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PREA ANNUAL REPORT

2022

This report was conducted in accordance with PREA Rape Elimination Act (PREA) Standard 115.288 Data review for corrective action.

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PREA Standard §115.288

The Prison Rape Elimination Act (PREA) was established to address sexual abuse and sexual harassment of persons confined to correctional facilities. Standard §115.288, Data Review for Correction Action of PREA, requires that all public and private institutions that house adult or juvenile offenders review data collected and aggregated on an annual basis in order to assess and enhance the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Facility Information

The Brazos Valley Council on Alcohol and Substance Abuse (BVCASA) is a TDCJ-funded Transitional Treatment Center (TTC). In 2015, BVCASA's funded capacity was 130 beds (either men or women, separated by floor). On May 18, 2016, BVCASA's funded capacity increased to 25 men and 158 women, with the men in a different building on the same campus. On July 31, 2018, BVCASA closed the McCaffrey House facility and moved male clients to the 3rd floor of the Horizon building, making the Horizon a mixed gender facility again. This was necessary due to a significant drop in client census from TDCJ. Effective April 1, 2019, BVCASA modified its contract with TDCJ to add 16 male and 16 female intensive residential relapse beds. On April 9, 2019, BVCASA received its first residential relapse clients. On September 6, 2019, BVCASA re-opened the McCaffrey House for female supportive residential clients. In 2020, BVCASA temporarily closed the McCaffrey House due to a decrease in both client census and staffing as a result of the COVID-19 pandemic. The McCaffrey House was opened briefly in 2022 but closed again due to staffing.

Key Terms and Definitions

NONCONSENSUAL SEXUAL ACTS – Unwanted contact with another inmate or any contact with staff that involve contact with the penis and the vagina or anus; contact between the mouth and the penis, vagina, or anus; penetration of the anal or vaginal opening of another person by a hand, finger, or other object; and rubbing of another person's penis or vagina by a hand.

ABUSIVE SEXUAL CONTACT – Unwanted contact with another inmate or any contact with staff that involved touching of the inmate's buttocks, thighs, penis, breasts, or vagina in a sexual way.

SEXUAL HARASSMENT – Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one inmate directed toward another.

STAFF SEXUAL MISCONDUCT – All incidents of willing and unwilling sexual contact with facility staff, and all incidents of sexual activity that involved oral, anal or vaginal penetration.

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STAFF SEXUAL HARASSMENT – Repeated verbal comments or gestures of a sexual nature to an inmate, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

2017-2022 Comparison of PREA Allegations

This report includes a comparison of calendar years 2015, 2016, 2017, and 2018 data on sexual abuse and sexual harassment allegations and provides an assessment of BVCASA's progress in preventing sexual abuse and sexual harassment of its residents. This review included a review of data from all available incident reports, grievances, investigation files, and sexual abuse incident reviews.

REPORTING CRITERIA	2017	2018	2019	2020	2021	2022
Number of <i>males</i> confined on December 31 st	28	18	43	43	23	50
Number of <i>males</i> admitted during the target year	136	160	291	379	317	390
Number of <i>females</i> confined on December 31 st	145	96	143	66	92	118
Number of <i>females</i> admitted during the target year	800	679	752	639	512	765
Number of <i>alleged</i> resident-on-resident NONCONSENSUAL SEXUAL ACTS	0	0	0	0	0	0
Number of <i>substantiated</i> resident-on-resident NONCONSENSUAL SEXUAL ACTS	0	0	0	0	0	0
Number of <i>alleged</i> resident-on-resident ABUSIVE SEXUAL CONTACT	0	0	0	0	0	0
Number of <i>substantiated</i> resident-on-resident ABUSIVE SEXUAL CONTACT	0	0	0	0	0	0
Number of <i>alleged</i> resident-on-resident SEXUAL HARASSMENT	0	0	0	0	0	1
Number of <i>substantiated</i> resident-on-resident SEXUAL HARASSMENT	0	0	0	0	0	0
Number of <i>alleged</i> staff-on-resident STAFF SEXUAL MISCONDUCT	1	0	0	1	3	0
Number of <i>substantiated</i> staff-on-resident STAFF SEXUAL MISCONDUCT	1	0	0	0	2	0
Number of <i>alleged</i> staff-on-resident STAFF SEXUAL HARASSMENT	1	0	0	0	0	0
Number of <i>substantiated</i> staff-on-resident STAFF SEXUAL HARASSMENT	0	0	0	0	0	0

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Comparative Analysis

BVCASA saw its first report of resident-on-resident sexual harassment in at least six years. However, staff-on-resident sexual misconduct decreased to zero in 2022. BVCASA will continue its efforts in ensuring that residents, staff, volunteers, and contractors are educated in the agency's Zero Tolerance policy, as well as the several methods of reporting allegations. BVCASA is committed to ensuring continued compliance with PREA Standards as well as the health and safety of the residents in our care. A comparative analysis of 2017, 2018, 2019, 2020, 2021, and 2022 data indicates the following:

- There was **no change** in the number of reported allegations of non-consensual resident-on-resident sexual acts. There were zero reported allegations in all six years.
- There was **no change** in the number of reported allegations of resident-on-resident abusive sexual contact. There were zero reported allegations in all six years.
- There was **an increase** in the number of reported allegations of resident-on-resident sexual harassment. There was one reported allegation in 2022 which was unsubstantiated.
- There was **a decrease** in the number of reported allegations of staff-on-resident sexual misconduct from 2021 to 2022. There were no reported allegations in 2022 compared to three reports in 2021.
- There was **no change** in the number of reported allegations of staff-on-resident sexual harassment from 2021 to 2022. There was one reported allegation that was substantiated in 2017.

2022 Corrective Actions

- Lighting was improved throughout the entire residential facility by changing overhead lights to LED lights to make hallways brighter and correct dark lighting in specific areas of the building.
- New cameras were ordered for both inside and outside the facility in order to enhance video surveillance coverage. The cameras were still on order as of the end of 2022.
- The following staff trainings were conducted in 2022. The trainings were conducted multiple times throughout the year, so dates are not included.
 - Report Preparation
 - Working with Volunteers, Clients, Peers, and Staff who are Transgender
 - Health Screening Medical, Dental, and Mental Health Training
 - Client Rights and Responsibilities
 - Client Abuse, Neglect, and Exploitation
 - Nonviolent Crisis Intervention and Pat Searching
 - Standards of Conduct
 - PREA
 - Safety and Security Monitoring

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2021 Corrective Actions

- BVCASA created a procedure for body cameras to be used, or a staff witness to be present, whenever staff enters a client's room.
- Enacted in practice for supervisors to watch video footage randomly for each shift on a weekly basis, with special emphasis on the overnight shift.
- Added inward facing dash cameras to each of BVCASA's 15-passenger vans.
- In addition to each employee's regular annual trainings, the following staff in-service trainings were conducted in 2021:
 - 4/14/21 – Offender Rights and Responsibilities/Client Bill of Rights/BVCASA Policies and Procedures- Section 300 Client Rights/Duty to Report/ Client Handbook-Client Responsibilities
 - 4/15/21 – BVCASA Standards of Conduct Policies and Procedures/TAC 448.218 – Standards of Conduct/Duty to Report
 - 5/12/21 – Operational Plan 1.23 – Incident Reporting/Reporting requirements from the TDCJ Contract
 - 5/27/21 – Report Preparation/Standards of Conduct/Offender Rights and Responsibilities
 - 6/2/21 – Offender Rights and Responsibilities
 - 6/4/21 – Offender Rights and Responsibilities
 - 6/16/21 – Grievances/Operation Plan 3.1
 - 6/16/21 – Safety and Security Monitoring/Operation Plan 1.24
 - 9/28/21 – PREA Training/EAC Reporting
 - 12/17/21 – Abuse and Neglect/Pat-Searching

2020 Corrective Actions

- BVCASA purchased body cameras for each residential floor. The body cameras have both video and audio capabilities and are used for the accountability, protection, and documentation of actions to benefit both staff and clients.
- In addition to each employee's regular annual trainings, the following staff in-service trainings were conducted in 2020:
 - 7/2/20 – Interpersonal relations/boundaries
 - 7/14/20 – Confidentiality and Incident Reporting
 - 7/27/20 – Abuse, Neglect, Exploitation, and Client Rights
 - 8/4/20 – Nonviolent Crisis Intervention
 - 8/6/20 – Offender rights and responsibilities, standards of conduct
 - 8/10/20 – Security/Safety/Key Control, supervision of offenders

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2019 Corrective Actions

- BVCASA added two new video cameras: one inside the Count Room, one in the 2nd floor day room, and one in the 3rd floor day room.
- The following staff trainings were conducted in 2019:
 - 4/18 - Dept. Inservice: Relapse Program/Contraband
 - 7/1-7/30 - Videos: Safe Prisons/PREA in Texas
 - 8/1 - Dept. Inservice: Responding to emergencies
 - 8/20-8/22, 8/26, 8/28-8/29 - Dept Inservice: Policies/Procedures on fire & other emergencies, Evacuation, Fire Drill, First Responder duties, Disaster plan/manual
 - 8/20-8/22, 8/26, 8/28-8/29 - Dept. Inservice: Security Procedures
 - 8/20-8/22, 8/26, 8/28-8/29 - Dept. Inservice: Offender Behavior Management
 - 9/12, 9/19, 9/20 - Dept Inservice: Pat Search Training
 - 10/24 - Annual Inservice: Report Writing/Submissions Procedures
 - 11/12-11/13, 11/20-11/21, 11/25-11/26 - Abuse, Neglect, Exploitation, and Client Rights
 - 11/18-11/20, 12/6 - Crisis Intervention
 - 12/5, 12/12, 12/19 - Security/Safety/Key Control/Emergency Fire/EEO

2018 Corrective Actions

- BVCASA added 6 new video cameras to the stairwells to ensure there were no blind spots.
- Migrated the McCaffrey House camera system to the Horizon system, making the cameras all accessible from one software system, which is more stable and less likely to go offline.
- The following staff trainings were conducted:
 - 4/27/18 – Duty to Report, Standards of Conduct, Employee Conduct, Staff Requirements, and Supervision/Monitoring Procedures
 - 7/12/18 – Incident Hotline and Reporting
 - 8/1/18 – Conducting Count
 - 9/14/18 – Client Confidentiality, Documentation Deadlines
 - 10/2/18 – PREA
 - 10/9/18 – Grievance Resolutions, Room Inspections, Incident Reports
 - 6/5/18 – Emergency Plans

2017 Corrective Actions

- BVCASA replaced its camera system in the Horizon building, and almost doubled the number of cameras in the facility. In 2016, there were 16 cameras in the facility. In 2017, all old cameras were removed and replaced by 31 high-quality cameras, as well as new cabling, in order to increase coverage and video quality.

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- BVCASA added a statement to its PREA Policies/Procedures that staff are not to enter a client's room without another staff member present and/or a documented need to enter the room. All staff were trained on this procedure.
- Procedures were implemented for Shift Leaders from other areas of the facility and Direct Care Supervisors to conduct random walkthroughs of the male facility to prevent staff from feeling isolated, and to diminish the appearance of the Shift Leader coming across as "invincible" or "untouchable."
- Training was conducted on staff's "duty to report" as outlined in BVCASA Procedure 116.D.
- Mirrors were added to the facility at hallway intersections to improve visibility down hallways.

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APPROVED BY:

Signature of Agency Head: 

Name/Title of Agency Head: Crystal Crowell, Executive Director

Date Annual Report Approved: 4-4-23