



JUSTICE AND PUBLIC SAFETY CABINET

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TO: C.A. Wilkerson, PREA Coordinator

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

DATE: April 18, 2018

RE: Ball Quantrell Jones Hope Center for Women—2018 PREA Compliance Visit

On April 10, 2018 I conducted a PREA compliance visit at the Hope Center for Women, 1524 Versailles Road, Lexington, KY. The facility has expanded since the site visit in 2017, and now has a total of 105 beds available for female residents. Of those beds, 80 are allocated for Kentucky Department of Corrections (KYDOC) offenders. At the time of the site visit, all KYDOC beds were full. Assistant Director Stephanie Raglin and Phase II, Coordinator Erica Corde were present for the visit.

PREVENTION PLANNING

115.213(a)(c)—Compliant

The facility developed a thorough staffing plan for the facility subsequent to recommendations made during the 2017 PREA compliance visit. As the plan is relatively new, it will be reviewed later in this calendar year. AD Raglin advised that the parent agency has submitted a grant proposal to add video surveillance to several areas in the facility not currently under surveillance. She advised that resident protection from sexual abuse and sexual harassment was paramount when preparing the proposal.

115.215(f)—Compliant

AD Raglin advised that all staff have been trained regarding proper pat search techniques by Probation and Parole staff in Lexington. It is recommended that the facility utilize the training program published by the PREA Resource Center to insure that staff are being trained properly regarding pat search techniques for searching transgender or intersex residents. That training program was provided to AD Raglin after the 2017 site visit and again after the more recent visit. It is also recommended that the training be documented by staff signature in order to verify compliance with this standard.

115.217(c)(d)—Compliant

The Human Resources Division of the parent agency is responsible for conducting criminal record checks prior to employment for new employees as well as for persons providing contract services to the facility. A review of recent staff hires revealed that criminal record checks were conducted prior to those staff beginning employment. The Human Resources Division also conducts criminal record checks every five years for existing staff. No current staff require this record check as all staff employed five years or longer had a record check conducted subsequent to the 2017 site visit.

RESPONSIVE PLANNING

115.222(b)—Compliant

The parent agency recently modified its' home website to include links to the facility PREA policy, annual report and PREA audit.

TRAINING AND EDUCATION

115.231(a)—Compliant

The facility utilizes the training program typically used by KY DOC for staff PREA training. AD Raglin is responsible for providing PREA training to new staff upon hire as well as refresher training for existing staff. Documentation of annual PREA training conducted for staff was provided.

115.231(d)—Non-Compliant

Upon inquiry, AD Raglin stated that she has provided PREA training upon hire to the most recent hires at the facility. Although this writer believes that such training occurred, no documentation signed by those staff acknowledging the training was available. AD Raglin is aware that there must be some form of staff acknowledgement of the training in order to achieve full compliance with this standard.

115.232(a)(b)(c)—Compliant

AD Raglin conducts PREA training for all volunteers and contractors who have contact with residents. A review of several volunteer and contractor files revealed signed documentation that training had been provided.

115.233(a)(b)(c)(e)—Compliant

The Phase II Coordinator is responsible for conducting the intake with new residents. Upon arrival at the facility, all residents are provided with an information packet that includes information regarding PREA. An intake with the resident follows, and the Phase II Coordinator then reviews PREA and the facility policy in more detail with each resident. Of the resident files reviewed, all but one had signed documentation by the resident acknowledging PREA training on the same date of arrival. PREA pamphlets in English and Spanish are available to residents in common areas of the facility.

115.235(a)(c)(d)—Compliant

The facility does not currently employ or contract with any full or part-time medical or mental health staff.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

115.241(a)(b)(f)—Compliant

The facility utilizes the KY DOC risk assessment tool and enters the information into the Kentucky Offender Management System (KOMS). Of the resident cases reviewed in KOMS, all cases contained a risk assessment that had been completed within 72 hours or less, and all cases exceeded the time requirement of the standard. The staff have made a diligent effort to reassess the residents within 30 days of their arrival, and all but one case had been reviewed, albeit about one week beyond the required timeline. This is a dramatic improvement, as the reviews were not being conducted at the time of the 2017 PREA compliance review. AD Raglin is aware of the reassessment requirement and time frame, and will continue to make an effort to enter the reviews timely.

115.242(a)(b)(d)(e)—Compliant

The facility utilizes the risk screening information to properly house residents and determine appropriate programming. At the time of the site visit, the facility was housing at least four residents at high risk of victimization. According to AD Raglin, the files of these residents are identified with codes for those at high risk of victimization or abusiveness and staff are sent an email advising when a resident assesses at either risk level. Files reviewed reflected that the files of those at risk of victimization were tagged "ARV".

REPORTING

115.253(a)(b)—Compliant

The facility utilizes the Bluegrass Rape Crisis Center for outside advocacy services for resident victims when needed. They have established a contact at the agency who they can contact directly when there is a need to access services. Contact information is available to residents in common areas of the facility.

115.254—Compliant

The newly updated agency website has a link to the facility PREA policy, audit and annual report. It also cites the KY DOC "zero tolerance" policy, has contact information for the Director and the KY DOC PREA reporting hotline number.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

115.263(a)(b)(c)—Compliant

The facility did not receive information during the 12 month review period prior to the site visit, that a resident was sexually abused while confined at another facility. The

facility is in possession of the KY DOC Community Confinement PREA Reporting Protocol to guide them in the event they do receive such a report.

115.265-Non-Compliant

It was noted during the 2016 PREA compliance visit that the facility had a need for a first responder plan to coordinate actions of first responders, medical and mental health staff (if applicable), investigators and facility leadership. A sample plan was provided subsequent to the site visit. Although the agency policy does have a section that addresses some actions a first responder should take in the event of a sexual assault, the facility needs a separate institutional plan/first responder plan that specifically details actions required of each category of staff member as well as the specific steps that must be taken (who, what, when, where) to address an incident of sexual abuse. Such as plan should be easily accessible to all staff for quick reference if needed.

115.267(a)(b)—Compliant

The facility policy states that staff and resident reporters of sexual abuse will be protected from retaliation. The AD Raglin advised that she would be responsible for the monitoring for 90 days. It was suggested in the 2016 PREA compliance review that the policy be revised to add that the “Assistant Director” will be responsible for the monitoring, as the current policy broadly states that a “member of facility management” is responsible for the monitoring.

115.267(c)—Non-Compliant

The facility had one investigation that involved several residents who reported sexual abuse and cooperated with an investigation that resulted in the discharge of the resident perpetrator. Due to an administrative oversight, retaliation monitoring was not completed in this case. AD Raglin is aware of the monitoring requirement and will monitor the applicable persons going forward.

INVESTIGATIONS

115.273(a)(c)(d)(e)—Compliant

The facility had one sexual abuse investigation involving two residents during the 12 month review period prior to the site visit. The investigation was substantiated, and the perpetrator was discharged from the program. AD Raglin advised that the resident victim was notified of the outcome of the investigation and remained in the program. However, due to an oversight, there was no written documentation kept of such notification. AD Raglin is aware that future notifications to victims of investigative outcomes need to be documented.

DISCIPLINE

115.276(a)(b)—Compliant

No staff violated agency sexual abuse and sexual harassment policies during the 12 month review period prior to the site visit. During the 2016 compliance review, a

recommendation was made to add language to the facility policy specifying disciplinary sanctions for staff members found to have engaged in sexual abuse. The facility did in fact modify the policy, and staff are now subject to sanctions up to and including termination if they violate facility or agency sexual abuse or sexual harassment policies.

MEDICAL AND MENTAL HEALTH CARE

115.283(a)(b)(h)—Compliant

The facility offers ongoing mental health treatment to residents who have a history of sexual victimization. Those services are provided by the Bluegrass Rape Crisis Center and the Newtown Pike Counseling Center. The staff member who conducts the initial PREA risk assessment is responsible for making appropriate referrals as needed and documenting such referrals. The facility had not housed any known resident-on-resident abusers during the 12 month review period prior to the site visit. However, one was identified, AD Raglin advised that they would utilize Newtown Pike Counseling Services for mental health evaluation and services as needed.

DATA COLLECTION AND REVIEW

115.286(a)(b)(c)—Non-Compliant

The facility policy specifies that a “review” will be conducted within 30 days of the conclusion of an “investigation”, and such review will be conducted by the “PREA Team.” It is recommended that language be added to the policy to specify that the review is a “sexual abuse incident review” and that the review is required of a “sexual abuse investigation.” In addition, it is recommended that the “PREA Team” be defined to include “upper level management officials, supervisors and investigators”.

The facility had one sexual abuse investigation during the 12 month review period prior to the site visit that required a sexual abuse incident review. Due to an administrative oversight, that review was not conducted. AD Raglin is aware that such reviews need to take place at the conclusion of any sexual abuse investigation going forward and is in possession of the Sexual Abuse Incident Review form utilized by the KY DOC.

AUDITS

115.293; 115.403--Compliant

The facility was audited on March 17, 2016 and the audit results are posted on the facility’s website. The facility should be scheduled for its next audit in or around March of 2018.