5) through (13) in this discussion may be obtained through health records or interviews by appropriate health care and/or mental health practitioners due to the sensitive nature of the information. For the purposes of this standard, a confidential setting is defined as a room or area that provides sound separation from other residents and unauthorized staff in order to prevent sensitive information from being exploited to the residents detained by staff or other residents.

Considerations

A comprehensive behavioral screening can only be completed at the end of the intake process to include all documentation and information acquired through this process.

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Documentation

The admission form shall contain the date the behavioral screening was completed with a written acknowledgement stating items (1) through (13) of this discussion were taken into consideration when completing the behavioral screening and signed by the staff member who completed the behavioral screening and maintained in the resident's file. This documentation shall be retained for a minimum of one (1) year from the date on the document or from the date of the last entry on the log(s) or for the time frame prescribed by the county or facility's records retention schedule, whichever period is longer. Confidential information shall not be discussed in front of other Residents or unauthorized personnel.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (a)

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Policy

Reserved

Definitions

N/A

Procedure

This section is currently blank however; it is reserved for any future additions to the PREA standard.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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19.00

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Policy

Resident reporting.

- (a) The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- (b) The agency shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.
- (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- (d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents.

Definitions

N/A

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Procedure

Residents have the opportunity to initiate grievance procedures on any condition or action within the Program, violation of client rights and/or commission rules, without being subject to any adverse action.

- 1) A written report within seven (7) days as to the final disposition of the grievance will be filed in the Resident's file.
- 2) The grievance procedure will be posted in the INTERMEDIATE SANCTION FACILITY and listed in the Rules and Regulations.
- 3) Residents grieve directly to any staff member; however, Residents having a major grievance shall submit their grievance, in writing to the Director within three (3) days of alleged incident. A grievance must be signed in order to be considered valid. Should a Resident have difficulty reading or writing, the individual will be provided assistance. All complaints must be acknowledged and documented within 24 hours or the first business day if complaint occurs on weekend.
- 4) The Director shall make a determination on the grievance. Should the grievance involve the INTERMEDIATE SANCTION FACILITY Director, The CSCD Director will hear the grievance. Situations resolved shall be noted in writing and signed by the Resident.
- 5) If the situation is unresolved within five (5) working days, The INTERMEDIATE SANCTION FACILITY Director or CSCD Director will meet with the Resident and other parties concerned. A mutually agreed upon solution will be sought. If resolved, it shall be noted in writing and signed by the Resident. If an agreement cannot be reached, the complaint will be forwarded to the Board of District Judges. If a complaint still cannot be resolved, the complaint must be forwarded to Community Justice Assistance Division and the Texas Commission on Alcohol and Drug Abuse.
- 6) A Resident has the right to grieve directly to the Community Justice Assistance Division at any time.

The address and telephone is:

Texas Department of Criminal Justice Assistance Division
Community Justice Assistance Division
Attn: Ombudsman Office

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P.O. Box 12427, Capital Station
Austin, TX 78701
800-535-0283

7) The address and phone of the Texas Health and Human Services and method of filing the complaint will be posted on the bulletin board outside of the dining room in order to allow Residents the opportunity to read it at their leisure.

8) A Resident who request material to file a complaint will be provided with pens, paper, envelopes and postage. Use of the business telephone must be authorized by the Director, or INTERMEDIATE SANCTION FACILITY Probation Officer.

9) Any complaints including final disposition are documented and maintained in a central file with the INTERMEDIATE SANCTION FACILITY Director. A copy will also be filed in the Resident's file.

10) No Retaliation: Person filing a grievance is protected by State and Federal Laws specific to "Whistle Blower Protections and Remedies." Any employee that participates in any form of retaliation against a person filing a grievance is subject to disciplinary action up to and including termination of employment.

Confidentiality

All residents shall be informed of confidentiality when using the facility's formalized grievance process. The grievances filed by any Resident will be kept by the grievance officer to ensure only authorized staff will know the nature of any grievance filed. Any detention facility staff or other unauthorized staff shall not have access to any grievances. Our facility ensures confidentiality of submitted grievances by providing Residents with envelopes for placing the grievance in locked boxes for depositing grievances after they have written one. Only the Grievance Officer or designee has the key to the boxes. Documentation verifying the Resident received a copy of the grievance response shall be maintained in the Resident's file.

Formal reviews of the grievance process and dispositions will be completed every six (6) months by the Facility Administrator or designee and any other administrative-level staff. This is to ensure all grievances are being addressed appropriately, assess dispositions given, and highlight any trends, patterns, or discrepancies in the grievance protocols. The tracking system and grievance log will be kept by the Grievance Officer.

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If the Resident is dissatisfied with the response he/she receives from the Grievance Officer, they will have the right to appeal to administrative-level staff person or board. The CBRISF Administrator or designee is the administrative-level staff person. The Grievance Officer will have until the end of the next working day to forward the grievance to the Facility Administrator or designee. The Facility Administrator or designee will have **three working days** once the grievance is received to meet with the Resident and will notify Resident of grievance resolution in writing. If a grievance is unresolved or if the Resident leaves the facility prior to meeting with the Grievance Officer, the grievance shall be immediately forwarded to the Facility Administrator or designee to determine if a resolution for the grievance is warranted.

Grievance Officer

The Grievance Officer is responsible for collecting grievances daily during working days and the first working day after a weekend or Holiday. The Grievance Officer is also responsible for maintaining a current log of all grievances submitted. Grievance Officer has three working days to respond to the Resident. The three day count will begin at the time the Grievance Officer obtains the grievance. Response will be in writing and face to face if Resident is still in facility. The San Patricio County Senior Resident Probation Officer or designee shall be the assigned San Patricio County Resident Detention Center Grievance Officer. Appeals of grievances will be forwarded to the Facility Administrator or designee by the Grievance Officer within two working days.

The Grievance Officer is highly aware of their legal duties to report all serious incidents and allegations of abuse, neglect, and exploitation. The Grievance Officer will receive as many trainings as possible pertaining to updates of TDCJ OMBUDSMAN OFFICE's abuse, neglect, and exploitation reporting requirements as well as the facility's specific abuse, neglect, and exploitation reporting policies and procedures.

Orientation

Each resident shall be provided a verbal orientation within 12 hours of admission into the facility. The verbal orientation includes an explanation of the facility's information pertaining to PREA, reporting sexual abuse, assault, harassment, and policy stating the residents is ensured the right of confidentiality and will not face retaliation for reporting such items. Each Resident is provided a written copy of orientation materials upon completion of the orientation process. This information is kept with their personal belongings. The facility has rules and rights posted in all common areas for the Resident's benefit.

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PREA allegations can be submitted through a grievance form or their own provided notebook paper. Written allegations can be given to staff, mailed to the director, or submitted in the locked grievance box. PREA allegations can also be submitted verbally or in writing to the Purple Door. Allegations will also be accepted through third party either verbally or in writing.

CBRISF staff can report sexual abuse or sexual harassment allegations either verbally to their supervisor, the PREA coordinator, and the facility director. CBRISF staff can also submit an anonymous letter to the facility director's tray in the administrative area.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (h)(3)

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20.00

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Policy

Exhaustion of administrative remedies.

(a) An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

(b)(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

(4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(c) The agency shall ensure that—

(1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and

(2) Such grievance is not referred to a staff member who is the subject of the complaint.

(d)(1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

(2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

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(3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made.

(4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

(e)(1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

(2) If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

(3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

(f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(g) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

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Definitions

N/A

Procedure

A resident shall receive an orientation immediately upon admission to the facility but in no case shall more than twelve (12) hours lapse between the time the resident is admitted into the detention facility and the time the orientation is completed. If the resident does not receive an orientation within the time frame required in this standard, the Resident Supervision Officer shall document in the resident's file the reason for the delay.

The orientation shall be conducted in the resident's primary language and include an explanation of the facility's program rules, grievance policy and procedure, the procedures to access health care, reporting abuse, neglect, exploitation, and Prison Rape Elimination Act (PREA) of 2003. Information included in the explanation of the Prison Rape Elimination Act will include prevention/intervention, methods of minimizing risk of sexual abuse, reporting sexual abuse and assault, and treatment and counseling. If the resident cannot read, a staff member shall read and explain the rules to the resident. If the resident's primary language is not English or Spanish, the facility shall provide the resident with an interpreter to conduct the orientation within 48 hours of the resident's admission. Primary language shall be defined as the language normally used in the home by the resident and the parents. Each Resident shall be provided with a copy to place with their personal effects. Facility rules/PREA/ANE handouts shall be posted in hall ways, intake area, classroom, and dining areas.

Documentation shall be maintained in the resident's file verifying the date and time the orientation was conducted (i.e., orientation forms). The date and time of the resident's admission to the facility shall be documented.

Reporting of Allegations by Residents

Residents in a facility shall have the right to report to:

Texas Department of Criminal Justice Assistance Division
Community Justice Assistance Division
Attn: Ombudsman Office
P.O. Box 12427, Capital Station
Austin, TX 78701

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800-535-0283

alleged abuse, neglect, and exploitation, including death. Residents are informed during intake their rights to reporting ANE and sign the handout during orientation which verifies they were given the information. Posters are also kept in every common area of the facility exhibiting the toll free phone number.

Residents are given reasonable, free and confidential access to CJAD for reporting allegations under subsection (a) of this section via telephone. Upon the request of a telephone by a Resident, staff shall facilitate the Resident's unimpeded access to CJAD to report allegations under subsection (a) of this section.

Duty to Report

It is the policy of the department any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged serious physical abuse or sexual abuse involving a Resident shall report to law enforcement and supervisor(s) or designee within 1 hour from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse occurred. Contact to CJAD shall be made no later than four hours from the time a person gains knowledge of or suspects the alleged serious physical/sexual abuse. The person shall contact law enforcement by phone and CJAD shall be contacted using the toll-free number (1-800-535-0283) designated by CJAD. The incident shall be reported by faxed/mailed to CJAD within 24 hours from the phone call reporting it to CJAD.

The CBRISF does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. Applicable time limits on any portion of a grievance which does not allege an incident of sexual abuse will follow the department's grievance policy and procedure. Residents are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground the applicable statute of limitations has expired.

Any resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Grievances will not be referred to a staff member who is the subject of the complaint. The final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. The 90 day time period will not include time consumed by residents in preparing any administrative appeal. If the normal time period for a response is insufficient the CBRISF may

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claim an extension of time to respond up to 70 days. The Resident shall be notified in writing of any such extensions and provided a date by which a decision will be made. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request the alleged victim agrees to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. A third party of a Resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such Resident. Such a grievance shall not be conditioned upon the Resident agreeing to have the request filed on his or her behalf. The agency shall establish procedures for the filing of an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse.

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates the resident filed the grievance in bad faith.

Grievance Policy

The Grievance form is to be filled out by any Resident who feels they have been treated unfairly. Residents shall have full access to the facility's grievance process including forms and methods of submission within reason when they request it. Once the Resident obtains the form, they will fill it out, then place it in the envelope provided, address it to Facility Administrator, and place it in the Grievance Boxes located in the main hall way of the facility. Resident Probation Officer or designee shall be the assigned San Patricio County Resident Detention Center Facility Administrator. If the Resident has any difficulty with reading or writing a Staff member not

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involved in the grievance may assist them. Grievances will be picked up daily during working days and the first working day after a weekend or Holiday. Residents will be informed at intake if they make a grievance there will be no reprisal. Residents will also be informed of the right to have an intermediary and produce witnesses if necessary. The Facility Administrator will have **three working days** within receipt of the grievance to respond to the Resident. The response will be in writing and will take place face to face with the Resident. If the Resident is dissatisfied with the response he/she will have the right to appeal to the Facility Administrator or designee. The Facility Administrator or designee will have **three working days** once the grievance is received to meet with the Resident and will notify Resident of grievance resolution in writing. If a grievance is unresolved or if the Resident leaves the facility prior to meeting with the Facility Administrator, the grievance shall be immediately forwarded to the Facility Administrator or designee to determine if a resolution for the grievance is warranted.

Grievance Process

Residents have a right to file a grievance during program hours and not fear staff "getting even". Staff members will not deny a resident the opportunity to submit a grievance upon request unless it would interfere with the safety and security of the facility. For example, a resident could be denied the opportunity to submit a grievance if the resident had just been restrained and providing a writing instrument to the Resident would be unsafe. If a Resident requests to file a grievance during non-program hours they will be given the opportunity as soon as practical but no later than the following morning when day programming resumes.

If a Resident needs assistance filling out the grievance form they may ask any staff member they trust for assistance. Residents cannot have another resident assist them with this form; however, they can name another resident as a witness or have a staff member as a mediator if needed. When the Facility Administrator has received the complaint, they will have 3 working days to respond to the Resident. The Facility Administrator will meet with them face to face and have a response in writing. If Resident is unsatisfied with the Facility Administrator's response, the grievance can be forwarded (appealed) to the Facility Administrator or designee. The Resident will let the Facility Administrator know if they want the grievance given to the Facility Administrator or designee. If the Resident is released before the grievance gets resolved, the grievance will be sent to the Facility Administrator or designee. If Residents have any questions, they may ask any staff member.

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Confidentiality

All residents shall be informed of confidentiality when using the facility's formalized grievance process. The grievances filed by any Resident will be kept by the Facility Administrator to ensure only authorized staff will know the nature of any grievance filed. Any detention facility staff or other unauthorized staff shall not have access to any grievances. Our facility ensures confidentiality of submitted grievances by providing Residents with envelopes for placing the grievance in locked boxes for depositing grievances after they have written one. Only the Facility Administrator or designee has the key to the boxes. Documentation verifying the Resident received a copy of the grievance response shall be maintained in the Resident's file.

If the Resident is dissatisfied with the response he/she receives from the Facility Administrator, they will have the right to appeal to administrative-level staff person or board. The CSCD Administrator or designee is the administrative-level staff person. The Facility Administrator will have until the end of the next working day to forward the grievance to the CSCD Administrator or designee. The CSCD Administrator or designee will have **three working days** once the grievance is received to meet with the Resident and will notify Resident of grievance resolution in writing. If a grievance is unresolved or if the Resident leaves the facility prior to meeting with the Facility Administrator, the grievance shall be immediately forwarded to the CSCD Administrator or designee to determine if a resolution for the grievance is warranted.

Formal reviews of the grievance process and dispositions will be completed every six (6) months by the Facility Administrator or designee and any other administrative-level staff. This is to ensure all grievances are being addressed appropriately, assess dispositions given, and highlight any trends, patterns, or discrepancies in the grievance protocols. The tracking system and grievance log will be kept by the Facility Administrator.

Tracking

Department grievance forms shall contain the following: name of Resident submitting grievance, room number/Mod, date, tracking number, and date/time received by Facility Administrator, and name/title of Facility Administrator. Response form from Facility Administrator shall contain the following: Resident's name, room number/mod, time/date received, tracking number, date/time responded, Facility Administrator name/job title, grievance response, and grievance outcome. Grievance outcome will note if grievance was resolved or forwarded to Facility Administrator for appeal and time/date sent to CSCD Administrator.

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.252**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (h)(3)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.253**

Policy Number

21.00

Effective Date:

Revised Date:

Policy

Resident access to outside support services and legal representation.

- (a) The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.
- (b) The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.
- (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

Definitions

N/A

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.253**

Procedure

The CBRISF shall make available to all residents, a victim advocate from the local rape crisis center The Purple Door. The Purple Door offers a 24 hour toll free number 1-800-580-HURT (4878) and services both sexes no matter what their sexual orientation. The CBRISF will document all efforts to secure services from The Purple. The CBRISF shall provide residents with access to The Purple Door and other outside victim advocates for emotional support services related to sexual abuse, by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.

The CBRISF will inform residents, prior to giving them access, of the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The CBRISF will enter into a memorandum of understanding with the Purple Door to provide confidential emotional services related to sexual abuse. The department will maintain copies of agreements or documentation showing attempts to enter into such agreements.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**
Section Number: **115.254**

Policy Number

22.00

Effective Date:

Revised Date:

Policy

Third-party reporting.

The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

Definitions

N/A

Procedure

It is the policy of the Coastal Bend Regional Intermediate Sanction Facility to prominently display signage regarding a zero-tolerance policy concerning abuse of all residents. Signage shall be posted in all of the following places: Lobby or visitation areas of the facility to which the public has access; housing and common areas; common medical treatment areas; common educational areas; and other common areas.

Signage is posted in both English and Spanish in all areas and contains the CJAD abuse, neglect, & exploitation toll free number.

The facility can receive third party reports of sexual abuse/sexual harassment either verbally or in writing. Information regarding third party reporting is listed at the CSCD website.

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.254**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.261**

Policy Number

23.00

Effective Date:

Revised Date:

Policy

Staff and agency reporting duties.

- (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- (b) Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.
- (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
- (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.
-

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

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Section Number: **115.261**

(e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Definitions

N/A

Procedure

It is the policy of the CBRISF that any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged sexual harassment or sexual abuse involving a Resident shall report to law enforcement and supervisor(s) or designee immediately from the time a person gains knowledge of or suspects the alleged sexual harassment/sexual abuse occurred. Staff will also report immediately all reports or suspicion of retaliation against staff or residents for reporting sexual abuse or sexual harassment. Staff will report immediately to their supervisor, the PREA coordinator, or facility director, if any staff neglects that contributed to any such incidents.

CBRISF staff will report immediately all allegation of sexual abuse/sexual harassment regarding any persons under the age of 18 or any persons considered vulnerable adults to the Department of Family and Protective Services as per Texas Family Code, Chapter 261, Investigation of Report of Child Abuse or Neglect, Section 261.101 and Texas Human Recourses Code, Title 2, Subtitle D, Chapter 48, Investigations and Protective Services for Elderly Persons and Persons with Disabilities, Section 48.051.

Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Any person who witnesses, learns of, receives an oral or written statement from an alleged victim or other person with knowledge or who has a reasonable belief as to the occurrence of alleged abuse, neglect or exploitation involving a Resident, but is not alleged to involve an employee, intern, volunteer, contractor or service provider of the facility, shall be reported to law enforcement or to the appropriate governmental unit.

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Upon knowledge of the death or allegation a Resident has been the victim of A.N.E, the Facility Administrator or designee shall contact the next of kin will occur promptly the designee has gained knowledge of the situation. If parent/guardian cannot be contacted by phone, the Resident's probation officer will be instructed to do a home visit in an effort to find the next of kin. Documentation of each phone call, conversation, home visit, and any other pertinent information shall be made in Resident's file.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (i)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.262**

Policy Number

24.00

Effective Date:

Revised Date:

Policy

Agency protection duties.

When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

Definitions

N/A

Procedure

Protective isolation may be ordered when an agency learns a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. Protective isolation is the exclusion of the threatened resident from others by placing the resident in an individual room that minimizes contact with the person(s) who are threatening the juvenile.

The Facility Administrator or designee shall approve protective isolation in writing. A verbal directive is not sufficient to meet the requirement of this standard. The Facility Administrator or designee shall approve all occurrences of protective isolation in writing. The written authorization shall include a description of the circumstances and the reasons for the protective isolation. A copy of the incident report shall be placed in the resident's file and an entry shall be made in the facility's seclusion/isolation log as discussed below. The resident shall be afforded all required program services during their period of protective isolation.

Documentation will be maintained for all residents placed into room isolation for any reason. This documentation may take the form of a single room isolation log or separate, individual isolation logs identified by type of isolation.

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Isolation must be clearly noted for each resident isolation and the documentation be maintained in chronological (i.e., date) order. This facilitates auditing in selecting random samples of these logs for standards monitoring purposes.

After 72 hours of protective isolation, the facility administrator or designee shall immediately conduct a documented review of the circumstances surrounding the level of threat faced by the resident. For the purpose of this standard, immediately shall be defined as no later than the 78th hour of seclusion/isolation. The Facility Administrator or designee shall make a determination as to whether other less restrictive protective measures are appropriate and available. If the Facility Administrator or designee approves the continuation of protective isolation, the facility shall ensure the documentation of the written review includes an alternative service delivery plan. The alternative service delivery plan shall include, but is not limited to; provisions that ensure resident receive educational services, recreation and exercise programming, hygiene opportunities, mail, visitation and telephone rights.

Transfer of a resident to a different room may be more appropriate, the resident will be transferred and the move documented (along with the rationale) in the Shift change log book and in the resident's file. This movement must be approved by the Facility Administrator.

Deviation from Classification Plan

At times, the Facility Administrator may have to deviate from their facility classification plan due to the make-up of the population. When placing residents with different classifications together is unavoidable, placing all residents together will depend on census, behavioral screening, current mental health, and any other information deemed necessary by staff. When a small amount of residents are placed together, any resident posing safety and well being of the other residents will be removed quickly from the group. Any deviation from the classification plan should be documented.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.263

Policy Number

25.00

Effective Date:

Revised Date:

Policy

Reporting to other confinement facilities.

(a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

(b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

(c) The agency shall document that it has provided such notification.

(d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Definitions

N/A

Procedure

Upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility receiving the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.

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The agency shall document it has provided such notification to the facility head or agency office. The facility administrator or designee receiving such notification shall ensure the allegation is investigated in accordance with these standards.

All allegations of abuse, neglect, exploitation, escapes, deaths, attempted suicides, serious injuries and youth-on-youth assaults that require medical treatment by a physician or physician assistant shall be reported to the appropriate agency immediately and CJAD within 24 hours after their occurrence.

Reporting

Incident Notification. Within 24 hours of occurrence, the CSCD director and facility director shall notify and report by telephone or fax all serious or unusual events pertaining to the facility's operations and staff to the district judge who sits on the Community Justice Council or, if applicable, the judge designated to perform administrative duties for the district courts trying criminal cases, the TDCJ Emergency Action Center (EAC) in Huntsville, Texas (Phone Number (936) 437-6600; Fax Number (936) 437-8996) and if applicable, the CSCD director of the original/sending jurisdiction if the incident involves a resident from that sending jurisdiction. The TDCJ-EAC shall be responsible for notifying the TDCJ-CJAD director and appropriate CJAD management staff. Such serious and unusual events for this purpose shall include, an allegation of sexual abuse of a resident

If the facility administrator is unavailable on a 24-hour basis, the facility administrator shall designate another person to ensure all serious incidents are reported to TDCJ/EAC within the 24-hour timeline.

Any person, who witnesses, learns of, receives an oral or written statement from a resident or other person with knowledge of or who has a reasonable belief as to the occurrence of a serious incident involving a resident shall report to Facility Administrator or designee. A report of a serious incident under subsection (a) of this section shall be made within 24 hours from the time a person gains knowledge of or suspects the serious incident occurred to TDJC/EAC.

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Section Number: **115.263**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (i)

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.264

Policy Number

26.00

Effective Date:

Revised Date:

Policy

Staff first responder duties.

(a) Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

(1) Separate the alleged victim and abuser;

(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

(b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Definitions

N/A

Prison, Rape Elimination Act Community Confinement Policy

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.264**

Procedure

Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
 - (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
 - (3) If the abuse occurred within 120 hours which still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
 - (4) If the abuse occurred within 120 hours which still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- (b) If the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.265**

Policy Number

27.00

Effective Date:

Revised Date:

Policy

Coordinated response.

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Definitions

N/A

Procedure

As a general guide to ensuring that the victim receives the best possible care and investigators have the best chance of apprehending the perpetrator the CBRISF will coordinate the following actions, as appropriate:

- (1) assess the victim's acute medical needs
 - (2) inform the victim of his or her rights under relevant Federal or State law
 - (3) explain the need for a forensic medical exam and offering the victim the option of undergoing one
 - (4) offer the presence of a victim advocate or a qualified staff member during the exam
-

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(5) provide crisis intervention counseling

(6) interview the victim and any witnesses

(7) collect evidence and;

(8) provide for any special needs the victim may have. The use of victim advocates is discussed in response to the comments on § 115.21 and its counterparts.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.266**

Policy Number

28.00

Effective Date:

Revised Date:

Policy

Preservation of ability to protect residents from contact with abusers.

(a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

(b) Nothing in this standard shall restrict the entering into or renewal of agreements that govern:

(1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or

(2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

Definitions

N/A

Procedure

The CBRISF nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement limiting the agency's ability to remove alleged staff sexual abusers from contact with residents

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pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Nothing in this standard will restrict the entering into or renewal of agreements governing:

- (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.272 and 115.276; or
- (2) Whether a no-contact assignment is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination the allegation of sexual abuse is not substantiated.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.267**

Policy Number

29.00

Effective Date:

Revised Date:

Policy

Agency protection against retaliation.

- (a) The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.
- (b) The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- (d) In the case of residents, such monitoring shall also include periodic status checks.
- (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.
-

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(f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Definitions

N/A

Procedure

It is the policy of the CBRISF to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

Protective measures which can be used are housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes which may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items monitored will include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring may go beyond 90 days if the initial monitoring indicates a continuing need. In the case of residents, such monitoring shall also include periodic status checks. If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures to protect the individual against retaliation shall be taken.

The obligation to monitor will terminate if it is determined the allegation is unfounded.

The PREA coordinator will be the designated staff member in charge with monitoring for retaliation.

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Section Number: **115.267**

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g) (h3)

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Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.268

Policy Number

30.00

Effective Date:

Revised Date:

Policy

Investigations

Reserved for future need.

Definitions

N/A

Procedure

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115.268

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.271

Policy Number

31.00

Effective Date:

Revised Date:

Policy

Criminal and administrative agency investigations.

(a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

(b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234.

(c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation.

(f) Administrative investigations:

(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

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(2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

(h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

(i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

(l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Definitions

N/A

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.271**

Procedure

This chapter applies administrative investigations conducted by trained CBRISF and criminal investigations conducted by law enforcement and other agencies of allegations of abuse, exploitation, neglect, sexual abuse, and sexual harassment which occurs in or involve an employee, volunteer or intern of a short-term detention facility. The CBRISF shall have local law enforcement conduct criminal investigations and secure collected direct and circumstantial evidence to be used for future prosecution.

Internal Investigations

The internal investigation shall be conducted by a trained person qualified to investigate. The investigation will be comprehensive. The investigation shall be initiated immediately by administrator or designee upon the knowledge of alleged A.N.E. or death. The investigation may only be postponed if directed by law enforcement, requested by CJAD, or the internal investigation would compromise the integrity of a potential crime scene. The internal investigation shall be completed within 30 business days of the initial report to CJAD. CJAD may extend this timeframe upon request. If an extension is granted CJAD may request submission of all information compiled to date or a statement of the status of the investigation. The internal investigation will not be terminated solely because the source of the allegation recants the allegation or the departure of the alleged abuser or victim from the employment or control of the facility.

Administrative Investigation

Policy dictates an internal investigation to be done on all reports of alleged sexual abuse, neglect, sexual harassment, exploitation, or death of a Resident. This investigation will be written in accordance with this standard.

Internal Investigation Report Components

Internal investigations by designated staff shall include but is not limited to the following:

1. Date the internal investigation was initiated
2. Date the internal investigation was completed
3. Summary of the original allegation
4. Relevant policies and procedures related to the incident
5. Summary or listing of the steps taken during the internal investigation

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7. Written summary of the content of all oral interviews conducted
8. Listing of all evidence including all audit and/or video recordings, polygraph examinations, etc., collected during the internal investigation
9. Any relevant findings of the investigation which supports the disposition.
10. Interviews from the investigator pertaining to the victim, assailant, and any witnesses.
11. Any review by the investigator regarding prior complaints of sexual abuse against the alleged perpetrator.
10. The assigned disposition of the internal investigation – Founded, Unfounded, or Inconclusive
11. Administrative disciplinary action and/or corrective measures taken to date. This would include termination, suspension, retrained, returned to duty, or none, etc.
12. Date the internal investigation was completed
13. Name and signature of the person submitting the internal investigation report.

All the above information and any other pertinent information will be included. The final report shall be submitted to CJAD within the required CJAD Standard timelines or before.

Any findings of substantiated that appear to criminal will be referred to the proper authorities for prosecution.

Cooperation with Investigation

The CSCD or Facility administrator, designee, and all other persons involved shall fully and promptly cooperate with other agency investigation of alleged abuse, neglect, exploitation or death of a resident by providing all evidence requested by CJAD in the format requested. Administration shall make diligent effort to identify and make available for questioning all persons with knowledge of the alleged abuse, neglect, exploitation, or death of a Resident for any investigation.

Retention of Records

The CBRISF will retain all written reports referenced in 115.271 paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a resident and applicable law requires a shorter period of retention.

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Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.40 (k)(l)

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Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.272

Policy Number

32.00

Effective Date:

Revised Date:

Policy

Evidentiary standard for administrative investigations.

The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Definitions

N/A

Procedure

The CBRISF will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Preponderance of the Evidence – means the greater weight of the evidence; superior evidentiary weight that, though not sufficient to free the mind wholly from all reasonable doubt, is still sufficient to incline a fair and impartial mind to one side of the issue rather than the other. This is the burden of proof in a civil trial, in which the jury is instructed to find for the party that, on the whole, has the stronger evidence, however slight that may be.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.273**

Policy Number

33.00

Effective Date:

Revised Date:

Policy

Reporting to residents.

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

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- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- (e) All such notifications or attempted notifications shall be documented.
- (f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Definitions

N/A

Procedure

Following an investigation into a resident's allegation of sexual abuse suffered in the CBRISF, the resident will be informed by the facility administrator or designee as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If an outside agency conducts the investigation, the department will request the relevant information from the investigative agency in order to inform the resident.

If a Resident alleges a staff member has committed sexual abuse against the resident, the CBRISF facility administrator or designee will subsequently inform the resident (unless the agency has determined the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the resident's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The CBRISF learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The CBRISF learns the staff member has been convicted on a charge related to sexual abuse within the facility.

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Following a resident's allegation he or she has been sexually abused by another resident, the facility administrator or designee shall subsequently inform the alleged victim whenever:

- (1) It is learned the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The CBRISF learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

All such notifications or attempted notifications shall be documented. The CBRISF's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

If a Resident does not feel comfortable making a verbal outcry, Residents housed in the CBRISF will have undeterred access to the CBRISF Grievance Process.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (h)(3)

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Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.276

Policy Number

34.00

Effective Date:

Revised Date:

Policy

Disciplinary sanctions for staff.

- (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- (d) All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Definitions

N/A

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.276**

Procedure

Prison Rape Elimination Act Policy

The CBRISF's policies and procedures shall establish a zero tolerance policy regarding sexual abuse of residents in the facility that is consistent with the Prison Rape Elimination Act of 2003 (PREA), a federal law that addresses the prevention of sexual abuse in adult and juvenile facilities as well as community correction programs. Any substantiated finding of sexual abuse or sexual harassment from staff could result in disciplinary action including termination, suspensions, or other severance from employment shall be taken by the CSCD Director or Residential Director. Any failure from staff from following policy or procedure could result in the following disciplinary action(s): oral admonishment or warning, written warning, suspension with or without pay, demotion, or termination.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

San Patricio County CBRISF policy and procedure number 22.00.

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.277**

Policy Number

35.00

Effective Date:

Revised Date:

Policy

Corrective action for contractors and volunteers.

(a) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

(b) The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Definitions

N/A

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Section Number: **115.277**

Procedure

The requirements of this policy apply to any volunteer or intern who has supervised or unsupervised contact with residents at the facility regardless of the frequency of contact.

Criminal History Background Check

Criminal history checks will be completed on all volunteers and interns that are used in the CBRISF.

Administrative leave during the internal investigation

Department policy dictates the administrator or designee, upon gaining knowledge of the alleged sexual abuse, sexual harassment, neglect, or exploitation shall place any person(s) involved on administrative leave during the investigation. This shall be in practice until the internal investigation outcome is completed. If during the internal investigation the alleged person(s) resigns or is terminated, CSCD shall be notified no later than the second business day after they resign or are terminated. If the findings of the investigation are found to substantiated, the person involved will be released from their volunteer/intern position immediately. Any failure from a volunteer/intern from following policy or procedure could result in the following disciplinary action(s): oral admonishment or warning, written warning, or release from their position.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)

Prison, Rape Elimination Act Community Confinement Policy

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.278**

Policy Number

36.00

Effective Date:

Revised Date:

Policy

Interventions and disciplinary sanctions for residents.

(a) Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

(b) 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.

(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.

(d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

(e) The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

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(g) An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Definitions

NA

Procedure

The CBRISF's policies and procedures shall establish a zero tolerance policy regarding sexual abuse and sexual harassment of residents in the facility that is consistent with the Prison Rape Elimination Act of 2003 (PREA), a federal law that addresses the prevention of sexual abuse and sexual harassment in adult and juvenile facilities as well as community correction programs. Any substantiated finding of sexual abuse or sexual harassment from resident could result in disciplinary action including removal from the facility. In findings of unsubstantiated or unfounded, but the resident failed in following policy or procedure could result in the following disciplinary action(s): oral admonishment or warning, written warning, violation report, or removal from the program.

The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The CBRISF does not offer mental health therapy; however, if the Resident is in need of discussing underlying issues with someone every effort shall be imposed to make sure the Resident needs are met. The agency may require participation in various interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition for access to general programming or education.

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The CBRISF may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The CBRISF, in its discretion, prohibits all sexual activity between residents and may discipline residents for such activity. The department may not, however, deem such activity to constitute sexual abuse if it determines the activity is not coerced.

Residents are discipline in accordance with the CBRISF progressive sanctions Appenix A

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (h)

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.281**

Policy Number

37.00

Effective Date:

Revised Date:

Policy

Medical and mental care - Reserved

Definitions

N/A

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115.281

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.282

Policy Number

38.00

Effective Date:

Revised Date:

Policy

Access to emergency medical and mental health services.

(a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.

(c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

(d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Definitions

N/A

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Procedure

All Residents are entitled to unimpeded access to health care. Any Resident in need of medical attention must report it to the Center Staff immediately. All Residents are entitled to the same medical services and are ensured twenty-four (24) hour a day access to medical treatment if needed. After hour care or emergency care is provided to all residents either by notifying 911 or center staff transporting to Northshore Emergency Center located at 1702 Hwy 181 North, Ste A-11, Portland, Texas.

All victims of sexual abuse will be provided emergency treatment when the allegation is reporting, during the investigation, or after the conclusion of the investigation. Resident victim is any resident who reports an allegation regardless of the findings of the investigation.

All victims of sexual abuse will be provided information about, and timely access to emergency contraception, and STD prophylaxis. Staff will assist victims either by contacting the emergency room or setting an appointment with Dr. Rene Acuna's office.

Mental health services will provide to all residents and all victims of sexual abuse through Coastal Plains Community Center located at 201 Roots Ave., Taft, Texas or, if after hours, contacting the crisis line 1-800-841-6467.

Note: Staff will not deny medical care to any Resident. Such denial would constitute a violation of both Federal and State Laws. Victims of sexual abuse are not responsible for their medical bills. In the event of an emergency, do not hesitate to call 911 for assistance.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115.282

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (n)(2a)(3abc)

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Standards Subchapter: PREA Community Confinement Standards
Section Number: 115.283

Policy Number
39.00

Effective Date:

Revised Date:

Policy

Ongoing medical and mental health care for sexual abuse victims and abusers.

(a) The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or Resident facility.

(b) The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

(c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.

(d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

(e) If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

(f) Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

(g) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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(h) The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Definitions

N/A

Procedure

Cost of Services Rendered

In no case shall a resident victim or a resident victim's family be financially responsible for any medical tests or medical treatment services incurred as a result of their victimization. The prohibition against resident victim billing is applicable even if a Resident has been placed in the facility per a contractual agreement without an outside placing entity.

Ongoing medical and mental health care for sexual abuse victims and abusers.

The facility provides ongoing medical and/or mental health evaluation and treatment to all known victims of sexual abuse. The evaluation and treatment of sexual abuse victims must include appropriate follow-up services, treatment plans, and, when necessary, referrals for continued care following their release from custody. The level of medical and mental health care provided to resident victims must match the community level of care generally accepted by the medical and mental health professional communities. The facility conducts a mental health evaluation of all known abusers and provides treatment, as deemed necessary by qualified mental health practitioners.

Discussion

Victims of sexual abuse can experience a range of physical injuries and emotional reactions even long after the abuse has occurred, that require medical or mental health attention. As required by this standard, the facility must be able to ensure that all victims receive the appropriate medical and/or mental health services recommended by qualified practitioners. Follow-up evaluations, assessments, and treatment may include the following actions: (1) reviewing any medical and mental health treatment provided immediately following the incident, including whether forensic medical exam was performed; (2) diagnosing any lingering acute or non-acute physical injuries, including oral trauma; and (3) assessing the psychological impact of the victimization, including the risk of suicide or self-harm and any resulting mental health treatment needs. These follow-up

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evaluations and assessments will enable mental health and medical practitioners to determine and provide the most appropriate treatment for the resident, which could include mental health treatment, medical treatment, or both. Reviewing and adjusting victim treatment plans at regular, clinically appropriate intervals will allow the agency to provide the most comprehensive and appropriate care for as long as treatment is required.

Victims and perpetrators of sexual abuse, whether recent or historical, are at risk for sexually transmitted infections (STIs), including HIV. Regardless of whether a resident has accepted prevention or treatment for STIs, medical practitioners ought to offer and strongly encourage him or her to be tested for HIV and viral hepatitis six to eight weeks following the sexual abuse. Young victims may be particularly traumatized or confused by certain treatments, such as STI testing. All treatments should be age appropriate, and efforts should be made to thoroughly explain any treatment or test before administering it to residents.

In accordance with this standard's requirement to provide victims with the level of care generally accepted in the medical and mental health professional communities, if there has been vaginal penetration, victims who have been recently abused should be offered pregnancy tests, when appropriate, at the time of the medical evaluation and, if the test is negative, should be offered retesting approximately six weeks thereafter. Victims who have positive tests should receive counseling and have access to all pregnancy-related medical services that are lawful in the community.

Additionally, this standard requires mental health evaluation and treatment, when appropriate, of all known abusers. Mental health practitioners may find that ongoing mental health treatment, including counseling, group programs, or other therapeutic interventions, may be beneficial to abusers. Providing mental health treatment to abusers may help them to develop better control over their actions and improve their conduct; in doing so, such treatment may help reduce the likelihood of recidivism and thereby improve facility safety. As noted in the standard, the agency's mental health practitioners must use their professional judgment to determine the appropriate treatment and services for individuals with a recent or previous history of sexual abusiveness.

Assessment and Counseling Services Rendered Prior to Investigation Dispositions

Assessments and counseling services required by this standard may be made available or provided to resident victims prior to the conclusion of an internal or other agency investigation.

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Behavioral health services that were offered or delivered upon disclosure of a qualifying incident may count toward meeting the compliance expectation(s) of this standard. However, facility staff should be cognizant that behavioral health services rendered immediately after the identification or disclosure of an alleged sexual assault may assist in guiding and supplementing subsequent assessment and counseling decisions, these services may not always be legitimate substitutes for additional behavior health services. Compliance with this standard will require that upon disposition of an internal or other agency investigation, facility staff and applicable mental health professionals will assess all previously offered and rendered behavioral health services and make a determination as to what additional and/or repeated behavioral health services are to be made available to the resident victim.

Assessment and Counseling Options

A facility shall make available to a resident victim, any and all applicable and appropriate assessments and counseling services determined to have a direct relationship to the sexual assault incident identified in the disposed investigation(s). Determinations as to what assessment and counseling services are necessary and appropriate shall be determined by a mental health professional or in direct consultation with a mental health professional.

Behavioral Health Services Prior to Investigation Disposition

Behavioral health assessment and counseling services will be provided to all victims when an allegation is reported, during an investigation, or after the conclusion of an investigation.

The CBRISF shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g)(n2a) (3abc)

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.286**

Policy Number

40.00

Effective Date:

Revised Date:

Policy

Sexual abuse incident reviews.

- (a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- (b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- (c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
- (d) The review team shall:
- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
-

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(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Definitions

N/A

Procedure

The CBRISF will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The reviews shall occur within 30 days of the conclusion of the investigation. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The CBRISF review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

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(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The CBRISF will implement the recommendations for improvement, or shall document its reasons for not doing so.

Policy dictates an internal investigation to be done at the conclusion of all internal investigations resulting from alleged abuse, neglect, exploitation, or death of a Resident. This investigation will be written in PREA or other CJAD Standards as required.

Internal investigations by designated staff shall include but is not limited to the following:

1. Date the internal investigation was initiated
2. Date the internal investigation was completed
3. Date the alleged victim's parent/guardian/custodian was notified and/or documentation of all efforts to provide the notification
4. Summary of the original allegation
5. Relevant policies and procedures related to the incident
6. Summary or listing of the steps taken during the internal investigation
 - a) Interviewing and collecting witness statements from victim or witnesses
 - b) Review of any video, if necessary
 - c) Contact law enforcement, if necessary
 - d) Completion of report and determining findings
 - e) Notifying victim of final finding
 - f) Conduct treatment plan
 - g) Monitor retaliation for the next 90 days
7. Written summary of the content of all oral interviews conducted
8. Listing of all evidence including all audit and/or video recordings, polygraph examinations, etc., collected during the internal investigation
9. Any relevant findings of the investigation which supports the disposition
10. The assigned disposition of the internal investigation – Founded, Unfounded, or Inconclusive

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11. Administrative disciplinary action and/or corrective measures taken to date. This would include termination, suspension, retrained, returned to duty, or none, etc.
12. Date the internal investigation was completed
13. Names of all persons who participated in conducting the internal investigation
14. Name and signature of the person submitting the internal investigation report.

All the above information and any other pertinent information will be included.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (g), Code of Ethics

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Standards Subchapter: PREA Community Confinement Standards
Section Number: 115.287

Policy Number
41.00

Effective Date:

Revised Date:

Policy

Data collection.

- (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
- (b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- (c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- (e) The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
- (f) Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Definitions

N/A

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Procedure

This facility uses a systematic method of recording and organizing annual statistical information relating to the seven (7) data categories enumerated in this standard. For the purposes of this standard, the term "annual" shall be defined as a calendar year period starting on January 1st and ending on December 31st. This information assists CJAD in its standards compliance verification. Beginning in January 2017, all of the information that the facility is required to collect under this standard for calendar year 2017. Thus, it is essential to implement data collection procedures (if those procedures do not already exist) for the collection of items (1) - (7) of this standard on or before January 1, 2017.

Resident Isolation Statistics

In accordance with Subsection (6) the facility maintains records of all incidents of resident room isolation. The room isolation that shall be recorded, are those that involve residents for the following reasons:

- a. Room isolation for assessment purposes
- b. Protective isolation
- c. Room isolation for facility safety purposes
- d. Medical isolation

Any scheduled program activity taking place in the resident's individual resident sleeping quarters and the general assignment of a resident to his or her individual resident sleeping quarters during non-program hours are not defined as room isolation for the purpose of this standard.

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Detention Staff Injury Statistics

The annual statistics relating to the information being requested in Subsection (7) relating to resident injury assaults on staff and staff injuries related to the use of physical restraints and escape apprehensions are critical in the assessment of staff-to-resident ratios, resident supervision practices, housing configurations, staff training, physical restraint practices, and overall facility security. This standard requires a facility to maintain a record of all staff injuries (e.g., supervision officers, teachers, medical staff, contract staff, etc.) that were the direct and/or indirect result of an incident involving a resident. Staff injuries that resulted from an incident involving a resident shall be reported regardless of whether the incident or injury occurred within the facility, on the facility grounds (e.g., recreation area, etc.) or off the facility premises (e.g., during transport, at the community service site, medical visit, etc.).

Resident Grievance Statistics

The facility administrator or CSCD administrator shall maintain a record of all resident grievances for each calendar year. This standard does not require the reporting of resident grievance resolutions in the annual statistical report.

Mechanical Restraints.

The facility administrator or CSCD administrator shall maintain a record of all incidents of the mechanical restraint of residents with the exception of preventative mechanical restraints. Preventative mechanical restraints are those used during the course of routine point-to-point relocation of a resident within the facility and mechanical restraints used during the course of routine vehicular transportation outside of the facility. The incidents of mechanical restraint that are required by this section to be recorded shall be included in the facility's annual statistical report in the annual facility registration.

Non-Ambulatory Mechanical Restraints and Chemical Restraints are not used by this facility.

Serious Incident Reports.

CBRISF shall maintain a database of all serious incident reports. Report Form on all serious incidents. All serious incident reports are assessed by a TDCJ and are maintained in TDCJ database.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Texas Department of Criminal Justice, Community Justice Assistance Division, Standards for CSCD's, 163.39 (i)

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Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.288

Policy Number

42.00

Effective Date:

Revised Date:

Policy

Data review for corrective action.

(a) The agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

(1) Identifying problem areas;

(2) Taking corrective action on an ongoing basis; and

(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

(b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

(c) The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

(d) The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

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Definitions

N/A

Procedure

The CBRISF shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The CBRISF may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.289**

Policy Number

43.00

Effective Date:

Revised Date:

Policy

Data storage, publication, and destruction.

(a) The agency shall ensure that data collected pursuant to § 115.287 are securely retained.

(b) The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.

(c) Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

(d) The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

Definitions

N/A

Procedure

The CBRISF will ensure data collected pursuant to § 115.287 will be securely retained. All aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency will remove all personal identifiers. The CBRISF will maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise.

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Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.293**

Policy Number

44.00

Effective Date:

Revised Date:

Policy

Audits of standards.

The agency shall conduct audits pursuant to §§ 115.401–405.

Definitions

N/A

Procedure

The CBRISF will conduct audits pursuant to §§ 115.401–405.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards
Section Number: 115.401
Number: 115.401

Policy Number

45.00

Effective Date:

Revised Date:

Policy

Frequency and scope of audits.

- (a) During the three-year period starting on August 20, 2013 and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.
- (b) During each one-year period starting on August 20, 2013 the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.
- (c) The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe that a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources that may assist the agency with PREA related issues.
- (d) The Department of Justice shall develop and issue an audit instrument that will provide guidance on the conduct of and contents of the audit.
- (e) The agency shall bear the burden of demonstrating compliance with the standards.
- (f) The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type.
-

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Section Number: **115.401**

Number: **115.401**

(g) The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period

(h) The auditor shall have access to, and shall observe, all areas of the audited facilities.

(i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).

(j) The auditor shall retain and preserve all documentation (including, *e.g.*, video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.

(k) The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators.

(l) The auditor shall review a sampling of any available videotapes and other electronically available data (*e.g.*, Watch tour) that may be relevant to the provisions being audited.

(m) The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees.

(n) Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

(o) Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

Definitions

N/A

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.401**

Number: **115.401**

Procedure

During the three-year period starting on August 1, 2013 and during each three-year period thereafter, the department shall ensure each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. During each one-year period starting on August 1, 2013, the department shall ensure at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

The Department of Justice may send a recommendation to an agency for an expedited audit if the Department has reason to believe a particular facility may be experiencing problems relating to sexual abuse. The recommendation may also include referrals to resources to assist the agency with PREA related issues.

The Department of Justice shall develop and issue an audit instrument to provide guidance on the conduct of and contents of the audit. The CBRISF shall bear the burden of demonstrating compliance with the standards. The auditor shall review all relevant agency-wide policies, procedures, reports, internal and external audits, and accreditations for each facility type. The audits shall review, at a minimum, a sampling of relevant documents and other records and information for the most recent one-year period. The auditor will have access to, and shall observe, all areas of the audited facilities. The auditor will be permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor shall retain and preserve all documentation (including, *e.g.*, video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request. The auditor shall interview a representative sample of inmates, residents, and detainees, and of staff, supervisors, and administrators. The auditor shall review a sampling of any available videotapes and other electronically available data (*e.g.*, Watch tour) that may be relevant to the provisions being audited. The auditor shall be permitted to conduct private interviews with inmates, residents, and detainees. Inmates, residents, and detainees shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Auditors shall attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

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CJAD standards apply to the investigations of all alleged abuse, neglect and exploitation, death conducted by qualified staff and serious incidents involving a Resident and an employee, intern, volunteer, contractor or service provider. CJAD Standards gives the authority to conduct abuse, neglect and exploitation investigations in any Resident justice department, program or facility.

Cooperation with other Agency Investigations

The CSCD and CBRISF administrators, designee, and all other persons involved shall fully and promptly cooperate with investigations of alleged abuse, neglect, exploitation or death of a Resident by providing all evidence requested by CJAD in the format requested. Administration shall make diligent effort to identify and make available for questioning all persons with knowledge of the alleged abuse, neglect, exploitation, or death of a Resident for any investigation.

The CSCD Director shall adopt reasonable rules that provide:

- (a) minimum standards for personnel, staffing, case loads, programs, facilities, record keeping, equipment, and other aspects of the operation of a Resident board that are necessary to provide adequate and effective probation services;
- (b) a code of ethics for staff and for the enforcement of that code;
- (c) appropriate educational, pre-service and in-service training, and certification standards for staff or court-supervised community based program personnel;

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.402**

Policy Number

46.00

Effective Date:

Revised Date:

Policy

Auditor qualifications.

(a) An audit shall be conducted by:

(1) A member of a correctional monitoring body that is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);

(2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the agency; or

(3) Other outside individuals with relevant experience.

(b) All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements.

(c) No audit may be conducted by an auditor who has received financial compensation from the agency being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the agency's retention of the auditor.

(d) The agency shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the agency's retention of the auditor, with the exception of contracting for subsequent PREA audits.

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.402**

Definitions

N/A

Procedure

The SPCJDC shall have audits conducted by:

A member of a correctional monitoring body who is not part of, or under the authority of, the agency (but may be part of, or authorized by, the relevant State or local government);

A member of an auditing entity such as an inspector general's or ombudsperson's office external to the agency; or

Other outside individuals with relevant experience.

All auditors shall be certified by the Department of Justice. The Department of Justice shall develop and issue procedures regarding the certification process, which shall include training requirements. No audit may be conducted by an auditor who has received financial compensation from the agency being audited (except for compensation received for conducting prior PREA audits) within the three years prior to the agency's retention of the auditor. The SPCJDC shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the agency's retention of the auditor, with the exception of contracting for subsequent PREA audits.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: PREA Community Confinement Standards

Section Number: 115.403

Policy Number

47.00

Effective Date:

Revised Date:

Policy

Audit contents and findings.

- (a) Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.
- (b) Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards.
- (c) For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level.
- (d) Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action.
- (e) Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice.
- (f) The agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public.
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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.403**

Definitions

N/A

Procedure

Each audit shall include a certification by the auditor no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards. For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standard (substantially exceeds requirement of standard); Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period); Does Not Meet Standard (requires corrective action). The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. Audit reports shall describe the methodology, sampling sizes, and basis for the auditor's conclusions with regard to each standard provision for each audited facility, and shall include recommendations for any required corrective action. Auditors shall redact any personally identifiable inmate or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice. The agency shall ensure that the auditor's final report is published on the agency's website: www.sanpatriciocscd.com, or is otherwise made readily available to the public.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Prison, Rape Elimination Act Community Confinement Policy

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.404**

Policy Number

48.00

Effective Date: 02/09/2013

Revised Date: 04/01/2013

Policy

Audit corrective action plan.

- (a) A finding of "Does Not Meet Standard" with one or more standards shall trigger a 180-day corrective action period.
- (b) The auditor and the agency shall jointly develop a corrective action plan to achieve compliance.
- (c) The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.
- (d) After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.
- (e) If the agency does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that it has achieved compliance.

Definitions

N/A

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.404**

Procedure

If a finding of “Does Not Meet Standard” with one or more standards shall trigger a 180-day corrective action period. The auditor and the agency shall jointly develop a corrective action plan to achieve compliance. The auditor shall take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility. After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action. If the agency does not achieve compliance with each standard, it may (at its discretion and cost) request a subsequent audit once it believes that it has achieved compliance.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

Prison, Rape Elimination Act Community Confinement Policy

Coastal Bend Regional Intermediate Sanction Facility

Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.405**

Policy Number

49.00

Effective Date:

Revised Date:

Policy

Audit appeals.

(a) An agency may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination.

(b) If the Department determines that the agency has stated good cause for a reevaluation, the agency may commission a re-audit by an auditor mutually agreed upon by the Department and the agency. The agency shall bear the costs of this re-audit.

(c) The findings of the re-audit shall be considered final.

Definitions

N/A

Procedure

The CBRISF reserves the right to lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. If it is determined the agency has stated good cause for a reevaluation, the agency may commission a re-audit by an auditor mutually agreed upon by the Department and the agency. The agency shall bear the costs of this re-audit. The findings of the re-audit shall be considered final.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115

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Standards Subchapter: **PREA Community Confinement Standards**

Section Number: **115.501**

Policy Number

50.00

Effective Date:

Revised Date:

Policy

State determination and certification of full compliance.

(a) In determining pursuant to 42 U.S.C. 15607(c)(2) whether the State is in full compliance with the PREA standards, the Governor shall consider the results of the most recent agency audits.

(b) The Governor's certification shall apply to all facilities in the State under the operational control of the State's executive branch, including facilities operated by private entities on behalf of the State's executive branch.

Definitions

N/A

Procedure

In determining pursuant to 42 U.S.C. 15607(c)(2) whether the State is in full compliance with the PREA standards, the Governor shall consider the results of the most recent agency audits. The Governor's certification shall apply to all facilities in the State under the operational control of the State's executive branch, including facilities operated by private entities on behalf of the State's executive branch.

Citation: National Standards to Prevent, Detect, and Respond to Prison Rape Under the Prison Rape Elimination Act (PREA) 28 C.F.R. Part 115
