

PREA Stakeholder Work Group Agenda

Date: September 21, 2015

Attendees: Lori Scamahorn, John Sutton, Steve Long, Ned Newlin, Jennifer Stoner, Lori Nesmith, Eric Crawford, Rick Torrance, Megan Baskett, Karen Daniels, Kelley Amburgey-Richardson, Logan Micheel

Updates & Follow-up

WCSAP

- Ms. Amburgey-Richardson shared about WCSAP's recent opportunity to present about PREA victim services standards implementation work in Washington State at the National Sexual Assault Conference and the Resource Sharing Project's Topical Meeting on Complex Institutional Advocacy.
- For facilities that provided inmate orientation and staff training materials to WCSAP for review, feedback will be coming in the next few weeks. Other facilities are welcome to submit materials for review.
- Surveys for each correctional facility type will be distributed to this group and to all registrants for the November training in the next few weeks. Please distribute widely to your colleagues as this will help WCSAP develop the training with JDI.
- WCSAP is participating in the review of the PREA toolkit being developed by the Moss Group for jails.

DOC

- Larch Corrections Center recently had a table top exercise, including the community-based advocacy program, to prepare for responding to a forensic exam.
- Tabletop exercises are also happening at Airway Heights and WCC.
- Lori will share these exercises with the group in case they may be helpful for larger jails to use in conversations or exercises with community-based advocacy programs.

WASPC

- Mr. Newlin share about the upcoming late November WASPC conference. Since this is following the November JDI training event, he hopes there will be discussion of the training and partnering with community-based advocacy programs for external victim services to inmates at the conference.

Group Discussion – Victim Advocacy Services for Survivors in Juvenile Facilities

Ms. Nesmith shared information that will be helpful for advocates to know generally about juvenile rehabilitation facilities:

- There is a high disproportionality in juvenile facilities in terms of race and other marginalized identities. Advocates may not be reflective of the resident population and need to be prepared to work with people from different backgrounds and identities.
- High prevalence of mental health needs among residents; additional training recommended for advocates
- Importance of education and support with juvenile survivors' families (advocacy). Reluctance to send materials to families on SA and services because don't want to create unnecessary concern about SA in the facility.
- Other services are available at juvenile facilities: psychiatric care, psychologists, mental health treatment coordinators, substance abuse, weekly counseling sessions (trained counselors, not mental health providers)
- Characteristics of juvenile facilities and resident life:
 - Some facilities have youth complaint boxes
 - No metal detectors, entry not restricted like other facilities. No background checks needed to enter
 - Advocate would typically be able to see resident within 5 minutes of entering facility
 - Juveniles have to be escorted everywhere they go

Ms. Nesmith and Mr. Crawford shared information about investigations in juvenile facilities:

- CPS investigates when the incident would be a crime. There is a higher number of unsubstantiated cases at juvenile facilities (no evidence upon investigation that incident occurred).
- "Abusive sexual contact" allegations typically not formally investigated by CPS, but rather would be an internal administrative investigation

Resident Access to Advocacy Services

The group discussed the following aspects of access to advocacy services:

- Most JJ&RA facilities have made contact with advocacy program but may not have formal MOUs in place

- Advocates at some programs have clarified that they want to be introducing their services, rather than the facility offering them to residents. Need to make sure an advocate is offered even when forensic exam isn't happening. This may be community/facility-specific depending on location. Something to be clarified in each MOU.
- Phone access
 - Hours of access are pretty broad
 - Permission is currently required to use the phone
 - There is no set length of calls as in other facility types
 - No collect calls, no wifi
 - Calls are not recorded at Green Hill. Other facilities will respond via WCSAP survey.
 - Location of phones has been identified as a problem in some facilities:
 - No private access to phones for residents, as calls are made from staff offices
 - It is possible to have calls in health center and use call out procedure for residents to go to center and take call, but does reduce anonymity
 - One jail mentioned they use law library and has survivor make an appointment
 - Would be helpful to find out options for this that facilities are currently using through WCSAP survey
- In person access
 - Will need to identify a private room in facilities
 - For community facilities, it's possible resident could go to advocacy program for appointment rather than advocate going to facility, but facility would have to have information about visit and likely drive resident there if not in walking distance
 - Residents come and go often from the facility but always have to account for their time
 - More clarity needed on how residents access community services
- Forensic exam response:

- These are always conducted at the hospital. Have historically been rarely needed
- Most often disclosures are delayed, so emergent exam not necessary
- If any evidence collection required at the facility, outside officials would come in to do this. Can't do any forensic evidence collection in-house
- Calling the advocate is already integrated into the response
- Local partnerships will need to determine if specific advocates or all advocates (whoever on call)
- WCSAP will be providing training & consultation for all advocates to support them in this work + support their agencies in planning for this work
- Communication by mail
 - Not a confidential means of communication
 - Potential to consider in the future if other means of communication are not feasible or successful
 - In Spokane, PREA box in the facility and residents can put in needs/requests, etc. and PREA coordinator addresses
 - Kiosks and tablets now available in other facilities but not juvenile. Not 100% confidential because there is a record but access to this record is limited. Jail records are protected although some facilities don't utilize this protection.

Development of Guidance for Advocates

Who would advocates need to ask to meet with?

- Point of contact will differ at every facility. Health center is a good starting point.
- Could work with facility to have PREA advocates on approved list of visitors
- Additional information will be gathered in survey

In Person Advocacy Considerations for Jails

The group discussed the following general considerations for in person advocacy considerations for conducting in person advocacy in jails:

- Advocates should know that security clearance will be required to enter a jail

- They may also be required to go through a security orientation. Even if not required, would probably be a good idea for advocates to go through this if offered at facility
- Make sure they have a point of contact—person to “host” when they are there. Ask for PREA coordinator and arrange an escort
- Talking with facility about the types of paperwork that advocates may be providing to inmates so this will not be confiscated. Include in in-service training
- Resources without staples are appreciated for all facility types
- In-service training for staff by advocates will help with understanding an advocate’s role and the advocacy profession, training required
- Emphasize importance of spending time in facility, getting comfortable with the environment and the safety procedures
- Shift from system to community-based advocacy requires additional relationship-building efforts

In terms of location, the group discussed the following possibilities and considerations:

- Attorney booths
- Some jails have small interview rooms
- Some may not have anything but a hallway, which may require going off-site to available law enforcement offices or other creative strategies
- Visitation rooms
- BAC rooms
- Balancing confidentiality of location with advocate safety
- Trusting the facility to help determine what the safest option would be

Confidentiality and safety consideration discussed by the group included:

- Discussion about when an advocate would report to LE or CPS. Would follow standard mandated reporting obligations and procedures. Would NOT report back to the individual facility.
- Discussion of threats of harm to self or others. Advocates may report via regular channels if imminent threat.
- Facilities shared concerns with not being able to protect residents if advocates are not reporting back. Mr. Newlin shared helpful clarification that facilities’ liability doesn’t become an issue UNTIL they are aware of the risk/threat.

- Helping juvenile residents understand that facilities can be a part of a person's safety plan

November Training for Corrections Professionals

Ms. Amburgey-Richardson shared information about this upcoming training:

- Please distribute announcement widely
- Registration has been great from juvenile facilities so far, both JJ&RA and local juvenile detention
- Upcoming corrections survey results will be provided to the trainers (JDI), in addition to work group minutes and any topics you want training to cover

Participants shared that they would appreciate including the following in the training:

- Opportunity for practical work/scenario practice
- Building understanding of what advocacy is—especially the fact that every advocacy relationship will look different, range of services. Not a set protocol for advocacy services.
- Detailing those things about advocacy—background checks, training, etc. that lend credibility