

Nexus Treatment Program Annual Comparative Reports (§115.287 and §115.288) for the year 2022.

The Nexus Treatment Program posts an annual report of PREA investigations and outcomes.

Nexus staff conducts yearly training on PREA and our training curriculum includes Transgender and Crossgender pat searches, PREA power points and reading and understanding of the PREA policy. Nexus staff that are in specialized fields have received specialized PREA training. Nexus has revised the PREA policies that are compliant with the PREA Standards and Interpretations.

Nexus staff trains all contractors, volunteers and visitors PREA as stated per PREA policy.

The following are standardized definitions offered by the Prison Rape Elimination Act. This ensures everyone is using the same language, and has the same understandings of key terms.

Sexual abuse includes:

Sexual abuse includes:

- (1) Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident; and
- (2) Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer.

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- (4) Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- (1) Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- (2) Contact between the mouth and the penis, vulva, or anus;
- (3) Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (4) Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (5) Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, volunteer has the intent to abuse, arouse, or gratify sexual desire;
- (6) Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;

- (7) Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident, and
- (8) Voyeurism by a staff member, contractor, or volunteer.

Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an inmate, detainee, or Family Member by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet in his or her cell to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—

- (1) Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate, detainee, or Family Member directed toward another; and
- (2) Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or Family Member by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Substantiated allegation means an allegation that was investigated and determined to have occurred.

Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

The Nexus Treatment Program has compiled the following data regarding PREA reports, and subsequent PREA investigation results for the year of 2022.

Family Member Allegations Made Towards Staff in 2022:

Sexual Abuse: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Sexual Harassment: (1) Unsubstantiated (0) Substantiated (1) Unfounded

Voyeurism: (0) Unsubstantiated (0) Substantiated (0) Unfounded

Family Member Allegations Made Towards Family Members in 2022:

Sexual Abuse: (1) Unsubstantiated (0) Substantiated (1) Unfounded

Sexual Harassment: (0) Unsubstantiated (0) Substantiated (0) Unfounded

DATA Comparison

While looking at data from the previous three years, it is evident staff along with the Family members are more educated about PREA so we have an increase in reporting than the previous years. It is apparent reporting mechanisms are visible to both staff and Family members and it is Nexus Treatment Program has taken a pro-active role in attempting to reduce prison rape. The code of silence still exists for Family members and staff alike however when comparing results to previous years its shows both are reporting. Retaliation is monitored and no reports of retaliation have been reported.

Pursuant to PREA standards for data review (§115.288), the following will serve as an annual review for 2021 in order to assess and improve the effectiveness of Nexus Treatment Program's sexual abuse and sexual harassment prevention, detection, response policies and training.

Nexus Treatment Program completed its second audit regarding the level of compliance with implementation of 39 PREA Standards, which includes compliance of many subsets of each standard on July 27 and 28, 2022. K.E. Arnold, DOJ Certified PREA Auditor of Castle Rock, CO. for the completion of the audit.

Number of standards exceeded: 03
Number of standards met: 36
Number of standards not met: 3 Corrective actions have been submitted.

The following (3) PREA Standards were found to have exceeded standard compliance:

115.231 Employee Training

- (a) The agency shall train all employees who may have contact with residents on:
- (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;
 - (6) The common reactions of sexual abuse and sexual harassment victims;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;
 - (8) How to avoid inappropriate relationships with residents;

(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and

(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

(b) Such training shall be tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.

(c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

(d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

115.273 Reporting to residents

(a) Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

(b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

(c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:

(1) The staff member is no longer posted within the resident's unit;

(2) The staff member is no longer employed at the facility;

(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

(d) Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

(1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

(2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(e) All such notifications or attempted notifications shall be documented.

(f) An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

115.286 Sexual abuse incident reviews

(a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

(b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

(c) The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

(d) The review team shall:

(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager.

(e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The following (3) three standards were corrected

115.233 Resident Education

Pursuant to the PAQ, the PA/PCM self-reports clients receive information at time of Intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA/PCM further self-reports 132 NEXUS

clients were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the clients admitted to NEXUS during the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 1, section II(A)(1)(a)(1-4) addresses 115.233(a).

The intake staff interviewee (a security supervisor) states he does provide clients with information about the zero-tolerance policy regarding sexual abuse/harassment of clients and how to report incidents or suspicions of sexual abuse/harassment, shortly following arrival at the facility. The NEXUS PREA Handbook, PREA pamphlet, and PREA video are provided at intake as a means of educating clients regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Clients sign the Acknowledgment at intake. Additionally, the interviewee may read the pamphlet to disabled clients and alerts clients to the posters near the client telephones.

Seven of eight random client interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival. The remaining client stated that he received requisite information within 10 days following release from COVID quarantine. All eight random client interviewees state they received all or some variation thereof the NEXUS PREA Handbook, PREA pamphlet, PREA video review, and Acknowledgment. Additionally, all random client interviewees state they were advised regarding the following on the date of arrival or in one case, following release from COVID quarantine:

Their right not to be sexually abused or harassed;
How to report sexual abuse/harassment; and
Their right not to be punished for reporting sexual abuse/harassment.

The auditor's review of six random 2021 PAQ NEXUS Treatment Program PREA Handbook receipts, as well as, NEXUS Treatment Facility PREA Training documents reveals substantial compliance with 115.233(a).

The auditor's on-site review of eight of 10 random client files reveals the aforementioned information was provided to the respective residents following release from COVID Quarantine. Of note, four of the files pertained to random client interviewees.

During the interview with the intake staff interviewee, the auditor inquired as to whether requisite PREA materials were provided to clients prior to placement in COVID Quarantine. The interviewee stated that the aforementioned information was provided to them prior to placement in Quarantine however, each client signed for the information subsequent to release from the same. The auditor notes that requisite signatures were dated within 11 days of arrival at the facility.

The auditor's review of the NEXUS PREA Handbook and PREA pamphlet reveals the same provides substantial information to each client regarding all of the key components identified in 115.233(a). Additionally, a bi-monthly client PREA Training syllabus provides requisite information.

In view of the above and the auditor's observations, he finds NEXUS substantially compliant with 115.233(a).

Pursuant to the PAQ, the PA/PCM self-reports the facility provides clients who are transferred from a different community confinement facility with refresher information as referenced above. The PA/PCM further self-

reports zero clients were transferred to NEXUS from a different community confinement facility within the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(d) addresses 115.233(b).

The intake staff interviewee states the client is alerted to the information cited in the narrative for 115.233(a) within 24 hours of arrival at the facility, generally within two hours of arrival. Minimally, such information is provided prior to placement in a unit.

A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a). Of note, none of the random client interviewees was transferred to NEXUS from a different community confinement facility. However, they were transferred from county jails, specialized secure facilities, or sanction centers. All were provided with the NEXUS PREA information.

Pursuant to the PAQ, the PA/PCM self-reports client PREA education is available in accessible formats for all clients including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to clients who have limited reading skills.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(b) addresses 115.233(c).

Client educational materials and MOUs are addressed in greater depth in the narrative for 115.216.

Pursuant to the PAQ, the PA/PCM self-reports the agency maintains documentation of client participation in PREA education sessions.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(f) addresses 115.233(d).

The auditor's review of random client files and documentation as described in the narrative for 115.233(a) reveals substantial compliance with 115.233(d).

Pursuant to the PAQ, the PA/PCM self-reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, client handbooks, or other written formats.

NEXUS PREA Policy 7-3 entitled Intake Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

A discussion regarding the NEXUS PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report.

Examples of two client posters were included in the PAQ information and all provide relevant information. A poster bearing the telephone numbers and addresses for reporting sexual abuse/sexual harassment is included.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible in the vicinity of client telephones, minimally. The posters are legible and readily available to the client population. However, the auditor notes that the telephone number for Boyd Andrews Community Services [BACS- third party 115.251(b) sexual abuse/harassment reporting source] is inaccurate. The same reflects the BACS telephone number as (406)202-6377 while the new telephone number is (406)202-9177. Accordingly, the auditor finds NEXUS non-compliant with both 115.233(e) and 115.251(b).

In view of the above, the auditor imposes a 180-day corrective action period wherein the PA/PCM will ensure the poster is amended to reflect the correct telephone number. The auditor notes that the NEXUS PREA Handbook has been amended to capture the correct information. Once the amended poster has been completed, the PA/PCM will post the same in the client telephone areas in both units and photograph/date stamp the same as evidence of compliance. The same will be uploaded to OAS upon completion.

The corrective action completion due date is February 24, 2023. Corrective actions have been submitted to the auditor.

In view of the above, the auditor finds NEXUS non-compliant with 115.233.

115.241 Screening for risk of victimization and abusiveness

Pursuant to the PAQ, the PA/PCM self-reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other clients.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1) addresses 115.241(a). This policy stipulates clients are screened by security technicians through the use of the NEXUS screening tool, upon arrival at the facility, for potential vulnerabilities or tendencies of being sexually abused by other clients or being sexually abusive toward other clients. Security staff meets with the client upon arrival and completes the medical and mental health screening instrument. Medical staff will screen the client within seven (7) days of arrival. Housing and programming assignments are made accordingly on a case-by-case basis by the admission and intake supervisor, the sc, and PA/PCM.

The one staff responsible for risk screening interviewees asserts she previously screened some clients upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other clients however, she now facilitates 30-day reassessments.

Three of eight random client interviewees state when they first came to the facility (during intake within 24 hours of arrival at the facility), they were asked the following questions:

- Whether they had been in jail or prison before;
- Whether they had ever been sexually abused;
- Whether they identify as being gay, lesbian, or bisexual; and
- Whether they think they might be in danger of sexual abuse at the facility.

One additional interviewee states he received initial victimization/aggressor screening within three days of arrival at the facility while four additional interviewees state they received the same upon release from COVID Quarantine.

The auditor's on-site review of eight of 10 random client Initial PREA Assessments/Reassessments reveals the initial victimization/aggressor screening was conducted within 11 days of arrival at the facility and subsequent to completion of COVID Quarantine. During the Quarantine period, clients were not locked in their rooms. DOC screening information, which gives their crimes and if they are a violent, was used to establish a safety analysis during this time frame and offenders were housed accordingly. The auditor finds this practice to be acceptable under these temporary circumstances. Under normal circumstances, the auditor has observed institutionalization of 115.241(a) requirements.

The auditor's review of 30-day reassessments corresponding to the aforementioned initial screenings reveals all were facilitated outside the 30-day window from the date of admission to the facility. Two of the 10 initial assessments and 30-day reassessments were completed in a timely manner. Accordingly, the auditor finds NEXUS non-compliant with 115.241 (f).

In view of the above, the auditor is placing NEXUS in a six-month corrective action period wherein the PA/PCM will provide evidence demonstrating compliance with 115.241(f). The corrective action completion due date is February 24, 2023.

To demonstrate compliance, the PCM will reinforce 115.241(f) policy requirements with the 30-day reassessment interviewee. This will be accomplished pursuant to review of the policy and standard requirements. Subsequent to completion of this training, the PA/PCM will upload a copy of the relevant training certification documenting the employee's understanding of the requirement.

Additionally, within two months of the date of this interim report, the PA/PCM will upload a copy of the most current client roster and the auditor will select ten random names of clients who arrived at NEXUS within that time period. The PA/PCM will upload both the initial victimization/30-day reassessment screenings relative to those ten selected clients and subsequent to the auditor's review, the will assess compliance with 115.241(f).

Pursuant to the PAQ, the PA/PCM self-reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA/PCM further self-reports during the last 12 months, 132 clients entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other clients, within 72 hours of their entry into the facility. This equates to 100% of clients admitted to the facility during the last 12 months, for 72 hours or more.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 3, section II(B)(1) addresses 115.241(b). This policy stipulates clients are screened pursuant to the NEXUS screening tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other clients or being sexually abusive toward other clients.

The auditor's findings with respect to on-site random client document reviews are clearly articulated in the narrative for 115.241(a). The COVID-19 pandemic was certainly abnormal and alternative measures were employed based on bed space and health concerns.

The staff responsible for risk screening interviewee states policy requires initial screening of clients for risk of sexual victimization or risk of sexually abusing other clients at intake, always within 24 hours of arrival. Random client interviewee statements are addressed in the narrative for 115.241(a).

Pursuant to the PAQ, the PA/PCM self-reports risk assessment is conducted using an objective screening instrument.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j) and (1) addresses 115.241(c).

Pursuant to a thorough review, the auditor finds the screening instrument is objective. The same addresses the factors identified in 115.241(d) and (e) and a weighting system is included in the assessment to assist in identifying those clients with a proclivity for sexual abuse victimization, as well as, being perpetrators.

The auditor's review of the aforementioned Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues, as well as, others:

- 1) Whether the client has a mental, physical, or developmental disability;
- 2) The age of the client;
- 3) The physical build of the client;
- 4) Whether the client has previously been incarcerated;
- 5) Whether the client's criminal history is exclusively nonviolent;
- 6) Whether the client has prior convictions for sex offenses against an adult or child;
- 7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the client has previously experienced sexual victimization; and
- 9) The client's own perception of vulnerability.

NEXUS PREA Policy 7-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j) and (1) addresses 115.241(d).

The staff responsible for risk screening interviewee states the initial risk screening considers:

History of sexual abuse victimization in the community and in confinement;
History of violence and predatory sexual behavior;
History of incarceration;
Personal feelings regarding sexual safety at the facility;
LGBTI self-identification or perception;
Physical size and stature; and
Age.

In terms of the process for conducting initial screening, the client is escorted to and screened in an office with windows. No staff or clients are in the area during screening. Questions are read to the client and they respond accordingly. Responses are documented on the screening tool and based on responses, a score is rendered.

The interviewee did not state that she previews commitment documentation prior to facilitation of screening. The auditor highly recommends that if a commitment packet is available to screener (containing Pre-Sentence Reports, NCIC, arrest reports, etc., institutional disciplinary record(s) and misconduct reports), that the same be previewed by the screener prior to screening and used to validate or invalidate the interviewee's responses. Clarification of history is essential to effective screening.

The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B)(2)(j)(1) addresses 115.241(e).

Pursuant to the PAQ, the PA/PCM self-reports the policy requires the facility reassess each client's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the client's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self-reports that during the last 12 months, 132 clients entering the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual

victimization or risk of sexually abusing other clients, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of clients who meet the above 30-day criteria and who arrived within the last 12 months.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 4, section II(B)(2)(j)(2) addresses 115.241(f).

The staff responsible for risk screening interviewee facilitates 30-day reassessments at NEXUS. She asserts client risk

assessments are facilitated around 30-days subsequent to arrival, generally at the 20 to 30-day (from arrival) mark. She accesses a spread sheet to ensure timely reassessments. All reassessments are facilitated in private, behind closed doors.

Seven of eight random client interviewees assert they were again screened at NEXUS. Four of the interviewees assert a reassessment was conducted within 30 days of arrival at the facility.

The finding regarding 115.241(f) is clearly articulated above in the narrative for 115.241(a).

Pursuant to the PAQ, the PA/PCM self-reports policy requires that a client's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(5) addresses 115.241(g).

The staff responsible for risk screening interviewee asserts she does reassess a client's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The PA/PCM would direct the screener to reassess at that time.

The auditor's review of an investigation dated June 14, 2022 resulted in a substantiated finding for sexual abuse although the fact pattern is more representative of sexual harassment. A reassessment followed this finding on June 29, 2022.

Pursuant to the PAQ, the PA/PCM self-reports the policy prohibits disciplining clients for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the client has previously experienced sexual victimization; and
The client's own perception of vulnerability.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(7) addresses 115.241(h).

The auditor notes each client is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.241(d). The document clearly delineates the client will not be disciplined for failure or refusal to respond to the questions. Both the client and a staff witness sign and date this document.

The staff responsible for risk screening interviewee states clients are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to the following:

Whether or not the client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the client has previously experienced sexual victimization; and
The client's own perception of vulnerability.

Clients sign a Disclaimer which clearly scripts non-discipline as indicated.

NEXUS PREA Policy 7-3 entitled Intake/Screening, page 5, section II(B)(2)(j)(8) addresses 115.241(i).

The PA/PCM asserts security leads and supervisors facilitate Initial PREA screening and route the completed screening instrument to the sc and him. The PA/PCM maintains hard copies of the same in his locked cabinet and office. Assessments may be shared with the sc. Assessments are not maintained electronically.

Auditor's Note: The auditor did validate storage practices as described by the PA/PCM. Assessments and reassessments are secured in a locked file cabinet located in the PA/PCM's locked office.

The staff responsible for risk screening interviewee states that completed assessments are routed to the PA/PCM.

In view of the above, the auditor finds NEXUS non-compliant with 115.241. Corrective actions have been submitted to the auditor.

115.251 Resident reporting

Pursuant to the PAQ, the PA/PCM self-reports the agency has established procedures allowing for multiple internal ways for clients to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other clients or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.
NEXUS PREA Policy 7-4 entitled Reporting, pages 1 and 2, section II(A)(1-6) addresses 115.251(a).

The auditor's review of the NEXUS Client Handbook and two posters reveals some of the information is inaccurate. Specifically, a second outside reporting source (not affiliated with NEXUS) has been accrued pursuant to MOU and the same is not listed in the aforementioned NEXUS PREA Handbook. SAVES, the victim advocacy (VA) resource [115.253(b)] is listed as a reporting source and the same cannot serve as such. This assessment is made in accordance with an FAQ.

The auditor notes that one poster entitled "Break the Chains of Silence" includes an inaccurate telephone number for the new 115.251(b) reporting source, Boyd Andrews Community Services (BACS). The telephone number has been updated however, neither this poster nor a document posted near client telephones in both units reflect the updated telephone numbers. Accordingly, both posters require amendment to capture the accurate telephone number.

The auditor notes that the NEXUS PREA Handbook has been amended to capture accurate information. Accordingly, that component of corrective action requirements is complete.

In view of the above, the auditor finds NEXUS non-compliant with 115.251(b). Accordingly, a 180-day corrective action period is imposed with a completion due date established as February 24, 2023.

To demonstrate compliance with and institutionalization of 115.251(b), the PA/PCM will amend the aforementioned posters and once completed, the PA/PCM will post the same in the client telephone areas in both units and photograph/date stamp the same as evidence of compliance. The same will be uploaded to OAS upon completion.

In addition to the above, if client training materials require updating or amendment, the same will be addressed. The PA/PCM will upload a copy of the amended documents into OAS.

The PA/PCM will also author a memorandum to all staff who facilitate intakes, advising them of the amendment(s). Intake staff will sign and date the memorandum, signifying their receipt and understanding of the information. The PA/PCM will subsequently upload the signed and dated memorandum(s) into OAS.

All 12 random staff interviewees were able to identify at least one method in which clients can privately report pursuant to 115.251(a). Methods of reporting include verbal report to staff, submission of an emergency grievance, third-party report, telephonically contact BACS or LPD, and write a letter.

All eight random client interviewees were able to identify at least two methods of private reporting of incidents as prescribed in 115.251(a). Methods of reporting identified are third-party report, verbal report to staff, call BACS or LPD, write a kite, and submit an emergency grievance. All interviewees identified either/or the BACS or LPD resources and third-party report from family or friends as methods to report sexual abuse/harassment to someone who does not work at the facility.

Pursuant to the PAQ, the PA/PCM self-reports the agency provides at least one way for clients to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency.

NEXUS PREA Policy 7-4 entitled Reporting, pages 1 and 2, section II(A) (4 and 6) addresses 115.251(b).

The auditor's review of the LPD MOU clearly defines the process for clients reporting to a public or private entity or office that is not part of the agency. Reporting to LPD results in a report to NEXUS staff as a patrol officer is immediately dispatched to the facility, if available. Additionally, an MOU with BACS reflects that a report to a designated telephone number results in a report to the CCCS PC in an expeditious manner.

The amended PREA Handbook, page 4 addresses 115.251(b).

The PA/PCM reports the facility provides clients the opportunity to report sexual abuse/harassment to a public or private entity or office that is not part of the agency pursuant to placement of a call to LPD or BACS. Posters are located near client telephones and relevant contact information is noted in the NEXUS PREA Handbook.

The PA/PCM asserts that when telephone calls are placed to the designated LPD telephone number, the dispatcher then dispatches a patrol officer to the facility, if available. The response generally occurs within one hour. At that point, notification regarding the alleged incident is made to the on-duty NEXUS supervisor.

With respect to a report of sexual abuse to the designated BACS telephone number, the turnaround call to the CCCS PC is completed in an expeditious manner. All such calls are toll-free and none are monitored. During the auditor's physical test of the system, the telephone numbers for LPD and BACS were directly entered into the system and no further numbers, identification of the caller, etc. were required. The telephone numbers, with

the exception of the aforementioned BACS inaccuracy, are posted near client telephones. This procedure does enable receipt and immediate transmission of client reports of sexual abuse/harassment to agency officials.

Five of eight random client interviewees state they can make a report without having to give their name. Additionally, they assert clients or friends can facilitate third-party reports.

During the on-site audit, the auditor tested both LPD and BACS Hotlines. When testing the LPD Hotline, the auditor accessed the telephone number reflected on the poster located near the client telephones. An LPD dispatcher answered the call and was advised that the same constituted a test of the reporting system. The dispatcher advised that she would pass the information to a patrol officer who would report to the facility.

The auditor did inquire as to whether any LPD official or employee would report the call to the PA/PCM or sc and he was advised that the same would not occur. Appropriate information received during the call would be shared with the aforementioned facility officials by the responding patrol officer.

Subsequent to this test, the auditor advised the shift supervisor who assisted with the call that the results of the test left some unanswered questions. Specifically, all may work fine during regular business hours however, the mechanics of the process might change during non-regular business hours when the PA/PCM or sc are not on-site. This pertains to the confidentiality of sexual abuse reporting. When questioned, the PA/PCM did not advise that any training had been facilitated between NEXUS staff and LPD. Additionally, while there is an MOU between NEXUS and LPD, specifics of the process are not articulated therein.

Given the above, the BACS Hotline (a mutual-aid MOU between NEXUS and BACS) was tested. While there was an issue with the telephone number to the responsible BACS representative as learned during a CCCS facility audit in June, 2022, the auditor was in possession of the correct telephone number for BACS. Accordingly, the test call was facilitated on the client telephone and the same was successful. A return call was received by the CCCS PC within 30-45 minutes of placement of the test call.

The auditor does recommend that the PA/PCM utilize the BACS reporting telephone number exclusively in view of the above findings. This meets the requirements of 115.251(b). Once posters are corrected as articulated in 115.251(a), the protocol will be fully consistent with 115.251.

In view of the above, the auditor finds NEXUS non-compliant with 115.251(b) and the corrective action articulated above is required.

Pursuant to the PAQ, the PA/PCM self-reports the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self-reports staff are required to document verbal reports. Verbal reports will be reported and documented immediately.

CCCS PREA Policy 1.3.5.12, page 14, section IV (115.51) (e) addresses 115.251(c).

It is noted staff are required to accept reports verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The same are addressed in the Staff Training Power Point training slides 29 and 30.

All 12 random staff interviewees state clients can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. Eleven of 12 interviewees state they document any verbal reports immediately following receipt of the same.

All eight random client interviewees state reports of sexual abuse/harassment can be made both verbally and in writing. Seven interviewees state such reports can be made by a friend or relative so the client does not have to be named.

Pursuant to the PAQ, the PA/PCM self-reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of clients. Staff can make private reports verbally to the PA or someone at the corporate office, they can send an email to management, they can contact facility or corporate management staff, or they can mail a grievance to the PA/PCM. They can also use a third party to report. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions.

NEXUS PREA Policy 7-4 entitled Reporting, page 1, section II(A)(3-5) addresses 115.251(d).

All 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of clients. Methods of reporting cited were verbal report to supervisor behind closed doors, submission of a written report, submission of e-mail to supervisor, telephonic report to supervisor/PA/PCM, or sc, report to Corporate, telephonic report to LPD or BACS, and third-party report.

In view of the above, the auditor finds NEXUS non-compliant with 115.251. Corrective actions have been submitted to the auditor.



Mike Thatcher, CEO of CCCS Inc. Date 1/6/23



Marwan Saba, PREA Coordinator Date 1/6/23



Rick Barman, Program Administrator Date 1/6/23