

**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: February 21, 2016

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: January 21-22, 2016			
Facility Information			
Facility name: American Behavioral Health System Inc. - Cozza			
Facility physical address: 44 E Cozza Drive Spokane, WA			
Facility mailing address: (if different from above) PO Box 141106 Spokane Valley WA 99214			
Facility telephone number: 509-325-6800			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Craig Phillips			
Number of staff assigned to the facility in the last 12 months: 44			
Designed facility capacity: 60			
Current population of facility: 49			
Facility security levels/inmate custody levels: Community Confinement Facility			
Age range of the population: 18-70			
Name of PREA Compliance Manager: John Taylor		Title: Administrator	
Email address: jtaylor@abhsinc.net		Telephone number: 306-480-9072	
Agency Information			
Name of agency: American Behavioral Health System Inc			
Governing authority or parent agency: (if applicable) Click here to enter text.			
Physical address: 44 E Cozza Drive Spokane, WA			
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: CEO	
Email address: cphillips@abhsinc.net		Telephone number: 509-232-5766	
Agency-Wide PREA Coordinator			
Name: Jessica Rash		Title: PREA Coordinator	
Email address: jrash@abhsinc.net		Telephone number: 509-232-5766	

AUDIT FINDINGS

NARRATIVE

A PREA audit was conducted at the American Behavioral Health System (ABHS) Cozza Facility on January 21-22, 2016. The audit was conducted by lead auditor Garry Russell, assisted by Alana Bruns who is also a certified auditor. Notice of the audit was posted six weeks prior to the audit beginning with auditor contact information. Prior to the on-site visit the pre-audit questionnaire and all documents provided were reviewed as well as the agency's website to evaluate compliance with the PREA standards.

On January 21, 2016, a welcome meeting with management staff including the PREA Coordinator Jessica Rash and PREA Investigator Jacqui Tucker was held. Ms. Rash and Ms. Tucker provided the auditors a tour of the facility which included all housing areas, showers, bathrooms, offices, kitchen, and classrooms. Due to the type of facility there were no medical or mental health areas to tour. During the tour the auditors noticed many PREA posters and contact numbers to local crisis centers in prominent areas.

As part of the facility audit, the auditors interviewed key agency and facility staff to include: John Taylor, Director; Jessica Rash, PREA Coordinator; and Jacqui Tucker, PREA Investigator.

All required staff and resident interviews were conducted with included eleven staff and seven residents that were selected randomly from the staff and resident rosters. Additionally, there was a resident with limited English proficiency and one that had reported sexual abuse that were interviewed. Due to the small resident population there were no residents that identified as LGBTI or disabled at the time of the on-site visit.

During the audit, the auditors found that both staff and residents were aware of PREA. Staff were aware of their responsibilities to prevent, detect, report, and investigate all allegations of sexual abuse and harassment. Residents stated that they knew how to report allegations of sexual abuse, harassment, and retaliation. Residents felt they could report and trust staff to protect them. Residents also stated that they were aware of contact numbers and address to access services.

The auditors reviewed staff and volunteer training records to ensure all required PREA training had been completed.

At the conclusion of the on-site visit an exit meeting was held with John Taylor, Jessica Rash, and Jacqui Tucker to discuss preliminary findings of the on-site visit.

DESCRIPTION OF FACILITY CHARACTERISTICS



ABHS Cozza is a 60 bed community confinement facility. This is a single story facility that houses about adult male and female 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. John Taylor, Director oversees all management and operations of the facility, as well as, being trained in PREA investigations. Jessica Rash is the agency PREA Coordinator, as well as, being trained in PREA investigations. ABHS Cozza employs approximately 80 staff. Video monitoring is available with multiple staff who can view 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 Cozza routinely evaluates the need for additional cameras which will further enhance this ability.

SUMMARY OF AUDIT FINDINGS

During the course of the on-site visit, the audit team noticed that the overall tone of the facility was very positive. Staff displayed a working knowledge of the PREA requirements. Staff understood their responsibilities and carried first-responder cards that assisted them in ensuring they did not miss any steps. The facility has evidence collection kits that had all necessary items to preserve and collect evidence. Staff knew where the evidence kits were located and how to preserve and collect evidence. Staff knew how to report incidents of sexual abuse and harassment. PREA investigators have backpacks that have all reports and resources needed to conduct a thorough investigation. Residents all cooperated with the interview process and had a good knowledge of PREA and the mechanisms that are in place for them to report and seek assistance. There appeared to be some confusion from one group of residents regarding asking for the intake questions. However, a review of the resident files confirmed this practice was being completed.

ABHS policies had the requirements of PREA and through interviews both staff and residents indicated an understanding of the PREA policies. These policies and practices contribute to an environment free of sexual abuse, sexual harassment and retaliation. The auditors were impressed with the professionalism of the staff that worked at this facility.

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 Cozza 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 designated a PREA Coordinator who states that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the agencies facilities. The PREA Coordinator reports to the agency Director.

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)

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 Cozza 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.

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)

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.

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 of all residents and staff. They consider the composition of the resident population when making the facility staffing plan. They monitor staffing levels and positions would be filled from an on-call pool of staff or the on shift staff would be required to stay and fill the vacancy.

The Agency Director stated that they review the facility for blind spots and ensure that modifications do not create additional blind spots. A recent review resulted in moving several cameras to lessen the distance in the hallway. Additionally, they are building some cages for cameras that are low enough to be tampered with.

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)

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.

Unclothed searches are not conducted by this facility, the resident must have one layer of 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 down.

Interviews with staff and residents demonstrated all residents are able to shower, perform body functions, and change clothes without staff of the opposite gender viewing them.

The auditors observed staff announcing themselves prior to entering a housing unit containing residents of the opposite gender. Residents interviewed confirmed that staff announce themselves and that no staff observed them in a state of undress.

During the audit period, there were no identified transgender or intersex residents assigned to this facility. During staff interviews they were aware that transgender and intersex residents are not examined for the sole purpose of determining the residents genital status. Policy outlines how an appropriate pat search could be conducted of transgender and intersex residents if required.

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)

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.

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 also states that no residents will be used as interpreters in any PREA related activity.

During interviews staff articulated that interpreters had been brought in for residents that were limited English proficient and that other residents were not utilized as interpreters. During the on-site visit there was a resident that was limited English proficient. The resident was interviewed with their interpreters and confirmed that interpreters had been provided and that information had been provided in a format that they could understand. They also stated that they understood their rights related to sexual abuse and how to report.

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)

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.

Policy 2.1, Criminal Background checks and Management of Human Resources outlines the process for all employees, trainees, students, volunteers or contract staff. Criminal background check 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 inquires concerning convicts if the crimes relate reaasonably 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)

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.

Cozza is a newer facility for ABHS and the Director stated that they consider architectural design, video monitoring and other technologies that assist in protecting residents from sexual abuse. Since Cozza has been opened they have already changed some camera locations to give better coverage of hallways. Additionally, they recognized that some of the cameras were low enough that a resident could move them. To

resolve this issue they are in the process of having cages built for the cameras to prevent tampering. The facility is consistently watching for potential blind spots and ensure that any future modifications do not create more blind spots.

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 there is a memorandum of understanding with the local police department for the criminal investigations. Both agencies use a uniform evidence protocol and during interviews with staff it was clear they understood this protocol and who the agency investigators are. Policy 6.9, PREA Evidence Collecting outlines both the evidence collection and retention policies and procedures to ensure thorough and complete investigations. The facility has created evidence collection kits that maximize the potential of obtaining usable physical evidence. Investigators were initially trained by Washington Department of Corrections and the agency is currently working to build their own curriculum.

The facility offers all residents who experience sexual abuse access to forensic medical examinations without cost to the resident. The residents are sent off-site to Sacred Heart Hospital that has sexual assault nurse examiners (SANE) to perform forensic examinations. The facility provided documentation where they have been attempting to enter into a memorandum of understanding with the hospital which would also include victim advocate services. What that is in the work victim advocacy is provided through the clinical director or the crisis center. Residents are given a private location to meet and/or call and the phones are not recorded.

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 interviewing 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 available.

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.

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 agency has a memorandum of understanding with local law enforcement. 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.

The agency website is new and has a section on PREA, this also includes a visitors guide to PREA. Additionally, the agency makes the policies available to the public in the lobby of the facility.

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. This training applies to all ABHS employees, 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 on-site visit auditors reviewed staff files to confirm this training had taken place and found the above mentioned signed documents in the staff files. During interviews with staff not only did they state that they had received training it was obvious that they had a working knowledge of their zero-tolerance policy and their responsibilities in prevention, detection, reporting, an response to incidents of sexual abuse. Staff were also well aware of the location of the evidence collection kits and the availability to contact the PREA Coordinator should they have any questions.

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 preventions, detection, and response. The agency maintains signed copies that they understand this policy.

Auditors were able to review training records in the volunteer files.

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. Printed material is available in different languages if needed. All residents receive documented PREA Orientation upon admit/intake to any ABHS facility. Signed copies of the "Client Orientation Acknowledgement Sheet" are maintained in each resident's file. In addition PREA education is conducted during house meetings. Posters are readily visible throughout the facility that have reporting and crisis line information. During interviews with residents they demonstrated a working knowledge of PREA.

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)

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.

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 was trained and is currently revising curriculum for their new facility PREA Coordinator. The PREA Coordinator is receiving on the job training with regard to investigations and is shadowing trained investigators.

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)

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.

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

Any needed medical or mental health services are provided by community providers.

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)

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 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 clients 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 clients 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 clients 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.

ABHS does not process PREA related allegations through an internal grievance program

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)

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 provides victim advocacy group phone numbers to their residents upon request and will provide a pamphlet with these types of resources to their clients 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)

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 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.

The agency website also has a section of Visitors Guide to PREA, which includes multiple ways that a third party can report.

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)

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 training curriculum is the primary for meeting the elements of this standard. Staff interviews indicated that they have the affirmative duty to report. Staff were also 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)

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 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 Coordinator confirmed knowledge of steps to take to protect a resident upon learning of potential sexual victimization.

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)

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 ABHS Director and PREA Coordinator, confirm an understanding of the requirements to report information of sexual abuse to other facilities within 72 hours. ABHS Director and PREA Coordinator understand that these notifications need to be made by the Director in writing to the other agency.

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)

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 6.6 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)

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 6.6 incorporates the requirements of this standard. Interviews with Director, PREA Coordinator, 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)

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 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 Director, PREA Coordinator 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 Sheriff's 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 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 Director and PREA Coordinator 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.

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 the Director and PREA Coordinator, 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.

The facility offers all residents who experience sexual abuse access to forensic medical examinations without cost to the resident. The residents are sent off-site to Sacred Heart Hospital that has sexual assault nurse examiners (SANE) to perform forensic examinations. Residents would be provided information related to STI/STD's in accordance with professionally accepted standards of care where appropriate. The facility provided documentation where they have been attempting to enter into a memorandum of understanding with the hospital which would also include victim advocate services. While the MOU is in the work victim advocacy is provided through the clinical director and/or the crisis center.

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. They are currently working on their own data collection system which was previously collected by the Washington Department of Corrections. ABHS has all required elements of this standard ready for implementation.

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 publically available had all personal identifiers removed as required by the standard.

ABHS has recently created their own website and this will be the first year that the ABHS aggregated data will be reported on their own website.

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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Garry Russell



Auditor Signature

February 21, 2016

Date