

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: Vinewood Residential Re-Entry Center		
Physical address: 5520 Harold Way, Los Angeles, CA 90028		
Date report submitted:		
Auditor information: Teri Brister		
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Date of facility visit: November 12 & 13, 2014		
Facility information:		
Facility mailing address: (if different from above)		
Telephone number: (323) 464-0817		
The facility is:	<input type="checkbox"/> Private not for profit <input type="checkbox"/> County <input type="checkbox"/> Municipal	<input type="checkbox"/> Federal <input type="checkbox"/> State
<input type="checkbox"/> Military <input checked="" type="checkbox"/> Private for profit		
The facility Type:	<input checked="" type="checkbox"/> Community based confinement facility <input type="checkbox"/> Mental Health facility <input type="checkbox"/> Other	
<input type="checkbox"/> Community Treatment Center <input type="checkbox"/> Halfway House <input type="checkbox"/> Alcohol or drug rehabilitation center		
Name of Facility Head: Rommel Dumanil	Title: Facility Director/PREA Manager	
Email Address: rdumanil@behavioralsystemssouthwest.com	Phone Number: (323) 464-0817	
Agency Information		
Name of agency: Behavioral Systems Southwest		
Governing authority or parent agency: (if applicable)		
Physical address: 118 Avenida Victoria, San Clemente CA 92672		
Mailing address:		
Telephone number:		
Agency Chief Executive Officer		
Name: Christopher Lindholm	Title: Chief Operations Officer (COO), President	
E-mail Address: cslindholm@behavioralsystemssouthwest	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 Vinewood Residential Re-Entry Center (RRC) was conducted on November 12-13, 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 Director Rommel Dumanil who is the facility PREA Compliance Manager. 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 interiors and exteriors of the three buildings, including the residents' living quarters, the staff office areas, the kitchen, the classroom and multipurpose room. Director Dumanil 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. The Director/PREA Compliance Manager and Executive Vice President/PREA Coordinator were also interviewed. In addition, thirteen 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.

Ten staff files and ten 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. Reviews of resident files included, but were 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 stated all incidents that occur, should have a written recording in the logbook.

An exit interview was conducted at the end of the on-site portion of the audit with both auditors present in the meeting with the Executive Vice President/PREA Coordinator and the Program Director/PREA Compliance Manager. The recommended corrective action items were developed and agreed upon at this meeting with the agency stating the items would be completed by the end of the thirty-day period and prior to the finalization of this report. Corrective action items were verified through staff training records and photographs received from the agency.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Vinewood Residential Re-Entry Center (RRC) 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), residential parolee service centers for the California Department of Corrections and Rehabilitation 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 6 RRC's 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.

Vinewood RRC is located in Los Angeles, California and was originally built in 1921 by the silent film star Mary Pickford. BSS has operated the RRC at this location since 1981. The facility houses both male and female inmates with a total of 70 beds. 15 beds are designated for females and 55 beds are designated for males with living quarters in three separate buildings. The first building is located on the east side of the facility grounds and is comprised of ten bungalow-style rooms. Four rooms currently house female residents. Each room contains bunk beds, lockers and an attached or conjoined bathroom. There is a patio area between the east building and the main building with outdoor furniture for resident's use as well as for visitation. Pay phones are located adjacent to this area.

The main building is two stories and consists of, case manager cubicles, offices for the director and his assistant, the kitchen, storage areas, a bathroom, the lobby and the control room. The control room is where security staff checks in/out residents departing or returning to the facility. There are four dorm-style rooms located upstairs for use by male residents. The third building on the west side of the facility grounds includes two caseworker offices, a small classroom, a multipurpose room with vending machines and a television and a laundry room. There are two staircases that lead to the second story room which is designated for use by male residents, with one staircase which is completely enclosed. There are two locked sheds to the rear of the property for use by facility maintenance staff.

A total of 20 Cameras are positioned in visible areas on both the interior and exterior of the facility. Of these 20 cameras, 4 were added after the on-site visit to address blind spot areas in the main building as well as the enclosed stairwell. Video monitors are located in the case worker's office, the control room, the assistant director's office and in the director's office. Various areas on the perimeter of the facility grounds have been fenced in, in between the buildings in order to prevent blind spots. It was noted during the tour, the facility was in very clean, orderly and in a well-maintained condition. Additionally, PREA information was located in various areas throughout the facility, including the multipurpose room, the main lobby, the residents' rooms and other areas accessible to visitors.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	<u>0</u>
Number of standards met:	<u>34</u>
Number of standards not met:	<u>0</u>
Number of non-applicable	<u>5</u>

§ 115.211- Zero Tolerance of sexual abuse and sexual harassment; PREA coordinator
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- 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 an agency-wide policy mandating zero tolerance of sexual abuse and harassment. The policy is located in the agency's employee handbook, the Acknowledgment of PREA Training for staff and residents, and in the PREA Resident handout. Interviews with residents and staff indicate the understanding that both sexual abuse and harassment in any form will not be tolerated and dealt with accordingly. The facility has both a PREA Compliance Manager and PREA Coordinator who stated they have the sufficient 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
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- 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 five other RRC's locations and is a private provider that does not contract with other agencies for their residents.

§ 115.213- Supervision and monitoring
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- 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

A thorough tour was conducted by the auditors where the staffing levels and use of the video monitoring systems were observed. Staff conducts rounds every 15-20 minutes which is documented. These ground checks more than exceed the requirements of BOP. There have been no deviations from the staffing plan. The program director and assistant director are responsible for ensuring the staffing plan is adhered to by reviewing the daily staff schedule. Vinewood is a co-ed facility; therefore every shift will have both male and female staff scheduled for each shift. Prior to the on-site audit, the agency had recently installed an additional 12 cameras for a total of 20 cameras strategically located throughout the interior and exterior of the facility. Use of the video monitoring allows for enhance supervision, but does not take away from the privacy of residents when using the restroom, showering or changing. The staffing plan is discussed and reviewed by the facility managers and agency administration. When the plan is insufficient, such as a population increase, adjustments to the plan will be made as necessary.

During the on-site tour, there were a few areas identified by the auditors as potential blind spots which needed to be addressed by the agency. The first area was an interior stairwell leading to room #15, located above the classroom/multi-purpose room, which is used to house male residents. This stairwell has two doors, one at the top of the stairs and one at the bottom and cannot be locked for safety reasons. There is another stairwell that is used by the residents that is monitored by cameras. It was recommended that an alarm or camera be installed in the enclosed staircase which would alert staff when this area is accessed by residents, so an immediate follow-up can be done to ensure proper supervision. The second area identified was a hallway in the main building leading to the women's restroom. The third area was the east hall in the main building facing towards the assistant director's office.

The agency made the decision to install the cameras to the identified areas and an alarm to the stairwell area. These corrections were completed prior to the finalization of this report and verified through receipt of photographs and videos.

§ 115.215 - Limits to cross-gender viewing and searches
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- 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. However, when interviewing staff they could not articulate the agency's policies regarding cross gender searches. The PREA Coordinator stated the staff would receive additional training regarding cross-gender searches. This additional training was verified through receipt of training records and an outline of training materials provided prior to the finalization of this report. The agency is able to use a metal detecting device "wand" and all staff are trained on how to use this device when they have a transgender or intersex resident. Staff stated they receive training on how to conduct pat-down searches and that there is always a female staff on-duty to conduct the searches when needed.

Vinewood staff adheres 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 acknowledged this occurring with not only staff of the opposite sex, but staff of their same gender. Residents stated they are able to shower, change, and use the restroom without being viewed by staff of the opposite sex.

§ 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 speak any language other than 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 not 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.

§ 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 Works (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 10 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.

§ 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 with the exception of fencing that was installed in certain outdoor areas as well as the installation of 12 additional cameras. The video monitoring system increased from 8 cameras to 20 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.

As noted in 115.213, the auditors identified during the on-site portion of the audit, several blind spots; one in the stairwell leading to room #15 which houses males, and two in the main building. It was recommended that the agency install an alarm or camera in the stairwell area that would alert staff of any entry or exit to this area and cameras in the two hallways of the main building. BSS chose to install the alarm in the stairwell and cameras in the two hallways of the main building. These corrections were completed and verified prior to the finalization of this report.

Fencing was installed in several exterior locations which could potentially become a blind spot for inappropriate behavior. These areas include; behind the east side building, behind the west side building and behind the vending machines in the multi-purpose room.

§ 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 Works, 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.

§ 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. 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

BSS trains all employees on each of the required elements including 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. BSS documents that residents understand the training they have received through signature. During staff interviews it appeared that some of the staff did not retain information presented on how to comply with relevant reporting laws related to mandatory reporting of sexual abuse to outside authorities.

All staff were re-trained through the agency's the PREA training curriculum with the focus on the areas where they were found to be deficient. This re-training was verified by a staff attendance roster and a review of the training materials provided prior to the finalization of this report.

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.

§ 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)
- Currently, a non-applicable standard

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

The agency does not use contractors or volunteers.

§ 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 an 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. Some residents stated they would report outside the agency to a family member, or to BOP directly.

The facility has a dedicated PREA board located in the multi-purpose 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. This training is documented and maintained in the resident's file. This process was also verified during a review of the resident files.

§ 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 or local law enforcement per the BOP SOW for investigation. 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 abusiveness and for 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. 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
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- 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 decisions. The agency shall use information from the risk screening with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. 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 does 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 means for residents to privately report sexual abuse or sexual harassment. Interviews with the residents confirmed this information. These methods include verbal reporting to the director, the PREA Coordinator or directly to BOP. Residents are aware they can make a confidential report to DTR, a local community resource to which the agency has established an MOU. This information is contained in the resident handbook. Staff are aware of their responsibilities in accepting reports of abuse including third-party reports and that documentation will 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.

§ 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 what 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. This policy is also in accordance with BOP's policy as per the Statement of Works (SOW). Grievances can be submitted to BOP, 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. Should a resident file a grievance in bad faith, then BOP will determine their discipline on a case-by-case basis.

§ 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

Residents are provided with a handbook which contains information on access to support and victim advocacy services in the community including telephone numbers and addresses. 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. Residents are also provided with information to local rape crisis centers. 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.

§ 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 BOP or DTR. Family members are provided this information during visitation and during the family orientation meeting. Contact numbers are also posted on the PREA board in the multipurpose room, throughout the facility, and are accessible to visitors.

§ 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

The agency policy regarding staff reporting responsibilities is contained in the employee handbook and employees are trained on this policy during their PREA training. Interviews conducted with staff, supervisors and managers verify that they understood their responsibility to immediately report any knowledge, suspicion or information regarding sexual abuse and harassment. The agency reports all allegations of sexual abuse and harassment to BOP and this includes third-party reports and anonymous reports. Additionally, staff acknowledge 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. Staff indicated that in addition to verbally informing their director they are also required to provide written documentation of the incident or allegations and they must do so before their shift ends.

§ 115.262- Agency protection duties
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- 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 and interviews with staff, when the facility learns that a resident is at substantial risk of imminent sexual abuse, staff take immediate steps to ensure the safety of the resident. These immediate steps include immediate notification to BOP and follow-up coordination to ensure the resident's safety. This could include the transfer of the resident to another facility or transfer back to prison. 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 of 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. Staff will take steps to protect and preserve any crime scene evidence as well as potential evidence on the victim and abuser, until law enforcement arrives. Staff will remain with the victim until assistance arrives and request the victim not take action that could destroy any physical evidence such as washing, urinating, showering, defecating, eating or drinking. Staff and administration were able to explain there is to be no collection of physical evidence and that process is left to BOP or local law enforcement. 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

The agency protects all residents and staff who report sexual abuse or harassment or who cooperate with investigations, from retaliation by other residents or staff. This is written in BSS policy as contained in the employee handbook. 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

At no time will BSS staff conduct any investigation. Administrative/Criminal investigations will be left solely to BOP and/or local law enforcement. According to BSS policy, BOP and local law enforcement 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 Vinewood 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. 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.

§ 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 BOP and/or LAPD, the PREA coordinator will inform the resident of the findings of the investigation. BSS will maintain contact with BOP and/or LAPD 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.

§ 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 suspended and they will have no access to any BSS facility or offender pending investigation. BSS currently does not utilize volunteers or contractors at the Vinewood facility and has not utilized volunteers or contractors during the current PREA cycle.

§ 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.

§ 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

The agency 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. In the situation of sexual abuse or assault, medical and mental health care is done through the Rape Crisis Center. All services provided through the Rape Crisis Center is free of charge. 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 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.

§ 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. 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.

§ 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.

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.



Auditor Signature



Date