

# PREA Facility Audit Report: Final

**Name of Facility:** Orion RRC  
**Facility Type:** Community Confinement  
**Date Interim Report Submitted:** NA  
**Date Final Report Submitted:** 11/03/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Teri Brister	<b>Date of Signature:</b> 11/03/2017

AUDITOR INFORMATION	
<b>Auditor name:</b>	Brister, Teri
<b>Address:</b>	
<b>Email:</b>	audit_solutions@yahoo.com
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	9/27/2017
<b>End Date of On-Site Audit:</b>	9/28/17

FACILITY INFORMATION	
<b>Facility name:</b>	Orion RRC
<b>Facility physical address:</b>	8141 Orion Avenue, Van Nuys, California - 91406
<b>Facility Phone</b>	818-780-5139
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input checked="" type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Community Treatment Center <input type="radio"/> Halfway house <input type="radio"/> Restitution center <input type="radio"/> Alcohol or drug rehabilitation center <input type="radio"/> Mental health facility <input checked="" type="radio"/> Other community correctional facility

Primary Contact			
<b>Name:</b>	Bari Caine-Lomberto	<b>Title:</b>	EVP/PREA Coordinator
<b>Email Address:</b>	bcainelomberto@behavioralsystemssouthwest.com	<b>Telephone Number:</b>	818-378-6470

Facility Director			
<b>Name:</b>	Octavio Garza	<b>Title:</b>	Director/PREA Compliance Manager
<b>Email Address:</b>	ogarza@behavioralsystemssouthwest.com	<b>Telephone Number:</b>	818-780-5139

**Facility PREA Compliance Manager**

<b>Name:</b>	Octavio Garza	<b>Email Address:</b>	ogarza@behavioralsystemssouthwest.com
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**Facility Health Service Administrator**

<b>Name:</b>	N/A	<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

**Facility Characteristics**

<b>Designed facility capacity:</b>	112		
<b>Current population of facility:</b>	88		
<b>Age Range</b>	<i>Adults: 18-73</i>	<i>Juveniles:</i>	<i>Youthful Residents:</i>
<b>Facility security level/resident custody levels:</b>	Low		
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	31		

**AGENCY INFORMATION**

<b>Name of agency:</b>	Behavioral Systems Southwest, Inc. -
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	118 Avenida Victoria, San Clemente, California - 92672
<b>Mailing Address:</b>	California
<b>Telephone number:</b>	949-492-3574

**Agency Chief Executive Officer Information:**

<b>Name:</b>	Christopher Lindholm	<b>Title:</b>	President/COO
<b>Email Address:</b>	csindholm@behavioralsystemssouthwest.com	<b>Telephone Number:</b>	949-492-3574

**Agency-Wide PREA Coordinator Information**

<b>Name:</b>	Bari Caine-Lomberto	<b>Email Address:</b>	bcainelomberto@behavioralsystemssouthwest.com
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## AUDIT FINDINGS

### Narrative:

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

The PREA audit of the Orion Residential Re-Entry Center (RRC) was conducted by Audit Solutions LLC, proprietors and certified auditors, Teri Brister (lead auditor) and Christina Kampczyk. Notice of the PREA Audit along with Audit Solutions, LLC contact information was posted at the facility, six-weeks prior to the audit in various areas throughout the facility. The agency emailed photos to the auditors of the postings at that time, which verified residents were informed of the upcoming audit and contact information for the auditors. The Pre-Audit Questionnaire (PAQ) was uploaded into the On-line Audit System (OAS) during the pre-audit phase. Facility specific information and agency-wide policies and procedures were uploaded into the Orion PAQ. PREA training records for staff and residents were reviewed along with the agency-wide and facility specific policies and procedures. The auditors maintained on-going contact with the PREA Coordinator, Executive Vice President Bari Caine-Lomberto, during the Pre-audit process to discuss PREA-related policies and practices and the logistics for the on-site audit. An tentative agenda was sent to the PREA Coordinator several days prior to the audit.

The on-site audit of the Orion RRC facility was conducted on September 27 and 28, 2017. Auditors arrived at the facility at 8:10 am and signed into the visitor's logbook. An entrance meeting was then conducted with the PREA Coordinator and Facility Directors Miriam ~~Bustamante~~ and Octavio Garza who are both the facility's PREA Compliance Managers. The Orion RRC facility houses inmates for the Bureau of Prisons (BOP) and the California Department of Corrections and Rehabilitation (CDCR). Ms. ~~Garza~~ *Bustamante* oversees the CDCR program while Mr. Garza is responsible for the BOP program; however, both facility directors work together to ensure a high level of service and the overall operation of the facility. During the entrance meeting, auditors discussed questions related to the information reviewed during the Pre-audit phase and the overall plan for the on-site portion of the audit.

Following the entrance meeting at about 9:35 am, both Facility Director ~~Bustamante~~ and Facility Director Garza led the auditors on the facility tour. All areas of the interior and exterior of the two-story facility were observed, including the male/female housing units and restrooms, the facility entrance/lobby area, the kitchen and dining room, storage rooms, the recreation rooms, staff offices and the outdoor patio. The purpose of such a comprehensive tour is to verify compliance with the standards, therefore, the auditors checked for any potential blind spots and any area of the facility where supervision of the residents could be obstructed. Throughout the tour auditors observed various PREA-related postings displayed in numerous areas of the facility. Additionally, auditors observed staff in the performance of their duties, while paying careful attention to how well the residents were being supervised. The facility tour concluded at about 11:00 am.

Twelve staff were randomly selected for interviews. Additionally, the two facility directors/PREA compliance managers were both interviewed. The PREA Coordinator was previously interviewed at the agency's Rubidoux facility on September 15, 2017. Specialized Staff Interviews were also conducted with case managers and the social services coordinator. Sixteen targeted and randomly selected residents

were interview by housing unit to ensure a sampling of both female and male residents. Targeted resident interviews included limited English speaking, gay, lesbian, bisexual and transgender, and blind. Auditors were provided two office spaces in which to conduct private interviews. Additionally, auditors returned to the facility during the graveyard hours in order to interview two graveyard security staff. Overall, staff reported receiving PREA training at time of hire, during bi-monthly staff meetings, and quarterly PREA training. Staff were aware and could describe first responder's duties in the event they had to respond to an incident of sexual assault at the facility. Furthermore, staff were able to articulate the multiple reporting methods to report an incident of sexual abuse or sexual harassment, and their responsibilities of reporting and documenting such behavior. Overall, many of the residents interviewed had poor retention of the PREA training they received in addition to not recalling being given the subsequent reassessment screening for sexual victimization or sexual abusiveness. However, documentation (signed copies) of the screening assessments and reassessments as well as the PREA training were contained in each of the resident's files that were interviewed. Nevertheless, the facility provided additional training to comply with these PREA standards.

Twelve staff files and sixteen resident files were reviewed during the on-site audit. Auditors carefully reviewed the staff files to ensure inclusion of the staff background clearance, the signed Zero Tolerance PREA Policy acknowledgement, PREA-related training, and the employment application which includes disclosure of previous sexual misconduct. The resident files were also reviewed to ensure inclusion of the initial screening assessments for sexual victimization and sexual abusiveness, re-assessments for sexual victimization and sexual abusiveness, the PREA training for residents and the PREA hand-out for residents, with signatures indicating residents received the information. The facility logbook, the log of rounds and headcounts by security staff, special incident reports and grievances were also reviewed. There were ~~XXX~~ of PREA-related incidents.

An exit interview was conducted at the end of the on-site portion of the audit with both facility directors and the PREA Coordinator. The recommended corrective action items were discussed and a plan was developed and agreed upon during this meeting. There were two items discussed requiring a corrective action plan at this time. Four days following the on-site visit the auditors sent the PREA Coordinator a Preliminary Corrective Action Plan, requesting a response from the agency to document the steps the agency would take to make the corrections. The PREA Coordinator provided a written response to the auditors' request and provided the auditors with verification that the corrective action plan was implemented. The auditors reviewed this documentation to ensure completion of the agreed upon plan.

## AUDIT FINDINGS

### Facility Characteristics:

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

The Orion Residential Re-Entry Center (RRC) is located in Van Nuys, California and is operated by Behavioral Systems Southwest (BSS). BSS is a private for profit corporation with headquarters in San Clemente, California. The agency provides community correctional services to the Federal Bureau of Prisons (BOP) and residential ~~parole service centers~~ for the California Department of Corrections and Rehabilitation (CDCR). The agency operates three residential facilities in California and three residential facilities in Arizona, that require PREA Audits. The Orion RRC facility is under contract with the BOP and CDCR. The agency's six residential reentry center were last audited in 2014. This is Orion's second PREA audit.

All six RRC locations are based on a social service model designed to address the criminogenic needs of the ex-offender population by introducing evidence-based, cognitive behavioral intervention. The mission is to help problematic people change their lifestyle, with emphasis placed on showing individuals how to lead a more productive, self-supporting, drug-free life, thus breaking the criminal cycle. The purpose of the RRC is to transition inmates into communities prior to their release from incarceration. Residents are able to participate in work and school activities outside of the facility and utilize community-based resources. BSS conducts programming in the following areas using Cognitive Behavioral Change curricula and counseling techniques:

- Life Skills Development
- Anger Management
- Stress Management
- Money Management
- Effective Parenting
- Housing Development
- Job Search Assistance
- Employment Development
- Substance Abuse Education and Counseling

Each RRC operated by BSS is audited by BOP and the American Correctional Association (ACA). The Orion RRC is the only facility that houses State Corrections residents and therefore in addition to BOP and ACA they are also audited by CDCR. Additionally, each RRC operated by BSS is accredited by ACA.

The Orion RRC facility was originally designed as a Racquetball Club. The agency began operating this facility as a work furlough program for CDCR in 1988 after the agency made substantial modification to the building for use as a community confinement facility. BSS purchased the property in 2009, and has operated the property as an RRC since 2013. The Orion RRC facility houses both male and female residents. The total population capacity is 110 beds with fourteen of those beds specifically for females. On the day of the on-site audit, the population count was fourteen females and seventy-two males. The Orion RRC facility consists of one large two-story building with seven dormitory-style rooms and

bathroom facilities for the residents, all located on the first floor with the exception of one bathroom on the second floor. Also located on the first floor is the dining room, kitchen, classroom/multipurpose room, storage areas, maintenance room, recreation/exercise room, staff office, facility director's office, front control area, and entrance and lobby area with pay phones. There is a back patio to the rear of the facility for the male residents and the male laundry facilities. The female housing unit is located ~~in the~~ <sup>off the</sup> lobby ~~female hall~~, closest to the staff offices. The female bathroom and laundry room are located in this area and inaccessible to male residents.

The Case Services Department is located on the second floor and consists of one large office space, with four separate offices, restroom and laundry facilities for the male residents and additional storage space. There are two separate staircases to access the second floor. The first staircase is at the front of the facility, closest to the entrance, while the second staircase is located to the rear of the facility and is regularly accessed by the male residents who use the restroom and laundry room. Cameras located in this area assist in the supervision of the residents. The North and West exterior sides of the building are fenced with cameras capturing the perimeters of the building. The parking lot is located to the South of the building with additional parking by the front entrance on the East side. In total, there are twenty-four cameras strategically located throughout the facility to aid staff in supervision of the residents. The video monitoring systems are located in three locations: the front control area, the facility director's office and in the staff office. Security staff are located at the front control area and are usually in the staff office. Monitoring of the cameras is an expectation of all staff but a primary duty of the Security Staff.

The twenty-four cameras are positioned in visible areas in the interior and exterior of the facility; however, this excludes the housing units, restrooms and some office areas. The cameras are positioned to assist in staff supervision and to capture any blind spots. One camera, positioned at the top of the exterior of the building was out of position. Maintenance was contacted and the camera was realigned. During the facility tour, PREA-related information including the Zero Tolerance Policy was observed in many areas to include; each of the housing units, the multipurpose room, the dining room, staff offices and at the front entrance. During the tour, it was noted that the facility was in clean and well-maintained condition. Staff were observed engaged with residents, conducting rounds, including perimeter checks, and head-counts, responding to resident needs and checking in/out residents from community passes.



## AUDIT FINDINGS

### Summary of Audit Findings:

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

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

<b>Number of standards exceeded:</b>	1
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

The on-site visit of BSS was conducted September 27-28, 2017. During the audit, the auditors determined two standards did not fully meet the standard requirements. During the exit meeting, the auditors met with the PREA Coordinator, and the two Facility Directors and agreed upon a corrective action plan (CAP) to address the concerns. The PREA Coordinator provided a written plan to the auditors and maintained communication with the auditors regarding implementation of the CAP during.

The following CAP was developed and agreed upon by BSS and the auditors:

#### 115.216

During interviews with staff, they were able to explain how they would provide PREA education to a resident who was limited-English speaking and some staff were aware that there was a contracted interpreter services; however, most staff were not clear on the process and procedure for using this translation service and the contact information for when they needed to obtain this service on behalf of a resident. The facility directors re-trained all staff on this process and again provided them with information on how to obtain this service for a resident. This additional training was provided within the 45-day period and this documentation was reviewed and verified by the auditors.

#### 115.233

When interviewed, residents were unable to clearly articulate their rights to not be sexually abused, sexually harassed or retaliated against for reporting such behavior or how to make a report privately or outside the agency. Additionally, the residents were not able to describe the services or where to find the phone numbers that are available to them to report sexual abuse for sexual harassment. Although the resident's files contain documentation showing the residents received this training, and signed training documents indicating they understood what they were taught, they were not able to respond to many of the questions contained in the interview protocol. The majority of the residents when interviewed did not appear to be concerned with the PREA resource information which may have contributed to their lack of knowledge when interviewed. Regardless, the auditors requested the facility directors re-educate the residents on this standard, clearly explaining the zero-tolerance policy on sexual abuse and sexual harassment, their rights to be free from sexual abuse and most importantly how and where they can get help. The Orion facility implemented "PREA Wednesday" in which the staff conduct training on a PREA-related subject matter during the facility's Transitional Skills and Life Skills classes which occurs weekly.

Additionally, the residents are given quizzes after each education session to test comprehension of the materials. Documentation of this training, which is now ongoing, was provided and confirmed by the auditors within 45-days after the onsite audit and prior to the completion of this report. Additionally, the facility directors provided auditors with copies of the PREA quizzes for review.

115.241

Many residents selected for random interviews did not recall being reassessed within 30 days of intake for risk of victimization or abusiveness. However, a review of their files indicate that reassessments were in fact, conducted within 30-days of intake by their case manager. As per standard 115.233, the facility developed a corrective action plan to re-educate the residents in order to assist them in retaining the information they were provided. This process also included completing a second reassessment on the residents and clearly explaining to them the importance and reasons for doing so. Orion, RRC facility directors provided this information to the auditors within the 45-day time frame.

The results of the Behavioral Systems Southwest PREA Audit for the Orion facility are as follows:

Number of Standards Exceeded: 1

Number of Standards Met: 40

Number of Standards Not Met: 0

Number of Standards Not Applicable: 0

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.211	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Behavioral Systems Southwest, Inc (BSS) policies and procedures, as written in the agency's Employee Handbook beginning on page 73, Residents Rules and Regulations , the Bureau of Prisons (BOP) contract with BSS, and the Standard Of Work requirements by the BOP and Scope of Work (SOW) requirements by the California Department of Corrections and Rehabilitation (CDCR), clearly articulate that the BSS agency and the Orion RRC facility have a zero-tolerance for sexual harassment or sexual abuse. The zero tolerance policy is posted throughout the facility. Upon entering the facility, large posters are mounted on the entrance walls indicating the agency's and facility's zero tolerance for sexual abuse or sexual harassment.</p> <p>The Orion RRC facility includes in their written policy how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy clearly indicates the agency's definitions, approach, and sanctions for such acts. A review of the policy, Employee Handbook, Resident's Rules and Regulations, training curriculum, interviews with residents and staff, clearly show that the facility employees, residents and visitors are informed of the zero tolerance policy and sanctions for those who violate the policy.</p> <p>All allegations of sexual abuse and sexual harassment are immediately forwarded to the BOP or the CDCR. The BOP and CDCR conduct all investigations and determine sanctions for both staff and residents. Sanctions are determined based on the nature of the allegations and including, but not limited to: retraining, referral to an assistance program, reassignment or relocation, suspension, discharge, and/or legal action.</p> <p>The agency's Executive Vice President Bari Caine-Lomberto is the PREA Coordinator for of the BSS Community Confinement Facilities and is listed as such on the agency's organizational chart. The coordinator stated she has sufficient time and authority to oversee the agency's efforts in the development, implementation and compliance of the PREA Standards.</p>
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115.212	<p><b>Contracting with other entities for the confinement of residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>BSS does not contract with any outside agencies for the confinement of residents. BSS agency is contracted by the BOP and CDCR to house residents. This contract states that the BSS agency cannot subcontract with other agencies for the confinement of residents. Therefore, this section is not applicable.</p>
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115.213	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Orion RRC facility has a staffing plan that is reviewed by both facility directors as well as the PREA Coordinator on an annual basis. The monitoring and review of this plan includes a review of adequate staffing levels to ensure both male and female staff are scheduled on each shift in order to meet the supervision needs of the male and female resident population. As the population changes in terms of numbers and male to female resident population, the staff schedule is adjusted accordingly. Whenever a staff calls off on his/her shift, the facility director is immediately notified and will ensure the shift is appropriately covered. The facility director is responsible for ensuring the staffing plan is in adherence. Staff are required to sign in and out of the logbook for each shift, which is verified by the facility directors. Any such deviations from the staffing plan would be documented according to the facility directors.</p> <p>The staffing plan is monitored and reviewed by facility directors and the PREA Coordinator annually. This monitoring and review consists of ensuring adequate staffing levels meet the supervision requirements of the male and female population, as well as the use of video monitoring technology. The staffing review considers the composition and dynamics of the resident population when calculating adequate staffing level. Additionally, incidents of substantiated or unsubstantiated sexual abuse is considered when determining the adequate staffing level.</p> <p>The PREA Coordinator conducts an annual review of the facility's staffing patterns to ensure compliance with the male/female staff representation as required in the standard. Orion RRC facility directors are to immediately notify the PREA Coordinator when overtime (OT) is needed to properly cover a vacancy due to illness/vacation/vacancy, ensuring that male and female staff are on duty 24 hours per day, seven days per week, and 365 days per year. The staffing plan as well as the annual staffing review is documented.</p>

115.215	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>BSS policy strictly prohibits cross gender pat-down searches, cross-gender strip searches, and cross-gender visual body cavity searches of male or female residents. The Orion RCC co-ed facility is equally balanced with male and female staff during each shift. All staff are training in conducting searches of both male and female residents. If a female security staff is unavailable to conduct a pat-down search of a female resident, then another staff will be utilized to assist. However, this scenario is unlikely because there are always female staff on duty to accommodate the needs of the female residents. It is written in the BOP contract with BSS that BSS will ensure a specific number of female staff are on duty based on the population and shift. The staff also have the option of using the "wand" which is a metal detection device that the staff are trained to utilize. At no time would a female resident be restricted access to regularly available programming or other opportunities because a female staff was unavailable to conduct the pat-down search.</p> <p>In the case of a transgender or intersex resident, the Orion RRC facility is notified of the resident's gender, sexual preference and genital anatomy by BOP and CDCR prior to entering the facility. When transgender and intersex residents arrive at the facility they are searched based upon their genital anatomy. Residents with male genitals will be searched by a male staff and residents with female genitals will be searched by a female staff. If there is ever any concerns, the resident will be searched using a wand. All staff have been trained by the BOP on how to search all residents in a professional and respectful manner and in the least intrusive manner possible. At no time would a resident be physically examined for the sole purpose to determine their gender status. Interviews conducted with staff show staff are very clear on the policies and procedures regarding searches.</p> <p>When interviewed, staff and residents confirm that staff of the opposite gender are knocking and announcing their presence prior to entering the resident's rooms or restrooms. A review of resident's files found no issues with the staff's knock and announce notices. Additionally, the residents interviewed stated they are allowed to shower, change clothing and use restroom facilities without being viewed by staff of the opposite gender. Residents are only allowed to change their clothes in the shower stall where there is a curtain or within the restroom stall where there is a door that prohibits viewing from anyone. Whenever a staff enters a resident's restroom, they knock, announce their gender and then allow the resident to respond before entering the restroom.</p>

115.216	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The agency has established procedures to ensure that all residents; including those who are hard of hearing, vision-impaired, limited English speaking, or intellectually-impaired, participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. BSS provides PREA information in six languages which include; Armenian, Spanish, Vietnamese, Romanian, Korean, and Hebrew. The Orion RRC facility has bilingual staff who are able to translate for some of these languages. The facility also contracts with a company who provides interpreter services whenever needed. Interviews were conducted with a resident who was vision-impaired and one resident who was limited English-speaking. These interviews confirmed that the Orion RRC facility provides services and resources for this population. The vision-impaired resident shared that the staff explained the PREA policies to them and the multiple methods in which to make a report, while the limited English-speaking resident was also provided with the information in Spanish. The Orion RRC disallows the use of resident interpreters or resident readers, except in exigent circumstances. Additionally, all new residents are required to meet with a case worker within three days of their arrival to the facility. At this time, the case worker will review the PREA information they received at intake to ensure the resident understands the information provided to them. If a resident has limited reading ability, or limited vocabulary, the caseworker would take the time reading and explaining the PREA information to them. During interviews with staff, they were able to explain how they would provide PREA education to a resident who was limited-English speaking and some were aware that there was a contracted interpreter services; however, they were not clear on the process and procedure for using this service and the contact information for when they needed to obtain this service. The facility directors re-trained all staff on this process and again provided them with information on how to obtain this service for a resident.</p>

115.217	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The BOP and CDCR provides guidelines and mandates to the BSS agency as described in the BOP and CDCR SOWs, regarding hiring and promotion decisions of employees. These mandates require a background check to be completed at time of hire for all new employees and also at the time of the agency's contract renewal. Background checks consist of review of the:</p> <ul style="list-style-type: none"> <li>• Civil Application System (CAS),</li> <li>• National Crime Information Center (NCIC),</li> <li>• Local law enforcement,</li> <li>• Credit checks and inquiries into prior employment and personal references.</li> </ul> <p>All employees undergo urinalysis testing and lie detector examinations. Contracts are renewed no more than every five years. BOP and CDCR conducts these background checks and forwards the outcome to the agency. Potential employees are not able to enter the Orion RRC facility prior to a background clearance. BSS has a policy against hiring anyone with a history of a sexual abuse conviction in any facility or the community. BSS requires all applicants to report previous sexual misconduct, to include civil or administrative adjudication, on a supplemental form which is submitted with their application. Additionally, all employees of BSS have the continuing affirmative duty to disclose sexual misconduct, in any facility or in the community, as listed in the Employee Handbook pages 73-79. Any omissions or false information provided during the pre-employment process would bar the person from employment. If there are any omissions or false information provided during a promotional background check/recurring background check, the employee may be subject to immediate termination. The Orion RRC facility did not have any contractors or volunteers during this reporting period. The BSS policy clearly states in the Employee Handbook that all contractors and volunteers will be subject to the same background checks and security clearances as employees. A review of staff records included pre-employment background checks, promotional background checks, and recurring background checks within the 5 year requirement.</p>

115.218	<b>Upgrades to facilities and technology</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Since the last PREA Audit in October 2014, the facility has not undergone any substantial expansion or modification of existing facilities. During the on-site visit all cameras and monitors appeared to be functioning with no issues; with the exception of one exterior camera which was out of alignment. Although it was not a high-risk area, the camera reviews and records an exterior wall that is off limits to the residents and in full view of a neighboring business. The agency's maintenance personnel was contacted and readjusted the camera so that it was fully operational. This correction was confirmed by the auditors prior to the completion of this report.</p> <p>The facility director/PREA Compliance Manager and the PREA Coordinator stated during interviews that they routinely consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The installation of additional cameras and the additional security monitors, assist in the supervision of residents, which helps to ensure their safety.</p>



115.221	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Orion RRC facility does not conduct criminal or administrative investigations. The Orion's Employee Handbook, pages 73-79, CDCR Scope of Work (SOW) and BOP's Statement of Work (SOW) pages 16-21 clearly states that all allegations of sexual abuse or sexual harassment are reported to the BOP for investigations and BSS is not permitted to question any individuals who are subject of the investigation. If the incident is criminal in nature then local law enforcement will be contacted. Once BOP, CDCR and/or law enforcement have completed their investigation the victim will be informed of the outcome. BSS maintains records regarding the onset of the investigation to the completion of the investigation.</p> <p>Orion RRC provides residential housing for adults. They do not house residents under the age of 18.</p> <p>Orion RRC does not have onsite access to forensic medical examinations. If a resident is in need of services, they would be referred to an offsite location at the Center for Adult Treatment Services (CATS) at Northridge Hospital Medical Center in Northridge. CATS is a rape crisis center that offers SAFE and SANE certified forensic nurses in addition to services for counseling, a Family Justice Center and Legal Defense Center. CATS is available 24 hours a day, seven days a week. Should CATS not be available, the facility would provide a qualified staff to accompany the victim to all services.</p> <p>The BOP's SOW pages 16-19 and the Employee Handbook pages 73-79 and annual training records outline that Orion RRC does not conduct criminal or administrative investigations and instructs staff to cooperate with the investigations process by local law enforcement, CDCR, or BOP. When interviewed, staff were able to articulate that investigations were not conducted by the Orion RRC staff and only by an outside agency.</p>

115.222	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Orion RRC does not conduct any type of investigation, including a PREA incident, per their contract with BOP and CDCR. BSS policy states any allegation of sexual abuse, sexual assault or sexual harassment will be referred for investigation to the contracting agency and/or local law enforcement to conduct an internal/administrative and/or criminal investigation. As contained in the BOP SOW, "The contractor will not conduct an investigation of any misconduct allegation without BOP approval. This includes questioning the subject of a misconduct allegation." This policy is also published on the agency website and can be found under the Newsletters tab. CDCR SOW also indicates that all investigations will be completed by CDCR and not the contract agency (BSS). If the agency receives any complaint regarding allegations of sexual abuse or sexual harassment, it would be documented on an incident report form. Further, the information would be included in an email to the BOP/CDCR. Upon receipt of an allegation, and depending on the severity, facility staff are required to notify local law enforcement, the BOP and CDCR. In the last twelve months, there was one allegation of sexual abuse/sexual harassment. However, this allegation did not result in an administrative or criminal investigation.</p>

115.231	<b>Employee training</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>All Orion employees receive a curriculum-based training on the agency's zero-tolerance policy and all of the elements as described in 115.231 (a) at the time of hire. Further, all employees receive quarterly refresher training covering a variety of PREA-related topics. At the time of hire, the Employee handbook is discussed in detail with the new employee. This handbook describes the expectations of the new hire, the PREA-related policies and procedures and repercussion should an employee violate any of the PREA policies.</p> <p>PREA training is tailored to the male and female resident composition at the facility. This training includes written and verbal instruction and a quiz to ensure staff have retained the information they received. All training provided requires the staff to sign and date that they have received the training and understand what they have learned. The Employee Master Training Calendar includes quarterly PREA training which is documented on the training outlines and the employee sign-in rosters. Additionally, at least one of the PREA standards is discussed during bi-weekly staff meetings which is also documented.</p> <p>When interviewed, employees were clearly able to articulate their responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response. Further staff were able to describe first responder duties in detail. A review of twelve staff files clearly show the facility is documenting its efforts at providing comprehensive training to the staff. The files show inclusion of the Self Declaration of Sexual Abuse and Sexual Harassment, the signed/dated PREA Acknowledgement, the PREA quizzes, all PREA-related training, <u>The BSS Orion RRC exceeds in this standard in regard to staff training.</u></p>

115.232	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC did not utilize volunteers or contractors during this auditing cycle. However, according to BSS PREA Coordinator, CDCR and BOP contracts, all contractors and volunteers follow the same background checks and PREA training that Orion RRC employees would follow. Background checks are conducted by the BOP and CDCR. Contractors and Volunteers are not allowed on the facility grounds until they pass their background checks and the BOP and CDCR have notified Orion RRC of their clearances. Background checks are completed through the National Crime Information Center (NCIC) and the National Law Enforcement Telecommunication System (NLETS). Applications also include questions relating to prior administrative discipline, allegations or criminal charges of sexual abuse or harassment. Once the BOP and CDCR have cleared the contractor or volunteer, they must then be trained in various areas to include PREA. BSS has developed a handbook for volunteers and contractors that includes the policies and procedures for the agency's approach to preventing, detecting and responding to sexual abuse or sexual harassment. PREA training also includes testing to ensure the volunteers and contractors understand what they have learned. Upon completion of all PREA training, volunteers and contractors sign and date stating they received the training and understand the curriculum.</p>

115.233

**Resident education**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

All residents receive information at the time of intake about the zero-tolerance policy, how to report incidents of sexual abuse or sexual harassment, their rights to be free from retaliation for reporting incidents and how to respond to such incidents.

Auditors reviewed a random selection of 16 resident files and found that all residents had received this information upon intake. The information the residents received was covered in the Acknowledgment of Training, Prison Rape Elimination Act (PREA) and Sexual Abuse, Prevention and Intervention. Residents are provided this training in writing and verbally upon intake and in six different languages. Contracted interpreters would be contacted if the resident needed further assistance. For residents who are vision-impaired or who have limited reading skills, security staff or casework staff would read them the information. For residents who are hearing impaired, BSS employs a staff who is proficient in American Sign Language (ASL). The staff would assist with the PREA education and training to ensure resident's comprehension. Once they have completed the training, residents must sign and date the document stating they understand what they have learned. All residents receive this training/information upon intake and within their 30-days reassessment which is performed by the case managers. However, when residents were interviewed, they could not articulate their rights to not be sexually abused, sexually harassed or retaliated against for reporting such behavior or how to make a report privately or outside the agency. Additionally, the residents were not able to describe the services or where to find the phone numbers that are available to them to report sexual abuse for sexual harassment.

Whenever a resident is transferred to another facility, whether it is a BSS facility or from a different agency, all residents are provided the same PREA training as if they were entering the facility for the first time. A sampling of 16 random and targeted resident files were reviewed and confirmed that all residents transferred received such training. In addition, interviews with residents confirmed that they were being provided the PREA information and training upon intake transfers. All residents must again sign and date the Acknowledgement of Training and receipt of the Resident Handbook.

During the onsite audit, auditors observed the staff walking through the facility with a new/transferred resident and providing them with verbal information regarding the facility's zero-tolerance policy, how to report incidents of sexual abuse, sexual harassment, their rights to be free from retaliation for reporting, and how to respond to such incidents. PREA postings were also pointed out during the resident's tour of the facility. Resident interviews confirmed that they were provided PREA information in the language of their choice. Most residents whose first language was not English stated they choose to have information written and spoken to them in English to help them better understand the English language. However, these residents were provided information by a staff who spoke their language.

Although the resident's files clearly indicated the residents received PREA training, the agencies zero-tolerance policies, and signed that they understood what they were taught, they could not clearly articulate that they received or understood this information when interviewed.

In addition, residents could not articulate where to find resources and phone numbers to PREA service. The majority of the residents when interviewed did not appear to be concerned with the PREA resource information which may have contributed to their lack of knowledge when interview. Regardless, the auditors requested to retrain the residents on this standard and provide them with the physical location of the posting and phone numbers for service. This training was completed and confirmed by the auditors within forty-five days of the onsite audit and prior to the completion of this report. Additionally, the Orion facility implemented "PREA Wednesday" in which the staff conduct training on a PREA-related subject matter during the facility's Transitional Skills and Life Skills classes.

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Orion RRC does not conduct investigations of sexual abuse or sexual harassment per BOP and CDCR requirements. All investigations are referred to the BOP and CDCR and/or local law enforcement.

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency does not have medical or mental health care practitioners at the facility. Residents receive these services in the community.

115.241

**Screening for risk of victimization and abusiveness**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

As noted in the BSS Employee Handbook on page 75-76, all residents receive screening for risk of victimization and abusiveness upon intake for new residents or those who have transferred from another facility or agency. When interviewed, residents confirmed that they were asked questions regarding any history of prior sexual abusiveness or sexual victimization. All resident files confirmed that residents receive such screening within 72 hours of intake.

A sampling of 16 resident files revealed that all residents were provided three assessments regarding sexual victimization and sexual abuse upon intake. These assessment tools, Sexual Victimization Assessment, Sexual Abuse Assessment and the Medical Intake form provide the agency with information to help assist and determine appropriate housing and special needs (Blind, hard of hearing, prior history or sexual abuse or harassment, LGTB status, disabilities, English learning etc.). Should a history of sexual predation be noted, staff will immediately notify the Program Director who will determine the offenders' suitability for placement at the Orion facility. Auditors reviewed the assessment tools and the date the resident signed that they received the PREA information and understood what they had received. In addition, staff and resident interviews confirmed that these assessments were provided upon intake.

The risk assessment tools considers, at a minimum, the following criteria:

1. Resident's age
2. Resident's gender
3. Physical build
4. History of violence/non-violence
5. Sexual victimization
6. Resident's perceived vulnerability
7. Convictions of sexual offenses, adult and children
8. Resident's perceived identity (i.e., gay, lesbian, bisexual, transgender, intersex or gender non-conforming)
9. Mental, physical or developmental disability.
10. Number of times incarcerated

Residents are scored by a series of numbers for a total of High, Medium or Low for risk factors. BOP will be contacted for residents who receive a score of High to discuss if the resident is suitable for the Orion facility based on the physical plant layout of the facility, the client make up at the facility, and concerns for all resident's safety. A score of High could require that the resident be moved to another facility. A Medium score would require a discussion at the agency level with the Program Review Team to address concerns of safety for all residents and any community resources available to address any concerns.

Follow up assessments are conducted within 30 days of the initial intake assessment or in the event of a new referral, a request, and/or any allegations or incidents of sexual abuse or harassment. In doing so, case managers meet the residents to conduct the reassessment.

Residents are informed that there will be no disciplinary actions taken for refusing to answer or

for not responding to questions regarding prior victimization, if they have a disability, their own perception of vulnerability or their sexual orientation. A review of all resident files indicated that reassessments were conducted within 30 days of intake. However, most residents selected for interview did not recall being asked these questions a subsequent time by their case manager. As per standard 115.233, the facility developed a corrective action plan to re-educate the residents in order to assist them in retaining the information they were provided. This process also included completing a second reassessment on the residents and clearly explaining to them the importance and reasons for doing so. Orion, RRC facility directors provided this information to the auditors within the 45-day time frame.



115.242	<b>Use of screening information</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Orion RRC uses information obtained at the time of the intake screening to ensure residents are afforded safe housing, bed, work, education, and program assignments. Should the offender be assessed to have a high probability of becoming a victim of sexual abuse, Orion staff will immediately contact the BOP or CDCR and facilitate an immediate transfer request. The agency's primary goal is keep separate residents who are at a high-risk of being sexual victimized from residents at high-risk of being sexually abusive. A high-risk score for victimization and for abusiveness is 13-18 per the scoring tool. A medium-risk score for victimization and for abusiveness is 7-12 per the scoring tool. A medium-risk score requires security staff to place the resident in housing, but discuss the potential issues and concerns with the facility director prior to doing so and during the program review team meeting.</p> <p>Orion RRC receives referral information well in advance of receiving the resident, which includes, the resident's gender based upon their physical anatomy. Transgender and intersex residents are placed in housing units based upon their physical anatomy; however, residents are informed of this policy while in prison and they have a choice to not enter the program. These concerns are documented in the resident's file. BSS will not, under any circumstances, discipline an offender for failing to answer any questions during the assessment. All showers are single-stall with a curtain; however, a transgender or intersex resident would be given the opportunity to shower separate from other residents if that was their preference.</p>

115.251	<b>Resident reporting</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Orion RRC provides multiple internal and external methods for a resident to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting and staff neglect or violation of responsibilities that may have contributed to the abuse. Residents are provided this information at time of intake, during subsequent meetings with their caseworker, and during resident orientation classes. They can privately communicate with their case worker, a security monitor, or facility administration. If they do not want to report to anyone inside of the facility, they can report to any outside third party; including BOP, law enforcement, the Center for Assault Treatment Services (CATS) and Detection Treatment Resource (DTR). DTR is a third-party reporter and will immediately report to the BOP or CDCR that an incident occurred at the Orion RRC, while allowing the resident to remain anonymous. Reports can be made verbally, anonymously or in writing. Residents are also encouraged to report to a friend or family member or anyone else they feel comfortable with. Orion RRC emphasizes the importance that residents tell someone. Staff are required to document all allegations of abuse immediately and to follow agency policy regarding notification and steps to ensure residents safety. Staff were clearly able to articulate this information during interviews. This information is also posted on bulletin boards throughout the facility and provided to the residents during intake. Staff are able to make a private report directly to the PREA Coordinator who will handle the sensitive information, or they can make the report directory to BOP, CDCR or to law enforcement.</p>

115.252

**Exhaustion of administrative remedies**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

All residents are encouraged to file a grievance to the BOP or CDCR if they have any concerns. Grievance forms are located in a central and are available to the residents at all times without having to request a form from staff. The resident may send the grievance directly to the BOP Residential Re-Entry Manager's and CDCR office without going through the facility mail. The purpose of the grievance is to allow the resident to seek a formal review of any issue related to any aspect of his/her confinement. Administrative remedies regarding allegations of sexual abuse may be filed at any time. Residents are not required to attempt an informal resolution regarding sexual abuse allegations.

BOP and CDCR will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The BOP may claim an extension of time to respond, up to 70 days, if it determined the normal time period is insufficient to make an appropriate decision. The resident shall be notified by the agency of the extension and the date by which a decision will be made.

Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and are also be permitted to file such requests on behalf of residents. The agency documents the resident's decision if they decline to have a third-party request an administrative remedy processed on his/her behalf.

In regard to emergency grievances, an expedited BP-9 grievance response shall be provided if a remedy is determined to be of an emergency nature which threatens the immediate health and welfare of the resident(s). After receiving the emergency grievance alleging a resident is at substantial risk, Orion staff will immediately forward the grievance to a level of review in which immediate corrective action will be taken. An initial response will be provided within 48 hours and the agency will issue the final decision within five calendar days. This initial response and the final decision will document the determination whether the resident is in substantial risk of imminent sexual abuse, including the actions taken in response to the emergency grievance. While pending the outcome of the BOP decision, the facility would take steps to protect the resident.

There have been no grievances filed in the last twelve months, by any resident, in relation to sexual abuse or sexual harassment. Orion RRC does not discipline a resident for filing a complaint related to sexual abuse in bad faith. BOP will receive this information and render a decision regarding discipline on a case-by-case basis.

115.253	<b>Resident access to outside confidential support services</b>
	<p data-bbox="321 195 909 231"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="321 262 568 298"><b>Auditor Discussion</b></p> <p data-bbox="321 329 1437 871">Orion RRC provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving them mailing addresses and telephone numbers (including toll-free hotline numbers where available), of local, State, and national victim advocacy or rape crisis organizations. This information is posted throughout the facility, on the PREA bulletin board in the dining room, and in the Resident Handbook. Residents are provided this information at time of intake, during new resident orientation classes, and during subsequent meetings with their case workers. The facility allows communication between residents and these organizations, in as confidential a manner as possible. Residents can mail private letters, use the facility's pay phones, use their personal cell phone, or another phone while out in the community to access these support/advocacy services. Residents are informed during resident training of the mandatory reporting laws and the limits of confidentiality as per the local, state, and federal reporting laws. Documentation with resident signatures verifying they received such information was contained their files as observed during the onsite visit.</p> <p data-bbox="321 913 1437 1333">As previously mentioned in PREA Standard .233, although the resident's files clearly indicated the residents received PREA training, the agencies zero-tolerance policies, and signed that they understood what they were taught, they could not clearly articulate that they received or understood this information when interviewed. In addition, residents could not articulate where to find resources and phone numbers to PREA-related services. The majority of the residents when interviewed did not appear to be concerned with the PREA resource information which may have contributed to their lack of knowledge when interview. Regardless, auditors requested the facility to retrain the residents on this standard and provide them with the physical location of the posting and phone numbers for service. This training was completed and confirmed by the auditors within forty-five days of the onsite audit and prior to the completion of this report.</p>

115.254	<b>Third party reporting</b>
	<p data-bbox="321 1522 909 1558"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="321 1589 568 1625"><b>Auditor Discussion</b></p> <p data-bbox="321 1656 1437 1963">Orion RRC has an established Memorandum of Understanding with Detection Treatment Resources (DTR) to report to CDCR or BOP if they receive a report that an incident of sexual abuse or sexual harassment has occurred at the facility. The agency has posted on it's website, the process for third-party reporters to file a complaint. Family members or friends of the resident can go to the website to find this information and then file a complaint on behalf of the resident. Additionally, family members, friends or other persons associated with the resident, can make a third party report directly to the PREA Coordinator and can find her number listed on the agency's website.</p>



<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC requires all employees to report immediately to the Facility Director any knowledge of suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, retaliation for reporting against a staff or resident that occurred at their facility, or any other facility, which includes reports from third parties. This information is defined in the Employee Handbook pages 75-76. Should a report of this kind occur, the Program Director or designee will immediately notify CDCR or BOP via Duty phone/email. The Facility Director will also complete a Serious Incident Report and contact local law enforcement.</p> <p>As defined in the Employee Handbook on pages 73-77, any issue of reported sexual abuse or sexual harassment between staff and offender or offender and offender will be reported immediately to the PREA Manager and/or PREA Coordinator. Staff will accept reports of any sexual abuse and/or sexual harassment made verbally, in writing, anonymously and from third parties. Should the report be verbal to staff, staff must document the verbal report within 24-hours and provide the report to the PREA Coordinator and/or PREA Manager at the facility; however, staff reported they would document the report immediately or before their shift ends.</p> <p>All Program Directors/PREA Managers have private offices and will provide their office for a staff or offender to report an incident. Further, reporting can be accomplished via a sealed note/letter that is provided to the Program Director/PREA Manager confidentially. Staff will not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, in order to make treatment, investigation or other safety and security decisions.</p>

<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Upon learning that a resident is at substantial risk of imminent sexual abuse, the Program Director and BOP will be notified to determine the most appropriate action. Meanwhile, staff will immediately take action to protect the resident based on the nature of the report. This can include but is not limited to:</p> <ul style="list-style-type: none"> <li>• Keeping the resident in the security office</li> <li>• Moving the resident to a room closer to the security office</li> <li>• Monitoring the resident more closely</li> <li>• Doing additional ground checks and head counts</li> <li>• Monitoring the cameras more frequently</li> <li>• Transferring the resident or the perpetrator for the safety of all residents</li> </ul> <p>During interviews with BSS employees, they were clearly able to articulate this information. This information can also be found in the Employee Handbook pages, 75-78.</p>

115.263	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Upon intake, all residents are questioned about prior sexual abuse during any type of incarceration. Should a resident report such abuse, staff would immediately document the information and contact the Program Director for further instruction. Based on the nature of the offense the Program Director would contact the BOP or CDCR to request further instruction. CDCR or BOP would investigate the matter and based on the nature of the offense, local law enforcement may be contacted. Staff would be precluded, if staff were involved, from working with any offenders pending the outcome of the investigation. If the matter was substantiated, all licensing agents would be notified and staff would never be allowed to work at any federal confinement facility again.</p> <p>BOP and CDCR has employees trained in investigating sexual abuse allegations. The Orion Facility Director would be responsible for ensuring that all allegations of sexual abuse are documented and request that investigation comply with the PREA standards. There were no cases at the Orion facility alleging sexual abuse/harassment while confined at another BSS or a CDCR or BOP facility. Additionally, there were no notifications received that a former BSS resident reported abuse while confined at any other facility. All information was confirmed by reviewing staff and resident files, and interviews with staff and residents.</p>

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>The Orion Employee Handbook page 77, clearly defines the staff's responsibility in the event of being the first responder of a sexual abuse incident. As written, the first responder is required to:</p> <ul style="list-style-type: none"> <li>• Secure the victim (Separate from abuser if abuser is still on grounds).</li> <li>• Clear the area</li> <li>• Call 9-1-1</li> <li>• Preserve the scene by disallowing any person access to the area</li> <li>• Assign another staff to stay with the victim until paramedics and law enforcement arrive on the scene.</li> <li>• Request that the victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating (same for the abuser).</li> <li>• Request medical responders to transport the victim to a SAFE or SANE medical facility and document the findings.</li> <li>• Notify the Program Director and the PREA Coordinator and write their initial report.</li> </ul> <p>The Orion RRC has a First Responder Checklist to ensure proper protocols are followed. All Orion RRC staff are trained as first responders. Interviews with staff revealed adequate knowledge of expected duties acting as a first responder. Additionally, the Orion RRC maintains a Safety Incident Program (SIP) binder. which contains First Responder Checklist for staff to quickly retrieve in the case of an incident.</p>

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Orion RRC has a written institutional plan to coordinate actions among first responders, medical and mental health practitioners, investigators, and facility leadership in the event of a sexual abuse incident. All staff are trained to act in the capacity as first responders. The agency does not employ medical or mental health practitioners therefore, BSS staff will ensure the victim is taken to a medical facility with SAFE/SANE certified staff and ensure the victim receives mental health services as necessary. This written institutional plan is maintained in the facility's Safety Incident Program (SIP) binder. Interviews with staff and the Facility's Directors indicated an understanding of the steps they would take if they needed to act as a first responder.</p>



115.266	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Orion RRC does not participate in any collective bargaining agreements. Therefore, there are no collective bargaining related limitations on the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

115.267

**Agency protection against retaliation**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

The Orion RRC Employee Handbook defines the staff's requirements for ensuring that all staff and offenders who report sexual abuse or sexual harassment will be free from retaliation by other residents or staff. All staff are required and trained to detect and monitor signs of retaliation. A review of the Orion facility's training records confirmed that staff had been trained in this area. Interviews with staff further confirmed they were aware of how to respond and monitor acts of retaliation which include but are not limited to:

- Monitoring disciplinary action against staff or residents (is one staff writing more incident reports on a particular resident than other staff).
- Observing body language of staff and offenders.
- Following up on any reports of retaliation.
- Review video monitors more closely.
- Be aware of staff or residents who complain about a person to try and get them written up.
- Provide them with easy access to someone they feel comfortable within the agency or an outside resource.
- Talk to the person more often.

As mentioned in standard 115.262, the facility will take immediate measures to protect the victim which may include transferring the victim or the abuser to another BSS facility or returning them to CDCR or BOP. Should the abuser be an employee, that individual would be removed from the facility and ordered to have no contact with the residences or staff pending completion of an investigation. Orion RRC will provide the resident with referrals to free community-based resources to address emotional support. The local Rape Crisis Center will be contacted to provide the resident advocacy services during all phases of the investigation at no cost to the victim. Staff and residents alike were able to articulate this information during their interviews. Resources for services were posted throughout the facility and provided to the residents in their handouts during the intake process. This information can also be found in the Employee Handbook.

In the event of a report of sexual abuse, regardless if the incident was determined to be unfounded or unsubstantiated, the staff would continue to monitor the conduct and treatment of all residents who may have a fear of retaliation throughout their confinement at the Orion facility. Any acts of retaliation are grounds for termination from the program or employment as written the BSS policy. To ensure residents are not subjected to acts of retaliation, the facility would monitor disciplinary reports to make sure there are no petty write ups of increased write ups, inappropriate housing changes, and lack or refusal to communicate by staff. The facility would conduct status checks on the residents by stopping to talk to them more often and discussing any issues they may have with their case manager. The agency would monitor staff retaliation by reviewing changes performance evaluations, change in facility job assignments, or behavioral changes. Monitoring of staff would continue well over 90-days until there is no concern or suspicion of possible retaliation.



115.271	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC does not conduct an investigation of any misconduct allegation to include anonymous and third-party reporting. This includes questioning the subject of the misconduct allegation. Misconduct of any nature is immediately reported to CDCR or BOP and local law enforcement (for criminal matters). If allegations are sustained, CDCR or BOP will determine and impose the appropriate sanctions. These investigating agencies have investigators who are trained in conducting sexual abuse investigations. The investigators from these agencies are responsible for all aspects of the investigation to include but not limited to the collection of evidence and electronic monitoring data, and interviews with victims, witness and perpetrators. CDCR or BOP may direct Orion RRC to provide preliminary information during the investigation process. Orion RRC is not responsible for communicating with prosecutors regarding criminal investigations. Therefore, they do not assess the credibility of an alleged victim, suspect, or witness. The investigating agency is responsible for all communication with the victim, witness and perpetrator.</p> <p>Orion does not conduct administrative or criminal investigations. When CDCR or BOP or any of the previously mentioned agencies conduct an administrative investigation, all aspects of the investigation will be reviewed to determine the true facts of the case which includes staff actions. All criminal and administrative investigations are provided in written reports and will include a description of the physical and testimonial evidence, facts of the case and a disposition of the case. Per the PREA Coordinator all reports are retained for the duration of the resident's incarceration with a CDCR or BOP facility and for at least 5 years after their release.</p> <p>Resident termination from the program or staff termination from employment would not provide any basis for termination of an investigation. In addition, Orion RRC will cooperate with all investigating agencies and attempt to remain informed of the outcome of the case.</p>

115.272	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC does not conduct investigations; however, when residents are transferred to Orion RRC they are provided copies of the rules and regulations of the facility and sanctions for violation of said rules and regulations. BSS has a zero-tolerance policy. If any staff or resident is in violation of these set of rules, it clearly states in the Employee Handbook and the resident's handbook, they will be terminated from the program/employment for sexual abuse.</p>

115.273	<b>Reporting to residents</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Although Orion RRC does not conduct investigations, they will remain in communication with the investigating agency until the end of the investigation and provide the resident with information regarding the outcome of the investigation. Orion RRC utilizes the DOJ Survey of Sexual Victimization SSV-4 form and Survey of Sexual Victimization SSV-IA to collect sexual abuse data, in addition to maintaining facility records to document that the resident has been informed of the investigation's outcome. Upon learning of the outcome of an investigation involving the abuser, the resident will be informed if the staff member is no longer with the agency and the outcome of any Criminal Court hearing. All information provided to the resident will be documented. The agency's obligation to report outcome information to the victim ends when the victim no longer resides at the facility.</p>

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>BSS Employee Handbook page 52, clearly defines "Violation of any PREA condition is absolutely forbidden and will result in suspension and/or termination. If the employee engages in sexual abuse, the employee will be terminated." Should there be an incident of sexual abuse or sexual harassment, BSS clearly states that the agency is an "at-will" agency and that any misconduct as defined in the Employee Handbook will result in termination. Misconduct includes:</p> <ul style="list-style-type: none"> <li>• Excessive Tardiness</li> <li>• Excessive absenteeism</li> <li>• Careless conduct/negligence</li> <li>• Leave without approval</li> <li>• Dishonesty</li> <li>• Insubordination/use of expletives</li> <li>• Possession/Consumption of Drugs/Alcohol</li> <li>• Theft</li> <li>• Unapproved use of Company premises/property</li> <li>• Weapons on facility</li> <li>• Defacement of Company property</li> <li>• Physical assault</li> <li>• Divulging confidential information</li> <li>• Violation of Company rules</li> <li>• Previously stated unacceptable conduct</li> <li>• Lack of cooperation with a public agency</li> <li>• Violation of any PREA standard</li> </ul> <p>All criminal matters are reported to local law enforcement and to CDCR and BOP for investigation. Orion RRC has not had any incidents of staff-involved sexual abuse or sexual harassment in the last 12 months.</p>

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>All contractors and volunteers are held to the same standards as employees. If a contractor or a volunteer violates any of the PREA standards, they would immediately be removed from the facility and would not be allowed to have any contact with any of the residents. As with employees, criminal complaints would be filed with the local law enforcement and BOP and CDCR would be notified. The contractor or volunteer would be tagged through the BOP and CDCR and would not be allowed on any Federal confinement facility or contracted facility. BSS does not currently utilize contractors or volunteers at the Orion RRC.</p>



115.278

**Disciplinary sanctions for residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The BOP handles all formal disciplinary matters for residents. Should a resident be in violation of a PREA standard, the BOP and law enforcement (for criminal matters) would be contacted. Based on the nature of the offense, BOP would determine if the resident would remain at the facility and what type of discipline he/she would receive. Disciplinary sanctions are clearly documented in the BOP's SOW on pages 71-82. This was confirmed by a review of the SOW and by residents and staff interviews. BSS prohibits disciplinary action for a report of sexual abuse made in good faith based upon the reasonable belief that the alleged conduct occurred even if the evidence does not establish evidence to substantiate the allegation.

Prior to arriving at the Orion RRC, residents are provided with the facility rules and regulations and sanctions for violation of said rules and regulations. Upon arrival to Orion RRC, the facility rules, regulations and sanctions are again reviewed with the resident. The resident must sign and date that they have read the rules, regulations and sanctions and agree to abide by them. This process is repeated whenever a resident enters/reenters the program even if they have been transferred from another BSS facility. When determining sanctions for residents who violate the rules of the program, all factors are taken into consideration on a case-by-case basis to include but not limited to the comparable offenses by other residents, mental health disabilities, prior history of offenses and prior sanctions. In an incident of sexual abuse, both the victim and the perpetrator will be offered community-based services to address the incident or underlying reasons or motivations for the abuse.

Orion RRC employees and residents are prohibited from engaging in sexual acts and are provided written and verbal information regarding violations of such acts. These restrictions and sanctions are written in the contract between the CDCR, BOP and the BSS agency. Employees and residents alike, must sign and date that they have read and understand the rules. Should an employee or resident engage in a sexual act, BOP would terminate the employee from employment and remove the resident from the program. However, if the act was consensual, criminal charges would not be filed.

Orion RRC prohibits all sexual acts between residents. Residents are provided this information upon intake. During the resident interviews, residents confirmed this information. Should residents commit any type of sexual act whether coerced or not, CDCR or BOP would investigate the matter and determine sanctions based on the nature of the act.



115.282	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC does not provide any on site medical and/or mental health care. All medical and/or mental health services are located off-site at community-based facilities. Services that specialize in sexual abuse, sexual harassment and trauma-related care are posted throughout the facility to include SAFE and SANE services and locations. All services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Phone numbers for these services are provided in both 800 (when available) and local numbers. Residents are provided this information in the Resident Handout they receive during the intake process and during PREA training. This was confirmed by a review of the resident's files which contained the resident's signature stating they received the information. All staff are trained in First Responder Duties, should an incident of sexual abuse occur. Furthermore, staff were able to articulate during interviews the preliminary steps they would take to protect the victim by first calling 911 and then securing the victim and the scene.</p> <p>During a walk-through of the facility and upon review of the flyers provided prior to the on-site visit, auditors noted the addresses were listed for these agencies but the agency's name and 800 numbers were not listed. The name of the hospital was also missing from the posted flyer. When discussed with the PREA Coordinator and the Facility Director, they immediately made the corrections and re-posted the flyers throughout the facility. This information, along with photos of the updated postings on the PREA bulletin board was provided to the auditors.</p>

115.283	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Orion RRC does not provide medical or mental health services. All services are provided by referrals to community-based services. All services are provided free of charge with no cost to the victim. Victims who have been sexually abused through vaginal penetration are afforded pregnancy test, comprehensive information about pregnancy related medical services and tests for sexually transmitted diseases at these care centers. Continuum of care is at the direction of the physician treating the resident. Should the residents care require transfer to another facility or release from custody, BOP would be notified immediately to make the determination. Orion RRC does not determine the placement of the resident. They do however, inform BOP if the resident's safety or medical condition could or could not be met at a BSS facility.</p> <p>Auditors contacted the community-based agencies and confirmed the information as provided above.</p>



115.286	<b>Sexual abuse incident reviews</b>
	<p data-bbox="316 191 902 226"><b>Auditor Overall Determination: Meets Standard</b></p> <p data-bbox="316 258 565 294"><b>Auditor Discussion</b></p> <p data-bbox="316 331 1414 674">The critical incident review team (CIRT) consists of the PREA Coordinator, the facility's program director, the facility's assistant program director, the security monitor CDCR and the BOP. The PREA Coordinator will facilitate the meeting and will determine the exact composition of the team based on the nature of the incident. If an incident occurs, the team will meet and discuss circumstances surrounding the incident as described in the PREA Standard. Reviews are usually conducted within 72-hours of the incident and during the investigation and always well within the 30-day requirement. BSS does not conduct investigations; however, they do maintain contact with the investigating agency for continual updates.</p> <p data-bbox="316 722 1414 951">Policy changes are based on the CIRT recommendations. The team will review all aspects of incident as to facts that may have caused the occurrence and factors as listed in the PREA Standard. Policy changes and practices are reviewed based on whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. Should any of these factors need to take place, they will be initiated immediately and forwarded to all BSS facilities for immediate action.</p> <p data-bbox="316 999 1430 1110">In the event, recommendations are made after a review of a critical incident, the facility will implement or consider implementing recommendations for improvement. If for any reason, the recommendations are not implemented, the facility will document its reasons for not doing so.</p> <p data-bbox="316 1159 1422 1226">Interview with the PREA Coordinator, indicated that incident-based and aggregated data were securely retained. Annual data can also be found on the BSS agency website.</p>

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>Orion RRC utilizes the standardized Department of Justice Survey of Sexual Violence Incident Report form SSV-IA regarding all individual acts of sexual abuse and the Department of Justice Survey of Sexual Violence Summary Form SSV-4 for an annual report. Definitions for "Sexual Abuse and Sexual Harassment" are listed on these forms. An aggregated incident of sexual abuse report is provided on the BSS website on an annual basis. Orion RRC does not contract with any agencies to house their inmates. The data collected is for the agency's facilities only. Orion RRC does not conduct investigations; however, should an incident occur, Orion RRC will request the relevant information from the investigative agency and report the information on the SSV-IA or the SSV-4 form as required. Specific identifying information collected for reporting purposes shall be redacted so that no individual is identifiable. The Annual PREA Report is available for view by the public on the agency's website under the tab "Newsletters."</p>

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>BSS reviews data collected and aggregate it annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, procedures and training. The Annual PREA Report captures data from January 1 to December 31 of each year. Any additional information that is required by the SSV-4 form as required by the DOJ. The report also includes a comparison of the current year's data and corrective actions taken to reduce the incident of sexual abuse, sexual harassment, and retaliation with those from prior years, and provides an assessment of the agency's progress in addressing the sexual abuse. The annual report is prepared by the Executive Vice President/PREA Coordinator and approved by the agency's President/COO. A review of the agency's website and interviews with the PREA Coordinator confirmed the agency is in compliance with this standard.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>All incident-based and aggregated data is stored and locked in the Executive Vice President's office and is retained for at least 10-years after the data of initial collection. Aggregated sexual abuse data is provided in the annual report and published on the agency's website. All personal identifiers are redacted prior to posting on the agency's website.</p>



**115.401 Frequency and scope of audits**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

Behavioral Systems Southwest (BSS) Orion Re-entry Center was last audited for the PREA Standards in November of 2014 with the final report submitted on December 14, 2014. The facility met the three-year audit cycle requirement. The current audit was conducted in September 2017 with the final report being released in November 2017 which places the facility in compliance with the three year audit requirement cycle.

The PREA Standards require that the agency audit one-third of their facilities each year during the three-year cycle. Although the agency was not in compliance with this requirement during the first and second audit cycles, they were in compliance with having the facility audited within the each cycle and prior to three years of the last audit for this facility. Based on this information and confirmation with the PREA Resource Center, they are in compliance with each audit cycle. The agency has agreed that during the next auditing cycle, they will ensure that no less than one-third of their facilities will be audited each year. This will tentatively place the Orion facility in the second year of the third year of the next audit cycle.

During the on-site portion of the Orion facility PREA audit, all areas of the facility were accessible to the auditors. These areas included, but were not limited to: the physical plant, all resident and staff files, maintenance log books, incident and grievance log books, and case worker log notes. All files, and documents were very well kept, neatly organized, and readily available to the auditors.

The facility was very accommodating when the auditors requested addition documentation. During the pre-audit phase, all requested and required documentation was upload to the OAS. When additional documents were requested during the auditing process, the facility directors would immediately provide copies or access to the information needed. Although the majority of the documents requested were stored in hard copy files, access to electronic documents were as easily accessible.

At the time of the on-site audit there were 24 staff employed and 86 residents living on-site. BSS contracts with the California Department of Corrections and Rehabilitation (CDCR) and the Bureau of Prisons (BOP). CDCR is contracted for 32 residents and BOP contracts for 78 residents (residents living on-site and on home detention). Only the residents living at the facility were interviewed. At the time of the on-site visit, auditors randomly choose 12 staff to interview based on their job titles and duties. Residents were randomly selected by the auditors based on a targeted population (Disabled, LGBTI, Blind, Deaf, or Hard of Hearing, or Sexual Abuse while at the Facility) and a random population of residents. The Orion staff were very accommodating by insuring the auditors had a private room to conduct interviews. To ensure the auditor's safety, resident interviews were conducted in a room with windows.

Notice of the PREA audit was provided to the agency and posted at the Orion Facility six weeks prior to the on-sit visit. The facility provided an email with photos of the postings verifying the date they were posted. The auditors had previously audited the facility during the first audit cycle and were familiar with the posted locations. During the on-site audit, the

postings were located on the door of each housing unit and every bulletin board throughout the facility. These postings were clearly visible to all residents and visitors. The information contained in the postings provided residents, employees, and third-party persons with information on how to contact the auditors confidentially in writing and email, in addition to the dates of the on-site audit. The information was also printed and posted in Spanish. There were no correspondents sent to the auditors.

Overall the facility exceeded these standards.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p><b>Auditor Discussion</b></p> <p>The audit reports for all BSS facilities are posted on the BSS website and are accessible to the public. The first audit cycle for the Orion facility was posted immediately upon receipt in 2014 and is currently posted on the website for the public to view. The reports are also available in hard copy at each facility and provided to the public for review upon request.</p> <p>The Orion facility exceeds the standards as they have also made the audit reports available in hard copy at the facility for those individuals who may not have access to a computer.</p>