

PREA AUDIT REPORT INTERIM FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

Auditor Information			
Auditor name: Garry Russell			
Address: PO Box 4102, Salem, OR 97302			
Email: garry.russell@q.com			
Telephone number: 503-559-3564			
Date of facility visit: April 16-17, 2015			
Facility Information			
Facility name: Chehalis American Behavioral Health System Inc.			
Facility physical address: 500 SE Washington Ave, Chehalis, WA 98532			
Facility mailing address: (if different from above)			
Facility telephone number: 360-748-4776			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	<input type="checkbox"/> Other
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center		
Name of facility's Chief Executive Officer: Tony Prentice			
Number of staff assigned to the facility in the last 12 months: 82			
Designed facility capacity: 210			
Current population of facility: 204			
Facility security levels/inmate custody levels: Confinement Facility			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Tony Prentice		Title:	Administrator
Email address: tonyp@abhsinc.net		Telephone number:	306-740-2557
Agency Information			
Name of agency: American Behavioral Health System Inc			
Governing authority or parent agency: (if applicable) Washington State Department of Corrections			
Physical address: 12715 East Mission, Spokane Valley, WA 99216			
Mailing address: (if different from above) PO Box 141106, Spokane Valley, WA, 99214			
Telephone number: 509-232-5766			
Agency Chief Executive Officer			
Name: Craig Phillips		Title:	President
Email address: cphillips@abhsinc.net		Telephone number:	509-232-5776
Agency-Wide PREA Coordinator			
Name: Jacqui Tucker		Title:	PREA Coordinator
Email address: jtucker@abhsinc.net		Telephone number:	509-232-5776

AUDIT FINDINGS

NARRATIVE

A PREA audit was conducted at the American Behavioral Health Systems (ABHS) Chehalis Facility on April 16-17, 2015. The audit was conducted by lead auditor, Garry Russell assisted by Alana Bruns who is also a certified auditor. Prior to the on-site visit, the pre-audit questionnaire and all documents that ere provided were reviewed.

On April 16, 2015, a welcome meeting with management staff including the PREA Coordinator Jacqui Taylor and Facility Administrator Tony Prentice was held. Mr. Prentice gave a tour of the entire facility which included housing areas, recreation areas, programming areas, administration areas and dinning facilities. ABHS posted the primary auditor's address 6 weeks prior to the on-site audit allowing residents an opportunity to write the auditor regarding any PREA related matters. As of the date of the PREA on-site audit, not one resident wrote to the auditor. For the audit, interviews included eleven residents and 15 random and specialized staff.

Additional documents were reviewed and requested throughout the audit. At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings.

At the conclusion of the auditing process of ABHS Chehalis, documentation and information gained through the auditing process provided the auditor with the opportunity to determine a conclusive finding of the audit on how ABHS Chehalis has implemented a process to prevent, detect, and respond to sexual victimization.

DESCRIPTION OF FACILITY CHARACTERISTICS

ABHS Chehalis is a 210 bed community confinement facility. This is a three story facility housing adult male residents in an intensive inpatient therapeutic community that provides services for Washington State Department of Corrections clients, Division of Behavioral Health and Recovery clients, and Drug Court Clients. Tony Prentice, Facility Administrator oversees all management and operations of the facility, as well as, being trained in PREA investigations. ABHS Chehalis employs approximately 80 staff. Video monitoring is available with multiple staff who can view the cameras in "real time." The video monitoring system also has the capability to record and store adding to the prevention and detection of sexual victimization. ABHS Chehalis is in the process of adding 20 additional cameras which will enhance this ability.

SUMMARY OF AUDIT FINDINGS

During the course of the on-site audit, the audit team was impressed with the level of professionalism displayed by staff and the working knowledge they have of the implemented PREA requirements. The moral and demeanor exhibited by both staff and residents appeared high. All residents cooperated with the interview process and had a extremely high knowledge of PREA and the mechanism that are in place for them to report and seek assistance. Staff interviewed during the audit process also had a good working knowledge of their responsibilities, they all carried first-responder cards that assisted them in making sure they did not miss any steps. They clearly understood how to preserve and collect evidence and how to report incidents of sexual abuse.

ABHS Policies in general had the requirements of PREA, however some policies needed revisions to better capture a more accurate reflection of the requirements with the PREA standards. The revisions requested by the audit team did not make ABHS Chehalis go into a "corrective action period" but added clarity to existing policies. ABHS Chehalis made changes and provided copies of those changes to the auditor prior to the completion of this report.

At the conclusion of the audit, the audit team concluded ABHS Chehalis is compliant with the PREA requirements based on existing policies, practice and review of documented material.

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

ABHS Chehalis has twelve PREA policies that address different aspects to include: Organization and Responsibilities, Prevention & Staffing Plan, Staff Training, Client Orientation, Reporting Client & Staff, Response to Sexual Misconduct, Confidentiality, Investigations & Case Review, Evidence Collection, Risk Assessment & Housing, Retaliation & Prevention Plan, and Maintenance of Records. Each of these policies have written statements mandating a zero tolerance standard for sexual misconduct. Sexual misconduct is defined to include sexual assault, sexual abuse, and sexual harassment.

Policy 6.2 addresses prevention planning which includes employee background checks, video monitoring systems, ongoing electronic PREA Incident Tracking and Reporting, and staffing.

Policy 6.6 addresses responding to sexual abuse and sexual harassment. This policy details staff responsibilities and refers them to Policy 6.5 PREA Reporting and Policy 6.9 Evidence Collection. It also addresses confidentiality, timeliness of investigations, and Appointing authority Response.

The agency has a designated PREA Coordinator who reports to the agency director. During an interview with the PREA Coordinator it was mentioned that they did not feel that they had enough time to manage all of their PREA related duties. This had also been recognized by the agency and they are in the process of realigning duties and had recently hired another person to assist in these duties.

Standard 115.212 Contracting with other entities for the confinement of residents

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

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ABHS Chehalis does not contract for the confinement of their residents. They are a contractor to Washington State Department of Corrections to provide treatment services for the residents and this is the only contract they have.

Standard 115.213 Supervision and monitoring

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

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Policy 6.2 outlined the process for the staffing plan. This included both clinical staffing, as well as, care team/facility monitors. It also addressed that the PREA Coordinator and ABHS Management would review and assess staffing level for each incident of sexual misconduct, as well as annually, to ensure safety for all residents and staff.

The Director stated that they review facilities for blind spots and ensure that modifications do not create additional blind spots. They review and identify where additional cameras can assist in supervision and monitoring.

The Facility Administrator stated that they monitor staffing levels and would annotate if staffing was short due to someone not showing up for work and that they would call in additional staff to fill the vacancy.

Standard 115.215 Limits to cross-gender viewing and searches

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

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Unclothed searches are not conducted by this facility, the resident must have one layer on clothing on. Policy 4.1 addresses how pat-down searches are to be conducted and very clearly articulates that there will be no cross gender pat downs. Through interviews with residents it was demonstrated that the residents were able to shower, perform bodily functions and change clothes without opposite gender staff viewing them. Transgender and intersex residents are not examined for the sole purpose of determining the residents genital status.

While staff could explain the policy in regards to searching a transgender or intersex resident Policy 4.1 was unclear on this process. Auditor and Facility Administrator discussed and there was a change in policy that was adopted before this report was written that clarified the process for searching transgender and intersex residents. The agency also began training staff on this change which brought this standard into compliance.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

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

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Policy 6.4 clearly outlines that interpreters or translation services are provided for residents who are limited English proficient or limited literacy skills in order to understand policy, reporting, and/or participating in an investigation. This policy clearly states that no residents will be used as interpreters in any PREA related activity. During interviews with staff there were some staff that were uncertain about the process for use of interpreters. Those that were uncertain did state that they would contact the facility administrator for further guidance.

Auditor recommends that the process for interpreter service be highlighted more during staff training.

Standard 115.217 Hiring and promotion decisions

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

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Policy 2.1, Criminal Background Checks and Management of Human Resources outline the process for all employees, trainees, students, volunteers or contract staff. Criminal background checks are completed by the Washington State Patrol and a disclosure statement must be completed for any crime against children or other persons including harassment. The policy clearly identifies that any person found guilty of a PREA violation would not be hired by ABHS.

Policy 6.2 also outlines that all employees will complete a Criminal Disclosure Statement and cooperate in obtaining a Washington State Patrol background inquiry. This policy also outlines that all employees will consent to completing a background check every five years during their employment with ABHS. ABHS will, to the extent permitted by law, not retain, hire, or re-employ anyone who has been convicted or terminated for engaging in staff sexual misconduct.

Washington Administrative Code 162-12 allows for inquiries concerning convictions if the crimes relate reasonably to the job duties and if such convictions occurred within the last ten years.

Standard 115.218 Upgrades to facilities and technologies

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

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During an interview with the agency Director he related that while there had been no modification or expansion of this facility they are consistently watching for potential blind spots and making sure that any future modifications do not create more blind spots. He also related that they have plans in place to add additional cameras.

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

ABHS has responsibility of conducting administrative investigations, while Chehalis PD has the responsibility for the criminal investigations. An email to the Chehalis PD was provided as evidence that the facility had requested that criminal investigation be conducted according to the standards in 115.221. Both agencies use a uniform evidence protocol and during interviews with staff it was clear they understood this protocol. Policy 6.9, PREA Evidence Collecting outlines both the evidence collection and retention policies and procedures to ensure thorough and complete investigations.

The facility offers all residents who experience sexual abuse access to forensic medical examinations without cost to the resident. The residents are sent to Providence St. Peter Hospital in Olympia, WA. The auditor verified that the Sexual Assault Clinic has sexual assault nurse examiners who are on call to the Providence St. Peter Hospital Emergency Center.

Policy 6.6, PREA Response to Sexual Misconduct outlines that all potential victims will be referred to mental health counseling and/or medical services as needed. This policy has the process for who to contact both during and after business hours. When speaking with residents they all had a good understanding of how to contact a victim advocate or crisis center. Numbers to crisis centers were visible on posters during the tour of the facility and residents knew that there were crisis centers in both Chehalis and Spokane.

The agency makes victim advocates available through a memorandum of understanding with a mental health provider and through the crisis lines. Residents are given a private location to call and the phones are not recorded.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

During the last twelve months this facility did not have any allegations of sexual abuse or sexual harassment. ABHS does have Policy 6.6 which outlines the process for immediate and complete investigation for any allegation of sexual misconduct, sexual assault, and/or sexual harassment. The policy instructs staff to preserve evidence, call local law enforcement, remain with the victim and keep them safe, and secure the area until local authorities arrive. The policy also describes the appointing authority response to include ensuring the case is assigned to a qualified PREA Investigator and ensuring the victim receives timely access to medical and mental health services. Staff are also given first responder cards that they carry with them that walks them through three phases: Detection and Notification, Contain and Isolate, and Observations.

Standard 115.231 Employee training

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

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

ABHS Policy 6.3, PREA Staff Training, outlines the process for training. All staff receive documented PREA training during new hire orientation and at least annually through the Washington State On-Line Learning Center. This training applies to all ABHS employees, volunteers, vendors and contractors. Staff sign a "Staff PREA Orientation Information" form that outlines their responsibility if any form of sexual misconduct is reported to them. Staff also sign the ABHS Sexual Harassment Policy. Additionally, staff sign that they have read and fully understand the PREA policy. During the audit the Facility Administrator provided documentation that staff had been trained and a review of staff personnel files found the above mentioned signed documents. During interviews with staff not only did they state that they had received training it was obvious that they had a sound working knowledge of their zero-tolerance policy and their responsibilities in prevention, detection, reporting and response to incidents of sexual abuse.

Standard 115.232 Volunteer and contractor training

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

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

Volunteer and contractors attend the same training as staff during new hire orientation and are aware of the zero-tolerance policy of the facility and their responsibilities in prevention, detection, and response. The agency maintains signed copies that they understand this policy.

Standard 115.233 Resident education

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

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

ABHS Policy 6.4, PREA Client Orientation addresses all aspects of resident training. New resident PREA Orientation is provided both verbally and in written format. Interpreters or translation services are provided for residents with limited English proficiency or limited literacy skills. When asked if the material was printed in different languages the Facility Administrator was able to provide complete copies of the PREA Orientation in Spanish. All residents receive documented PREA Orientation upon admit/intake to any ABHS facility. Signed copies of the "Client Orientation Acknowledgment Sheet" are maintained in each residents file. ABHS also has a "Client PREA Educator" this resident performs verbal PREA education twice weekly. Once during orientation and then every Friday during the weekly house meeting. In addition to the trainings posters are readily visible throughout the facility that have reporting and crisis line information. During interviews with residents it was impressive at the knowledge level they had regarding PREA. They acknowledged that they received training on a weekly basis and that the posters were everywhere. They not only knew how to contact the local crisis line but also the one in Spokane.

Standard 115.234 Specialized training: Investigations

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

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Specialized training was conducted for all staff who conduct administrative investigations related to PREA, sexual abuse and sexual harassment. This training was administered by the Washington Department of Corrections. Facility designee and facility PREA Compliance Manager were both attended this training.

Standard 115.235 Specialized training: Medical and mental health care

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

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This standard is N/A as there are no medical or mental health staff.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

ABHS has a policy that incorporates the elements of this standard. All residents are assessed within 72 hours of arrival using the facility assessment tool with all the required elements. Resident interviews confirm they are assessed within 72 hours and are not disciplined for refusal or failure to disclose information during the intake screening. The facility only provides information to staff that have a need to know and have security in place to protect resident information.

Standard 115.242 Use of screening information

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

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ABHS utilizes a risk assessment tool and when a resident is determined to fall into the category of vulnerable or aggressive, a designator is placed on the individual. The individual will then be placed in a highly visible area close to staff work stations and monitored by a member of mid-level management. All residents are given the opportunity to shower separately and there is no specific housing for residents that identify as Lesbian, Gay, Bi-Sexual, Transgender or Intersex all residents are housed based on their risk assessment and views of their own safety. ABHS is in compliance with all elements of this standard.

Standard 115.251 Resident reporting

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

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

ABHS has provided residents with multiple ways to report privately any sexual abuse or sexual harassment. Residents can utilize the needs response box, any of the numbers provided on the informational posters as well as outside agency numbers. Residents advised auditors during the interview process, knowing about the various ways to report an anonymously if needed. ABHS does not house residents solely for civil immigration and ABHS is not required to comply with the element of the standard. Facility policy requires staff to accept verbal, written, anonymous, and third party reports. Staff has the ability to report sexual abuse and sexual harassment via Supervisors and outside agencies. Interviews with staff confirm they have the knowledge on how they can report.

Standard 115.252 Exhaustion of administrative remedies

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

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

ABHS is exempt from this standard.

Standard 115.253 Resident access to outside confidential support services

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

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ABHS has a MOU with a certified mental health specialist. They are also attempting to enter into a MOU with Lewis County to ensure they have adequate coverage for their residents pertaining to outside support services. ABHS also provides victim advocacy group phone numbers to their residents upon request and will provide a pamphlet with these types of resources to their residents upon intake.

Standard 115.254 Third-party reporting

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

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ABHS has multiple ways third party reports can be reported to ABHS and outside agencies pertaining to residents being the victim of sexual abuse and sexual harassment. ABHS has available phone numbers to contact. These numbers are also available to visitors of the facility and clearly visible in visiting areas. Resident and Staff interviews confirmed knowledge of having the additional ways to report incidents of sexual abuse and sexual harassment.

Standard 115.261 Staff and agency reporting duties

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

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ABHS PREA Policy and training curriculum is the primary for meeting the elements of this standard. Staff interviews indicated that they have the affirmative duty to report. Staff also were able to verify that all information received is on a need to know basis and all reports are to be forwarded to the facility's designated investigators.

Standard 115.262 Agency protection duties

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

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ABHS PREA Policy states any new information received indicating an inmate is subject to immediate risk of sexual victimization shall initiate a new assessment to determine appropriate housing. Interviews with staff, facility designee and PREA Compliance manager confirmed knowledge of steps to take to protect a resident upon learning of potential sexual victimization. ABHS reported they did not receive any reports with the past 12 months in which they received information a resident was at risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

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

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Interviews with ABHS facility designee and PREA Compliance Manager, confirm an understanding of the requirements to report information of sexual abuse to other facilities within 72 hours. ABHS has not had any reports as of the date of this auditors visit, but was provided the process that would be taken in the event an allegation was received.

Standard 115.264 Staff first responder duties

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

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ABHS PREA Policy section 6.6 incorporates the elements of the standard. Additionally, all ABHS staff are trained as first responders. Interviews with ABHS staff indicate that they are trained on evidence collection protocol and were very knowledgeable and confirm that they understood the elements required by the standard for reporting and responding to a sexual abuse allegation.

Standard 115.265 Coordinated response

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

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ABHS PREA Policy section 6.6 incorporates the requirements of this standard. Interviews with facility designee, PREA Compliance Manager, and line staff all indicate they have a coordinated response within the facility as well as any outside agencies, if required when responding to sexual abuse allegations.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

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

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Washington does allow collective bargaining and after interviews with ABHS facility designee, the agreements in place do not limit ABHS from removing staff members who are potential sexual abusers from contact with residents pending investigative outcomes. Review of the Collective Bargaining Agreement supports the facility designee's statement ABHS will not be limited in removing any staff member from a resident in the event an allegation of either sexual harassment is brought against a staff member.

Standard 115.267 Agency protection against retaliation

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

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

ABHS PREA Policy Section 6.11 incorporates the requirements of the standard requiring the agency to protect all inmates and staff who report sexual abuse and sexual harassment by implementing a process that has residents at high risk of vulnerability and/or abuse placed on a "running log" which is a 24 hour hourly watch to ensure the resident is free from retaliation. Interviews with the facility designee, PREA Compliance Manager and line staff indicate a full understanding of the standard and the facilities responsibility to monitor for retaliation for both residents and staff.

Standard 115.271 Criminal and administrative agency investigations

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

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

ABHS PREA Policy section 6.8 incorporates the elements of the standard. The policies outline the responsibilities for responding and screening to allegations in a timely manner. Trained staff respond immediately to an allegation of sexual abuse and utilize a checklist form. If the facility determines the incident appears criminal, the Washington State Police or local law enforcement is notified. ABHS is currently attempting to enter into a MOU with the Chehalis Police Department. During the 30 day review process, ABHS management will determine the elements of section (f) of this standard. ABHS maintains documentation of the abuser as long as the abuser is in the facility and has retention of at least 20 years. Interviews with facility investigators corroborate the facility policy that the investigators will work with the Washington State Police and local law enforcement to ensure periodic updates of the ongoing investigations. Documentation was provided verifying investigative training to those conducting administrative investigations.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Interviews with facility designee and PREA Compliance Manager indicate that the facility does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The Auditor recommends verbiage be added to the PREA Policy or Investigations Policy to include "preponderance of the evidence" pertaining to administrative investigations.

Standard 115.273 Reporting to residents

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

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

ABHS PREA Policy incorporates the elements of the standard in section 6.8, specifically stating that ABHS will report to the resident the findings of the investigation and will give intermittent updates to the resident throughout the investigation process. Each notification to the resident is documented.

Standard 115.276 Disciplinary sanctions for staff

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

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

ABHS PREA Policy and collective bargaining agreement incorporates all elements of this standard.

Standard 115.277 Corrective action for contractors and volunteers

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

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

Within the ABHS facility, contractors and volunteers are subject to the same disciplinary process as employees of the facility.

Standard 115.278 Disciplinary sanctions for residents

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

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

Through interviews with facility designee and PREA Compliance Manager, residents found in violation of any sexual abuse or sexual harassment would be terminated from the program and removed from the facility. This is also indicated in the ABHS PREA Policy.

Standard 115.282 Access to emergency medical and mental health services

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

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

Through interviews with facility designee and PREA Compliance Manager, ABHS has a MOU with a community mental health provider. The mental health provider will provide services to residents upon request of ABHS. ABHS will transport any victim of sexual abuse to the local medical center where appropriate forensic medical evaluations would be conducted. Residents would be provided information related to STI/STD's in accordance with professionally accepted standards of care where appropriate. These services would be at no cost to the victim/resident.

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

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

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

Resident victims would be afforded medical and mental health services for as long as necessary consistent with the community level of care. All appropriate STD testing and follow up treatment will be at no cost to the victim/resident. This standard is outlined in the ABHS PREA Policy. Any resident abuser would be removed from the facility and transported back to Department of Corrections.

Standard 115.286 Sexual abuse incident reviews

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

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

ABHS has in their PREA Policy requiring their facility to conduct incident reviews upon completion of a sexual abuse investigation that was determined to be substantiated or unsubstantiated. The review team consists of upper level management. The review team takes into consideration all elements of section (d) of this standard and will document any recommendations and or actions taken to rectify any inadequacies.

Standard 115.287 Data collection

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

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

ABHS Policy Incorporates the requirement of the standard. ABHS provided documents showing compliance with the standard. ABHS provided verification of the submission of 2013 PREA Annual Report, 2013 Survey of Sexual Victimization and 2013 Sexual SSV incident reports with the required elements.

Standard 115.288 Data review for corrective action

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

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

Washington Department of Corrections would previously make recommendations to ABHS. ABHS is now conducting their own PREA Annual Reports and will be comparing that with previous year's data. Their report will then be approved and made available through the Washington Department of Corrections public web-site until ABHS' web-site is completed. ABHS conducts a yearly review of all PREA related incidents and assesses all elements outlined in section (a) of this standard.

Standard 115.289 Data storage, publication, and destruction

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

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

ABHS Policy 6.12, Maintenance of PREA Records outline that ABHS will maintain records for six years following contract termination or expiration. In event of PREA investigations, ABHS will retain paper records for six years until all litigation, claims, or audit findings involving the records have been resolved. ABHS will maintain electronic records for all PREA investigations on a secure drive for 20 years. Currently, ABHS aggregated data is being reported to the Washington State Department of Corrections and available through the DOC website. The auditor was able to search the DOC website and find their annual report, it includes a section for contracted housing and in this section it contains the ABHS aggregated data. The listed aggregated data publicly available had all personal identifiers removed as required by standard.

AUDITOR CERTIFICATION

I certify that:

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

Garry Russell

5/3/2015



Auditor Signature

Date