

PREA AUDIT REPORT Interim x Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: September 13, 2016

Auditor Information			
Auditor name: Loree Ivanets			
Address: 507 4 th Avenue West			
Email: olivanets@gmail.com			
Telephone number: 701-290-1596			
Date of facility visit: July 29– July 31, 2016			
Facility Information			
Facility name: NEXUS			
Facility physical address: 110 Skyline Drive, Lewistown, MT 59457			
Facility mailing address: <i>(if different from above)</i> P O Box 1200, Lewistown, MT 59457			
Facility telephone number: (406) 535-6660			
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: Rick Barman			
Number of staff assigned to the facility in the last 12 months: 40			
Designed facility capacity: 88			
Current population of facility: 85			
Facility security levels/inmate custody levels: Alternative Secure			
Age range of the population: 18-67			
Name of PREA Compliance Manager: Darren Fischer		Title: NEXUS PREA Manager	
Email address: dfischer@cccscorp.com		Telephone number: (406)-535-6660, ext. 223	
Agency Information			
Name of agency: Community, Counseling, and Correctional Services, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 471 East Mercury Street, Butte, MT 59701			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (406)-782-0417			
Agency Chief Executive Officer			
Name: Mike Thatcher		Title: Chief Exective Officer	
Email address: mthatcher@cccscorp.com		Telephone number: (406)-491-0245	
Agency-Wide PREA Coordinator			
Name: Marwan Saba		Title: CCCS, Inc. PREA Coordinator	
Email address: msaba@cccscorp.com;		Telephone number: (406)-491-0245	

AUDIT FINDINGS

NARRATIVE

NEXUS, located in Lewistown, MT, contracted with Loree Ivanets, DOJ PREA Auditor in early April of 2016 to conduct the first on-site PREA audit of NEXUS on July 29, 30, and 31, 2016. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor, has 24 years of experience in corrections, over 30 years experience in various professional clinical capacities, and is the PREA Coordinator at her place of employment.

NEXUS was provided a poster with the auditor's name and address which was posted six weeks in advance of the audit. These posters explained the purpose of the audit and provided Family Members and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. During the on-site audit, the posters were visible throughout the facility, including both housing units. Additionally, Family Member interviews confirmed the posters had been posted for "quite some time" being consistent with the 6 week PREA auditing protocol. During the on-site audit, the auditor randomly asked both Family Members and staff if they were aware if any Family Members had written to the PREA auditor. No Family Members or staff were aware of anyone writing the auditor. The auditor received no correspondence from NEXUS Family Members or staff prior to, or after the on-site PREA audit. The Agency PREA Coordinator was instructed to oversee the posting of the auditor's information concluded on the 45th day post on-site audit.

The CCCS, Inc. PREA Coordinator, Marwan Saba, and the auditor communicated numerous times via telephone or email to discuss the audit, expectations and needs during the on-site. Mr. Saba, and his CCCS, Inc. Assistant Compliance Manager, Meg Murphy, Darren Fischer, NEXUS Security Coordinator/PREA Manager completed the Pre-Audit Questionnaire and provided a large volume of proof-documents ahead of the on-site audit. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency and facility policies, facility procedures, program documents, and other relevant documentation and materials.

The auditor wishes to extend sincere appreciation to Mike Thatcher, Chief Executive Officer of Community, Counseling, and Correctional Services, and Rick Barman, Administrator of NEXUS and their staff for the professionalism they demonstrated throughout the audit, and for the kindness and hospitality they showed the auditor. This is the fourth CCCS, Inc. facility to be audited in 2016.

The auditor also wishes to compliment Marwan Saba, Meg Murphy, and Darren Fischer for their work in organizing the audit files that were provided to the auditor prior to the on-site audit. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit.

NEXUS is a nine month modified therapeutic community treatment center for males. Residents of NEXUS are referred to as "Family Members", and will therefore be referred to as such throughout this report.

Upon arrival to NEXUS, the auditor met with Montana Department of Corrections, CCCS, In. and NEXUS leadership which included Dave Boyd, CCCS, Inc. Director of Treatment Programs, Marwan Saba, CCCS, Inc. PREA Coordinator, and his Assistant Compliance Manager, Meg Murphy, NEXUS Security Coordinator/PREA Manager, Darren Fischer, Clinical Director, Howard Lamley, Courtney Moline, Medical Supervisor, and the Montana Department of Corrections PREA Coordinator, Andrew Jess. The auditor explained the audit process, expectations for the audit, and the need to triage evidence according to all subsets of every standard to achieve full compliance of said standard. In addition, the auditor obtained written permission to photograph the facility and evidence of PREA compliance, not to include NEXUS Family Members.

The auditor was given a thorough tour of the entire NEXUS facility by NEXUS administration, while
PREA Audit Report

accompanied by the MDOC PREA Coordinator. While on tour and through out the on-site audit, the auditor was permitted access to all areas of the facility.

At the close of the on-site tour, the auditor began the interviews and review of on-site proof documentation in a private office to ensure confidentiality.

The Daily Count of NEXUS was 88; 44 male Family Members on Moccasin unit, and 44 male Family Members on Snowy on July 29, 2016, the first day of the on-site audit, and the same amount of Family Members on July 31, 2016, the last day of the audit.

Those interviewed were selected by the auditor from a list of Family Members provided to the auditor. In addition, Family Members who were identified as being in a designated group (i.e., disabled, gay, bisexual, those who have reported sexual abuse or sexual harassment, and from different housing areas etc.) were also interviewed. A total of 19 NEXUS Family Members were interviewed; which included a Family Member who suffered from memory and comprehension issues, the majority of Family Members identified as having experienced community sexual abuse, 2 Family Members who scored as potential aggressors in the assessment process, 1 Family Member who identified as bisexual, and 1 Family Member who identified as gay. The Agency PREA Coordinator and the auditor spent time interacting with a group of NEXUS Family Members while checking functionality of phone lines designated to outside entities designated to receive PREA reports on July 30, 2016.

10 staff from NEXUS were randomly selected as well as 14 other identified specialized staff were interviewed, including the CCCS, Inc. Chief Executive Officer, CCCS, Inc. Director of Treatment Programs, CCCS, Inc. PREA Coordinator, CCCS, Inc. Director of Human Resources, NEXUS Security Coordinator/PREA Manager, PREA Investigator, First Responders, Medical and Mental health professionals, Protection Against Retaliation Staff, Staff who Screen for Risk, Case Manager, Incident Review Team, and Intake Staff. The MDOC Institutional PREA Coordinator was interviewed, 1 Contractor, as well as 1 Volunteer via phone on-site.

Specialized agency and facility interviews were conducted via telephone arrangement prior to the on-site audit as well as after.

The auditor conducted a brief Exit Interview on July 31, 2016. The Exit Interview was held at NEXUS in the presence of the same team of CCCS, Inc. Administration and NEXUS Facility Supervisory staff who participated in the initial audit meeting, with the addition of the Intake/Aftercare Coordinator.

The auditor outlined initial findings which included the need to retrain staff regarding 115.215; Limits To Cross-Gender Viewing and Searches. The auditor received notification from the Agency PREA Coordinator, and the NEXUS Security Coordinator/PREA Manager that all NEXUS staff had been comprehensively retrained regarding Polices 7/1 and 7/2 on August 15, 2016; therefore, there was no need to launch a formal Corrective Action period.

After acknowledging agency and facility leadership for their hard work and commitment toward compliance with the Prison Rape Elimination Act. The auditor encouraged CCCS, Inc. and NEXUS to utilize the support and resources available through the National PREA Resource Center website at <http://www.prearesourcecenter.org> to ensure ongoing compliance.

On July 31, 2016, the on-site audit was concluded at NEXUS after the Exit Interview.

After the site audit, the auditor reviewed the additional proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards, with the information gathered in further phone interviews.

On August 2, 2016, phone interviews with the Executive Director of S.A.V.E.S., and the Chief of Lewistown Police Department who is also a NEXUS screening committee member were completed.

6 Volunteer phone interviews concluded on August 9, 2016. It became apparent that retraining was needed for volunteers, according to 115.32, as there was limited retention of education offered to the volunteers. NEXUS Volunteers are alone with NEXUS Family Members without direct staff supervision. NEXUS Security Coordinator/PREA Manager completed comprehensive re-training for all NEXUS Volunteers, and 1 Contractor on August 18, 2016. The interview with the NEXUS Contractor and review of presented revised training curriculum assured compliance on August 19, 2016. There was no need for a formal Corrective Action period.

DESCRIPTION OF FACILITY CHARACTERISTICS

NEXUS is located in Lewistown, Montana, which is in the geographic center of the state. The facility is a modern, 40,000 square foot, one story "U" shaped building that is surrounded by 12 foot chain link fenced topped with razor wire. The Nexus Correctional Treatment Program is a stand-alone facility that houses only adult male offenders, built approximately 9 years ago.

NEXUS is a partnership between Community, Counseling and Correctional Services, Inc (CCCS, Inc) and the Montana Department of Corrections (MDOC). The program represents the culmination of efforts by CCCS, Inc and the MDOC to provide an alternative, proactive response to traditional sentencing of adults who are involved with and addicted to methamphetamines and other chemicals of dependence. The offenders have been convicted of second and subsequent substance abuse related charges and are participants in an intensive modified therapeutic community (TC) substance abuse program for a minimum of nine months. Some offenders have dual diagnosis or multi drug abuse convictions.

This modified therapeutic community is tailored to meet the special needs and issues of a correctional program, and Family Members are classified as "alternative secure". The therapeutic culture of NEXUS is a true strength, as it nicely compliments the intent of the PREA Community Confinement standards.

The aforementioned "U" shaped design of the facility lends itself well to the organization of the program. The entrance to the facility is located at the base of the "U" and leads to the administrative and support areas, also located in this segment of the facility. From the base of the "U" there are two main corridors, which form the sides of the "U" that lead to the two principle offender housing areas.

These Family Member housing areas form two units of 44 offenders each (referred to as "families"), Snowy and Moccasin, named after the two surrounding mountain ranges, the Snowy Mountains to the South and Moccasin Mountains to the North.

These living areas are designed with multiple, two bedroom units located on opposite sides of a full bathroom that the occupants share. The bedrooms contain two or three beds each.

It is noteworthy NEXUS undergoes 6 month interim and annual audits provided by Montana Department of Corrections, and maintains ACA accreditation. Audit results were provided.

The Community Counseling & Correctional Services Mission Statement is as follows: CCCS is a team of individuals dedicated to meeting the Human Service needs of youths and Adults to promote Healthy Living Through Treatment, Training and Supervision.

Another strength of NEXUS is the incredible medical office/area which holds examination rooms, and fully equipped dentistry examination and treatment rooms.

In addition to the basic facility schematic provided by the NEXUS Security Coordinator/PREA Manager which included the location of cameras, and direct of view, locked closets, and times of access to closets were also mapped out.

The 2015-2016 NEXUS Staffing Plan acknowledged a need for 13 additional cameras to supplement the current 16; however, because of a mid-term Staffing Plan review with the CCCS, Inc. PREA Coordinator, a decision was made to install 16 additional high tech cameras as evidenced by an email shared between the NEXUS Security Coordinator/PREA Manager and the CCCS, Inc. PREA Coordinator. These are state-of-the-art surveillance cameras with the ability to highlight 6 points of view at one time supporting long-term retention.

In the interest of respecting the integrity of security of the NEXUS facility, the auditor will not reveal the exact locations or directional view of current cameras or cameras being added. All surveillance cameras are monitored in the Control room, and in the Security Coordinator/PREA Manager's office. There is a Security Technician in the Control room at all times.

The well organized vigilance demonstrated by NEXUS administration and staff in ensuring Family Member safety deserves to be commended. In addition to a substantial electronic surveillance system, all Security Technicians are expected to roam and interact with Family Members.

SUMMARY OF AUDIT FINDINGS

NEXUS became 100% Compliant with Community Confinement PREA Standards as of 8/19/2016.

NEXUS was found to exceed Community Confinement PREA Standards: 115.241, 115.282, and 115.283.

Issues identified on-site and post on-site regarding Community Confinement PREA Standards: 115.215, 115.216, 115.232, 115.233, and 115.253 were completely resolved prior to the completion of this report, as of 8/19/2016; therefore, no Corrective Action is needed.

NEXUS needs to be commended for demonstrating a commitment to PREA compliance through their expedient and competent process of correction.

Community Confinement PREA Standards 115.212 and 115.266 are nonapplicable to NEXUS.

Number of standards exceeded: 3

Number of standards met: 34

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.

Standard 115.211 requires two components to meet compliance as demonstrated through the PREA Audit triage process.

(a) Community, Counseling, and Correctional Services, Inc., NEXUS Policy 7-1; entitled "PREA General Requirements" was reviewed by the auditor. The policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy also includes the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The policy further includes definitions for prohibited behaviors regarding sexual harassment and sexual abuse along with sanctions for those found to have participated in prohibited behaviors.

PREA posters and signage were observed throughout the facility during the on-site tour. A PREA poster was posted in the unsecured entry/waiting area to notify visitors about NEXUS' Zero Tolerance and third-party reporting policies in the spirit of honoring a Best Practice Recommendation made by the auditor during the on-site audit. CCCS, Inc. has posted a declaration of Zero Tolerance of sexual abuse and sexual harassment on the Community, Counseling, and Correctional Services, Inc. website at www.cccscorp.com.

CCCS, Inc. Policy 3.4.6; Family Member Visitation which is part of the Family Member Rights Chapter addresses the entrance of all visitors to NEXUS, CCCS, Inc. Policy 3.1.5 reinforces entrance procedures in the Security and Control Chapter. Both of these policies state all visitors will receive the PREA Compliance Acknowledgement form upon arrival. The form will be read and signed by the visitor acknowledging the requirements of the Prison Rape Elimination Act, and NEXUS' zero tolerance towards any form of sexual abuse and sexual harassment.

The auditor was expected to sign and review the PREA Compliance Acknowledgement form upon arrival each day of the on-site audit. The auditor reviewed signed PREA Compliance Acknowledgement forms dated in 2016.

A random selection of staff, and Family Members (residents) the Agency Head, Facility Security Coordinator/PREA Manager, volunteers, and contractors interviewed were all familiar with the agency and facility's zero-tolerance policy.

(b) Darren Fischer, Facility PREA Manager, reports to Marwan Saba, the Agency PREA Coordinator. The Agency PREA Coordinator reports to Mike Thatcher, Chief Executive Officer of CCCS, Inc. The PREA Manager is also the Security Coordinator. The PREA Manager feels he has sufficient time, support, and authority to carry out his PREA duties. The Agency PREA Coordinator oversees all compliance efforts of 10 CCCS, Inc. facilities, affirming sufficient time, support, and authority in regards to PREA implementation.

Agency PREA Coordinator advises annual internal audits will occur within the years NEXUS is not undergoing an audit completed by a DOJ Certified PREA Auditor to ensure PREA compliance is maintained.

The positions and hierarchy of the Agency PREA Coordinator, and Facility PREA Manager are represented on the CCCS, Inc, Agency Organizational Chart, as well as the NEXUS Facility Organizational Chart, and are addressed in Policy 7-1.

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.

Not Applicable

N/A NEXUS does not contract for the confinement of its Family Members (residents)with private agencies.

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.

Standard 115.213 requires three components meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-1; entitled “PREA General Requirements” which addresses Staffing Plans was reviewed by the auditor.

The facility has a Staffing Plan that is reviewed annually, and approved at the agency level. The facility makes its best efforts to comply on a regular basis with the staffing plan for adequate levels of staffing and video monitoring to protect Family Members against sexual abuse and sexual harassment. Upon review of the Staffing Plan, it was determined NEXUS’ 2015-2016 Staffing Plan meets the following elements as required: 1) the physical layout of the facility, 2) the composition of the resident population, 3) the prevalence of

substantiated and unsubstantiated incidents of sexual abuse; and 4) any other relevant factors.

There have been two allegations of sexual harassment since August, 2015; one involving staff and a Family Member which was unsubstantiated, and one involving Family Member to Family Member allegations which was unfounded.

The auditor was provided with physical plant schematics of NEXUS in addition to the current camera locations within the facility, which include the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, the auditor observed placement of current cameras and staffing posts of Security Technicians. Security Technicians carry hand held radios to ensure immediate communication. During a random staff interview, it was discovered a member of the maintenance staff did not carry a radio, and the issue was immediately resolved at the time of the on-site audit as part of a Best Practice Recommendation.

The MDOC (Montana Department of Corrections) PREA Coordinator who had accompanied the auditor on the on-site tour, indicated he felt the staff to Family Member ratio regarding supervision was sufficient, as well as endorsed the Staffing Plan of NEXUS.

(b) The 2015-2016 NEXUS Staffing Plan addresses the possibility of, nature of, and expectation that supervisors document deviations.

All NEXUS Security Supervisors and Security Shift Leaders were trained on when and how to use the Staffing Plan Deviation form(s) and logs, and the auditor was provided with completed Staffing Plan Deviation Forms as evidence.

A binder containing the Staffing Plan Deviation Forms remains in Control. The completed forms are routed to the NEXUS Security Coordinator/PREA Manager, and will be used to create the upcoming year's Staffing Plan, or revise the current Staffing Plan.

(c) According to PREA Standards, and CCCS, Inc. policy, NEXUS Program Administrator, and Security Coordinator/PREA Manager are expected to review the Staffing Plan on an annual basis at a minimum to determine if adjustments should be made in the staffing for the facility, deployment of monitoring technology, and the allocation of resources to commit to the staffing plan to ensure compliance with the Staffing Plan. The 2015-2016 Staffing Plan acknowledged a need for 13 additional cameras to supplement the current 16; however, because of a mid-term Staffing Plan review with the CCCS, Inc. PREA Coordinator, a decision was made to install 16 additional high tech cameras as evidenced by an email shared between the NEXUS Security Coordinator/PREA Manager and the CCCS, Inc. PREA Coordinator. In the interest of respecting the integrity of security of the NEXUS facility, the auditor will not reveal the exact locations or directional view of current cameras or cameras being added. All surveillance cameras are monitored through a DVR located in the Control room, and in the Security Coordinator/PREA Manager's office. There is a Security Technician in the Control room at all times.

During the triage process, the results of the following interviews were considered: Agency Head, Agency PREA Coordinator, Facility Security Coordinator/PREA Manager, Security Supervisors, Security Shift Leaders, and Random Staff.

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.

Standard 115.215 requires six components to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. NEXUS Policy and Procedures Manual, Policy 7-1; entitled "PREA General Requirements" governs cross-gender strip searches by nonmedical staff and cross-gender visual body cavity searches by nonmedical staff without exigent circumstances. Employees may not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners, and only be permission of CCCS, Inc. Chief Executive Officer.

(b) This component is not applicable as NEXUS does not house female Family Members (residents).

(c) The auditor observed the Exigent Circumstance Log where all pat down or unclothed searches are documented. Supported by Random Staff, Security Coordinator/PREA Manager, Medical Staff and Agency Head interviews there have been no cross-gender strip searches or visual cavity searches completed at NEXUS. While the Exigent Circumstance Log forms are kept in a labeled binder in Control, completed Exigent Circumstance Logs are reviewed and kept in the Program Administrator's office per policy 7-1.

(d) Staff of the opposite gender announces their presence when entering Family Member housing areas. During the on-site tour, the auditor observed female staff announcing themselves when entering housing units. Touring staff initially announced on behalf of the auditor.

The auditor further observed posters throughout NEXUS stating opposite gender staff worked in the facility 24/7.

The policy also allows Family Members sufficient privacy to meet the requirements of this standard. A random sample of staff and Family Members were interviewed to determine compliance with this provision. None of the Family Members interviewed indicated they had ever been viewed unclothed by a nonmedical staff member of the opposite gender. All residents interviewed stated staff of the opposite gender announce their presence before entering Family Member housing areas, and are assured privacy while showering and dressing. Family Members use separate bathrooms and separate curtained showers. There are 20 rooms per unit, with a total of 10 toilets and 10 showers per unit. Bathrooms are shared between adjoining bedrooms. All Family Members interviewed confirmed they have adequate privacy and respect concerning their use and access to showers and restroom facilities. The NEXUS reassessment tool specifically addresses whether or not Family Members have safety concerns regarding their housing, showering, or access to restroom.

(e) All NEXUS security staff were clear on the policy and practice forbidding searching or physically examining a transgender or intersex Family Member for the sole purpose of determining the Family Member's genital status. NEXUS is blessed to have a completely private area dedicated to examine and treat medical issues of NEXUS Family Members according to the medical and dental practitioners scope of practice. This area includes a Medical Desk, waiting area, and two Dental cubicles. Within this compound is an Examination Room. There is not a camera in the Examination Room, and this is an appropriate area if medical staff needed to conduct a broader medical exam which may include identifying a Family Member's genital status.

Interviews with Medical staff indicated more than likely if a Family Member needed to undergo a broader medical exam which may include the identification of genital status, the Family Member would be referred to Central Montana Medical Center or a local medical provider in Lewistown.

(f) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-1 states:

2. NEXUS will train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex Family Members in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs in the event such search is deemed necessary.

a. Transgender and intersex Family Members will have the option to complete a Search and Pronoun Preference Form, allowing them to choose the gender of staff; (including medical practitioners) they are most comfortable with conducting clothed and unclothed body searches, and their preferred pronoun in accordance with their current gender identity. Every effort will be made by NEXUS to meet the transgender or intersex Family Member's preferences, and will document if not able to. Security supervisory staff will review the documentation.

Training records indicated The Moss Group Guidance in Cross-gender and Transgender Pat Searches Training Curricula was used for training staff members. In addition, CCCS, Inc./NEXUS Policy 7-2, "LGBTI Gender Identity and Gender Expression, Housing, Programs and Searches" amplifies agency protocol regarding searches of LGBTI Family Members.

There were no transgender or intersex Family Members available during the on-site audit to interview. A random selection of staff members were interviewed to determine staff had completed the necessary training. Several staff members were asked to describe how they would conduct a cross-gender pat down search. While pat search techniques demonstrated were appropriate, a pattern of confusion and uncertainty emerged as to when, why, or if a cross gender pat search could be performed regarding transgender and intersex Family Members at NEXUS. Training records had indicated all NEXUS staff had completed Cross-gender Pat Search training. Further, even though CCCS, Inc./NEXUS Policy 7-2 clearly states Family Members will be housed based on gender identity rather than genitalia, and will be assessed on an individual basis, a pattern of uncertainty and confusion was evident. Granted, NEXUS has not housed a transgender or intersex Family Member in the last few years; however, a strong expectation for retraining staff was communicated at the PREA Audit Exit Interview by the auditor.

The Security Coordinator/PREA Manager retrained the NEXUS staff and provided staff training forms where understanding was noted, signed, and dated. The mandatory retraining of cross-gender pat searches, and searches of transgender and intersex Family Members in a professional and respectful manner, and in the least intrusive manner possible while being consistent with security needs was completed on August 15, 2016, prior to the completion of the this report; therefore, not entering Corrective Action.

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.

Standard 115.216 requires three components to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-1; entitled "PREA General Requirements" states interpretation services will be made available, and a contract with CTS Language Link was reviewed by the auditor. Policy 7-1 states NEXUS will not rely on Family Member interpreters, Family Member readers, or other types of Family Member assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the Family Member's safety, the performance of First Responder duties or the investigation of the Family Member's allegations.

A larger print, bolded version of the PREA Family Member Handbook, which is issued at the time of intake, is available for visually-impaired Family Members.

All Intake Staff interviewed indicate they read through the PREA Family Member Handbook at the time of intake, whether or not the Family Members have a visual impairment.

A random selection of staff, Family Members, and the Agency Head were interviewed for compliance. The auditor interviewed a Family Member identified with a disability which impacted his ability to communicate and comprehend. This individual affirmed that he receives extra support from NEXUS staff, while being held accountable to complete and present treatment assignments. The Family Member affirmed an understanding of PREA issues.

(b) Although unable to locate any limited English proficient residents during the on-site audit, CCCS, Inc has been maintaining a contract for interpreters since early Spring, 2016. Interviews of Random Staff, and some leadership staff revealed a lack of awareness of this resource. As of August 15, 2016, training records confirmed all NEXUS staff were made aware of CCCS, Inc.'s contract with Language Link, and how to access this interpreter resource if need be. Because this training was completed prior to the submission of this report, there is no need for Corrective Action regarding Standard 115.216.

(c) NEXUS is a modified therapeutic community, and individual and group support offered to the individual Family Member is at the heart of the program. The Pathfinders, a group of senior Family Members, provide the majority of orientation to new Family Members; however NEXUS staff provide the PREA piece of the Family Member orientation. Policy 7-1 states NEXUS will not rely on Family Member interpreters, Family Member readers, or other types of Family Member assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the Family Member's safety, the performance of First Responder duties or the investigation of the Family Member's allegations. Random Staff, Random Family Members, and Agency Head interviews confirm compliance with this subset.

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.

Standard 115.217 requires eight components to meet compliance demonstrated through the PREA Audit triage process.

(a) Community, Counseling, and Correctional Services, Inc. Employment Policy Number 1.3.1.12; Employee, Contractors and Volunteers Clearance Check prohibits the hiring, and promotion of staff or enlisting the services of contractors, and volunteers who have contact with Family Members who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or have been convicted of engaging or attempting to engage in sexual activity in the community. The agency looks for any involvement in sexual abuse or attempts to engage in sexual activity by force, overt or implied threats of force or coercion. The agency also seeks any information regarding civil or administratively adjudicated incidents of sexual activity. Administrative Human Resources Staff and Agency PREA Coordinator were interviewed regarding compliance with this provision.

Verified in an interview with the Montana Department of Corrections (MDOC) PREA Coordinator, the contract agencies of Montana Department of Corrections are mandated to complete background checks for CCCS, Inc. employees, volunteers, and contractors. Currently, the Montana Department of Justice completes a background check entitled, "Montana Public Criminal History Record" for CCCS, Inc. facilities. This background check is limited only to documented criminal history in the State of MT, and severely limits the scope of gathering critical information for purposes of Family Member safety and security. Best Practice Recommendations include that other options for completion of national criminal background checks be expediently explored.

At the time of the on-site audit, the Program Administrator of NEXUS was in the process of negotiating with Chief of Police of Lewistown Police Department, a member of the NEXUS screening committee, in anticipation Lewistown Police Department may be able to provide NCIC background checks for NEXUS employees. Post on-site audit, the Agency PREA Coordinator disclosed CCCS, Inc. is also in the process of retaining broader background check services from a contractor who will provide background checks for all CCCS, Inc. facilities.

(b) Community, Counseling, and Correctional Services, Inc. PREA Policy 1.3.5.12 states CCCS, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer who may have contact with Family Members.

(c) According to the completed Pre-Audit Questionnaire provided by NEXUS, 12 new employees in the past 12 months completed criminal background checks. Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with Family Members. The facility also attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with Family Members. The facility also attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment.

(d) There are currently 3 contractors and 7 volunteers at NEXUS. The auditor reviewed a list of staff and contractors who work in the facility. Interviews with Administrative HR Staff and Agency PREA Coordinator

both indicated contractors must undergo a criminal records background check prior to entering the facility to conduct any work. The agency maintains a list of each employee and contractor who works in the facility with their hire date, and the last date the criminal records background check was completed.

(e) Agency policy indicates that staff, contractors and volunteers will complete a criminal records background check at least once every five years, or prior to promotion. The interview of the CCCS, Inc. Director of Human Resources supports all staff, contractors and volunteers rotate on a computerized system which ensures background check updates every five years. Subsequently, employee, contractor, and volunteer documents were reviewed for compliance to ensure the necessary background checks were completed at hiring/contracting/retention.

(f) Applicants and employees who have contact with Family Members are asked about prior misconduct described in paragraph (a) of Standard 115.217 in written applications or in interviews for hiring or promotion. CCCS, Inc. also inquires directly to determine if staff or applicants have had any previous misconduct with Family Members. Staff, contractors and volunteers have an affirmative duty to disclose any misconduct. Interviews with Administrative HR Staff indicate compliance. The auditor also reviewed HR documents for compliance. All documents reviewed indicated compliance.

(g) Agency PREA policy, 1.3.5.12 states, "Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment, or volunteer privileges and contracts." Interview with CCCS, Inc. Director of Human Resources supports material omissions regarding misconduct or the provision of materially false information is grounds for termination.

(h) Agency PREA policy 1.3.5.12 states, "Unless prohibited by law, CCCS, Inc. shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work." Auditor interviewed the CCCS, Inc. Director of Human Resources to determine the facility does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, providing a release of information is presented.

Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc. Application for Employment
NEXUS Interview Response Rating Form
Promotion Checklist and Questions Relative to PREA
Suspension Letter Template
CCCS, Inc. Reference Checking Form
Documentation of criminal record background checks of NEXUS employees hired or promoted in the last 12 months
Documentation of criminal record background checks of NEXUS volunteers who have contact with Family Members
Documentation of criminal record background checks of current NEXUS employees at five-year intervals
Harassment and PREA Employee Investigation Checklist
Synopsis of HR Training Related to PREA Investigations
Email regarding CCCS, Inc. Director of Human Resources completed Human Resources and Administrative Investigation training on NPRC website.
Interviews of CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, MDOC PREA Coordinator, NEXUS Program Administrator, PREA Manager/Security Coordinator.

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.

Standard 115.218 requires two components to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., and NEXUS reports no acquisitions of new facilities, substantial expansions, modifications or retrofitting of the current NEXUS building.

(b) The agency and facility leadership considers a variety of factors when upgrading technology including primarily sight line, blind spots, and inaccessible areas. Interviews with agency and facility leadership indicate placement of cameras is discussed frequently to enhance safety for Family Members and staff.

The NEXUS program maintains surveillance systems to help monitor order in common areas and allow video footage to be archived and stored on digital format. Cameras have been placed at all major entrances, exit locations, hallways, day rooms, gymnasium, and outside areas to provide an enhanced level of safety when Family Members and others are interacting throughout NEXUS.

Cameras are not placed in sleeping areas, shower, or restroom areas per agency and facility policy. Video cameras are monitored 24/7 in Control, which is the center hub of NEXUS.

The auditor was provided with physical plant schematics of NEXUS in addition to the current camera locations within the facility, which include the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, the auditor observed placement of current cameras and staffing posts of Security Technicians. Security Technicians carry hand held radios to ensure immediate communication.

The 2015-2016 Staffing Plan acknowledged a need for 13 additional cameras to supplement the current 16; however, because of a mid-term Staffing Plan review with the CCCS, Inc. PREA Coordinator, a decision was made to install 16 additional high tech cameras as evidenced by an email shared between the NEXUS Security Coordinator/PREA Manager and the CCCS, Inc. PREA Coordinator. During the on-site tour, the auditor viewed camera cables which have been installed to support the cameras which have an ability to monitor 6 points of view at the same time, creating a 360 degree scan. In the interest of respecting the integrity of security of the NEXUS facility, the auditor will not reveal the exact locations or directional view of current cameras or cameras being added. All surveillance cameras are monitored through a DVR located in the Control room, and in the Security Coordinator/PREA Manager's office. There is a Security Technician in the Control room at all times.

Policies, Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc., NEXUS Policy and Procedures Manual, Policy 7-8
 Completed Pre-Audit Questionnaire submitted by NEXUS
 PREA Audit Report

Facility Schematic Map including Placement and Directional View of Cameras

Emails from CEO to Agency PREA Coordinator in 2016

An email sent by the Facility Security Coordinator/PREA Manager sent to Agency PREA Coordinator regarding installation process of the 16 additional cameras

On-site tour photos taken by auditor of cameras, and cable-ready points in anticipation of high tech cameras with an 360 degree; 6 point view span

Interviews with Agency Head, Agency PREA Coordinator, MDOC PREA Coordinator, Facility Security Coordinator,/PREA Manager and NEXUS Program Administrator.

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.

Standard 115.221 requires eight components of the standard to meet compliance demonstrated through the PREA Audit triage process.

a) CCCS, Inc., NEXUS Policy and Procedures Manual, Policy and Procedures Manual, Policy 7-4, states NEXUS follows a uniform protocol for investigation allegations of sexual abuse that maximizes potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. NEXUS' protocol is victim-centered and the crime scene is protected and secured in anticipation of response from Lewistown Police Department. NEXUS refers all allegations of sexual abuse and sexual harassment which appear to be criminal in nature to Lewistown Police Department for criminal investigation.

Additionally, all allegations of sexual abuse and sexual harassment are reported to MT Department of Corrections (MDOC). There have been two reports of sexual harassment within the last year; one against staff which was unsubstantiated, and the other involving two Family Members resulting in an unfounded finding.

NEXUS conducts an internal administrative investigation of employee misconduct in conjunction with the law enforcement criminal investigation. The Program Administrator is responsible to assign a trained PREA Investigator; however, having also completed Specialized Training for PREA Investigators, the Program Administrator often takes on the role of PREA Investigator in partnership with the Security Coordinator/PREA Manager. The administrative investigation of employee misconduct will also encompass the CCCS, Inc. Director of Human Resources. Family Members may grieve the results of a sexual abuse or sexual harassment investigation. Their grievances can move up the chain of command through CCCS, Inc.; therefore, it is appropriate for the Program Administrator be a PREA Investigator.

b) Lewistown Police Department follows the recommended uniform evidence protocol cited in this PREA standard, evidenced by a revised, formal Memorandum of Understanding (MOU) with NEXUS executed on March 23, 2016.

Additionally, all allegations of sexual abuse and sexual harassment are reported to MT Department of Corrections (MDOC). There have been two reports of sexual harassment within the last year; one against staff which was unsubstantiated, and the other involving two Family Members resulting in an unfounded finding.

(c) Central MT Medical Center has a SANE program where all victims of sexual assault are taken in Fergus County. NEXUS has a detailed MOU with Central MT Medical Center to provide SANE exams in the event of a sexual assault which was executed on April 7, 2016. The SANE exams will be provided at no cost to the Family Member according to the MOU, and Policy 7-4. It should be noted the NEXUS Medical Supervisor is a SANE, and a member of the local SART.

There have been no forensic medical exams conducted by SANE nurses or qualified medical practitioners during the past year.

(d) NEXUS also has a formal MOU with S.A.V.E.S., a local advocacy group who provides rape crisis services. This agreement also involves S.A.V.E.S. providing follow-up counseling, referral and advocacy services as requested by the victim; S.A.V.E.S. staff would remain with the NEXUS Family Member throughout the entire process from the time a NEXUS Family Member arrives at Central MT Medical Center through the medical examination and follow-up. This MOU was officially executed on 3/21/2016.

The Executive Director of S.A.V.E.S. was interviewed via phone on 8/04/2016. The Executive Director confirmed a good working relationship with NEXUS, and has recently completed Victim Services training offered on the National PREA Resource Center website. The Executive Director indicated her intention is to have her alternate/relief victim advocate staff complete the Victim Services training as well. The Executive Director stated NEXUS in her experience, NEXUS employees very conscientious staff.

(e) The NEXUS Case Manager has completed the Victim Services training offered on the National PREA Resource Center website. The NEXUS Case Manager meets criteria required as a Qualified Agency Staff member, in the very rare event S.A.V.E.S. cannot respond in a sexual abuse incident. The QASM may also provide services to a victim on-site at NEXUS.

A Best Practice Recommendation was made by the auditor for the Executive Director of S.A.V.E.S. and the Qualified Agency Staff Member of NEXUS to formally meet to build a professional relationship in the event of NEXUS Coordinated Response. The auditor received email notification from the NEXUS Security Coordinator/PREA Manager regarding a meeting which took place at NEXUS on 8/30/2016 involving the Administrator, Medical Supervisor (RN/SANE), Security Coordinator/PREA Manager, Qualified Agency Staff Member, and the Executive Director of S.A.V.E.S. The purpose of the meeting was to discuss NEXUS Coordinated Response which includes responding to a NEXUS victim's request to accompany, and support the victim through the forensic medical examination process and investigatory interviews, while providing emotional support, crisis intervention, information, and referrals, roles of agencies, and to introduce key players. Auditor received a written summary of the aforementioned meeting.

(f) The MOU with Lewistown Police Department specifically states Lewistown Police Department follows investigatory protocol that is developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

(g) Because NEXUS is a contract agency of the MT Department of Corrections, MDOC Investigators may also

investigate sexual abuse and sexual harassment allegations in an orchestrated manner with law enforcement and NEXUS, and/or CCCS, Inc. Director of Human Resources. The MDOC PREA Coordinator indicated MDOC Investigators are current regarding required investigatory training, and follow the referenced protocol in paragraph (f).

(h) The NEXUS Case Manager has completed the Victim Services training offered on the National PREA Resource Center website. The NEXUS Case Manager meets criteria required as a Qualified Agency Staff member, in the very rare event S.A.V.E.S. cannot respond in a sexual abuse incident. The QASM may also provide services to a victim on-site at NEXUS.

Interviews with a random sample of staff, Agency Head, Agency PREA Coordinator, MDOC PREA Coordinator, Facility Security Coordinator/PREA Manager, NEXUS Medical Supervisor, and the S.A.V.E.S. Executive Director support written procedure. There were no Family Members on-site who had reported sexual abuse at NEXUS.

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.

Standard 115.222 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual, Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 7-4; entitled, "Reporting", ensures an administrative or criminal investigation is completed for all reports of sexual abuse and sexual harassment.

(b) and (c) According to CCCS, Inc. NEXUS Policy 7-4, NEXUS staff who have completed the Specialized Training for Investigators would initially respond to a report of sexual abuse and sexual harassment upon direction of the Program Administrator. All reports are also immediately communicated to MT Department of Corrections. Upon immediate suspicion or awareness of criminal element, the NEXUS Program Administrator would refer the investigation to Lewistown Police Department. If the allegation involves an employee of NEXUS, the CCCS, Inc. Director of Human Resources would be involved in the ensuing investigation. An administrative investigation may occur simultaneously with a criminal investigation.

A comprehensive Memorandum of Understanding (MOU) with the Lewistown Police Department which details the responsibilities of the Lewistown Police Department and NEXUS in conducting criminal investigations of sexual abuse and sexual harassment can be viewed on CCCS, Inc.'s website at www.cccscorp.com.

(d) The MT Department of Corrections statement of Zero Tolerance and pledge to investigate every report of sexual abuse or sexual harassment which occurs in their facilities is able to be viewed on the Official State

Website of Montana Department of Corrections at cor.mt.gov.

Interviews with the Agency Head (designee), Agency PREA Coordinator, CCCS, Inc. Director of Human Services, and NEXUS PREA Investigator who is the Facility Security Coordinator/PREA Manager confirm all reports of sexual abuse and sexual harassment result in an investigation. There have been 2 reports of sexual harassment in the last year.

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.

Standard 115.231 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. NEXUS, Policy and Procedures Manual, Policy 7-6; entitled, "Training", requires all new NEXUS employees to complete in-depth training on PREA and Sexual Harassment in the Workplace during employee orientation. This training includes becoming familiar with CCCS, Inc. and NEXUS PREA policies and procedures. A review of the PREA training curricula indicates training on the ten specific topics required in this standard. New employees must complete this training and affirm understanding prior to independent contact with Family Members of NEXUS. All staff including kitchen and maintenance receive the same PREA training as Security Technicians.

(b) The training was tailored to the unique needs, attributes, and genders of the Family Members of NEXUS. The auditor observed female staff announcing their presence when they enter a Family Member residential unit. This procedure demonstrates the internalization of the policy and procedure relative to gender specific training, as NEXUS is an all male facility. All NEXUS staff completed Gender Responsive Strategies-Adults on the NPRC website in March, 2016.

(c) NEXUS employees receive annual refresher training. The Facility Security Coordinator/PREA Manager reported 40 staff were trained, or retrained regarding PREA in this past year, and understand their responsibilities therein, evidenced by a random sampling of NEXUS staff interviews.

(d) Random training certificates as well as signed and dated NEXUS Staff Development and Training Record Forms which included staff acknowledgements of understanding were reviewed.

Documentation, Interviews, and Other Evidence Reviewed:

New Employee Training Agenda
Gender Responsive Strategies for Adults Curricula on NPRC website
PREA Training Curricula Contents

PREA Training Curricula
PREA Staff Refresher Training Curricula Contents
PREA Staff Refresher Training Curricula
CCCS/NEXUS signed and dated PREA Policy Staff PREA Acknowledgement Form
CCCS/NEXUS signed and dated Staff Development and Training Record Form
First Responders Training Curricula
Interviews completed with random sample of NEXUS staff, Agency PREA Coordinator, Agency Director of Human Resources, and Facility Security Coordinator/PREA Manager

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.

Standard 115.232 requires three components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. NEXUS Policy and Procedures Manual, Policy 7-6; entitled, "Training", requires all volunteers and contractors who may have contact with Family Members to be trained on PREA requirements. Policy 7-6 requires volunteers and contractors to complete PREA refresher training every two years. A review of training documents indicate all NEXUS volunteers and contractors had completed some form of training.

At the time of the on-site audit at NEXUS, 3 contractors; a part time physician, part time dentist, and a mental health practitioner were providing professional services. (7) religious volunteers, and (2) educational volunteers were listed as active, and fully trained.

(b) and (c) The auditor reviewed the training curricula for volunteers and contractors who have contact with Family Members, as well as confirmation of training and understanding by signature on Volunteer/Contractor PREA Training Acknowledgement Forms. The contractors participate in the same training as NEXUS employees; however, review of the volunteer training curricula revealed an overview of the NEXUS Volunteer/Contractor Handbook with a Shift Supervisor, or the Security Coordinator/PREA Manager to be the extent of the volunteer training. NEXUS' Zero Tolerance statement, the standard PREA definitions of sexual abuse and sexual harassment, and a simple statement regarding "if the first responder is not an employee, they are to immediately notify a NEXUS staff member and advise victim to take no action that would destroy physical evidence." appeared to be the extent of the PREA content in the NEXUS Volunteer/Contractor Handbook. Auditor interviewed 6 of 9 volunteers, beginning the first day of the on-site audit. It became evident the training provided to NEXUS volunteers was insufficient as these volunteers interacted with NEXUS Family Members independently. This was a finding that was shared with the Agency PREA Coordinator by the auditor at the conclusion of the volunteer phone interviews on 8/11/2016.

Consequently, the NEXUS Security Coordinator/PREA Manager provided a 2 hour updated training for 7 volunteers, and 1 contractor which included an overview of NEXUS PREA Policies 7-1, and 7-2, the PREA Basic Training Power Point, PREA First Responder PowerPoint, the DOJ What You Need to Know DVD, as well as the Facing Prison Rape Video. The auditor was provided with training acknowledgement forms which affirmed understanding, and receipt of training. Communication with the NEXUS Security Coordinator/PREA Manager affirmed NEXUS volunteers achieved a broader scope and deeper understanding of PREA roles, and concepts. The NEXUS volunteer retraining was completed on 8/18/2016, prior to the completion of this Interim Report; therefore, this standard will not go into Corrective Action.

Unfortunately, the educational volunteers will not be able to return to NEXUS this fall, so were not re-trained at this time. Beginning during the on-site audit, the auditor interviewed 2 of the 3 NEXUS contractors, with the final phone interview occurring on 8/19/2016. Both contractors appeared fully informed of their responsibilities regarding their role in PREA at NEXUS. It should be noted the contractor who participated in the NEXUS Volunteer retraining verified the curricula presented in the training during his phone interview on 8/19/2016. Both contractors appeared fully informed of their responsibilities regarding their role in PREA at NEXUS.

Although not a volunteer, contractor, or employee, a MDOC Institutional Probation/Parole Officer meets with Family Members on-site to address and coordinate probation/parole issues. The MDOC Institutional Probation/Parole Officer's PREA training was current as well, having been trained at NEXUS. The MDOC Institutional Probation/Parole Officer is on-site less than 15 hours per week.

The volunteers and contractors are current regarding criminal background checks and rotate regarding criminal background checks updates on the same system as NEXUS employees.

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.

Standard 115.233 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-3; entitled, "Intake/Screening" outline the mandates for PREA Family Member education.

(b) All Nexus Family Members whether upon transfer or direct admission, go through the complete intake process, and are provided the same comprehensive PREA information. NEXUS reports 137 Family Members have been processed through intake in the past 12 months, and further all Family Members have been provided comprehensive PREA information upon intake.

After receiving permission from NEXUS Administration and from the NEXUS Family Member who had been transferred from another correctional facility, the auditor was able to sit in on the NEXUS Intake process on 7/29/2016. In addition to the NEXUS Security Supervisor, a security technician in training participated in the Intake process.

As is standard in the Intake process, the NEXUS Family Member was presented with the Family Member PREA Handbook which contained detailed information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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.

(c) The entire Family Member PREA Handbook, is read to the Family Member. Family Members with reading or vision issues, are issued a bolded, larger font Family Member PREA Handbook. A verbal introduction about PREA is also provided to the Family Member explaining the issuance of the Family Member PREA Handbook. After meeting with medical during the Intake process, Family Members view the DVD, "What Have You Got To Lose". This DVD has the option to view subtitles for hearing impaired.

Although the NEXUS Family Member PREA Handbook did contain the compulsory content as outlined in subset (a), the NEXUS Family Member PREA Handbook contained confusing, contradictory definitions of sexual behavior and offenses. All NEXUS Family Member PREA Handbooks were gathered, and an updated, correct copy of the NEXUS Family Member PREA Handbook was issued during the on-site audit. The bolded, larger font Family Member PREA Handbook was corrected. Because all of the Family Member PREA Handbooks were corrected in a timely manner during the on-site audit, there is no need for Corrective Action.

(d) Family Members are expected to sign a form entitled Receipt of NEXUS Family Member PREA Handbook confirming receipt and understanding of all PREA materials and PREA content. Forms are retained as proof of receipt of PREA education.

(e) As viewed during the on-site tour by the auditor; upon entering NEXUS, and posted throughout the facility, a Family Member is able to view PREA posters of various formats. Phone numbers of S.A.V.E.S. and Lewistown Police Department are mounted by Family Member phones. The auditor further viewed the corrected NEXUS Family Member PREA Handbook on bulletin boards positioned at the entrance of group rooms/day rooms. Within 72 hours, Family Members participate in orientation, and once again revisit their rights to remain safe in confinement. At approximately every 2 months during a Family Member's 9 month stay, either the Intake/Aftercare Coordinator or the Facility Security Coordinator/PREA Manager will give a full interactive lecture on PREA to all Family Members as part of their scheduled programming.

During the first session with the MDOC Institutional Probation and Parole Officer, the PREA processes are once again revisited, and understanding is assured. Family Members are also issued the Montana Department of Corrections Probation and Parole Prison Rape Elimination Act of 2003 Offender Grievance System and Offender Sign-up Packet referencing DOC policies 1.1.17 Prison Rape Elimination Act of 2003 (PREA), 1.3.12 Staff Association and Conduct with Offenders, and Probation and Parole 3.3.300 Offender Grievance System. Family Members review and sign the State of Montana Department of Corrections Offender PREA Acknowledgement form, once again acknowledging their rights to be free from sexual abuse and sexual harassment, receipt of aforementioned policies, and an understanding of all PREA information issued to them, as well as how to report incidents of sexual abuse and sexual harassment.

A random selection of Family Members confirmed receiving information upon intake, the repetition of presentation of PREA related topics, and viewing the aforementioned DVD. Family Members appeared to be well-informed of their rights, various options in making reports, and who to go to regarding retaliation.

Documentation, Interviews, and Other Evidence Reviewed:

NEXUS Family Member PREA Handbook

Large Print, Bolded NEXUS Family Member PREA Handbook

Random selection of Receipt of NEXUS PREA Handbook forms compared against Family Member Intake Screening Forms

Montana Department of Corrections Probation and Parole Prison Rape Elimination Act of 2003 Offender Grievance System and Offender Sign-up Packet referencing DOC policies 1.1.17 Prison Rape Elimination Act of 2003 (PREA), 1.3.12 Staff Association and Conduct with Offenders, and Probation and Parole 3.3.300 Offender Grievance System.

NEXUS Family Member Lecture outline

Completed Pre-Audit Questionnaire provided by NEXUS

Interviews of Random Family Members, Intake Staff, Agency PREA Coordinator, Facility Security Coordinator/PREA Manager, Intake and Aftercare Coordinator

PREA Posters, and posted phone numbers by facility Family Member phones.

"What Have You Got to Lose" DVD

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.

Standard 115.234 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-6; entitled, "Training", states in addition to the general training provided to all employees pursuant to 115.231, CCCS, Inc. and NEXUS will ensure that, to the extent NEXUS itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) and (c) An overview of pertinent training records revealed the NEXUS Security Coordinator/Facility PREA Manager and Program Administrator completed PREA: Investigating Sexual Abuse in a Confinement Setting, provided online by the National Institute of Corrections. Further, the NIC PREA Investigator specialized training includes the following content requirements: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The CCCS, Inc. Director of Human Resources has had extensive training in the area of sexual harassment, and has completed specialized Human Resource training regarding PREA. Via corporate mandate, the CCCS, Inc. Director of Human Resources will be directly involved in NEXUS Administrative PREA Investigations. The

involvement of the CCCS, Inc. Director of Human Resources in the PREA investigations is a significant asset to the NEXUS Investigation team. The CCCS, Inc. Director of Human Resources completed the Specialized Training for PREA Investigators, and Human Resources and Administrative Investigations located on the National PREA Resource Center's website, on May 22, 2016.

(e) According to the MDOC PREA Coordinator, MDOC investigators have completed specialized training regarding PREA Investigations in Confinement.

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.

Standard 115.235 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual, Policy 7-5; entitled, "Medical and Mental Health" addresses specialized training for NEXUS medical and mental health providers. The completed Pre-Audit Questionnaire provided by NEXUS, indicated 100% of the 7 medical and 2 mental health practitioners have completed specialized training provided through NIC; PREA: Medical Health For Sexual Assault Victims in a Confinement Setting and PREA: Mental Health For Sexual Assault Victims in a Confinement Setting respectively. The NIC PREA training meets all 4 components addressed in 115.235 (a).

(b) NEXUS's Medical Director is a SANE; however all forensic exams would be provided at Central Montana Medical Center.

(c) and (d) Training records and documentation indicate all medical/dental providers have completed specialized training entitled; PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections. In addition, all medical/dental providers completed requisite PREA training. NEXUS has 3 full time RNs on-site, as well as a physician who contracts with CCCS, Inc. The physician typically is on-site once per week. A Dentist and 2 Dental Assistants are on-site at NEXUS 2 Fridays per month.

Training records and documentation indicate all mental health providers have completed specialized training entitled; PREA: Mental Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections. In addition, all mental health providers completed requisite PREA training. The Clinical Director of NEXUS is a Phd licensed as a LCPC in the State of MT acting in an full time position. The Clinical Director supervises a full time Case Manager who is a Qualified Agency Staff Member, completely trained in Victim Services through the NPRC website, and a part time Mental Health Practitioner.

Interviews with medical, dental and mental health providers confirmed they all have knowledge of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

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.

Standard 115.241 requires nine components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-3 entitled; "Intake/Screening", governs the screening process. Policy 7-3 states all NEXUS Family Members are screened for risk of sexual abuse victimization or sexual abusiveness upon admission or upon transfer.

(b) The completed Pre-Audit Questionnaire provided by NEXUS indicated within the past 12 months 137 Family Members were screened for risk of sexual victimization or risk of sexually abusing other Family Members within 72 hours of their admission into NEXUS.

(c) (d) and (e) A recently revised objective screening tool is entitled as the "Initial Assessment/Reassessment" form. Hence, this same tool is used to complete reassessments of Family Member's risk levels. The Initial Assessment/Reassessment contains all mandated components listed (1-9) in 115.241 (d), as well as a scoring grid as support of objectivity. The Initial Assessment/Reassessment does address prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing Family Members for risk of being sexually abusive.

Interviews with Random Family Members and Intake Staff confirm the use of the screening tool in the intake process which takes place immediately. Random review of signed Family Member Disclaimers compared to Family Member's admission dates confirm initial screening/assessment is consistently completed well within 72 hours. Documentation reviewed indicates every NEXUS Family Member has been initially screened/assessed. Intakes are completed by NEXUS Security Supervisors or the Intake/Aftercare Coordinator who have received training regarding the sensitive and critical process of intake.

During the on-site audit, the auditor was allowed to sit in on an intake of a NEXUS Family Member. The screening tool which was presented within a few hours of the Family Member's arrival to NEXUS was introduced with a disclaimer which also supports informed consent, duty to report, and limits of confidentiality. The deeply personal questions of the objective assessment tool were presented with respect,

a sense of dignity, and patience. The initial assessment took place in a private area, and when staff happened to enter, the Security Supervisor who was completing the initial assessment, quietly waited for the staff to exit before continuing with the questions.

(f) The NEXUS Intake/Aftercare Coordinator reassesses all Family Members within a set time period, not to exceed 30 days from intake. The process of completing reassessments usually on the 21st day, or when situations require were confirmed in interviews of Random Family Members, Case Manager, Facility Security Coordinator/PREA Manager, Agency PREA Coordinator, Clinical Director, and the Mental Health Practitioner.

(g) Residents may be reassessed multiple times based on referral, request, upon making a report of sexual abuse and sexual harassment, or receipt of information which bears on the resident's risk of sexual victimization or abusiveness; however, each NEXUS Family Member needs to be reassessed within 30 days of intake.

It is the responsibility of the NEXUS Intake/Aftercare Coordinator to ensure the initial assessments and reassessments are completed. According to reviewed reassessments, the reassessment spread sheet, and Random Family Member and Administrative Interviews, the Intake/Aftercare Coordinator typically reassesses NEXUS Family Members at least 2 times in addition to the initial assessment; once around the 21st day, and one or more times prior to release. It is clear the Intake/Aftercare Coordinator and clinical staff are sensitive to any change in emotional status or event that may support a need to reassess NEXUS Family Members.

During the on-site audit, a NEXUS Family Member self-disclosed information regarding his past sexual activity in a treatment group without revealing this information to his individual counselor prior to group disclosure. The group reacted, and staff discussion ensued around concern about the possible escalation of the vulnerability level of the Family Member. The Family Member was formally reassessed that very evening, and interviewed a day later by the auditor. The Family Member stated he felt very safe and supported at NEXUS.

(h) Family Members read and sign a disclaimer which informs them of NEXUS' mandate to report sexual abuse and sexual harassment occurring in any confinement facility. The disclaimer serves as an introduction to the screening tool, and also informs Family Members they will not be disciplined if they choose not to answer sensitive, and deeply personal questions within the screening tool; such as the Family Member's sexual preference(s), whether the Family Member has experienced sexual victimization, has a mental, physical, or developmental disability, and the Family Member's own perception of vulnerability.

(i) All hard copy initial assessment and reassessment documents are kept in a secure area in the Security Coordinator/PREA Manager's office. There are no initial assessments or reassessment documents in the Family Member's case file in an effort to implement appropriate controls on the dissemination of the sensitive documents.

A color-coded Room Assignment sheet based on PREA Risk Assessment Tool spread sheet tracks the Family Member's initial assessment and subsequent reassessment dates. The results of the assessment tool is coded in color. This document drives housing at NEXUS, and is password protected, restricting all NEXUS staff with the exception of the Program Administrator, Security Coordinator/PREA Manager, and the Intake/Aftercare Coordinator who does the reassessments. The auditor was especially impressed with this document, and the obvious importance the assessment/reassessment process holds in the overall PREA program at NEXUS.

Random samples of assessments and reassessments were reviewed during the pre-audit phase and on-site by the auditor. In addition, the auditor was provided with reassessments of Family Members who scored as "potential victims", "known victims", and "potential predators". The majority of these Family Members were

interviewed during the on-site audit, confirming have been reassessed on multiple occasions. Review indicated one of these Family Members had been reassessed twice since his admission date of ten days prior.

Because all Family Member rooms at NEXUS share adjoining restrooms with doors that do not lock, individualized housing assignments must take into consideration the Family Member's roommates, and also the other Family Members who reside on the other side of the adjoining restroom. As previously mentioned, the objective reassessment tool asks specifically if there are any concerns with housing and use of restrooms.

Standard 115.241 was exceeded by NEXUS.

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.

Standard 115.241 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) and (b) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-3 entitled; "Intake/Screening", describes the practical use of the information gathered in the screening process to ensure Family Member's safety.

Completing the risk-screening instrument is a comprehensive screening process designed to identify Family Members who are at risk of being victimized or at risk of abusing other Family Members. The information gleaned from the Initial Assessment tool and Reassessments is used in determining individualized housing assignments and program assignments. Intake Staff immediately communicate their recommendations for housing to supervisory staff. The auditor reviewed examples of recommendations for housing based on the scores of the initial assessment and reassessments.

A color-coded Room Assignment sheet based on PREA Risk Assessment Tool spread sheet tracks the Family Member's initial assessment and subsequent reassessment dates. The results of the assessment/reassessment tool is coded in color. This document drives housing at NEXUS. The spreadsheet is continually updated, and staff consult the NEXUS Security Coordinator/PREA Manager, or Program Administrator in response to a request or need to reassign Family Member housing.

(c) (d) (e) Policy 7-3 states:

- a. In deciding whether to assign a transgender or intersex Family Member to a facility for males or females, and in making other housing and in deciding whether to assign a transgender or intersex Family Member to a facility for male or females, and in making

other housing and programming assignments, including possible transfer to another facility if most appropriate, NEXUS shall consider on a case-by-case basis whether a placement would ensure the Family Member's health and safety, and whether the placement would present management or security problems.

- b. NEXUS will consider facility factors, including Family Member populations, staffing patterns, and physical layouts. Best practices include initial consultation and multiple reviews of a transgender or intersex Family Member's housing and programming plan with administration, security, and medical and mental health staff. Housing and programming must allow for gender identity when appropriate.
- c. A transgender or intersex Family Member's own views with respect to his or her own safety shall be given serious consideration.
- d. The decision as to the most appropriate housing and programming determination for a transgender or intersex Family Member can be complex; however, a housing and programming decision for a transgender or intersex Family Member cannot be further complicated by complaints of other Family Members or staff, and other levels of discomfort when the complaints and discomfort are based on gender identity.
- e. NEXUS shall not place lesbian, gay, bisexual, transgender, or intersex Family Members in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such Family Members.

NEXUS is not under any type of consent decree, or mandates. Gay, transgender, or intersex Family Members would not be segregated from general population unless they were a threat, or at serious risk for abuse. This was confirmed by the MDOC PREA Coordinator, and the CCCS, Inc. PREA Coordinator. Two Family Members, one who identified as bisexual, and one who identified as gay were interviewed and also confirmed compliance. Auditor was provided with the initial assessments and reassessments of these Family Members which addressed individualized housing options. Review indicated one of these Family Members had been reassessed twice since his admission date of ten days prior.

The auditor reviewed CCCS, Inc./NEXUS Policy 7-2 entitled; "LGBTI Gender Identity and Gender Expression, Housing, Programs, and Searches" which further details and amplifies the individual assessment of an LGBTI Family Member's management at NEXUS.

If a Family Member identifies as transgender or intersex, the Family Member is asked upon during initial assessment or upon reassessment to share their gender identity, preferred pronoun, and the gender of staff the Family Member would prefer to conduct pat searches. This is one of the many strengths of the NEXUS Initial Assessment/Reassessment process. The safety, housing and programming is assessed and reassessed on an individual case-by-case basis.

NEXUS is committed to housing transgender and intersex residents by gender-identity, rather than genitalia, given consideration of the individual and security and safety needs. 4 rooms on each unit have 2 beds in each room; however all rooms have adjoining restrooms with showers shared with another room with 2 beds.

Other options would be made available to provide a completely private restroom and shower if needed. The MDOC PREA Coordinator supported NEXUS' proactive plans to provide safety through individualized, case-by-case assessment of transgender and intersex Family Members. There were no transgender or intersex Family Members on-site to interview.

A random sample of Family Members and staff were interviewed, as well as the NEXUS Security Coordinator/PREA Manager, Intake Staff, Random Staff, and Family Member interviews of bisexual and gay individuals. All interviews supported compliance.

Any NEXUS Family Member, who may feel vulnerable, can request to shower at a time when no other Family Member is showering. Because all Family Member rooms at NEXUS share adjoining restrooms with doors that do not lock, individualized housing assignments must take into consideration the Family Member's roommates, and also the other Family Members who reside on the other side of the adjoining restroom. As previously mentioned, the objective reassessment tool asks specifically if there are any concerns with safety regarding housing and use of restrooms.

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.

Standard 115.251 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-4; entitled, "Reporting" addresses this standard.

(a) NEXUS Family Member PREA Handbooks, encourage private reporting internally to Facility Security Coordinator/PREA Manager, and all NEXUS staff. A locked Emergency Grievance box is accessible to Family Members on each unit. Random Staff and Random Family Member interviews confirmed knowledge of various options to privately report sexual abuse, sexual harassment, retaliation, and staff neglect, or violation of responsibilities that may have contributed to such incidents.

(b) During the on-site audit, the auditor observed many posters mounted on the walls providing information on how to privately report an incident of sexual abuse or sexual harassment. Family Members are encouraged to write to the, "MT Department of Corrections PREA Division" as an option to report. Other posters mounted by Family Member's phones provide telephone numbers to S.A.V.E.S. and Lewistown Police Department. In addition to having access to call the aforementioned entities, Family Members have an option to directly call another CCCS, Inc. facility; WATCH-East in Glendive, MT. Family Members are provided number codes that will support their collect calls to these external reporting resources. Family Members are educated that phone calls to Lewistown Police Department and WATCH-East can be anonymous upon their request; however, the

recipients of these phone calls will immediately forward those calls to NEXUS administration. Further, NEXUS Family Members are made aware any phone calls to S.A.V.E.S. are absolutely confidential. There appeared to be some confusion among Family Members and NEXUS staff regarding which phone calls are confidential during on-site. The confusion was quickly cleared up among all before the completion of the on-site audit. There are “special mail procedures” in place which allow private, sensitive mail to exit NEXUS without staff overview. Interviews of a random sample of Family Members and staff all stated they were aware of a variety of options/mechanisms for residents to report an incident of sexual harassment, sexual abuse, retaliation or staff neglect, including accessing the Corporate Office of CCCS, Inc.

Family Members are provided access to telephones located in their dayrooms. There are 2 phones in each dayroom, and a sign up sheet to make phone calls. Both staff and Family Members interviewed stated if a Family Member needed to make a private phone call, they would be allowed access to a phone in a private office, with ample privacy afforded by staff during the phone call. This was affirmed by administration. The Agency PREA Coordinator and auditor checked each of the 3 phone lines; S.A.V.E.S., Lewistown Police Department, and WATCH-East to confirm the phone lines were functional.

(c) According to Random Staff, Random Resident and Specialized Staff interviews, NEXUS staff accepts reports made verbally, in writing, anonymously, and from third parties. Further supported in policy, and demonstrated in handling the 2 reports of sexual harassment made in 2015, staff indicates they would immediately document any verbal reports. Third-party report forms, and contact information for all CCCS, Inc. Facility PREA Managers, and the CCCS, Inc. PREA Coordinator can be accessed on CCCS, Inc.’s website at www.cccscorp.com.

(d) The auditor interviewed a random sample of staff who all indicated they are able to privately report an incident of sexual harassment or sexual abuse by telling their immediate supervisor, the Agency PREA Coordinator, Facility Security Coordinator/PREA Manager, or any other CCCS, Inc., Administrator if they suspected their supervisor was involved. Confirmed in interviews with the CCCS, Inc. Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, “Whistleblower” Policy indicated all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) instructs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department if they are not comfortable reporting to their immediate supervisor.

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.

Standard 115.252 requires seven components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) (b) (c) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-4; entitled, "Reporting" addresses this standard. As indicated in the Family Member PREA Handbook, the facility does not require a Family Member to use an informal grievance process for filing any type of grievance; however, the option is available for non-PREA issues. The auditor reviewed the aforementioned facility policy, and the grievances filed over the past year in evaluating compliance with this provision.

(d) The completed Pre-Audit Questionnaire provided by NEXUS indicated there were no grievances and no emergency grievances filed over the past 12 months alleging sexual abuse. The auditor reviewed grievances and emergency grievances filed in the last 12 months while on-site provided by the Facility Security Coordinator/PREA Manager, and found no grievance or emergency grievances filed alleging sexual abuse or sexual harassment. The auditor was unable to locate a Family Member who had reported sexual abuse or sexual harassment at NEXUS to interview.

(e) CCCS, Inc. website provides third-party report forms which can be printed, mailed, faxed, or emailed.

NEXUS has one Grievance Reporting Form in which a Family Member is instructed to choose and circle one of the following: Informal, Formal or Emergency.

(f) There is a locked box available for Emergency Grievances, and Emergency Grievance forms are near the box. PREA issues are defined on the Grievance Reporting Form as "Staff on Family Member and Family Member on Family Member sexual misconduct-PREA". The Facility Security Coordinator/PREA Manager, and Program Administrator have access to the locked box, as well as Supervisory Security Staff on the weekends. Interviews with Random Family Members and Random Staff confirmed an awareness and familiarity with the process of Emergency Grievances.

(g) Policy 7-4 states Family Members may be disciplined for filing a grievance related to alleged sexual abuse, only where the agency demonstrates the Family Member filed the grievance in bad faith.

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.

Standard 115.253 requires three components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-5; entitled, "Medical and Mental Health", supports the MOU between NEXUS and S.A.V.E.S. The MOU is posted on CCCS, Inc.'s website at www.cccscorp.com.

Random Family Member and Random Staff interviews confirmed knowledge of access to outside confidential support services. Posters with contact information for S.A.V.E.S. and national victim advocacy centers are mounted near Family Member phones as noted in the on-site audit. The Family Member PREA Handbook, contains contact information and assurances of confidentiality regarding communication with S.A.V.E.S.

(b) While the auditor tested the phone lines designated to contact S.A.V.E.S. during the on-site audit to ensure the phone line was functioning, a discussion regarding the extent to which such communication will be monitored ensued with Family Members. There appeared to be some confusion among Family Members and NEXUS staff about whether or not the phone line would be recorded, or otherwise monitored. The Intake/Aftercare Coordinator and the NEXUS Security Coordinator/PREA Manager addressed the Family Members to clear any confusion regarding informing the Family Members prior to giving them access to outside support services, of the extent to which such communication will be monitored, and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Further Random Family Member and staff interviews revealed a renewed understanding of the total confidentiality of conversations with S.A.V.E.S.

(c) CCCS, Inc., and NEXUS maintains an memoranda of understanding (MOU) for collaborative services with S.A.V.E.S. a community-based organization which provides emotional support, advocacy services to victims of sexual abuse and sexual assault. Upon a referral by NEXUS or by Lewistown Police Department on behalf of a NEXUS Family Member victim of sexual abuse or sexual assault, S.A.V.E.S. provides (at no charge to the victim) advocacy, and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim. Additionally, Family Members are informed they will be offered victim support and advocacy services with community service providers prior to release from NEXUS. This was confirmed in interviews of mental health staff, case management, and the Executive Director of S.A.V.E.S.

In an interview with the Executive Director of S.A.V.E.S. assurances were made that a NEXUS Family Member would be treated no differently than a sexual assault victim from the community. The Executive Director acknowledged a working relationship with NEXUS, and described NEXUS staff as being very conscientious.

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.

Standard 115.254 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-4; entitled, "Reporting" identifies an established

method to receive third-party reports of sexual abuse and sexual harassment, and the agency publication of the procedure to report sexual abuse and sexual harassment on behalf of a Family Member.

The NEXUS Grievance Policy allows third parties to assist the Family Member in filing a grievance that is PREA related. Family Members are provided information about the grievance process via the NEXUS Family Member PREA Handbook, and the Grievance Instructions on the grievance forms.

NEXUS has a policy that requires all staff to accept verbal reports from third parties, document, and report forward immediately.

CCCS, Inc. website specifically provides information to the public about how to report suspected sexual abuse and sexual harassment in all CCCS, Inc. facilities. A Third Party Reporting Form is posted at www.cccscorp.com along with comprehensive contact information for each facility, and corporate office of CCCS, Inc.

There were no third-party reports made in the past year.

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.

Standard 115.261 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) and (d) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-4; entitled, "Reporting" addresses Staff and Agency Reporting Duties.

A Random selection of Staff was interviewed and the auditor determined staff are familiar with the mandates to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, any knowledge, suspicion, or information regarding retaliation against Family Members or staff who reported an incident of sexual abuse or sexual harassment, and any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Further interviews of a Random sample of Staff confirmed information related to a report of sexual abuse and sexual harassment would only be disclosed as necessary to make treatment, investigation, and other

security and management decisions, or on an “need to know” basis.

(c) All NEXUS employees are required to immediately report any suspected or alleged abuse or neglect to the statutorily required entities per agency policy. The agency requires all staff to comply with mandatory child abuse reporting laws, and reporting requirements applicable to the facility’s licensing requirements.

Interviews of Mental Health Staff indicated professionally licensed staff is extremely well versed on informed consent, and the confidentiality requirements of reporting sexual abuse of Family Members which occurred over the age of 18, within the community. Further interviews of a Random sample of Staff confirmed information related to a report of sexual abuse and sexual harassment would only be disclosed as necessary to make treatment, investigation, and other security and management decisions, or on an “need to know” basis.

(e) The Agency PREA Coordinator, and Facility Security Coordinator/PREA Manager indicated the Program Administrator would assign a trained PREA investigator for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. This confirms written procedure as indicated in NEXUS’ Policy 7-10, “Investigations”.

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.

Standard 115.262 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-4; entitled “Reporting”, upon review verifies, “when facility staff learns a Family Member is subject to a substantial risk of imminent sexual abuse staff shall take immediate action to protect the Family Member.”

The completed Pre-Audit Questionnaire provided by NEXUS, indicated no Family Members were subjected to a substantial risk of imminent sexual abuse.

There were no reports that a Family Member was at risk of substantial risk of imminent sexual abuse in the past twelve months. The auditor interviewed the Agency Head (designee), Agency PREA Coordinator, the Facility PREA Manager/Security Coordinator and Clinical Supervisor who under the supervision of the Agency Head are addressing facility issues in the absence of a Program Director, and a Random sample of Staff to determine no cases of risk of imminent sexual abuse had been reported over the previous year.

Staff interviews revealed staff was formally trained, and understand how to ensure Family Members are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to

separate the alleged perpetrator and victim, and is detailed in facility procedures.

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.

Standard 115.263 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-4; entitled, "Reporting" indicates upon receiving an allegation a Family Member was sexually abused or sexually harassed while confined at another facility, the Program Administrator of NEXUS will notify the head of the facility, or appropriate office of the agency where the alleged sexual abuse or sexual harassment occurred within 24 hours. This PREA Standard mandates the reporting must occur within 72 hours, and the understanding of NEXUS policy, which mandates 24 hours was confirmed in interviews with the Agency Head, the Agency PREA Coordinator, and the Facility Security Coordinator/PREA Manager.

According to the completed NEXUS PAQ, and verified in interviews of the NEXUS Program Administrator, and NEXUS Security Coordinator/PREA Manager there was one report from a resident regarding sexual harassment in another confinement setting. This incident was reported to the head of the other confinement setting, as well as to the Agency PREA Coordinator, and the MDOC PREA Coordinator.

The auditor reviewed the Disclaimers which are read, signed, and dated by Family Members prior to proceeding through their initial screening/assessment. The Disclaimers states as follows, "If you report that you were sexually abused in another correctional institution, as a PREA requirement, our facility administrator must report the information to the facility head of such Correctional Institution where the event happened. The information reported by staff will be limited to what you tell us."

(b) and (c) According to the documentation reviewed regarding the one report forwarded to the confinement agency in which the allegations took place, the notification was completed with 24 hours, in accordance to NEXUS policy, and well within 72 hours of the expectation of Standard 115.263.

(d) The completed NEXUS PAQ and interviews of the Agency Head, NEXUS Program Administrator, and NEXUS Security Coordinator/PREA Manager concluded NEXUS has not received any allegations of sexual abuse and sexual harassment from any other confinement facilities.

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.

Standard 115.264 requires two components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual, Policy 7-11; entitled, "Coordinated Response/Staff First Response Duties" outlines the duties of First Responders.

The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan provides a step-by-step process for responding to an allegation of sexual abuse. Each of the 4 mandated responses are covered in Policy 7-11. Staff in non-security job positions receive the exact same training as security staff. A Random selection of Staff, First Responders, and Non-Security First Responders (staff in non-security job positions), which included volunteers were interviewed. Each of them was able to articulate the appropriate duties when responding to an incident in accordance with their roles within the facility, including how best to preserve evidence.

All current NEXUS staff, contractors, and volunteers have been trained in First Response procedures according to the Facility Security Coordinator/PREA Manager. According to policy, all staff, contractors, and volunteers are trained upon hire or retention, and again during annual or biannual refresher training.

Interviews with a Random selection of Staff, Volunteers, and the Facility Security Coordinator/PREA Manager confirm an institutionalization of proper procedure.

It should be noted all NEXUS staff, contractors and volunteers are mandated to follow a "No Touch" CCCS, Inc policy. As an employee of NEXUS, staff agree in writing to not physically touch NEXUS Family Members. Physical restraint is not routinely used as part of a use of force continuum. Any deviation from the "No Touch" CCCS, Inc. policy requires approval and permission from the CEO of CCCS, Inc. or designee. The auditor did review all CCCS, Inc. and NEXUS policies which confirm congruency. In an emergency which may require restraint, the Lewistown Police Department would be summoned in addition to contacting CCCS, Inc. Corporate.

(b) While NEXUS Staff will use verbal command to attempt to separate the alleged victim and abuser, non-security staff will request the alleged victim to not take any actions that could destroy physical evidence, and then immediately notify security staff. This was confirmed in interviews of NEXUS Volunteers.

There have been no opportunities to enact First Response procedures and protocol as there have been no reports of sexual abuse at NEXUS in the past year.

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.

Standard 115.265 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-11; entitled, “Coordinated Response/Staff First Response Duties” outlines NEXUS’ written plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment among staff, contractor, volunteer, first responders, medical and mental health practitioners, investigators, and facility leadership.

NEXUS’ Coordinated Response Plan is well thought out, comprehensive, and not only details response by staff and administrative role to sexual assault and sexual abuse, but also addresses First Responder duties for staff, contractors and volunteers in receiving a report for sexual abuse or sexual assault post 72-96 hours, and First Responder duties for staff, contractors and volunteers when receiving a report regarding sexual harassment.

To aid retention, and provide critical key information, NEXUS has created a PREA Check List which provides direction for NEXUS security staff. This document was created in 2011; however, has been revised. The Medical Supervisor provided 2 documents that were created specifically to guide medical response in the event of Coordinated Response deployment. The NEXUS Patient Care Protocol for Sexual Assault guides emergent medical response, while the PREA Response Checklist; Medical Response gathers both medical and mental health into the spectrum of response as outlined in policy. A Sexual Assault Initial Response and Containment Checklist incorporates the roles of First Responders, Security Supervisors, Medical and Mental Health Staff, Investigators, NEXUS Security Coordinator/PREA Manager, Agency PREA Coordinator, and Command Post at Montana State Prison.

While on-site, the auditor viewed brown, paper evidence bags, evidence tape, and Crime Scene banners stored in a locked, labeled metal locker.

The Agency PREA Coordinator, and NEXUS Security Coordinator/PREA Manager were interviewed regarding the development and implementation of the Coordinated Response Plan.

Random Staff and Volunteers confirmed an understanding of appropriate responses related to specific roles in NEXUS’ Coordinated Response Plan.

There have been two opportunities to enact nonemergent Coordinated Response Plan and protocol as there were two reports of sexual harassment at NEXUS within the past year.

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.

Not Applicable

N/A CCCS, Inc. does not participate in collective bargaining agreements.

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.

Standard 115.267 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-9; entitled, "Findings, Sanctions, and False Reporting" outlines CCCS, Inc./NEXUS' plan to keep Family Members and staff safe from retaliation.

Interviews of a random sample of Family Members indicated they were very familiar with CCCS, Inc. /NEXUS' adamant stance against retaliation. Family Members were able to identify by name and position the staff members charged with pro-actively monitoring retaliation. This information is also provided in the NEXUS Family Member PREA Handbook, discussed at time of intake, and in detail during orientation, identifying the NEXUS Program Administrator, and the Facility Security Coordinator/PREA Manager by name. Interviews indicated both Family Members and staff would not hesitate to communicate with the NEXUS Program Administrator and Facility Security Coordinator/PREA Manager.

The auditor interviewed a Random sample of Staff, and Volunteers who all indicated they are able to privately report an incident of sexual harassment, sexual abuse, or retaliation by informing their immediate supervisor, the Agency PREA Coordinator, the Program Administrator, or any other CCCS, Inc. administrative employee. Confirmed in interviews with the Agency Head (designee), Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy, indicates all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting an incident of retaliation to their immediate supervisor. NEXUS contractors and volunteers are informed of their duty to report in training.

(b) Multiple protection measures are available for Family Members and staff who fear, or experience retaliation, as addressed in detail in Policy 7-9.

In an interview with the Agency Head, the Agency Head indicated there would be no tolerance for retaliation of any kind, and discussed strategies involving disciplining a Family Member who was found to retaliate by requiring the Family Member to undergo the formal disciplinary process of MDOC, which could result in discharging the Family Member, or doing time in a secured facility. Staff would face discipline as well.

(c) (d) (e) NEXUS is a modified Therapeutic Community, which includes Family Members holding "hierarchy" positions, which are leadership positions in their various "families". Because of the close therapeutic interaction between Family Members and NEXUS staff, a change in a Family Member's behavior and presentation would more than likely be quickly recognized, and intervened upon.

Auditor reviewed a monthly data spread sheet entitled, "NEXUS PREA MONTHLY RETALIATION MONITORING REPORT" during the on-site audit related to tracking results of protection against retaliation. In addition to completing this aforementioned form, each periodic check would be documented individually as well for at least 90 days, or beyond if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) Policy 7-9 addresses an agency's obligation to monitor shall terminate if the agency determines the allegation is unfounded.

The completed Pre-Audit Questionnaire provided by NEXUS indicated there were no incidents of retaliation in the previous 12 months.

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.

Standard 115.271 requires twelve components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) and (c) The auditor perused CCCS, Inc., Policy and Procedures Manual Policy 7-10; entitled, "Investigations", and verified proof the facility's investigators have completed Specialized Training for Investigators, maintained at the agency level.

Interviews with NEXUS PREA Investigator affirm investigations would be handled immediately, third-party

reports would be treated the same as if the Family Member filed the report. Investigators would gather direct and circumstantial evidence, including any available physical and DNA evidence, as well as electronic monitoring data. Investigative staff would interview alleged victims, suspected perpetrators and witnesses. Investigators would also review prior reports and complaints of sexual abuse involving the suspected perpetrators.

(b) NEXUS currently has 2 staff members who have completed Specialized Training for PREA Investigations in a Confinement Facility; the NEXUS Program Administrator and the NEXUS Security Coordinator/PREA Manager.

NEXUS conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources, but does not conduct criminal investigations. Criminal investigations are conducted by the Lewistown Police Department; however, NEXUS PREA Investigators may assist Lewistown Police Department with the collection of evidence for criminal investigations if requested.

NEXUS reports as documented in the completed Pre-Audit Questionnaire there have been two allegations of sexual harassment within the last 12 months; one resulting in an unsubstantiated finding regarding sexual harassment allegations against a staff member directed to a Family Member, and the other, an unfounded claim of sexual harassment made by one Family Member to another Family Member.

(d) When the quality of evidence appears to support criminal activity, the NEXUS PREA investigator would pause the administrative investigation while the criminal investigation is being conducted, unless otherwise directed by the NEXUS Program Administrator who is the designated point of contact regarding communication with Lewistown Police Department. Criminal investigations are conducted by the Lewistown Police Department; however, NEXUS PREA Investigators may assist Lewistown Police Department with the collection of evidence for criminal investigations if requested.

(e) Investigative staff does not require a Family Member who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for processing, and if a Family Member leaves NEXUS, an investigation will continue until completion. In addition, interviews revealed if a Family Member recants an allegation, the investigation will continue to completion. The credibility of an alleged victim, suspect, or witness is evaluated on an individual basis, and not based on their status as Family Member or staff.

(f) NEXUS conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources, and shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports. NEXUS Facility Security Coordinator/PREA Manager created confidential hard copy Investigation files which were reviewed by the auditor. The files include all the original report(s), evidence, any communication with alleged, reporters, and victims, SART forms, protection against retaliation forms, proof of resident notification, and documented communication with WATCH-East. All papers in the hard files are secured, and the Investigation files are kept in a locked file cabinet in the Program Administrator's office, including all electronic evidence, if applicable.

(g) and (h) According to Policy 7-10, and confirmed in an interview with the Chief of Police of Lewistown Police Department confirmed criminal investigations would be documented in a written report containing a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. A copy of the criminal investigation would be shared with NEXUS according to Lewistown Police Department policy. Lewistown Police Department would refer substantiated allegations of conduct which appear to be criminal for prosecution. The Chief of Police of Lewistown Police Department stated they have not received a referral for criminal investigation in the past year.

(i) As indicated in Policy 7-10, NEXUS will retain all written reports referenced in (f) and (g) for as long as the alleged abuse in incarcerated, or employed by the agency, plus five years.

(j) It was confirmed by interviewing the CCCS, Inc. Director of Human Resources, the Agency PREA Coordinator, the NEXUS Program Administrator, and the NEXUS Security Coordinator/PREA Manager if an alleged abuser left employment of NEXUS both criminal and administrative investigations would continue until completion.

(k) The MDOC PREA Coordinator confirmed MDOC Investigators conduct investigations pursuant to the above requirements.

(l) The NEXUS Program Administrator is the designee who will act as a liaison when the Lewistown Police Department investigates sexual abuse, and will oversee NEXUS staff cooperation with the criminal investigation. It should be noted the Chief of Police is a member of NEXUS' screening committee, and is in frequent communication with the NEXUS Program Administrator.

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.

Standard 115.272 required one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

Auditor review of the content of CCCS, Inc., NEXUS' Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 7-10; entitled, "Investigations" was congruent with results of interviews of PREA Investigator Staff which affirmed PREA Investigator Staff impose the "preponderance of the evidence" as the standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor reviewed the records regarding two sexual harassment investigations at NEXUS in the past year.

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.

Standard 115.273 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) (b) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-10; entitled, "Investigations" policy is consistent with this PREA standard, and interviews of Agency PREA Coordinator and NEXUS Security Coordinator/PREA Manager confirms a practice that demonstrates compliance, indicating a Family Member who reported sexual abuse or sexual harassment would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Auditor reviewed two sexual harassment investigations which occurred within the last year at NEXUS. The hard copy investigation files contained documentation indicating both alleged victims were notified of the results of the investigations.

(c) The auditor reviewed an investigation regarding allegations of sexual harassment from a NEXUS staff member towards a NEXUS Family Member. The auditor perused documentation in the hard copy investigation file, which included documentation regarding the alleged victim being informed of the result of the PREA Investigation being unsubstantiated, and further informing the alleged victim of the status of the NEXUS staff member; no longer employed at NEXUS.

(d) The auditor reviewed an investigation regarding allegations of sexual harassment from a NEXUS Family Member towards a NEXUS Family Member. The auditor perused documentation in the hard copy investigation file, which included documentation regarding the alleged victim being informed of the result of the PREA Investigation being unfounded; however, a referral for a criminal investigation was not made.

(e) and (f) As evidenced by the aforementioned documents, all notifications or attempted notifications are documented; however, as indicated in Policy 7-10, NEXUS’ obligation to report terminates if the Family Member is released from NEXUS.

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.

Standard 115.276 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

The completed Pre-Audit Questionnaire submitted by NEXUS indicates in the past 12 months, there have been no staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been no staff in the past 12 months who have been disciplined for violations of the agency sexual abuse or sexual harassment policies.

(a)(b) and (c) CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-9; entitled, "Findings, Sanctions, and False Reporting" requires staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse and sexual harassment. The policy further states that disciplinary sanctions for violations of CCCS, Inc./NEXUS policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The CCCS, Inc. Code of Ethics also requires disciplinary action up to and including termination for violations; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

(d) Policy 7-9 further states all terminations for violations of NEXUS sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Interviews with the NEXUS Program Administrator, CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, and NEXUS Security Coordinator/PREA Manager support policy.

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.

Standard 115.277 requires two components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) All NEXUS contractors and volunteers are subject to CCCS, Inc./NEXUS policies and protocols related to sexual abuse and harassment. CCCS, Inc., NEXUS Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 7-9; entitled, "Findings, Sanctions, and False Reporting" states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with Family Members and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." This policy was corroborated in interviews with the NEXUS Program Administrator, CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, and NEXUS Security Coordinator/PREA Manager, and NEXUS Volunteers in addition to two Contractors.

(b) An interview with the Agency Head further supported protocol outlined in policy, such as, "The Program PREA Audit Report

Director or designee shall take appropriate remedial measures, and shall consider whether to prohibit further contact with Family Members, in the case of any other violation of CCCS, Inc./NEXUS sexual abuse or sexual harassment policies by a contractor or volunteer.”

Review of NEXUS Volunteer and Contractor training curricula revealed volunteers and contractors are sufficiently notified of governing policies and procedures regarding their behavior, consequences thereof regarding their interactions with NEXUS Family Members.

In the past 12 months, no contractors have been reported to law enforcement agencies or relevant licensing bodies for sexual abuse or sexual harassment.

In the past 12 months, no volunteers have been reported to law enforcement agencies or relevant licensing bodies for sexual abuse or sexual harassment.

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.

Standard 115.278 requires seven components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) As indicated in the completed Pre-Audit Questionnaire provided by NEXUS there have been zero administrative findings of Family Member-on-Family Member sexual abuse at the facility; additionally, NEXUS reports there have been zero criminal findings of guilt for Family Member-on-Family Member sexual abuse in the past 12 months. If Family Member were to have been found to have committed these infractions, Family Members are subjected to disciplinary sanctions pursuant to a formal disciplinary process. Family Members are informed of these expectations and consequences in the Family Member PREA Handbook, upon intake and in orientation.

(b)(c) and (d) CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-9; entitled, “Findings, Sanctions, and False Reporting” indicates the disciplinary process considers whether a Family Member’s mental disabilities or mental illness contributed to the Family Member’s behavior. Further the policy states Mental Health Staff shall consider, as a condition of access to programming or other benefits, whether to require the offending Family Member to participate in therapy, counseling or other interventions designed to address and correct underlying reasons or motivation for the abuse.

(e) Policy 7-9 indicates may discipline a Family Member for sexual contact with staff only upon a finding the staff member did not consent to the contact.

(f) Specific to false reports, Policy 7-9 states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

(g) CCCS, Inc. and NEXUS prohibits consensual sex acts. These cases are treated as a disciplinary action, and not investigated as a PREA investigation, unless there was coercion involved.

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.

Standard 115.282 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-5; entitled, "Medical and Mental Health", and interviews with Medical and Mental Health staff indicate medical or mental health practitioners determine the nature and scope of treatment according to their professional judgment.

(b) In the event of an emergency, if a Medical or Mental Health practitioner is not on duty, an on-call Mental Health practitioner, and on-call Medical Staff would be summoned while security First Responders would take preliminary steps to protect the victim; however the shift supervisor, according to Coordinated Response Plan may be making arrangements for the victim to be transported immediately to the Central Montana Medical Center for a forensic exam conducted by a SANE. Interviews of First Responders and Medical and Mental Health Staff, and Random Staff confirm this protocol.

NEXUS has on-site nursing staff, a contracted part-time physician, mental health professionals, and a trained case manager who is a Qualified Agency Staff Member. The NEXUS Qualified Agency Staff Member would provide victim advocacy services to a Family Member in the rare absence of S.A.V.E.S.

(c) and (d) According to NEXUS Policy 7-5, NEXUS would offer timely information about, and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. NEXUS procedures include victims of sexual abuse being examined by on off-site SANE. Once a Family Member is examined, the Family Member would be offered access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care. Services are provided without financial cost and regardless of whether the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical Staff and the MOU with Central Montana Medical Center confirm services would be provided without cost to Family Members.

The completed Pre-Audit Questionnaire provided by NEXUS indicates no Family Members were offered forensic examinations, or emergent mental health services in the past 12 months.

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.

Standard 115.283 requires eight components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) (b) and (c) CCCS, Inc., NEXUS Policy and Procedures Manual, Policy 7-5; entitled, "Medical and Mental Health", indicates NEXUS provides follow-up medical and mental health services, treatment plans, and when necessary, referrals for continued care following Family Member transfer to, or placement in, other facilities, or their release from custody, consistent with the community level of care.

As part of NEXUS' standard of care, all Family Members who are assessed as Known or Potential Victims, or at risk for aggression are immediately offered a referral to see Mental Health staff routinely during intake. Referrals to Mental Health can occur at any time during the Family Member's treatment; however, the Mental Health Referral Forms reviewed by the auditor, indicate most referrals are made at the time of initial assessment, or upon reassessment. The Mental Health Referral Form offers the Family Member the option to accept or deny the opportunity to meet with the Mental Health Specialist. The auditor also reviewed secondary documentation provided by the NEXUS Clinical Director.

The provision of comprehensive mental health services, as well as the ongoing provision of such was verified in interviews of Random Family Members, NEXUS Clinical Director and Medical Supervisor. To best serve Family Members who are dual-diagnosed, mental health and medical services are coordinated in parallel with psychiatric care provision through the NEXUS medical care department.

It should be noted the NEXUS Clinical Director is a doctorate level LCPC, who was assisted by a part time Mental Health Professional who is a LCPC, as well as an LAC at the time of the on-site audit. Further, it should be noted the NEXUS Clinical Director not only has clinical experience with sexual abuse survivors, but has also provided clinical services to identified sex offenders prior to taking his position at NEXUS.

(d) and (e) are not applicable to NEXUS because NEXUS houses male Family Members.

(f) and (g) Medical Staff affirm according to Policy 7-5, all victims of sexual abuse while incarcerated would be offered all treatment services, including tests for sexually transmitted infections as medically appropriate and at no cost to the Family Member, regardless if the victim cooperates with the investigation or not.

As confirmed in an overview of training and licensing records, and in interviews of the NEXUS Program Administrator, Agency PREA Coordinator, Qualified Agency Staff Member and Medical Supervisor, the NEXUS Medical Supervisor is a SANE. Further, the Medical Supervisor has been instrumental in creating and maintaining the Lewistown City SART. The Medical Supervisor will initiate an introductory meeting between the NEXUS Qualified Agency Staff Member, and S.A.V.E.S. which will lay foundation for seamless victim advocacy services.

Documents revealed even though 1 of the sexual harassment investigations which were conducted in the past year, concluded as unsubstantiated, the alleged victim was offered mental health services, and auditor perused redacted secondary mental health documentation.

(h) NEXUS Family Members go through a screening process prior to acceptance at NEXUS. Those convicted of a sexual crime, or known Family Member-on-Family Member abusers are not accepted at this facility; therefore no mental health evaluations of known Family Member-on-Family Member abusers were completed.

Standard 115.283 was exceeded by NEXUS.

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.

Standard 115.286 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) Even though this PREA Standard indicates unfounded incidents of sexual abuse and sexual harassment do not need to be reviewed by the Incident Review Team, interviews with a member of the Incident Review Team, Agency PREA Coordinator, and NEXUS Security Coordinator/PREA Manager all indicate a willingness to review all incidents of sexual abuse and sexual harassment regardless of investigation outcome to support ongoing learning and skill building.

(b) and (d) In addition, as outlined CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-7; entitled, "Data Collection, Aggregation, and Review", the Incident Review Team of NEXUS has developed a template for reviewing these incidents within 30 days of the conclusion of the investigation, so the template encompasses the requirements in this provision. Review of this revised form by the auditor revealed each of the required elements is presented as a question to be considered by the team at the time of the incident review.

One of the two 2015 PREA Sexual Harassment Investigations did undergo incident data review; however, not with the guidance of the revised SART form. The gathering of Upper-level NEXUS Management, and Medical

and Mental Health providers which occurred in October, 2015, and again in December, 2015 was to address the creation of a NEXUS SART meeting. As a result of the NEXUS SART form (d) was implemented, and will be used consistently moving forward according to Agency PREA Coordinator, Program Administrator and NEXUS Security Coordinator/PREA Manager.

(c) NEXUS has assembled a multi-disciplinary team whose purpose is to review each and every incident of sexual abuse and sexual harassment. The Incident Review Team is comprised of Upper-level management, and allows input from line supervisors, investigators, and medical and mental health practitioners.

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.

Standard 115.287 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a)/(c) CCCS, Inc., NEXUS, Policy and Procedures Manual Policy Policy 7-7; entitled, "Data Collection, Aggregation, and Review" mandates NEXUS to collect uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the Department of Justice in 2014 and 2015, as required.

(b)/(f) The auditor reviewed the completed SSV surveys, and the set of definitions provided. Confirmed in interviews with the NEXUS Security Coordinator/PREA Manager, and the Agency PREA Coordinator, the NEXUS Security Coordinator/PREA Manager is responsible for completing the SSV survey and an annual aggregated data report for NEXUS. The NEXUS Security Coordinator/PREA Manager provides the NEXUS report to the Agency PREA Coordinator, for further inclusion and aggregation of agency-wide data. The reports are generated annually before June 30.

(d) In anticipation of authoring futuristic reports, the NEXUS Security Coordinator/PREA Manager will use a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence to efficiently track data. Auditor reviewed the spreadsheet in its basic form. The spreadsheet would assist CCCS, Inc./NEXUS to maintain, review and continue to collect data from all incident-based documents, reports, investigation files, and sexual abuse and sexual harassment incident reviews.

(e) Not applicable as NEXUS does not contract for the confinement of its Family Members.

NEXUS has reports posted on the website of CCCS, Inc. at www.cccscorp.com from 2012-2015. There have been two reports of sexual harassment during that time period. All annual reports of every CCCS, Inc. program is signed by the Chief Executive Officer of CCCS, Inc.

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.

Standard 115.288 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) The auditor reviewed CCCS, Inc., NEXUS, Policy and Procedures Manual entitled, Policy 7-7; entitled, "Data Collection, Aggregation, and Review", which states CCCS, Inc. will review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response polices, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

NEXUS has annual reports posted on the website: www.cccscorp.com from 2013-2015. The annual reports consist of how many and what type of sexual abuse or sexual harassment allegations were received. The NEXUS report addresses the effectiveness of its sexual abuse preventions, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions.

In interviews with the Agency PREA Coordinator and the NEXUS Security Coordinator/PREA Manager, it was determined that the generation of the facility and agency annual report is completed in their respective roles, and any information that may present as a threat to the safety and security of the a facility would be redacted; however, the nature of the material redacted would indicated.

(b)/(c) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-7; entitled, "Data Collection, Aggregation, and Review", further states CCCS, Inc. and NEXUS reports shall include a comparison of the current year's data, and corrective actions with those from prior years, and shall provide an assessment of NEXUS and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are made readily available to the public through CCCS, Inc.'s website, and can be accessed at http://www.cccscorp.com/prea/pdfs/stats_annual.pdf.

The interview with the Agency Head indicated annual reports are approved pursuant to 115.288. Auditor review of NEXUS' 2013-2015 reports indicated all annual reports were signed by the CCCS, Inc. Chief Executive Officer, Director of Treatment Programs, and the Agency PREA Coordinator.

The template used for the Annual PREA Stats report addressed the following: the number of sexual assault

reports which were resident on resident or staff on resident, the number of sexual harassment reports which were resident on resident or staff on resident, how many reports were substantiated, unsubstantiated and unfounded, how many internal and administration investigations, the number of referrals to law enforcement for criminal investigations and the results of investigations, such as dismissed, sent to prison, under investigation, and disciplinary action.

The CCCS, Inc Annual PREA report should also address the effectiveness of its sexual abuse preventions, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

The NEXUS Security Coordinator/PREA Manager is using a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence. Using the spreadsheet as a tracking template for annual data will make the creation of the annual reports efficient both at the facility and agency level.

(d) In interviews with the Agency PREA Coordinator and the Security Coordinator/PREA Manager, it was determined that the generation of the facility and agency annual report is completed by them in their respective roles, and any information that may present as a threat to the safety and security of the a facility would be redacted; however, the nature of the material redacted would indicated.

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.

Standard 115.289 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) Interviews with the Agency Head, Agency PREA Coordinator, and NEXUS Security Coordinator/PREA Manager revealed sexual abuse, sexual harassment and other sensitive data required to author reports as required, and completed reports are maintained in a secure environment in the NEXUS Program Administrator's office. Sexual abuse data pursuant to 115.287 will be maintained for at least 10 years after the date of initial collection.

(b)/(c) The auditor reviewed CCCS, Inc., NEXUS, Policy and Procedures Manual Policy 7-7; entitled, "Data Collection, Aggregation, and Review", and also reviewed publicly available aggregated sexual abuse data to confirm all personal identifiers were redacted or removed prior to publication.

CCCS, Inc., NEXUS Policy and Procedures Manual Policy 7-7; entitled, "Data Collection, Aggregation, and Review", further states CCCS, Inc. and NEXUS reports shall include a comparison of the current year's data,

and corrective actions with those from prior years, and shall provide an assessment of NEXUS and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are made readily available to the public through CCCS, Inc.'s website, and can be accessed at http://www.cccscorp.com/prea/pdfs/stats_annual.pdf.

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.

Loree Ivanets, DOJ Certified Auditor

September 13, 2016

Auditor Signature

Date