

PREA AUDIT: AUDITORS'S SUMMARY REPORT COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

Name of facility: Orion Residential Re-Entry Center		
Physical address: 8141 Orion Avenue, Van Nuys, CA 91406		
Date report submitted:		
Auditor information: Teri Brister		
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Telephone #: (909) 499-8696		
Date of facility visit: November 20-21, 2014		
Facility information:		
Facility mailing address: (If different from above)		
Telephone number: (818) 780-5139		
The facility is:		
<input type="checkbox"/> Military	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Federal
<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> County	<input type="checkbox"/> State
	<input type="checkbox"/> Municipal	
The facility Type:		
<input type="checkbox"/> Community Treatment Center	<input checked="" type="checkbox"/> Community based confinement facility	
<input type="checkbox"/> Halfway House	<input type="checkbox"/> Mental Health facility	
<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of Facility Head: Eddie Ayala and Miriam Bustamante (co-directors)		Title: Facility Director/PREA Managers
Email Address: eayala@behavioralsystemssouthwest.com		Phone Number: (818) 780-5139
Agency Information		
Name of agency: Behavioral Systems Southwest, Inc.		
Governing authority or parent agency: (if applicable)		
Physical address: 118 Avenida Victoria, San Clemente CA 92672		
Mailing address:		
Telephone number: 949-492-3574		
Agency Chief Executive Officer		
Name: Christopher Lindholm		Title: Chief Operations Officer (COO), President
E-mail Address: cslindholm@behavioralsystemssouthwest.com		Telephone number: (949) 492-3574
Agency-Wide PREA Coordinator		
Name: Bari Caine-Lomberto		Title: Executive Vice President
E-mail Address: bcainelomberto@behavioralsystemssouthwest.com		Telephone number: (818) 378-6470

AUDIT FINDINGS

NARRATIVE:

The PREA audit of the Orion Residential Re-Entry Center (RRC) was conducted on November 19-20, 2014 by Teri Brister, Certified PREA Auditor. Teri was assisted by Christina Kampczyk, Certified PREA Auditor. Notice of the audit with auditor contact information was posted six-weeks prior to the audit in various locations through-out the facility. This was verified with photos received from the agency. The Pre-Audit Questionnaire was received three weeks prior to the audit along with the requested documentation which were reviewed prior to the on-site visit. Documents reviewed prior to the on-site visit included the Pre-Audit Questionnaire, PREA training records for residents and staff, PREA training curriculum, agency policies and recent audit reports by the Federal Bureau of Prisons (BOP) and the American Correctional Association (ACA).

An entrance meeting was conducted with Executive Vice President Bari Caine-Lomberto who is the agency-wide PREA Coordinator and Facility Directors Eddie Ayala and Miriam Bustamante who are the facility's PREA Compliance Managers. During the meeting we discussed our agenda for the two-day on-site visit and explained what we would need to accomplish during that time frame. Following the entrance meeting, we toured the two story facility including the interior living quarters, the staff office areas, the kitchen, the classroom/multipurpose room and dining room. Directors Ayala and Bustamante facilitated the tour while providing information about the facility.

Ten staff were randomly selected and interviewed including security staff, the social service staff, casework staff and graveyard staff. Both Directors/PREA Compliance Managers were also interviewed. In addition, twelve randomly selected residents were interviewed. There were no residents with disabilities, limited English speaking ability, lesbian, gay, bisexual, transgender or intersex residing at the facility within this audit cycle nor were there any reports of abuse or harassment.

Eleven staff files and eleven resident files were reviewed. Among the documents reviewed for staff files included but were not limited to: application questionnaire, staff background clearance, PREA training, and PREA acknowledgment. The review of resident files included but was not limited to: screening assessments for victimization and abusiveness, PREA handout, re-assessments and PREA training. During the audit the facility logbook was reviewed. The logbook is a chronologically maintained journal of the resident's daily activities. The staff and facility director document all incident occurred, then a written recording should be made in the logbook.

An exit interview was conducted at the end of the on-site portion of the audit with Executive Vice President/PREA Coordinator and the Program Director Ayala and Program Director Bustamante. The recommended corrective action items were developed and agreed upon at this meeting. The agency stating the items would be completed by the end of the thirty-day period and prior to the finalization of this report. The corrective action items were completed

and verified through staff training records and other documentation received from the agency prior to the completion of this report.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Orion Residential Re-Entry Center (RRC) is located in Van Nuys, California and is operated by Behavioral Systems Southwest (BSS), a private for-profit corporation headquartered in San Clemente, California. Currently, BSS provides community correctional services to the Federal Bureau of Prisons (BOP), and residential parolee service centers for the California Department of Corrections and Rehabilitation (CDCR) with three residential facilities in California and three residential facilities in Arizona. A non-residential day reporting center and a non-residential drinking driver program are other services offered by BSS. The Orion facility is under contract with BOP and CDCR.

The 6 RRC locations are operated under contract with BOP and are based on a social service model using evidence-based programming so that the particular needs of the ex-offender can be met. The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Inmates residing in the structured environment of an RRC remain in federal custody while serving the remainder of their sentences. They are able to participate in work and school activities outside of the facility and seek/utilize community resources with the assistance of BSS casework staff. Participation in the RRC averages 6 months and includes a home detention component. Each RRC operated by BSS is accredited by ACA.

Orion RRC is located in Van Nuys, California and was originally designed as a Racquetball Club. BSS began operating this facility as a work furlough for CDCR in 1988, after having made modifications for use of the facility for community confinement purposes. BSS purchased the property in 2009 and has operated as an RRC since July 2013. The facility houses both male and female inmates with a total of 110 beds, of which 14 beds are dedicated for female residents. Orion RRC consists of one large two-story building, with seven dormitory-style rooms downstairs including the kitchen, dining room, classroom/multipurpose room, recreation room and lobby area. The director's office, staff office, facility maintenance room, storage areas, and restroom facilities for residents and staff are also located downstairs. There is one small outdoor space to the rear of the facility that is fenced-in where the laundry machines are located.

The second floor is used by the Case Services Department with one large office space, three separate offices, restroom facilities and additional storage space. The North and West exterior sides of the facility are fenced with cameras capturing the perimeters of the building. There is a parking lot on the South side of the building and the front entrance is on the East side. Cameras also run along the South and East side of the building. A total of 24 cameras are placed strategically throughout the facility to assist in supervision and cover areas that could be potential blind spots. The video monitors are located in the director's office, the front control area as well as the staff office located just off the lobby area.

A total of 24 Cameras are positioned in visible areas in the interior and exterior of the facility. Placement of the cameras exclude the resident living quarters, the restrooms and some office areas. The cameras are positioned to assist staff in supervision and capture blind spot areas. It was noted during the tour, the facility was in very clean, orderly and in well-maintained condition. Additionally, it was noted throughout the tour that PREA related information was posted including the zero-tolerance policy and the PREA audit notice. A notice was also

posted on the doors to each dormitory regarding the policy of staff of the opposite gender to knock and announce prior to entering.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	<u>0</u>
Number of standards met:	<u>35</u>
Number of standards not met:	<u>0</u>
Number of non-applicable	<u>4</u>

§ 115.211- Zero Tolerance of sexual abuse and sexual harassment; PREA coordinator

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

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

Behavioral Systems Southwest has a written agency-wide policy mandating zero tolerance of sexual abuse and sexual harassment. The policy describes in detail the actions the agency will take in the event of an incident of sexual abuse or harassment and the agency’s approach to preventing, detecting and responding to such an incident. The zero-tolerance policy is also located in the agency’s employee handbook, the Acknowledgment of PREA Training for staff and residents, and in the PREA Resident handout.

Interviews with staff indicate a solid understanding of the PREA policy and that both sexual abuse and harassment in any form will not be tolerated and dealt with accordingly. Executive Vice President Bari Caine-Lomberto is the agency-wide PREA coordinator. She stated she has sufficient time and authority to oversee the agency’s efforts in the development, implementation and compliance of the PREA standards. Additionally the facility has two PREA compliance managers who stated they have the time and resources to provide the development, implementation and oversight of the PREA standards. PREA posters are located in various areas throughout the facility in locations accessible to residents, visitors, as well as staff. Residents are provided with copies of the PREA training they received.

§ 115.212- Contraction with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirements 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)
- Currently, a non-applicable standard

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

Behavioral Systems Southwest (BSS) owns and operates six other RRC's locations and is a private provider that does not contract with other agencies for their residents.

§ 115.213- Supervision and monitoring

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

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

The Orion RRC is a co-ed facility, therefore both male and female staff are scheduled to work during each shift as indicated on the weekly staffing schedule. The agency provides a staffing plan that provides for adequate staffing levels during each shift. The staffing plan is discussed and reviewed by the facility managers and BSS administration. When the plan is insufficient, such as a population increase, adjustments to the plan will be made as necessary. The program directors are responsible for verifying the staffing plan is adhered to by reviewing the daily schedule. There have been no deviations from the staffing plan according to the directors. In situations where a staff calls out sick, the directors are immediately notified and will call in staff to provide the required coverage and/or require staff to stay over until coverage arrives. The staffing plan is also reviewed annually and documented by the agency PREA coordinator through a review of the staffing schedules and logbook documentation. This is per the requirements of the Statement of Work (SOW) per BOP. This last review was conducted on March 24, 2014.

A tour was conducted by the auditors where the staffing levels and use of the video monitoring system were observed. Security staff conduct and document rounds every 15-20 minutes, which includes a population count and a verification of each resident's presence with a cross-check of the daily resident roster. The agency's policy on grounds checks exceed the requirements of BOP. There is a total of 24 cameras located throughout the

interior and exterior of the facility with the monitors located in the staff office, the director's office and in the control area. Staff are responsible for periodically viewing the monitor which aids in supervision. When the plan is insufficient, such as a population increase, adjustments to the plan will be made as necessary.

§ 115.215- Limits to cross-gender viewing and searches

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

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

BSS policy prohibits cross-gender viewing, cross gender searches or visual body cavity searches. In a situation where a female security staff is not available to conduct a pat-down search of a female, then a female casework staff will step in to complete the search as all staff are cross-trained to conduct searches. There have been no incidents when a female has been searched by a male staff. The agency also employs the use of the "wand," a metal detecting device. All staff are trained on the use of the wand which can be used in the event a female staff is unavailable to conduct a search and allows for the female resident to return to regularly available programming and opportunities.

Orion staff adhere to the policy of announcing their presence when conducting rounds and checking on residents in their sleeping quarters as well as the restroom. All residents interviewed acknowledge that staff of the opposite sex knock and announce their presence before entering their dormitory. Residents stated they are able to shower, change, and use the restroom without being viewed by staff of the opposite sex.

Per BSS policy, should a transsexual or intersex resident not wish a pat-down search to be conducted by a gender staff that the resident does not identify with, accommodations will be made provided that the safety of the facility, including the health and welfare of all residents and staff is not impacted. The BSS program director and other management will obtain further guidance by the BOP's Residential Re-Entry Management (RRM) office.

§ 115.216- Residents with disabilities and residents who are limited English proficient

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

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

BSS provides residents with PREA information in the following other languages: Spanish,

Armenian, Korean, Hebrew and Russian. Additionally, the agency has staff available to interpret these languages with the exception of Hebrew. There were no residents with disabilities or who could not understand English at the time of the audit in order to conduct an interview.

Agency administration stated that if a resident entered the program and they were visually impaired or if they were illiterate, they would ensure the PREA information was read to them by staff. The facility would be able to accommodate a blind person. The use of resident interpreters is not utilized except in an exigent circumstance which would be documented. If a situation arose that a resident needed an outside resource for interpretation, then an interpreter would be provided through BOP or community resource.

§ 115.217- Hiring and promotion Decisions

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

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

BSS is bound by the guidelines set forth in the Statement of Work (SOW) governed by the Federal Bureau of Prisons (BOP). This mandate requires a background check be completed at time of hire for all new employees. Additionally, at the time of their contract renewal with BOP, background checks are completed again which is within the five-year requirement. BSS has a policy against hiring or promoting anyone with a history of sexual abuse conviction in any institution or in the community. The agency also has a strict policy regarding inappropriate relationships with the residents. If an employee is found to have violated any of the agency's policies regarding standards of conduct, including sexual abuse or harassment, they will be terminated.

The auditors reviewed 11 random staff files and verified that background checks are completed in accordance with the standard and that documentation is maintained in the employee file. BSS also asks applicants about previous sexual misconduct on the supplemental information form submitted with their application. Written policy also states that any false information provided during the hiring process is grounds for termination. All employees of BSS have a continuing affirmative duty to disclose sexual misconduct both adjudicated and non-adjudicated, in any institution or in the community. Contractors are not currently used by BSS, but if they are in the future, background checks in coordination with BOP would be completed. One volunteer currently volunteers at the Orion facility and a background check has been completed through BOP. In addition, the volunteer has been provided the same training as the staff.

§ 115.218- Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirements of standard)

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

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

There were no major upgrades to the facility during this auditing period. Eight cameras were added to certain interior and exterior locations since August 20, 2012. The video monitoring system increased from 16 cameras to 24 cameras which allows for all outdoor and indoor areas to be viewed with the exception of excluded areas due to privacy. The cameras also allow for a review of video in the case of potential incident review. Video footage is maintained for 21 days. Video monitors are located in the director's office, the case workers' office and in the control area.

§ 115.221- Evidence Protocol and forensic medical examinations

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

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

BSS does not conduct criminal investigations. The agency will initiate investigation through BOP or local law enforcement in the case of a PREA incident. According to the Statement of Work, BOP is to immediately be notified of a PREA incident and will provide instructions and guidelines in the case of such an incident. The Residential Re-Entry Manager (RRM) from BOP carries a duty phone 24/7 so there is no delay on the notification process and for receiving immediate instruction in such situations. This information regarding investigations is also listed in the employee handbook. Residents have access to local Rape Crisis Centers and hospitals which is posted with additional information on the PREA board in the main dining room. Each facility listed was contacted by the auditor to verify services, phone numbers and addresses were correct. There were no residents who reported sexual abuse or sexual harassment during this audit cycle.

Per agency policy, BSS does not employ medical and/or medical health care practitioners. Therefore, the victim will be referred to the local Rape Crisis Center which provides services free of charge to the victim. The rape crisis center will facilitate that forensic medical exam performed by a SAFE or SANE examiner at a local hospital, as well as the collection of evidence.

§ 115.222- Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirements of standard)

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

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

Per BSS policy, the agency refers all allegations of sexual abuse or sexual harassment to BOP and local law enforcement. This policy regarding the referral of allegations of sexual abuse or sexual harassment is contained on the agency website as well as contained in the agency policies. There have been no allegations of sexual abuse and or sexual harassment during the last 12 months including any allegations that resulted in administrative investigation. Per the PREA Coordinator all allegations of sexual abuse and or sexual harassment that are referred for criminal investigation will be documented on a log regarding criminal investigations. This log will document the date the incident was reported to BOP, the individuals involved, the circumstances of the complaint, disposition of the case and notification to the victim.

§ 115.231- Employee training

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

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

PREA training is provided upon new employee hire and all existing employees have received the training. Employees are required to sign and document they have received the training and understand the training they received. PREA refresher training will be conducted a minimum of one time per year; however the PREA coordinator stated she planned to include PREA information at least quarterly on her agency's yearly training calendar. Additionally, the PREA Coordinator shared that during their bi-monthly staff meetings, a section of PREA is reviewed by the program director with staff. Training includes the agency's zero-tolerance policy for sexual abuse and harassment, the rights of residents to be free from sexual abuse and sexual harassment and how to detect and respond to signs of threatened and actual sexual abuse.

During a review of employee files, it was noted that the PREA Acknowledgement Training form that staff were provided and signed, did not have a date line which made it difficult to determine the date said training was received. The agency provided a roster which includes the date training was provided to the employee. It was recommended that all staff re-sign the PREA Training Acknowledgement form and include a line for the date in which training was received. This information was verified and received on November 21, 2014, and will now be implemented on all PREA Acknowledgment Training forms.

§ 115.232- Volunteer and contractor training

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

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

There is one volunteer and no contractors currently associated with the Orion facility. BSS policy requires that all volunteers who have contract with the residents receive training on their responsibilities under the agency's sexual abuse and sexual harassment policies and will be educated on how to make such reports. BSS provided documentation of the one volunteer understanding and receiving the PREA training which was verified by the auditors.

§ 115.233- Resident education

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

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

Each resident receives PREA information as contained in their resident handbook at time of intake which includes telephone numbers to report abuse. This information is provided in 5 different languages. All residents sign a PREA Training Acknowledgement that they have received the information. Residents interviewed stated they understand their right to be free from sexual abuse and sexual harassment and the avenues available to them should they have a need to report. Residents overall understand their ability to report outside the agency and within the agency. Residents were able to articulate multiple methods in which to make a report and various locations in which they could find this information.

The facility has a dedicated PREA board located in the dining room which includes reporting phone numbers and advocacy information as well as the PREA posters. There is information to the local Rape Crisis Center. This information is continuously available to residents and can also be found posted in various areas around the facility. Residents are provided the information again by their case manager within three weeks of their intake and upon transfer to another BSS facility. A review of the residents' files indicated they have received this training; however, the date line was missing on the form indicating when the training was received. It was recommended that residents be provided the PREA Acknowledgement training form again and re-sign with a date line included. This information was verified and received on November 21, 2014. The form was also changed to include the date.

§ 115.234- Specialized training: Investigations

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

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

The agency does not conduct investigations per BOP requirements. All investigations are referred to BOP and/or local law enforcement per the BOP SOW for investigation. The Los Angeles Police Department (LAPD) maintains jurisdiction over the Orion facility and will therefore, be responsible for responding to incidents of sexual abuse or sexual harassment. BSS does not conduct administrative or criminal sexual abuse investigations.

§ 115.235- Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirements 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)
- Currently, this is a non-applicable standard

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

The agency does not employ medical or mental health care practitioners. All medical and mental healthcare services are referred to outside, community-based resources. Since these are outside resources, and not employees or contractors of BSS, the agency does not maintain training records as required per the standard.

§ 115.241- Screening for risk of victimization and abusiveness

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

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

All residents are privately screened upon arrival by staff using an objective-based risk assessment tool. The screening tool assesses their risk for sexual abusiveness and for sexual victimization. The screening tool outlines all nine required criteria as per the standard. Residents are re-assessed within 30-days of intake. A review of resident files indicated the residents are receiving this assessment at intake and subsequently within 30-days of intake. Interviews with residents also affirmed the screenings are occurring. A resident's risk level will be reassessed when warranted due to a referral, a request, an incident of sexual abuse or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. BSS's policy states they will not, under any circumstances, discipline an offender for failing to answer any questions during the assessment.

§ 115.242- Use of screening information

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

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

Information obtained at time of screening is used to form housing, bed, work/education, and program assignments. The agency shall use information from the risk screening tools with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Additionally, the facility makes individualized determinations about how to ensure the safety of each resident. A high score will trigger a call to the BOP RRM for discussion and further direction which could include transfer of the inmate to another facility. If a resident scores a medium, then potential issues will be discussed at the program review team meeting which is held weekly. BOP and the assigned probation officer are invited to attend this meeting where strategies will be designed to keep the resident safe and address their issues further, often with referrals to community resources.

Residents are informed of BOP policy regarding transgender and intersex, they will be placed in housing based upon their physical anatomy; however, prior to being transferred to an RRC, residents have a choice not to go to this facility based upon this policy. When performing searches, male staff will search the male part of the body and female staff will search the female part of the body or they will use a metal detecting wand at the request of the resident. The facility will allow separate showers for residents who request to shower apart from other residents.

§ 115.251- Resident reporting

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

- Does Not Meet Standard (requires corrective action)

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

The agency has multiple internal and multiple external methods for residents to privately report sexual abuse or sexual harassment. Interviews with the residents and staff confirmed this information. These methods include verbal reporting to the director, the PREA Coordinator or directly to BOP. Phone numbers are listed on the PREA board in the dining room and in other areas throughout the facility. Residents can also submit written reports to the director or PREA coordinators via e-mail or a written note.

Residents are aware they can make a confidential report to Detection Treatment Resource (DTR), a local community resource in which the agency has established an MOU. Third-party reporting information is contained in the resident handbook. Staff are aware of their responsibilities of accepting reports of abuse including third-party reports and that documentation must be completed as soon as possible or before the end of their shift. This policy is contained in the BSS Employee handbook and discussed in PREA training. Staff indicated during interviews multiple ways in which to privately report sexual abuse or sexual harassment of residents.

§ 115.252- Exhaustion of administrative remedies

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

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

The agency has a policy which indicates the steps residents can take to file a grievance regarding sexual abuse or harassment and that there is no time limitation in which they need to adhere to. The policy specifically states any offender may file a grievance following BOP procedures or CDCR procedures in regards to sexual abuse or sexual harassment. The offender may send the grievance directly to the RRM office or the Parole Agent/Program Manager's office without going through the facility mail. The RRM office number is posted on the offender information boards allowing offenders to make private telephonic contact with the RRM office. Should an offender file a grievance in bad faith, the BOP or CDCR will provide BSS with the appropriate response to action on a case-by case basis. The agency responding to the grievance is mandated to provide response within 30-days of receipt. A written notification will be provided to the offender if an extension is needed beyond this time frame.

This policy is also in accordance with BOP's policy as per the Statement of Work (SOW). Grievances can also be to the facility director or to the PREA Coordinator. Staff are not informed of information contained in the grievance. Final decisions are made within 30 days of submission which is well within the 90 day guidelines as per the standards. There have been no grievances filed in relation to sexual abuse or harassment.

§ 115.253- Resident access to outside confidential support services

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

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

The Orion facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing them with the name, telephone number (including toll-free) and mailing addresses for the local rape crisis center. Residents are provided with a handbook which also contains information. This information is provided at intake and is written in 5 different languages. BSS maintains a memorandum of understanding with DTR where residents can receive emotional support services related to abuse. Interviews were conducted with residents who were able to articulate how they would seek support services outside the facility. The auditors tested the resident telephone access for the outside confidential support services and confirmed the numbers are correct and in working order. Residents are educated on the mandatory reporting rules regarding privacy and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local law.

§ 115.254- Third-party reporting

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

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

BSS provides several methods in which to receive third-party reports. Residents can report on behalf of another resident directly to staff verbally or in writing or to the director, PREA coordinator, BOP or DTR. Family members are provided with reporting information for allegations of sexual abuse or sexual harassment during visitation and during the family orientation meeting. Contact numbers are also posted on the PREA board in the dining room, throughout the facility, and which is accessible to visitors. Interviews with both staff and offenders indicate they are aware of the methods of third-party reporting.

§ 115.261- Staff and agency reporting duties

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

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

All staff and managers interviewed were able to clearly articulate their duty to immediately report any knowledge, suspicion or information regarding sexual abuse and sexual harassment that occurred in a facility, whether or not it is part of the agency. Additionally, staff acknowledged they must keep this information confidential and not share with others who do not have a need to be informed, other than to make treatment, investigation and other security decisions to keep the resident safe. Per agency policy, staff are required to notify LAPD, the director, and PREA coordinator and are to complete written documentation via an incident report before they leave shift. The agency reports all allegations of sexual abuse and harassment to BOP and this also includes reports received anonymously as well as third-party reports.

BSS policy requires all staff to report suspected retaliation against residents or staff who report abuse. The agency policy also requires that all staff report immediately and according to policy any staff neglect that may have contributed to an incident or retaliation.

§ 115.262- Agency protection duties

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

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

When the facility learns that a resident is at substantial risk of imminent sexual abuse, staff and managers will take immediate action to ensure the safety of the resident. This action includes immediate notification and coordination with BOP which would likely result in the transfer of the alleged victim and/or alleged perpetrator to another facility or transfer back to prison. These immediate steps will help to ensure the resident's protection and safety. If necessary, the resident will receive a higher level of supervision including one-on-one staff supervision until the action plan is put in place. The PREA coordinator and facility director both confirmed there have been no incidents in which a resident was at a substantial risk of sexual abuse.

§ 115.263- Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirements of standard)

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

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

The agency has a policy, as contained in the BSS Employee Handbook, that the information will be reported by the program director or PREA coordinator immediately to BOP, via the duty phone or e-mail and or local law enforcement. This report will be followed up with a Serious Incident Report. BOP personnel would provide further guidance pending investigation and notification to the other facility. There have been no allegations received during the last twelve months that a resident was abused while at another facility.

§ 115.264- Staff first responder duties

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

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

Based on agency policies and procedures all BSS staff are trained to act as first responders. Upon learning of an allegation that a resident was sexually abused, the first staff member alerted shall separate the alleged victim and perpetrator, call for staff assistance and immediately call 911 and their supervisor. In addition to immediately notifying the LAPD, and per BSS procedure, staff will perform the following steps as first responders:

- Separate the alleged victim and abuser.
- Immediately notify the on-duty supervisor and remain on scene until relieved by responding personnel.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- Do not let the alleged victim or abuser take any action that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- Remain with the alleged abuser.
- Apart for reporting to designated supervisors, employees shall not reveal any information related to the incident to anyone other than staff involved with investigating the alleged incident.

Based upon the interviews conducted staff and administration were able to explain there is to be no collection of physical evidence and that process is left solely to LAPD. During the last twelve months, there have been no allegations of a resident being sexually abused.

§ 115.265- Coordinated response

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

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

Based upon agency policy and procedures, and interviews with the facility director and PREA coordinator, there is a plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders. Staff will ensure the victim is taken to a facility with SAFE/SANE certified staff and ensure that the victim receives mental health services as necessary as the agency does not provide direct medical or mental health services. Casework staff and facility administration will work with BOP and the victim to ensure continuing medical and mental health services by the outside resources.

§ 115.266- Preservation of ability to protect residents from contact with abusers

- Exceeds Standard (substantially exceeds requirements 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)
- Currently, this is a non-applicable standard

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

There is no collective bargaining agreement.

§ 115.267- Agency protection against retaliation

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

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

Per agency policy BSS will ensure that all staff and offenders who report sexual abuse or sexual harassment or who cooperate with sexual abuse or harassment investigations will be free from retaliation by offenders or staff. This includes, but is not limited to monitoring for disciplinary action taken against staff or offenders, observing body language of staff and offenders, and following up on any information provided regarding suspected retaliation. BSS will monitor staff and offenders following a report and response to suspected retaliation. Based upon interview conducted with the facility directors and PREA Coordinator, BSS will protect all residents and staff who report sexual abuse or harassment or who cooperate with investigations, from retaliation by other residents or staff.

The facility director is responsible for monitoring retaliation or potential retaliation; however all staff have been informed and charged with monitoring and reporting such incidents. This includes monitoring for body language, gestures and comments as well as disciplinary action taken against staff or offenders. This monitoring will continue for the duration of the resident's stay at the facility. Monitoring checks will be conducted every two weeks during case management visits with the resident. If any other resident expresses retaliation and based on the nature of the retaliation, the perpetrator will be reviewed for possible removal from the program. Residents will be provided with emotional support services by outside providers.

§ 115.271- Criminal and administrative agency investigations

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

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

Per agency policy and contractual mandates by BOP, at no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to the LAPD and/or BOP. According to BSS policy, the LAPD and BOP will be immediately notified of any allegation of sexual abuse or sexual harassment, whether it involved offenders, staff, volunteers and/or community members. The Los Angeles Police Department (LAPD) maintains jurisdiction for the Orion facility and would be notified immediately in these circumstances. The issue will be referred for investigation to the contracting agency (BOP) to conduct an internal investigation and/or LAPD to engage in a criminal investigation. CDCR will also be notified if the incident involved a resident maintained under CDCR jurisdiction. BSS will coordinate and cooperate with these outside agencies during the investigation process. BSS will retain all written investigatory reports for seven years past the departure of the alleged abuser or victim.

According to the agency, there have been no substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012. Per the PREA coordinator, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

§ 115.272- Evidentiary standard for administrative investigation

- Exceeds Standard (substantially exceeds requirements 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)
- Currently, this is a non-applicable standard.

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

The agency does not conduct administrative investigations nor does it determine whether allegations of sexual abuse or sexual harassment can be substantiated.

§ 115.273- Reporting to residents

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

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

Upon notification by LAPD or BOP, the PREA coordinator will inform the resident of the findings of the investigation. BSS will maintain contact with LAPD and/or BOP to provide feedback during the investigation and shall request information regarding the progress and outcome of the investigation in order to inform the resident. Per the facility director and PREA Coordinator, there have been no criminal/administrative investigations of alleged resident sexual abuse that were completed by the facility, BOP or LAPD within the last 12 months. A sexual incident review will be conducted by BSS at the conclusion of every sexual abuse investigation.

§ 115.276- Disciplinary sanctions for staff

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

- Does Not Meet Standard (requires corrective action)

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

BSS policy states based on the information provided to BOP, BOP may preclude the employee from working with offenders in which case the employee would be placed on suspension. During an investigation of an allegation of sexual abuse or harassment against an employee, the employee will be on unpaid suspension pending investigation of the allegation. Should the allegation against an employee be substantiated, the employee's employment with BSS will be terminated. All terminations for violations of the agency's sexual abuse or harassment policies, or resignations by staff that would have been terminated if not for their resignation, will be reported to law enforcement, unless the activity was clearly not criminal and relevant to any licensing bodies.

In the past 12 months, no staff from the Orion facility have violated the agency's sexual abuse or sexual harassment policies. Per interviews with the facility directors, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances with the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by staff with similar histories. According to the PREA questionnaire and the agency, there have been no staff from the facility that have been disciplined, short of termination, for the violation of agency sexual abuse or sexual harassment policies.

§ 115.277- Corrective action for contractors and volunteers

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

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

Per BSS policy, if the allegation is lodged against a volunteer or contractor that volunteer or contractor's services will be reported to law enforcement agencies unless the activity was clearly not criminal, and relevant to licensing bodies. The volunteer or contractor will be suspended and they will have no access to any BSS facility, offender or staff pending investigation. BSS currently does not utilize contractors at the Orion facility and has only one volunteer that has been associated with the facility since August 20, 2012.

§ 115.278- Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirements of standard)

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

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

Per BSS policy, residents are subject to discipline per the BOP Prohibited Acts as contained in the Inmate Discipline Program. This program helps ensure the safety, security, and orderly operation of correctional facilities and the protection of the public by allowing Bureau staff to impose sanctions on inmates who commit prohibited acts. Sanctions will not be imposed in a capricious or retaliatory manner. Sanctions are imposed by BOP and are 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 offenses. This policy applies to all persons in the custody of the Federal Bureau of Prisons or Bureau contract facilities.

BSS prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the evidence does not establish evidence sufficient to substantiate the allegation. BSS prohibits all sexual activity, or consensual sexual activity between residents, staff and residents. This policy is clearly explained in the employee and resident handbook.

The facility does not offer therapy, counseling or other interventions designed to address and correct the underlying reasons or motivations for abuse. These services are provided through community resources. BSS's casework staff provides referrals to residents when needed. Additionally, the PREA board contains information as to where the resident can obtain therapy and counseling as needed.

In the past 12 months, no administrative findings of resident--on--resident sexual abuse that have occurred at the facility; and no criminal findings of guilt for resident--on--resident sexual abuse that have occurred at the facility.

§ 115.282- Access to emergency medical and mental health services

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

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

BSS does not employ medical or mental health care practitioners. In the event where sexual abuse occurs, staff will immediately contact the LAPD and BOP and assist the resident in contacting the local rape crisis center. BSS staff will remain with the victim until assistance arrives. The rape crisis centers are available 24/7 and will coordinate with local hospitals that provide SAFE and/or SANE forensic medical examiners. The rape crisis center staff

will stay with the victim and provide advocacy services at their request. Victims are provided with timely and unimpeded access to crisis counseling and emotional support, information about emergency contraception, pregnancy tests and sexually transmitted diseases. All services are provided free of charge to the victim, and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditors confirmed services provided through the rape crisis center through a phone interview with rape crisis center staff.

§ 115.283- Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

In coordination with BOP, all ongoing medical and mental health care is provided by agencies within the community. BSS has developed a list of the local rape crisis clinics/centers which provide all medical/mental health care free of charge to the victim. These services include, but are not limited to forensic collection of evidence, pregnancy tests, sexually transmitted infection testing, and lawful pregnancy-related medical services for female victims if pregnancy is a result of the abuse. The listing of providers is contained in the Offender Handout provided at intake and during training as well as posted on the PREA board in the facility.

§ 115.286- Sexual Abuse incident reviews

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

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

Per BSS policy, the agency will conduct a sexual incident review at the conclusion of any criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The sexual abuse incident review will be conducted within 30-days of the conclusion of the administrative or criminal sexual abuse investigation. The incident review team will consist of the agency-wide PREA coordinator, the PREA Manager and the management team of the facility where the incident occurred. The facility Program Director will prepare a report of the findings from the incident review. This report will include, but not be limited to:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- Assess the adequacy of staffing levels in that area during different shifts;
- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- The facility implements the recommendations for improvement or documents its reasons for not doing so.
- Recommendations made or documentation of reasons for not implementing recommendations made by the review team.

This report will be forwarded to the corporate office for review. There have been no criminal and/or administrative investigations of alleged sexual abuse completed at the Orion facility, excluding only "unfounded" incidents in the past 12 months.

§ 115.287- Data collection

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

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

Per BSS policy, the agency will collect PREA data and will complete an annual compilation of said data. The data collected will be adequate to answer all questions from the Department of Justice Survey of Sexual Violence Report (SSV). Should there be a substantiated incident of sexual victimization, the facility will fill out and submit an SSV-IA form as well. BSS will aggregate the incident-based sexual abuse data, at least annually. BSS will maintain, review and collect data as needed from all available incident-based documents, including reports, and sexual incident reviews. BSS does not conduct investigations, therefore investigative reports will be unavailable for inclusion.

§ 115.288- Data review for corrective action

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

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

BSS reviews collected data and aggregates in order to assess and improve the effectiveness of the sexual abuse, prevention, detection, response policies and training. This includes identifying problem areas, taking corrective action on an ongoing basis and preparing the annual report of findings from the data review and corrective actions for each facility, as well as BSS as a whole. The annual report will include a comparison of the current year's data and corrective actions with those from prior years and would provide an assessment of the facility's progress in addressing sexual abuse.

There have been no incidents or reports of sexual abuse or sexual harassment. Therefore, there is no current data available to review for corrective action. The agency has a policy in place to ensure this information is captured and documented. The agency will make its' annual report readily available to the public annually through the agency website.

The facility makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the PREA Coordinator. When the facility redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

§ 115.289- Data storage, publication and destruction

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

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

Per BSS policy, the agency will prepare an annual report regarding PREA compliance and ensure a copy is provided to the Residential Re-entry Management Office (using the data forms provided by BOP) and if requested by CDCR, to the Program manager assigned to the facility. The annual report provides an assessment of BSS's progress in addressing sexual abuse. The annual reports will be made available on the agency's website on an annual basis. All personal identifiers will be removed from the report prior to posting on the agency's website.

The facility maintains sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection, unless federal, state or local law requires otherwise.

BSS website: www.behavioralsystemssouthwest.com

AUDITOR CERTIFICATION:

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

T Brister

Auditor Signature

12/18/14

Date