



## DEPARTMENT OF CORRECTIONS

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**TO: Randy White, Deputy Commissioner**

**FROM: Lise-Marie VanNostrand, Assistant District Supervisor**  
**PREA Investigations and Compliance**

**DATE: March 29, 2019**

**RE: Community Transitional Services (CTS)—2019 PREA Compliance Review**

On March 27, 2019, I conducted a PREA compliance visit at Community Transitional Services (CTS) at 1407 W. Jefferson Street, Louisville, KY 40203. The facility is contracted to provide 328 beds for male Offenders under the supervision of the Kentucky Department of Corrections (KY DOC). The facility currently offers substance abuse programming to both inmates and parolees housed within the facility. At the time of the site visit, 312 of the total beds were occupied. Present for the visit was Director Barbara Strahm and Assistant Director Julie Simms.

### **PREVENTION PLANNING**

#### **115.213(a)(c)—Compliant**

CTS has developed an adequate staffing plan and operates two twelve hour shifts. Each shift has a minimum of three resident monitors on duty. Since the last compliance visit conducted by this writer, CTS added surveillance in the basement of the facility, an area previously lacking surveillance that had been cited in several PREA investigations. The Director provided verification that the staffing plan had been reviewed on February 27, 2019. Recommendations have been made to install a new camera system, as the existing system is inadequate and the data is overwritten in a short period of time in highly trafficked areas. Most recently, the

facility has purchased smart phones for each Resident Monitor that will permit management staff to track the activity and location of their monitors at all times.

**115.215(f)—Compliant**

Per the Director, all staff are trained regarding proper pat search techniques required when searching transgender or intersex residents. Documentation was provided verifying that all staff had been trained in this area.

**115.217(c)(d)—Compliant**

The facility utilizes the Administrative Office of the Courts as well as the Kentucky Department of Corrections (NCIC checks) to conduct pre-employment criminal record checks for potential staff and record checks for existing employees and contract employees. Documentation was provided confirming that record check requests were conducted for the most recent hires, as well as the five year record checks for existing employees.

**TRAINING AND EDUCATION**

**115.231(a); 115 232(a)(b)(c)—Compliant**

The facility utilizes staff training resources provided by the PREA Resource Center. A training curriculum provided by the KY DOC is utilized for annual staff training. Contract employees receive the same training as do facility staff. Documentation was provided verifying that the most recent hires had received PREA training on the date of hire. Documentation of PREA training was also provided for all contract employees.

**115.233(a)(c)(d)(e)—Compliant**

The Director advised that all residents receive PREA education upon their date of arrival at the facility. A random review of resident files revealed signed documentation that all had received such education on their intake date. The facility possesses both English and Spanish PREA pamphlets, both of which are posted on a bulletin board in an area where residents congregate. Spanish and English PREA posters are posted within the facility as well as posters containing the number to the PREA reporting hotline for KY DOC.

**115.235(a)(c)(d)—Compliant**

The Director advised that the facility does not employ or contract with any medical or mental health staff who work in the facility.

**SCREENING FOR RISK OF VICTIMIZATION**

**115.241(a)(b)(f)—Compliant**

The facility utilizes the KOMS PREA risk assessment tool to assess residents upon intake. An inmate or residents' assigned counselor is responsible for completing the initial risk assessment

upon intake, as well as the 30 day review of that assessment. A review of KOMS risk assessments and assessment reviews for a random selection of inmates revealed that the staff are completing assessments within the required 72 hour time frame of resident arrival. Risk assessment reviews appear to be completed timely as well, however some staff were completing entirely new risk assessments that were unnecessary versus reviewing the existing risk assessment.

#### **115.242(a)(b)(d)(e)—Compliant**

The facility utilizes information from the risk screening tool to properly house residents at high risk. Those assessed at high risk of victimization are housed on the 3<sup>rd</sup> floor of the facility and those at high risk of abusiveness are housed on the 2<sup>nd</sup> floor. The inmates on each floor have separate eating times, however the inmates do mingle during recreational activities and in group programming.

At the time of the site visit, there was no specific method in place to make staff aware of those inmates assessed at high risk of victimization or abusiveness. However, the Director has since revised the facility operations manual to require that staff (who utilize the Jail Tracker System) enter a "1" or a "2" behind the names of those at high risk of victimization or abusiveness, and a "3" if the inmate is classified at high risk in both categories. This new tracking method will help to increase staff awareness of the housing of residents at high risk and ensure that mingling between the types is limited and/or supervised.

### **REPORTING**

#### **115.253(a)(b)—Compliant**

The facility utilizes the Center for Women and Families to provide outside advocacy resources when needed. Residents/Inmates can utilize the Telmate system to make a call to the center (that is not recorded) or utilize a staff office if more privacy is requested. Contact information to access the resource is posted on a bulletin board in an area where residents congregate.

#### **115.254---Compliant**

The agency website contains information regarding the PREA standards and zero tolerance policy as well as contact information for the KY DOC PREA reporting hotline and other resources. The 2018 annual report and 2018 audit for the facility are posted on the site as well. It is recommended that prior audits and annual reports be placed on the site as well, along with the actual PREA policy for the facility.

### **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

#### **115.263(a)(b)(c)—Compliant**

The Director reported that the facility did not receive reports during the past 12 months that a resident was sexually abused while confined at another facility.

### **115.265—Compliant**

The facility has a written institutional plan in place to coordinate the actions required of all staff in response to an incident of sexual abuse. The plan is kept in the Central Monitoring Office as well as evidence collection material.

### **115.267(a)(c)—Compliant**

The facility policy has language requiring the protection of staff and residents against retaliation for cooperation in a PREA investigation. The Director is responsible for monitoring for retaliation in applicable cases.

The facility had two cases that required retaliation monitoring. Verification was provided that one of the cases was monitored as required. Due to confusion regarding the type of case that required monitoring, the second case did not have documented monitoring. The Director is now aware that both sexual harassment and sexual abuse complaints may have a retaliation monitoring component.

## **INVESTIGATIONS**

### **115.273(a)(c)(d)(e)—Compliant**

The facility had three sexual abuse investigations during the 12 month review period prior to the site visit. As one party absconded from the facility, verification was provided that the residents in the remaining two cases were notified of the outcome of the investigation.

## **DISCIPLINE**

### **115.276-(a)(b)—Compliant**

The facility had one staff member who violated facility sexual abuse and sexual harassment policies during the 12 month review period prior to the site visit. That staff member was terminated.

## **MEDICAL AND MENTAL HEALTH CARE**

### **115.283 (a)(b)(h)—Compliant**

The facility utilizes the Park Duvall Medical Center and the Hope Clinic to provide medical and mental health treatment to residents as needed. If a resident discloses prior victimization, the assigned Counselor is responsible for making and documenting a referral to outside medical or mental health resources.

## **DATA COLLECTION AND REVIEW**

### **115.286(a)(b)(c)—Compliant**

The facility conducts sexual abuse incident reviews at the conclusions of substantiated and unsubstantiated sexual abuse investigations. The Director provided documentation that the incident reviews required of the two applicable cases, had been completed within 30 days of the conclusion of the investigations.

## **AUDITS**

The facility was last audited in April 2018 and should be audited again in or around April 2021.