

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: [Click here to enter text.](#)

Auditor Information			
Auditor name: Georgeanna Mayo Murphy			
Address: P.O. Box 81873 Mobile, AL 36689			
Email: GeorgeannaMurphy@yahoo.com			
Telephone number: 251-421-0604			
Date of facility visit: April 10-12 2017			
Facility Information			
Facility name: Mitchell Addicton Treatment Center			
Facility physical address: 3232 Lay Springs Road, Gadsden, AL 35904			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 256-564-6324			
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"/> Correctional	<input type="checkbox"/> Detention	<input checked="" type="checkbox"/> Other
Name of facility's Chief Executive Officer: Tim Naugher			
Number of staff assigned to the facility in the last 12 months: 65			
Designed facility capacity: 24			
Current population of facility: 23			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 12-19			
Name of PREA Compliance Manager: Angie Pate		Title: Lead Therapist/PREA Manager	
Email address: a_pate@bridgeinc.org		Telephone number: 256-546-6324 ext 500	
Agency Information			
Name of agency: Bridge Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 3232 Lay Springs Road, Gadsden, AL 35904			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 256-564-6324			
Agency Chief Executive Officer			
Name: Tim Naugher		Title: Executive Director	
Email address: tnaugher@bridgeinc.org		Telephone number: 256-546-6324 ext 202	
Agency-Wide PREA Coordinator			
Name: Kim Harden		Title: Performance Improvement Director	
Email address: k_harden@bridgeinc.org		Telephone number: 256-546-6324 ext.229	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on site audit of the Mitchell Addiction Treatment Center in Gadsdent, Alabama was conducted on April 10-12, 2017 by Georgeanna Mayo Murphy, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, educational materials, training curriculum, organizational chart, posters, brochures and agreements with service providers and other PREA related material provided to demonstrate compliance with PREA standards. Kim Harden, PREA Coordinator provided all information requested and cleared up all questions that arose during the audit process.

During the two and a half day on-site visit the auditor was provided access to an office in the facility to conduct interviews of administrative staff, human resource staff, clients, line staff and other personnel. The area where interviews were conducted provided a venue for confidential interviews. Formal interviews were conducted with facility staff, residents, administrative staff, contract personnel, kitchen staff, training director, medical staff and therapists. The auditor interviewed eight (8) of the twenty-three (23) residents at the facility. Ten (10) line staff (TA) workers were interviewed along with three counselor/therapists, intake clerks, program manager and the security officer. The line staff (TA) interviewed consisted of at least two (2) from each shift both male and female. Administrative staff including the Executive Director, Tim Naugher, PREA Coordinator, Kim Harden, PREA Manager, Angie Pate, Superintendent, Martell Hall and Director of Training, Tim Parker.

Residents were interviewed using the recommended DOJ protocols that gauge their knowledge of a variety of PREA protections specifically reporting mechanisms available to them to report sexual abuse or sexual harassment, knowledge of the zero tolerance policy regarding sexual abuse and sexual harassment and level of orientation received. Staff were interviewed using the DOJ protocols that gauge their PREA training, overall knowledge of the zero tolerance policy of the facility regarding sexual abuse and sexual harassment, reporting duties and ways to report, first responder duties, and other protocols related to PREA. The auditor reviewed ten (10) employee files including human resource files and training to verify compliance with policies and procedures. All files were found to be in order and well maintained. Case files for 10 clients were reviewed to verify screening, intake procedures, resident orientation and education and other general areas mentioned in the standards. In the past 12 months there has been one (1) allegation of sexual harassment between clients that was investigated and PREA policy and procedure regarding corrective action followed.

The auditor toured the facility accompanied by the PREA Coordinator and observed the facility configuration, location of cameras, level of staff supervision, dorm layout including shower and restroom areas, placement of PREA posters and PREA informational resources, security monitoring, clients entrance and exit procedures from the dayroom to their assigned sleeping areas. Sleeping areas or (PA) are broken down into two sections one on each side of the building. Twelve clients are placed on each side in a dorm style sleeping arrangement. Twelve clients share one restroom and shower and are closely monitored by staff. Each dayroom is designed to accommodate twelve clients with close staff supervision. Policy allows only one resident in the restroom at any time. Showers are monitored to ensure eleven clients remain in the dayroom while the twelfth resident showers. Notices of the PREA Auditor's visit was posted throughout the facility. The auditor was given access to all areas of the facility to review the DOJ tour protocol. The auditor talked informally with both residents and staff during multiple walk throughs of the facility during the course of the on-site visit.

The auditor was treated with great hospitality during the on-site visit. Clients and staff were made readily available to the auditor at all times and were more than willing to participate. Both staff and clients were very knowledgeable about the protections and requirements of PREA. It is clear the leadership of the facility has worked very hard to maintain compliance with the PREA Standards and have worked diligently to ensure the sexual safety of the juveniles in their care. Since the auditor's last visit extra cameras have been installed based upon recommendation made last year.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Mitchell Addiction Treatment Center operates through the Bridge Inc. which is a not for profit agency. The Bridge was established in 1974 to assist addicted individuals and combat the growing drug problem in northeast Alabama. In the mid 1990's the Bridge began working with the Alabama Department of Youth Service (DYS) to provide adolescent substance abuse treatment. The Bridge is licensed by DHS to provide these services and has three programs on the Gadsden campus. The Mitchell Addiction Treatment Center has a licensed capacity of 24 male residents between the ages of 12 – 19 with drug abuse issues. The building is divided in half each side sleeping 12 clients. The clients share a dayroom, a restroom and a shower. The sleeping areas (PA) are monitored by staff at all times to ensure the safety of the clients under their charge. The staff office is located in the center of the building to ensure staff monitoring is conducted at all times. The staff office also houses the closed circuit camera system that is also used to monitor clients at all times. Clients at the facility recreate in a large in-door gymnasium and have spacious dayrooms for structured leisure activities and counseling sessions. The facility also has an overflow building which houses eight additional clients. The facility has a large cafeteria in a separate building where clients consume their meals.

The Mitchell Facility provides therapists/counselors to all residents. Therapists/counselors are assigned to clients as part of the intake process. Clients have access to their therapists/counselors on a daily basis and may request to speak to them at any time to discuss issues they may be dealing with. During the intake process the intake clerk provides each resident with a PREA powerpoint as an introduction upon admission to the facility. Residents are only searched (pat-down) by male staff members except in exigent circumstances. Searches are conducted in view of the camera and observed by another staff member. There have been no exigent circumstances during this review period requiring searches by members of the opposite sex. Clients have access to medical staff (nurses) on a daily basis. Clients attend classes in portable buildings and are escorted to and from all areas by TA's.

The campus also houses a second treatment center Kennington which is also PREA compliant. Administrative offices are located in a building at the entrance to the campus. The average daily population is 24. There were 122 admits to the Mitchell facility in 2016.

SUMMARY OF AUDIT FINDINGS

The Prison Rape Elimination Act (PREA) on site audit of the Mitchell Addiction Treatment Center in Gadsdent, Alabama was conducted on April 10-12, 2017 by Georgeanna Mayo Murphy, a U.S. Department of Justice Certified PREA Auditor for juvenile facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The documentation reviewed included agency policies, procedures, forms, educational materials, training curriculum, organizational chart, posters, brochures and agreements with service providers and other PREA related material provided to demonstrate compliance with PREA standards. Kim Harden, PREA Coordinator provided all information requested and cleared up all questions that arose during the audit process.

During the two and a half day on-site visit the auditor was provided access to an office in the facility to conduct interviews of administrative staff, human resource staff, residents, line staff and other personnel. The area where interviews were conducted provided a venue for confidential interviews. Formal interviews were conducted with facility staff, residents, administrative staff, contract personnel, kitchen staff, training director medical staff and therapists. The auditor interviewed eight (8) of the twenty-three (23) residents at the facility. Ten (10) line staff (TA) workers were interviewed along with three counselor/therapists, intake clerks, program manager and the security officer. The line staff (TA) interviewed consisted of at least two (2) from each shift both male and female. Administrative staff including the Executive Director, Tim Naugher, PREA Coordinator, Kim Harden, PREA Manager, Angie Pate, Superintendent, Martell Hall and Director of Training, Tim Parker.

Residents were interviewed using the recommended DOJ protocols that gauge their knowledge of a variety of PREA protections specifically reporting mechanisms available to them to report sexual abuse or sexual harassment, knowledge of the zero tolerance policy regarding sexual abuse and sexual harassment and level of orientation received. Staff were interviewed using the DOJ protocols that gauge their PREA training, overall knowledge of the zero tolerance policy of the facility regarding sexual abuse and sexual harassment, reporting duties and ways to report, first responder duties, and other protocols related to PREA. The auditor reviewed ten (10) employee files including human resource files and training to verify compliance with policies and procedures. All files were found to be in order and well maintained. Case files for 10 clients were reviewed to verify screening, intake procedures, resident orientation and education and other general areas mentioned in the standards. In the past 12 months there has been one (1) allegation of sexual harassment between clients that was investigated and PREA policy and procedure regarding corrective action followed.

The auditor toured the facility accompanied by the PREA Coordinator and observed the facility configuration, location of cameras, level of staff supervision, dorm layout including shower and restroom areas, placement of PREA posters and PREA informational resources, security monitoring, clients entrance and exit procedures from the day-room to their assigned sleeping areas. Sleeping areas or (PA) are broken down into two sections one on each side of the building. Twelve clients are placed on each side in a dorm style sleeping arrangement. Twelve clients share one restroom and shower and are closely monitored by staff. Each dayroom is designed to accommodate twelve clients with close staff supervision. Policy allows only one resident in the restroom at any time. Showers are monitored to ensure eleven clients remain in the dayroom while the twelfth resident showers. Notices of the PREA Auditor's visit was posted throughout the facility. The auditor was given access to all areas of the facility to review the DOJ tour protocol. The auditor talked informally with both residents and staff during multiple walk throughs of the facility during the course of the on-site visit.

All criminal investigations are conducted by the Etowah County Sheriff's Department along with the Alabama Department of Human Resources. Administrative investigations are also conducted by trained facility staff. Residents who allege sexual abuse are sent to the Children's Hospital of Alabama for a forensic examination by SAFE/SANE medical personnel. The facility has a MOU with Children's Hospital of Alabama to provide these services at no charge to the victim. The facility also has a MOU with 2nd Chance to provide victim advocates for clients. Medical care and mental health care are provided for the client to treat any STI's or medical issues that may have occurred in the assault.

The auditor was treated with great hospitality during the on-site visit. Clients and staff were made readily available to the auditor at all times and were more than willing to participate. Both staff and clients were very knowledgeable about the protections and requirements of PREA. It is clear the leadership of the facility has worked very hard to maintain compliance with the PREA Standards and have worked diligently to ensure the sexual safety of the juveniles in their care. Since the auditor's last visit extra cameras have been installed based upon recommendation made last year.

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.311 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.

The Mitchell Treatment Facility has implemented a zero tolerance policy as detailed in Bridge Inc. policy TBI-P .311 .313 which comprehensively addresses the facility’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains the necessary definitions, sanctions, and the foundation for training residents, staff, volunteers, contract personnel and others.

The facility has a designated PREA Coordinator, Ms Kim Harden. Her official title is Performance Improvement Director, Ms Harden indicated during her interview that she has sufficient time and authority to develop, implement, and oversee efforts to maintain PREA compliance. Ms. Angie Pate, is the designated PREA Manager . Ms Pate’s official title is Lead Therapist. During her interview she indicated she had sufficient time and authority to develop, implement, and oversee efforts to maintain PREA compliance.

- Policy TBI-P .311 .313
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Executive Director
- Mitchell Facility Organizational Chart
- Pre-Audit Questionnaire
- Written Institutional Plan

Standard 115.312 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.

The Mitchell Treatment Facility does not contract with external facilities to house or confine any clients. The Alabama Department of Youth Service (DYS) contracts bed space with the facility to provide addiction treatment to juveniles sentenced by the court. The standard is not applicable to this facility.

- Interview with Executive Director
- Interview with PREA Coordinator

Standard 115.313 Supervision and monitoring

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

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

The Mitchell Treatment Facility has a formalized written staffing plan that addresses the mandatory eleven elements required by the PREA Standard. The facility maintains legal ratios per the facility’s licensing requirements from the Alabama Department of Youth Services. Staff ratios are 8:1 during waking hours and 12:1 during sleeping hours. Great care is taken to ensure the staffing minimums are maintained at all times. There were no exigent circumstances during the review period that forced the facility below minimum staffing requirements. The staffing plan is reviewed and revised annually to ensure compliance. The facility conducts unannounced rounds on each shift to identify and deter sexual abuse and sexual harassment. The staff member conducting the unannounced rounds monitors to ensure staff are not altering other staff members that rounds are being conducted. Rounds are documented on the “Supervisory Monitoring Log” form.

The facility also has an extensive video monitoring system. The system is updated and cameras are added when needed to ensure no blindspots exist on the campus. Administrative staff have the ability to monitor the camera system when not on campus to view activities if needed.

TBI-P 311
Interview PREA Coordinator
Interview PREA Manager
Interview Staff
Interview Executive Director
Staffing Plan
Staffing Schedule
Client Population Rosters

Standard 115.315 Limits to cross-gender viewing and searches

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

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

The Mitchell Addiction Treatment Center is an all male facility with both male and female staff (TA). All rooms are dorm style and residents share one restroom. Policy prohibits cross-gender strip searches, pat-down searches and has had no exigent circumstances where cross gender searches were performed. If a body cavity search is required it is conducted by medical staff. Any time a pat-down search is authorized form 115.315 “Same and Cross-Gender Pat-Down Searches” is completed. All pat-down searches are done so that the staff

member and client are in view of the camera. None of the resident interviewed were ever searched by a female staff member.

Facility policy prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

Policy and procedure ensure clients are able to shower, perform bodily functions, and change clothing in private. Female staff are required to announce when they enter the resident living area. The facility has provided staff with training on conducting cross-gender pat-down searches as well as conducting searches on transgender and intersex juveniles.

TBI-P 311

TBI-P 315

Same/Cross Gender Pat-Down Search Form

Interview PREA Coordinator

Interview PREA Manager

Interview Staff

Interview Clients

Interview Training Director

Training Curriculum

Standard 115.316 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.

The Mitchell Addiction Treatment Center requires that clients with special needs have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent and respond to sexual abuse and sexual harassment. Policy further prohibits the use of clients as interpreters when dealing with first responder situations of any allegation of sexual abuse or sexual harassment. The facility has a contract with Optimal Phone Interpreters who provide foreign language interpreters as well as sign language interpreters. PREA information is also provided in a format that can be easily understood by clients with intellectual disabilities. Clients are given a hearing loss questionnaire as part of the intake process.

TBI-P 311

TBI-P 316

Optimal Phone Interpreters Contract

Interview PREA Coordinator

Interview PREA Manager

Orientation Curriculum

Interview Staff (TA)

Interview Therapist/Counselor

Client Files

Training Powerpoint

Standard 115.317 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.

The Mitchell Treatment Center policy and procedure prohibits the hiring, enlisting of any employee, contractor, intern, volunteer or contract personnel who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in such activity. The Mitchell Center considers any incidents of sexual harassment, as defined by PREA in determining whether to hire or promote anyone, or to enlist the services of any contractor/volunteer, who may have contact with clients. Before hiring new employees, promoting or contracting with any person or volunteer the Mitchell Center performs a nation-wide criminal background record check, Child Abuse and Neglect Report from the Alabama Department of Human Resources and contacts prior institutional employers for information on substantiated allegations of sexual abuse as well as any resignation which occurred during a pending investigation of an allegation of sexual abuse. The facility also requires all applicants and employees to disclose any previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the annual performance appraisal or current employees using the Bridge Inc. for “PREA Employment/Appraisal Questionnaire”. Background checks for employees are conducted every five years. Any material omissions regarding misconduct or the provision of materially false information is considered ground for termination.

- TBI-P 311
- TBI-P 317
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Human Resource Personnel
- Examination of Employee Files
- Interviews with Staff
- Interview with Executive Director

Standard 115.318 Upgrades to facilities and technologies

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

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The Mitchell Addiction Treatment Center reports there have been no substantial expansions, modifications or retrofitting of the facility. The facility has installed external and internal cameras to eliminate blind spots in the facility and on the grounds. Cameras are strategically placed on all external entrances/exits, common areas, hallways, classroom, recreation area, and grounds. Cameras are monitored by staff (TA) in the staff office and administrative staff can observe cameras when off campus. The agency’s leadership considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility leadership indicate the placement of cameras are discussed frequently to enhance safety for all clients.

- TBI-P 311
- TBI-P318

Interview with PREA Coordinator
Interview with PREA Manager
Interview with Executive Director
Interviews with Staff (TA)
Diagram of Facility
Facility Tour

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

The Mitchell Addiction Treatment Center refers all allegations regarding sexual assault to the Etowah County Sheriff's Department for criminal investigation. The sheriff's department reports they use the recommended uniform evidence protocol cited in the PREA Standard. Clients are taken to Children's Hospital of Alabama for all forensic examinations conducted by SANE/SAFE medical personnel. There is no cost to the victim for the medical care provided. The facility provides an advocate for victims through the 2nd Chance Program and has trained advocates on staff at the facility. The facility conducts an internal investigation into employee misconduct and client misconduct in conjunction with the law enforcement criminal investigation. The Executive Director, Program Manager, PREA Coordinator, PREA Manager, are responsible for conducting an administrative investigation of all allegations of sexual abuse and sexual harassment.

TBI-P 311
TBI-P 321, 322
MOU Etowah County Sheriff's Department
MOU Children's Hospital Alabama
MOU 2nd Chance Program
Interview PREA Coordinator
Interview PREA Manager
Interview Program Manager

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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The Mitchell Addiction Treatment Center policy requires that all allegations of sexual abuse and sexual harassment be referred for investigations to appropriate law enforcement authorities. The Etowah County Sheriff's Department is the law enforcement agency that conducts all criminal investigations at the facility. The policy is posted on the facility website. The facility also notifies the Alabama

Department of Human Resources (DHR) to make a report. Both agencies conduct their own investigations based on the information provided by the Mitchell Center. The facility conducts an internal investigation into employee misconduct and client misconduct in conjunction with the law enforcement criminal investigation. The Executive Director, Program Manager, PREA Coordinator, PREA Manager, are responsible for conducting an administrative investigation of all allegations of sexual abuse and sexual harassment.

TBI-P 311
TBI-P 321, 322
MOU Etowah County Sheriff's Department
Interview PREA Coordinator
Interview PREA Manager
Interview Executive Director

Standard 115.331 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)

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The Mitchell Addiction Treatment Center requires all new employees to complete in-depth training on the Prison Rape Elimination Act. PREA training is conducted every two years for all employees as a refresher. Training staff ensure staff are retaining the information presented to them through the use of post-tests and by having employees sign they have received PREA training. A review of the training materials and discussion with the training director show that the staff receive training on all relevant topics found in the standard. The training is tailored to the population who make up the clients in their care and their unique needs. During staff interviews it was evident that staff were well versed in the reporting options for themselves and clients, red flags, signs and symptoms of abuse and the importance of first responder duties. All staff at the facility have been trained in PREA based on the auditor's examination of the training files.

TBI-P 311
TBI-P 331, 332, 334, 335
Interview with Training Director
Interview with Staff (TA)
Interview with Therapist/Counselor
Examination of Training Curriculum
Examination of Training Files

Standard 115.332 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)

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corrective actions taken by the facility.

The Mitchell Addiction Treatment Center requires all volunteers, interns, and contract personnel who may have contact with clients to be trained on the PREA requirements. The training materials cover all required topics. All volunteers, interns, and contract personnel have received training in PREA and signed a form verifying receipt. Training is based on the amount of contact volunteers, interns and contract personnel have with clients. After interviewing contract personnel it was evident they received and understood the information provided to them during PREA training.

TBI-P 311
TBI-P 331,332,334.335
Interview with Training Director
Interview with Medical Staff
Interview with Teaching Staff
Examination of Training Records
Examination of Training Curriculum

Standard 115.333 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)

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The Mitchell Addiction Treatment Center reported 120 clients received orientation training related to PREA in the past 12 months. The information was comprehensive and age-appropriate. PREA training begins during the intake process where clients receive a powerpoint presentation by the intake clerk. Clients receive a more indepth PREA course during the orientation class. Clients receive this information within 24 hours of their arrival. This process is monitored by the PREA Manager to ensure all clients receive training. The PREA Manager also monitors the training of any client with learning, language, or disability barriers. Clients are provided orientation materials during intake including, "Bridge-Safe Brochure", "Your Safety is our Primary Concern" business card and client handbook. The initial raining and orientation training include the zero tolerance policy, key definitions of certing conduct, ways to protect themselves, and how to report sexual abuse and sexual harassment. clilents transferred from another agency are educated regarding their rights under PREA. PREA education is available to clients in many different forms for residents who are not English proficient, deaf, visually impaired, who have limited reading abilities . key information about PREA is continuously and readily available and visible to residents. Mitchell displays PREA posters in common areas of the facility with the abuse hot-line number in bold print. The facility provides translation services through Optimal Language Service. After interviews with the clients is was evident they received training and were very knowledgeable about the zero tolerance policy, ways to report, and how to be safe, etc.

TBI-P 311
TBI-P 333
Bridge Safe Brochure
Your Safety is our Primary Concern Business Card
Interview with Clients
Interview with Inake Clerk
Interview with Staff (TA)
Interview with Therapist/Counselor
Interview with PREA Coordinator
Interview with PREA Manager
Training Curriculum
Client Receipt of PREA Acknowledgement
Client Files
PREA Audit Report

Standard 115.334 Specialized training: Investigations

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

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The Mitchell Addiction Treatment Center refers all allegations of sexual abuse to the Etowah County Sheriff's Department for criminal investigation. Mitchell conducts all internal investigations of employee misconduct and client misconduct in conjunction with law enforcement. The Executive Director, Asst. Director, PREA Coordinator, PREA Manager and Program Manager are responsible for conducting an administrative investigation of all allegations of sexual abuse and sexual harassment. Several staff members including the PREA Coordinator and PREA Manager received training in conducting investigation in confinement settings.

TBI-P 311
TBI-P 332, 334, 335
Employee Training
Training Curriculum
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Executive Director
MOU Etowah County Sheriff's Dept

Standard 115.335 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.

The Mitchell Addiction Treatment Center has nurses (RN and LPN) on staff to provide on-site medical care at the facility. A physician comes to the facility to provide medical care on a regular basis including dental care, x-rays, etc. Each client is assigned a Therapist/Counselor for the duration of their treatment. All medical and mental health staff are trained in PREA and sign an acknowledgement statement. Facility staff do not conduct forensic medical exams of clients who are victims of sexual abuse in the facility. Mitchell contracts with Children's Hospital of Alabama to perform sexual assault kits by SANE or SAFE medical staff. The 2nd Chance Program provides advocates for victims of sexual abuse.

After conducting interviews with medical staff and therapists/counselors it was evident staff were very knowledgeable about all the PREA related topics applicable to them such as mandatory reporting, zero tolerance, rights of clients, etc.

TBI-P 311
TBI-P 331, 332, 334, 335
Interviews with medical staff
Interviews with therapists/counselors
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Training Director
Training Materials
Training Documentation
Receipt of PREA Training
MOU Children's Hospital of Alabama
MOU 2nd Chance Program

Standard 115.341 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.

It is the policy of the Mitchell Addiction Treatment Facility that therapists/counselors/ conduct the intake screening for assaultive behavior, sexually aggressive and risk for sexual victimization instrument during the admission process. Clients are also assessed by the medical staff and contract medical provider. Information from these assessments along with other data are use by the Program Manager to maek room assignments and determine other housing needs. This assessment is occurs within 24 hours of admission to the facility. The facility reports that 120 clients were screened in the past 12 months. The screening instrument covers all 11 topics detailed in the standard. Additional information received during the admission process is added in decisions regarding housing and programming needs.

The facility has implemented appropriate control on the dissemination of the information received during the admission process. The information received by therapists/counselors during the admission process are kept locked in file drawers in their offices. A reassessment of the client is conducted by the therapist/counselor every 30 days or more often if needed to determine if their risk level has changed.

The facility does not use isolation so there have been no clients placed on isolation in the past 12 months. Residents who are at risk of sexual victimization can be moved to a sister unit on the campus (Kennington) or re-evaluated by DYS and placed in another program. There is no special housing or bed assignments for clients who identify as gay, bisexual, transgender, or intersex. Housing arrangements for transgender or intersex clients will be made on a case by case basis.

TBI-P 311
TBI-P 342
Interview with Therapists/Counselors
Interview with Clients
Interview with Staff
Interview with Program Manager
Interview with Supervisors
Interview with Safety and Security Officer
Screening Form
RN Assessment
Bridge Inc. Physical and Mental Health Screening
PREA Risk Assessment
Hearing Screening
Dorm Placement Checklist

Standard 115.342 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.

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TBI-P 311

TBI-P 342

Interview with Therapists/Counselors

Interview with Clients

Interview with Staff

Interview with Program Manager

Interview with Supervisors

Interview with Safety and Security Officer

Screening Form

RN Assessment

Bridge Inc. Physical and Mental Health Screening

PREA Risk Assessment

Hearing Screening

Dorm Placement Checklist

Standard 115.351 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.

The Mitchell Addiction Treatment Center provides clients with multiple internal and external ways to report sexual abuse, sexual harassment and retaliation. Clients receive training on reporting options as part of the intake process. The intake clerk provides clients with a powerpoint discussion on basic PREA issues. Clients receive an indepth course on PREA during the orientation process. Clients receive written information in their handbook and multiple brochures. Reporting options include telling a staff member/volunteer/contractor/intern, through the written grievance process, calling the PREA Hotline, having a third party (parent, attorney, probation officer) submit a complaint, and through the DYS Advocate. Clients are provided with the tools necessary to file a grievance; as well as phone access to contact their attorney, parent, legal guardian, and probation officer. Clients are allowed visits with their parents while in the program. Clients are allowed unimpeded and free access to a phone in a private setting to contact the PREA Hotline, operated by the Alabama Department of Youth Services as well as the Rape Crisis Center.

Interviews with clients clearly demonstrated that all were very knowledgeable about PREA and the variety of methods o report sexual abuse and sexual harassment. Clients know how to call the hotline, and file grievances. Clients told the auditor they could make a call to the PREA Hotline at any time. Clients also informed the auditor that they wuld not fear any intimidation or retaliation if they reported sexual abuse or sexual harassment. Clients stated they felt safe in the facility. Interviews with line staff (TA) and therapists/counselors also demonstrated they were aware of the residents reporting options.

TBI-P 311
TBI-P 351
Client Complaint Form
Client DYS Grievance Form
Client Handbook
Bridge Safe Brochure
Interview with Staff (TA)
Interview with Clients
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Interview with Supervisors
Client Orientation PowerPoint
Client Orientation Paperwor
Client Receipt of PREA

Standard 115.352 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.

The Mitchell Addiction Treatment Center has a formalized written grievance system. Clients may submit a grievance regarding an allegation of sexual abuse or sexual harassment at any time. Clients may receive assistance in preparing and filling a grievance. Grievance boxes are located in the common areas and forms and writing utensils are made readily available to clients. Facility policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filling the

grievance. During the current review period 3 grievances were filled by clients and final decisions were reached within the proper time frame.

The client handbook informs residents of the grievance process as well as training received during the orientation process. There is no time limit on when a client may file a grievance related to sexual abuse or sexual harassment. Clients do not have to attempt to resolve these issues before a grievance is filed.

The facility policy and procedure provides emergency grievance protocols however during this review period no emergency grievances were filed. Interviews with clients and staff demonstrated a thorough understanding of the grievance process. Clients may also file a grievance with the DYS advocate who visits the facility weekly.

TBI-P 311
TBI-P 352
Grievance Form
DYS Grievance Form
Interview with Staff (TA)
Interview with Clients
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Client Handbook
Client Orientation Information

Standard 115.353 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.

The Mitchell Addiction Treatment Center offers support services through the 2nd Chance Program which provides advocates for emotional support services related to sexual abuse. Clients may also call the Rape Crisis National Hotline which provides confidential support services. Additionally the facility provides clients with access to their parents, legal guardians, attorneys, probation officers, DYS Advocate and monitors through phone calls, visits and letters.

TBI-P 311
TBI-P 353, 354
MOU 2nd Chance Program
Posters
Client Handbook
Interviews with Clients
Interviews with Staff (TA)
Interviews with Therapists/Counselors
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Interview with Supervisor

Standard 115.354 Third-party reporting

PREA Audit Report

- 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.

There have been no third party allegations of sexual abuse or sexual harassment at the Mitchell Addiction Treatment Center during this reviewing period. The facility provides clients with reasonable access to their parents, guardians, attorneys, probation officers, DYS Advocate, and monitors through phone calls, visits and letters. The Third Party Reporting procedures are located on line on the facility website and are found in the parent handbook.

- TBI-P 354
- TBI-P 311
- Posters
- Client Handbook
- Third Party Reporting Form
- Parent Handbook
- Facility Website
- Interview with Clients
- Interview with Staff (TA)
- Interview with Therapists/Counselors
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Program Manager

Standard 115.361 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.

It is the policy of the Mitchell Addiction Treatment Center that staff are required to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred, whether or not it occurred at the facility. Policy also dictates that staff report knowledge of any retaliation against clients or staff who reported such an incident as well as any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. All staff are required to comply with their duties as a mandatory reporter of child abuse. Apart from reporting to the program manager, PREA Coordinator, or investigative agencies staff are prohibited from revealing any information related to a sexual abuse report. Staff must report information necessary to make treatment, investigations, and other security management decisions.

- TBI-P 311
- TBI-P 361

Employee Handbook
Interviews with Staff (TA)
Interviews with Therapists/Counselors
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Interview with Training Director
Training Information
Bridge Inc. Staff Receipt of PREA
Alabama Mandatroy Reporting Law
Etowah County Department of Human Resources Handbook for Mandatory Reporters

Standard 115.362 Agency protection duties

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

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

The facility reports there have been not situations in the current review period where a client was subject to substantial risk of sexual abuse. Review of policy and procedure as well as interviews with the PREA Coordinator, PREA Manager, Supervisors, and the Program Manager demonstrated the protective measures that would be put into place in the event it were found that a client was in imminent danger of being sexual abused.

TBI-P 311
TBI-P 362
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Supervisors
Interview with Program Manager
Interview with Staf (TA)
Interview with Training Director
Training Information
Dorm Placement Checklist
PREA Risk Assessment Form

Standard 115.363 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility reports that during this review period they have received no allegations that a client was abused at another facility before arriving at the Mitchell Addiction Treatment Center. The policy requires the Executive Director to report any abuse allegation to the head of the facility the client alleges the abuse occurred. This notification will take place as soon as possible but no later than 72 hours after receiving the allegation.

TBI-P 311
TBI-P 363
Reporting From to Other Confinement Facilities
Interview with Executive Director
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Interview with Therapist/Counselor
Interview with Staff (TA)
Interview with Training Director
Interview with clients
Training Information

Standard 115.364 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.

The Mitchell Addiction Treatment Center reported on allegation of sexual harassment which was determined to be unfounded. These clients were released prior to the auditors arrival. The facility has a policy regarding the duties of first responders whether they be “security staff” or “non-security” staff. The facility provides all staff with ID cards which have the first responder duties listed on the back. First responder protocol forms detail what steps to take in the event the abuse took place within 72 hours or after 72 hours. Security staff who are first responders will separate the alleged victim from the alleged abuser, secure the scene, request that neither the victim or abuser destroy evidence (as detailed in the standard). If the staff member is considered a “non-security” staff their duties are to notify security staff and request the alleged victim not take any actions that could possibly destroy evidence. Interviews with both security and non-security staff showed they were very knowledgeable of their duties and how to carry them out.

TBI-P 311
TBI-P 364, 365
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Staff (TA)
Interview with Medical Staff
Interview with Teacher
Interview with Training Director
Interview with Supervisor
Interview with Program Manager
Interview with Safety and Security Officer
Training Information
Staff Receipt of PREA
PREA Audit Report

Standard 115.365 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.

The facility has a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The response includes staff, first responders, medical and mental health professionals, investigators and facility leadership.

- Policy TBI-P 311
- Policy TBI-P 364, 365
- Written Institutional Plan
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Executive Director
- Interview with Supervisor
- Interview with Program Manager
- Interview with Safety and Security Officer
- Interview with Staff

Standard 115.366 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.

The standard does not apply to the Mitchell Addiction Treatment Center. Staff employed by the facility are at-will employees and can be terminated any time. The facility does not participate in collective bargaining agreements

- TBI-P 311
- TBI-P 366
- Employee Handbook
- Bridge Inc. PREA Information for Employees, Interns, Volunteers and Contractor

Standard 115.367 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.

The facility reports there have been no allegations of retaliation in the current reviewing period. The Mitchell Addiction Treatment Center has a policy to protect all clients and staff who report sexual abuse or sexual harassment or who cooperate in investigations involving these acts. The Program Manager, PREA Coordinator, PREA Manager, Supervisors, and Safety and Security Officer are responsible for monitoring retaliation of staff and clients. The PREA Manager/Lead Therapist monitors the conduct and treatment of clients who reported sexual abuse or sexual harassment to see if there are any changes that may suggest possible retaliation by other clients or staff members. This is discussed in the weekly meeting held to discuss the progress of clients in the treatment program. Supervisors and the Program manager also monitor the residents and staff to ensure there are no retaliation is taking place. The monitoring period lasts for no less than 90 days. The facility employs multiple protection measures, such as housing changes or transfers for clients (victims or abusers), removal of staff and providing emotional support services for clients and staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. It is the policy of the facility to act promptly to remedy any such situation. Interviews with staff and clients confirmed that they did not fear retaliation and know that it would be monitored to ensure their safety.

- TBI-P 311
- TBI-P 367
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Supervisor
- Interview with Staff
- Interview with Clients
- Interview with Teachers
- Interview with Medical Personnel
- Dorm Unit Placement
- Protection Against Retaliation Form
- Investigative Outcomes of Allegations of Sexual Abuse and Sexual Harassment

Standard 115.368 Post-allegation protective custody

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

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

The Mitchell Addiction Treatment Center does not use isolation in their facility. There are no isolation room in the facility. Administrative

personnel have the option to place a client in the sister program (Kennington) on the same campus or place the client with a staff member who is assigned to one-on-one contact to ensure the clients safety. The facility may also request the Alabama Department of Youth Services to re-staff the client to another facility.

TBI-P 311
TBI-P 368
Dorm Unit Placement Form
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Staff (TA)

Standard 115.371 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- x 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.

Criminal investigations are conducted by the Etowah County Sheriffs Department. Administrative investigations are conducted by trained staff members. Investigations are not terminated solely because the source of the allegation recants. All written reports pertaining to investigations and criminal investigations are retained for as long as the alleged abuser is held at the facility or employed by the facility plus 5 years.

TBI-P 311
TBI-P 371, 372
Form 115.371
Form 115.371.1
Form 115.372
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Investigative Staff
Interview with Executive Director
Investigative Outcomes of Investigations of Sexual Abuse and Sexual Harassment
Letter Etowah County Sheriff’s Department
Information Gadsden Police Department

Standard 115.372 Evidentiary standard for administrative investigations

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

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

corrective actions taken by the facility.

The Mitchell Addiction Treatment Center policy, procedure and practice show that a standard of proof no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment is used to determining if it is substantiated. Interviews with investigative staff confirm compliance with this standard.

TBI-P 311

TBI-P 372

Interview with PREA Coordinator

Interview with PREA Manager

Interview with Executive Director

Interview with Investigative Staff

Standard 115.373 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.

The Mitchell Addiction Treatment Center has reported no allegations of sexual abuse or harassment by staff. One allegation of sexual harassment was made against a client by another client. This incident was investigated and determined to be unfounded. Both clients completed their treatment before the auditors arrival to the campus so they were not interviewed. The policy of the facility follows the criteria set forth in the standard. Interviews with staff, clients and administrative staff along with the forms for notification show the facility follows the procedure and practice.

TBI-P 311

TBI-P 373

Juvenile Notification of of Investigative Outcome Form

Interview with PREA Coordinator

Interview with PREA Manager

Interview with Staff

Interview with Clients

Standard 115.376 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.

It is the policy of the Mitchell Addiction Treatment Center that staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who engage in sexual abuse. Disciplinary sanctions for violation of agency policies relating to sexual harassment shall be commensurate with the nature of the circumstances of the act committed. The staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories will also be taken into consideration when decisions regarding discipline are made. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations by staff who would have been terminated if not for their resignation, will be reported to law enforcement unless the activity was not criminal. This information will also be reported to the facility's licensing authority. Mitchell will retain investigative documentation and disciplinary information related to any case of sexual abuse, harassment, or misconduct in the employee's file and/or client's file until 7 year past minority status of the alleged juvenile victim. The personnel file shall be marked "Do Not Destroy" with the anticipated date for destruction. No identifying juvenile will be maintained in the personnel file. The employee will not be eligible for re-employment with a Bridge Inc. program in any capacity either through internship, volunteer or contractor status. In the past review period no employee was terminated for sexual abuse or harassment of a client.

- TBI-P 311
- TBI-P-376
- PREA Audit Report
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Executive Director
- Employee Handbook
- Employee Exit Interview and Separation Checklist
- Disciplinary Committee Reports

Standard 115.377 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.

The Mitchell Addiction Treatment Center reports there have been no contractors/volunteers who had allegations of sexual abuse or sexual harassment made against them by clients. Policy dictates that any contractor/volunteer who had allegations of sexual abuse or sexual harassment made against them by a client would be prevented from entering the campus and law enforcement would be notified if the act warranted criminal investigation.

- TBI-P 311
- TBI-P 377
- Bridge Inc. Form 115.377
- PREA Brochure for Volunteers, Interns, and Employees
- Volunteer and Contractor Receipt of PREA
- Supervision of Service Personnel and Vendor Log
- Volunteer Weekly Sign in Sheet
- Interview with PREA Coordinator

Standard 115.378 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.

It is the policy of the Mitchell Addiction Treatment Center that disciplinary action will only be taken against a client for sexual contact with a staff member upon finding that the staff member did not consent to such contact. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

Policy TBI-P 311
 Policy TBI-P 378
 Interview with PREA Coordinator
 Interview with PREA Manager
 Interview with Therapists/Counselors
 Interview with Clients
 Interview with Staff (TA)
 Incident Report
 Incident Analysis
 Mitchell Addiction Center Client Handbook
 Dorm Unit Placement Sheet
 Investigative Outcome of Allegations of Sexual Abuse and Sexual Harassment

Standard 115.381 Medical and mental health screenings; history of sexual abuse

- 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.

It is the policy of the Mitchell Addiction Treatment Center that all residents are screened for assaultive behavior, sexually aggressive behavior, and risk of sexual victimization upon admission to the facility. If the screening indicates that a client has experienced prior sexual victimization no matter where it occurred a follow-up meeting with medical staff and a therapist/counselor takes place within 14 days. If a client indicates he has been a sexual aggressor he will be offered a follow-up meeting with medical staff and a therapist/counselor within 14 days.

TBI-P 311
 TBI-P 381
 Interview with PREA Coordinator
 Interview with PREA Manager
 Interview with Residents
 Interview with Therapists/Counselors
 Interview with Medical Staff

Standard 115.382 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.

It is the policy of the Mitchell Addiction Treatment Center that victims of sexual abuse occurring in the facility receive immediate medical treatment. All forensic medical examinations are conducted by Children’s Hospital of Alabama through an agreement with the facility. The 2nd Chance Program provides advocates for victims of sexual abuse. Each client at the facility is assigned a Therapist/Counselor upon admission who monitors the clients progress throughout their stay at the facility. Clients are offered tests for sexually transmitted infections as medically appropriate or if requested by the clients. Victims will be provided medical and mental health care at no charge.

Staff are well trained in their responsibilities as first responders and understand the importance of separating the alleged victim and alleged abuser, securing the scene where the incident occurred and notifying the proper criminal investigators and administrative personnel.

- TBI-P 311
- TBI-P-382
- MOU Children’s Hospital of Alabama
- MOU 2nd Chance Program
- First Responder Checklist
- Staff Receipt of PREA Checklist
- Interview with PREA Coordinator
- Interview with PREA Manager
- Interview with Staff (TA)
- Interview with Counselor/Therapist
- Interview with Medical Staff
- Interview with Training Director

Standard 115.383 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.

It is the policy of the Mitchell Addiction Treatment Center that victims of sexual abuse occurring in the facility are offered medical and mental health care. The treatment includes follow-up services, a treatment plan and referrals for continued care following their transfer or release. The level of medical care is consistent with that available to the community. Mitchell is an all male facility so pregnancy concerns are not applicable. Clients are offered medical tests for sexually transmitted infections as appropriate and upon request. Treatment is provided at no cost to the victim. The Mitchell Addiction Treatment Center policy directs that a mental health evaluation of all known resident-on-resident abusers will be performed within 60 days of learning the sexual abuse occurred and treatment will be offered when deemed appropriate by mental health practitioners. These clients may also be restaffed by the Alabama Department of Youth Services for treatment in a sex offender program.

All forensic medical examinations are conducted by Children's Hospital of Alabama through an agreement with the facility. The 2nd Chance Program provides advocates for victims of sexual abuse. Each client at the facility is assigned a Therapist/Counselor upon admission who monitors the client's progress throughout their stay at the facility.

Policy TBI-P 311
Policy TBI-P 383
MOU Children's Hospital of Alabama
MOU 2nd Chance Program
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Therapists/Counselors
Interview with Medical Staff

Standard 115.386 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.

It is the policy of the Mitchell Addiction Treatment Center to conduct a sexual abuse or sexual harassment incident review at the conclusion of every criminal or administrative investigation unless the allegation is determined to be unfounded. The facility had one incident of sexual harassment between residents that was determined to be unfounded.

TBI-P 311
TBI-P 386
Sexual Abuse Critical Incident Review Form
Incident Analysis 2016
Incident Report Form 2015 (DYS)
Incident Analysis Committee/Committee Meeting Findings
Incident Report
Interview with PREA Coordinator
Interview with PREA Manager
Interview with Program Manager
Interview with Executive Director

Standard 115.387 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.

The Mitchell Addiction Treatment Center collects accurate data for every allegation of sexual abuse or sexual harassment at the facility using a standardized instrument (The Survey of Sexual Violence used by the DOJ and BJS). The information is collected annually. The Mitchell Addiction Treatment Center reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response to policies and training. The information is used to identify problem areas, make corrective action, and to prepare the annual report. The annual report includes a comparison of the current year’s data and corrective action taken in prior years to determine if these actions increased the sexual safety of clients in the facility. The annual report is readily available to the public on the facility’s website after approval of the executive director.

TBI-P 311
 TBI-P 387
 Survey of Sexual Violence
 Interview with PREA Coordinator
 Interview with Executive Director
 Interview with Training Coordinator
 Annual PREA Review Meeting 1/31/2017

Standard 115.388 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.

The Mitchell Addiction Treatment Center reviews the data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The information is used to identify problem locations, make corrective actions, and the preparation of the annual report. The annual report includes comparisons of the current year’s data and corrective action taken in prior years to determine if these changes enhanced the sexual safety of clients in the facility. The annual report is made readily available on the facility’s website after approval of the agency’s executive director.

TBI – P 311
 Policy TBI-P 388
 Annual Survey of Sexual Violence 2016
 Incident Analysis 2016
 Incident Report Form 2015 (DYS)
 Facility Website
 Quarterly PREA Meeting 11/3/2016
 PREA Quarterly Review 7/26/16
 Annual Review Meeting 1/31/2017
 Interview with PREA Coordinator

Standard 115.389 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.

The Mitchell Addiction Treatment Center’s policy, procedure and practice ensure that incident based and aggregate data are securely retained. The aggregated data is made readily available to the public on the facility’s website. All personal identifiers are removed before the information is made public. Sexual abuse data is retained for at least 10 years after the date of the initial incident.

Policy TBI-389
Tour of the facility
Interview with PREA Coordinator
Interview with PREA Manager
Facility website

AUDITOR CERTIFICATION

I certify that:

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

Georgeanna Mayo Murphy

5/15/17

Auditor Signature

Date