

**PREA AUDIT REPORT     Interim     Final**

**ADULT PRISONS & JAILS**

**Date of report:** July 19, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Margaret Gilbert			
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<b>Telephone number:</b> 360-537-1810			
<b>Date of facility visit:</b> 05/17-19/2017			
<b>Facility Information</b>			
<b>Facility name:</b> Snake River Correctional Institution			
<b>Facility physical address:</b> 777 Stanton Blvd. Ontario Or. 97914			
<b>Facility mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Facility telephone number:</b> 541-881-5000			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Superintendent Brad Cain			
<b>Number of staff assigned to the facility in the last 12 months:</b> 893			
<b>Designed facility capacity:</b> 3061			
<b>Current population of facility:</b> 2947			
<b>Facility security levels/inmate custody levels:</b> Minimum through Maximum			
<b>Age range of the population:</b> 18 - 84			
<b>Name of PREA Compliance Manager:</b> William J. King		<b>Title:</b> Lieutenant	
<b>Email address:</b> Bill.j.king@doc.state.or.us		<b>Telephone number:</b>	
<b>Agency Information</b>			
<b>Name of agency:</b> Oregon Department of Corrections			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Oregon; Office of the Governor			
<b>Physical address:</b> 2575 Center Street; Salem, Oregon 97301-4667			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> 503-947-9950			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Colette S. Peters		<b>Title:</b> Director	
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Ericka Sage		<b>Title:</b> Agency PREA Coordinator	
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## AUDIT FINDINGS

### NARRATIVE

Snake River Correctional Institution (SRCI) is located at 777 Stanton Blvd, Ontario, Oregon. SRCI is participating in a Prison Rape Elimination Act (PREA) audit conducted by certified auditors for the Washington Department of Corrections (WADOC). The on-site portion of the audit was conducted at the address stated above during the period of May 16-19, 2017. Following coordination, preparatory work and collaboration with the PREA Coordinator for the Oregon Department of Corrections (ODOC), some pre-audit work was completed prior to traveling to the facility for the on-site portion of the audit.

### PRE-AUDIT PHASE

On March 22, 2017, the WADOC provided the audit notice to the agency's PREA Coordinator with instruction to post copies in the housing unit and other places deemed appropriate by facility staff. An email and photo confirmed placement of the audit notice. Notices were to be posted in areas accessible to inmates, visitors and staff. WADOC received the pre-audit questionnaire, checklist of policies/procedures and other documents necessary to conduct the audit from the ODOC.

Pre-audit section of the compliance tool: April 26, 2017, the PREA Coordinator provided the completed pre-audit questionnaire, including supporting documentation, to the audit team. The audit team started completing the audit section of the compliance tool by transferring information from the pre-audit questionnaire and from supporting documentation to the compliance tool. Policies and procedures were reviewed for the compliance with the PREA standards. The auditors took notes to follow-up on any questions about policies that were unclear or did not appear to address the standards adequately. Supporting documentation was reviewed for relevance to the standards and notes were taken to request clarification or to verify accuracy during the on-site tour. This auditor did receive one letter from an inmates at the facility prior to the arrival at the institution.

### ON-SITE PHASE

May 16-19, 2017, the audit team arrived at SRCI. Margaret Gilbert was the certified Department of Justice (DOJ) Prison Rape Elimination Act (PREA) lead auditor; support consisted of certified auditors Michael Klemke, Beth Schubach, Terry Cohn, and support staff Lori Scamahorn.

The audit team met with the Superintendent Bard Cain, Assistant Superintendent Judy Gilmore, Captain John Kile, Captain Gilbertson, Captain Tom Jost, Captain Joe Woodland, Captain Larry Salchenberger, Lieutenant Jose Garcia, Lieutenant Mark Paynter, Lieutenant Dave Jantz, Lieutenant Cory Claus, Lieutenant/PREA Compliance Manager (PCM) William King, Lieutenant Casey Cleaver, Lori Holcomb Human Resources (HR), Jana Wilson HR, Traci Houtz HR, PREA Coordinator Erica Sage, Captain Amanda Rasmussen, Monica Landaverde Medical staff, Ashley Clemments Medical staff, Jule Warden Medical staff, Renee Smith Behavioral Health Service (BHS), Terry Buster BHS, Tyler Blewett Physical Plant, Jerry Timblin Food Services Manager, Chuck Gepford Safety, Bill Doman Program Services, Lieutenant E. Haynes.

Upon arrival at SRCI, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, who might be interviewed during the on-site portion of the audit. The auditor was provided with effortlessly organized folders for each complex. Each folder included extensive information regarding each specific area to include tour information, appointments for

management interviews, a list of all staff working each day, building schematics, photos of staff available to assist the audit team. The audit team selected the names of staff who would be interviewed. Also included in the folders, the audit team received a roster of all inmate for each area with identification numbers and assigned bed numbers, sorted by housing unit. . SRCI did not have any inmates housed in restricted housing based on the inmate's risk of victimization.

The auditor also requested a list of inmates classified into any of the following categories:

- Disabled Inmates
- Limited English Proficient Inmates
- Transgender & Intersex Inmates
- Gay & Bisexual Inmates
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Reported Sexual Abuse
- Inmates who Disclosed Sexual Victimization during Risk Screening
- Inmates who submitted letters to the auditor

The auditor informed the PCM that audit teams would randomly selected staff for interviews from the rosters provided, the audit team requested and received the names of the employees assigned in the management and specialized staff positions, and non-custody staff who might also be interviewed during the on-site portion of the audit. One inmate submitted a letter and was interviewed on site.

## TOUR/PHYSICAL PLANT LAYOUT

The tour consisted of the main visiting area, Complex 3 -Housing Units A, B, C, D, E, F, G, H, I, J, Gymnasium, Education area, Legal services, Counselors area, Medical area, Satellite kitchen/dining area, administration area, barbershop, yard, canteen, call center/program area. The Warehouse, industries, and Minimum Security housing (MSH)and complex was toured completely including industries, counselors and staff administration, laundry, and recreation areas.

During the tour, a custody staff member ensured I was briefed on how to report an incident within the facility, security measures, and what I am allowed to do and not do while touring the facility. It was noticed the facility had PREA information in the form of Posters, pamphlets, and policy information throughout all areas. The inmate phones have an information card on the phone with hotline directions and information. During the tour the inmate phones were test to verify the PREA hotline. A recorded message directs the inmate to utilize the correct prompt to report. PREA Coordinator Erica Sage ensured the auditors that the tested message was received. Each living unit had a doorbell system, which was made upon all opposite gender to be entering the area. During the tour auditors observed female staff utilize the doorbell system. While touring the living units it was noticed all showers had a stall type system with a curtain optional attachment for privacy. Informal discussions with staff identified they always ring the doorbell and the curtains provide coverage so opposite gender is never having full view of a naked male inmates on the units. Staff in work areas were able to describe the staff to inmate ratio in the work areas and the procedures the facility has in place for supervision. The Warehouse demonstrated the camera system and inmate restroom procedures to ensure safety and accountability for inmates and staff.

Informal discussions with inmates on the unit and off identified they were comfortable talking to staff about PREA and never were in full view of a female staff when taking shower, dressing, or using the restroom.

Inmates reported they felt safe in the environment at the facility not just on the unit but also throughout the facility. Some inmates that identified as gay/transgender verbalized the culture in the facility is changing so anyone can be themselves. Several inmates reported they could go to staff and be able to privately report and maintain confidentiality.

The industries areas and a few kitchen areas had a recommendation in the parts work area for mirrors due to staff are on a walk around check time supervision. The recommendations for the mirrors by the lead Auditor have been installed prior to the team departing the facility. The MSH had a recommendation regarding blinds in the offices where staff meet with inmates to remove them for safety and Security of the staff and inmates though it is not a compliance issue. The blinds were removed prior to the team departing.

It was evident due to the staffing levels and the stand in placement of staff there is always a male staff available for Pat/Frisk/and strip searches throughout the facility. The cleanliness throughout the facility was exceptional. Formal interviews found most all inmates had been provided PREA information at intake and admitted they have been provided information about Advocates but chose not to read it but if they want to it is everywhere at the facility. All inmates interviewed reported there was posters throughout and pamphlets on both PREA and Advocacy information. Formal interviews with staff demonstrated all staff are very educated and knowledgeable about PREA policy and procedures at the facility and within ODOC. It was very evident during interviews that inmates prefer to talk to staff if having to make a report, as they do not feel the telephones are located or the availability for it to be private. Most of the phones throughout the facility are located in the dayroom areas. However, they also noted they feel staff are very responsive to safety and security needs for inmates.

In inmate dayrooms, the auditor tested inmate phones to determine the functionality of the facility's hotline for reporting sexual abuse or harassment. Phone calls received were verified by PREA Coordinator and documentation was provided. In the inmate work areas, the auditor assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. While the three auditors were touring the facility, the other auditors were reviewing supporting documentation and conducting interviews of staff and inmates.

## INTERANCE INTERVIEWS

The audit team members split up the interviews of the Superintendent, the PCM and other designated management staff. The auditors worked with facility staff assigned to the audit team to assist in taking staff to location to schedule conduct each of the interviews; audit team members were escorted to the office of the respective manager and conducted the interviews using the applicable interview protocols and recorded the responses by hand.

On May 16, 2017, formal interviews with staff and inmates began, concluding on May 19, 2017, using the DOJ PREA interview questions. The audit team divided up and individually conducted interviews throughout the facility. Interviews were conducted with 30 random staff who were selected by the audit team by reviewing current rosters of all staff (both custody and non-custody) ensuring representation from housing units and program areas. Interviews also included line staff and supervisors. Representation from all three shifts were interviewed. In addition to random staff specialty staff were also interviewed and included the following:

- Staff who supervise segregation

- First responders
- Members of the incident review team
- Intake staff
- Intermediate or higher level supervisor
- PREA Compliance Manager
- Staff charged with retaliation monitoring
- Staff who perform risk assessments
- Superintendent
- Investigation staff
- Human relations staff
- Medical / mental health staff
- SAFE/SANE
- Volunteer/contract staff
- Interviews with the agency Contract Administrator and the agency PREA Coordinator were conducted via telephone on February 15, 2017. The agency Director designees were also interviewed by telephone on March 2, 2017.

During the audit, interviews were conducted with 60 random inmates who were selected by the audit team by reviewing current rosters and identifying inmates to ensure representation from all housing units and in addition the following were interviewed;

- One inmate who submitted letters in advance of the audit
- Disabled / LEP inmates
- Inmates who disclosed during an assessment inmates who reported
- LGBTI inmates
- Transgender inmates

Additional documents were requested and reviewed throughout the audit. The team reviewed the Inmate Management System (OMS) which houses all PREA-related information including, but not limited to risk assessments, investigations, incident reviews, and retaliation monitoring activities. The team also reviewed medical records as needed.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Snake River Correctional Institution (SRCI) is an all-male, multi-custody facility which opened in 1991. SRCI is one of Oregon's largest correctional institution and is located in Malheur County near the Oregon/Idaho border. SRCI's total acreage is 538 its rated capacity is 3,062 which included 2,336 medium, 154 minimum, and 510 Special Housing beds that includes; Disciplinary Segregation Unit, Intensive Management Unit, Administrative Segregation Unit, Infirmary/Hospice with 24 hour nursing care. The facility is located on 538 acres with 103 acres in side of the fenced perimeter.

The Vision of SRCI:

- Respectful workplace for staff and inmates.
- Seamless security.
- Leader in inmate management,
- Cross functional teamwork and value.
- Visibility in community in "appropriate function."
- Accountability and pride =good partner with community
- Fiscally responsible

- Loyal to the Department
- Working well with the union.

SRCI employs 893 staff in all disciplines. Many employees are represented by the American Federation of State, County, and Municipal Employees (AFSCME). Custody staffing consists of correctional officers, corporals, sergeants, lieutenants, and captains. Non-custody staffing consists of superintendent, assistant superintendents, clerical support staff, maintenance staff (plumbers, electricians, HVAC technicians, electronics specialists, welder, painter, carpenter, boiler operators, and general maintenance technicians), counselors, activities staff, librarian, and various program/area managers.

Besides a number of prison maintenance and food service jobs, inmates at SRCI participate in the following programs and services; Incentive Housing, Building construction technology, Trades program, cognitive, and parenting program and programs all operated by Oregon Corrections Enterprises (OCE). Mental health, religious, and cognitive programs are offered as well. Educational services are provided by contract staff and programs include Adult Basic Education, GED, English as a Second Language, and an automotive repair vocational training program. Inmates who meet minimum requirements of good behavior and program compliance may participate in college level correspondence courses at their own expense. Inmate activities areas are comprised of the yard, basketball courts, and recreation yard building, comprised of a gymnasium, shower and restroom, and card and television rooms. Inmate services and support are also available in the facility chapel and legal library.

#### EXIT INTERVIEW

The PREA Audit Team conducted an Exit, "De-Briefing" in the conference room. Attendees were Administrative staff which included Superintendent Brad Cain, Assistant Superintendent Judy Gilmore, Human Resource personal Jana Wilson, Medical Nurse manager Monica Landaverde, Behavioral Health Services Manager Renee Smith, PREA Compliance manager Lieutenant William King, Lieutenant Cleaver, and several other supervisors and staff. The exit briefing highlighted the SRCI positive compliance issues and positive staff assistance. The lead Auditor notified all staff of the report being developed for completion with discussions with the facility PREA contacts.

## SUMMARY OF AUDIT FINDINGS

It is noted that this audit was conducted as part of consortium agreement with Departments of Corrections of California, Hawaii, Montana, Nevada, New Mexico, Oregon, Washington, and Wyoming.

During the past 12 months, SRCI investigated 35 allegations of sexual abuse and harassment; four of these resulted in a criminal investigation. Records illustrated the conduct of thorough, impartial, timely and comprehensive investigations. Inmates appear to be very knowledgeable of PREA policies and the agency's zero tolerance stance toward sexual abuse and harassment. Inmates were able to articulate knowledge of multiple reporting avenues, receiving PREA information on intake as well as during a comprehensive orientation through the use of a professional video. Inmates consistently reported feeling safe within the facility and auditors observed open and comfortable communication between staff and inmates.

All facility staff interviewed indicated that had received detailed PREA training and that PREA-related activities and issues were consistently addressed in meetings at all levels throughout the organizational structure. Staff were knowledgeable about their roles and responsibilities in the prevention, reporting, and response to sexual abuse and harassment. Staff were well trained regarding first responder responsibilities clearly articulating steps they would follow if they were the first staff member to respond to an incident. Staff also consistently articulated the variety of methods established for both inmates and staff to report sexual abuse and harassment as well as any issues related to retaliation.

Overall, the audit experience was very positive. The facility staff cared very much about the audit and were open to questions posed by the auditors as well as recommendations made. The PCM was extremely helpful and accommodating during the onsite portion of the audit. The amount of preparation done prior to the audit to ensure a smooth and seamless process was extremely extraordinary. As stated prior a folder was prepared with all appropriate required information to interview staff and inmates along with samples of documents. WADOC saw this as a best practice and will be using the same process. The PREA Coordinator Ericka Sage was willing to take any amount of time needed to ensure the auditors had a thorough understanding of local practices and agency systems. Facility staff had a very positive and cooperative attitude and all inmates encountered were respectful and willing to participate in interviews.

In summary, it is clear that the facility and agency leadership have made PREA compliance a high priority and have dedicated the time and resources needed. Staff at all levels in the facility have made the strong connection between PREA implementation and overall security of the facility and safety of staff, inmates, and the public.

Number of standards exceeded: 2

Number of standards met: 41

Number of standards not met:

Number of standards not applicable:

## **Standard 115.11 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.**

Agency policy 40.1.13, Prison Rape Elimination Act, section I. (page 1) details zero tolerance policy toward all forms of sexual abuse and harassment. The policy encompasses the agency's approach to prevention, detection and responding to PREA-related incidents (sections III Prevention, IV Training and Education, VI Reporting and VII Official Response). PREA training provided to both staff and inmates also details the agency's zero tolerance toward sexual abuse and sexual harassment in all forms, outlining actions to prevent, detect and respond to allegation of sexual abuse. During the onsite visit to the facility, staff interviewed were aware of the agency's zero tolerance policy and were familiar with other policy specifications.

Policy 40.1.13, section II.A (page 1) requires the identification of an agency PREA Coordinator, "...responsible for the development, implementation, and oversight of the department's compliance with the PREA standards in all the department's facilities." The agency has identified a PREA Coordinator who was interviewed during the onsite visit. The agency's organizational chart was reviewed and this position reports to the Inspector General. The PREA Coordinator has joint supervision of 13 PREA Compliance Managers throughout the agency. These individuals hold other positions and perform PREA-related duties as collateral responsibilities, reporting to the PREA Coordinator in all matters related to PREA implementation. The PREA Coordinator indicated that she has a great deal of support in all the institutions and with agency administration. She detailed collaborative actions involving stakeholders at all levels within the agency when an issue regarding compliance is discovered. The Coordinator has been able to secure various grants, some of which established temporary positions, such as the 2015 Advocate Coordinator, to assist in implementation activities. She also noted that she has a backup at headquarters to ensure daily duties continue in her absence and has also received support and assistance from the Sexual Abuse Liaisons in each facility in areas such as audits, training development, and special projects.

Policy 40.1.13, section II.F (page 2) also requires designation of a facility-level PREA Compliance Manager as a "management staff person designated by the institution functional unit manager, with sufficient time and authority to coordinate the facility's efforts to comply with the federal PREA standards." The Snake River Correctional Institution (SRCI) Procedure 39, section II (page 1), also indicates that this individual is "A management staff person designated by the institution FUM [Functional Unit Manager / Superintendent] to coordinate communication with the alleged victim and aggressor and to coordinate follow-up to incidents of inmate sexual abuse and sexual harassment within that institution. The PREA Compliance Manager will serve as the team lead for all PREA After-Action

Reviews.” This is a collateral duty; however, facility leadership has made PREA a priority, allowing the Compliance Manager the time needed to perform PREA-related responsibilities. The facility organization chart was reviewed. The Compliance Manager is identified as a Lieutenant, reporting directly to the Superintendent. The ODOC Prison Rape Elimination Act (PREA) Compliance Manager (PCM) Guidelines detail the responsibilities of the Compliance Manager, ensuring agreed on parameters and operational consistency across the agency. During an onsite interview, the PCM indicates that he has a team of staff to assist with PREA implementation activities. This includes a Sexual Abuse Liaison (SAL) and a Sexual Abuse Response Team (SART), members of which have designated roles. Information is shared among members based on these roles and through the Offender Management System (OMS), a database system containing all PREA-related activities and actions. The PCM, SAL and SART serve as the subject matter experts who staff can bring questions and issues to. These individuals actively monitor at risk inmates and any issues related to potential retaliation. PREA is a regular subject of discussion at multiple meetings throughout the facility, to include Executive Management Team meeting, Captains’ meeting, Captains’ / Lieutenants’ meetings, and Multi-Disciplinary Team meetings. The facility also maintains a Special Needs Inmate Evaluation Committee (SNIEC) that reviews, evaluates and manages the needs of special population inmates housed here. Information is shared with other facilities as needed to assist and manage inmates regarding placements and other PREA-related issues.

Documentation provided for this standard: agency policy 40.1.13, PRCF Procedure 45, facility and agency-level Sexual Abuse Response Team contact list, agency and facility organization charts, PREA training curriculum, PREA Coordinator position description, Prison Rape Elimination Act (PREA) Compliance Manager (PCM) Guidelines

*Based on this information, ODOC is in full compliance with all elements of standard 115.11.*

### **Standard 115.12 Contracting with other entities for the confinement of inmates**

- 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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ODOC has contracted with Lane, Grant and Marion Counties for overflow housing for inmates. Contract 5059 with Lane County was signed in 2016. Section 6.11 of the contract includes the requirement of the county jail to be compliant with PREA standards. Section 7.8 details monitoring requirements to be conducted by ODOC. A review of a Department of Justice (DOJ) PREA audit report dated 10/11/2016 indicated that Lane County Jail was determined to be 100% compliant with PREA standards.

Contract 4712 with Grant County includes amendment #1 in which section 2.1 requires compliance with PREA standards along with monitoring requirements. This amendment was signed 05/14/2014. Grant County has not yet had a DOJ PREA audit; however, Office of Population Management Administrator Breyman submitted a memorandum dated 08/26/2016 prohibiting placement in rental bed capacity in jails until the facility is PREA compliant.

Contract 5396 with Marion County, effective 01/19/2017, includes Exhibit A, Statement of Work, section 7.11 of which requires the county to adopt and comply with the Prison Rape Elimination Act and provide information concerning compliance with PREA standard upon request to ODOC. An internal audit of compliance was conducted by the ODOC PREA Coordinator followed by a DOJ PREA audit. Marion County is currently in a corrective action period and has been notified by the Office of Population Management Administrator that if 100% compliance is not achieved by the end of this period, the contract will be terminated.

The PREA Coordinator will continue to monitor each county for compliance to ensure they are meeting / continue to meet PREA standards. She will request information regarding compliance status no less than annually now that the first audit cycle has concluded. The above information was confirmed in interviews with the PREA Coordinator and the agency Office of Population Management Administrator (as Contract Administrator).

Documentation provided for this standard: contracts with identified counties, Lane County DOJ audit report, and memo regarding placement prohibition.

*Based on this information, ODOC is in full compliance with all elements of standard 115.12.*

### **Standard 115.13 Supervision and monitoring**

- 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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SRCI has a staffing plan that meets the requirements of this standard. Agency policy 40.1.13, section III.B (page 4), requires that, "Security staffing standards and deployment of video monitoring systems or technology shall be assessed for adjustments by the PREA Compliance Managers for facilities affected and communicate to Agency PREA Coordinator." Agency policy 40.2.1, Staff Deployment System, details the requirements for development, monitoring and evaluation of staffing plans, requiring the evaluation of posts "...at least annually by management staff in consultation with the PREA coordinator to assess, determine, and document whether adjustments are needed to the established staffing plans and ensure

facilities have the resources available to commit to ensure adherence to the staffing plan. Posts shall be evaluated also for continuous need, abolishment, combination with other posts, change of classification, change of category designation, reduction or increase in the number of shifts staffed daily, the number of days staffed, or continuance without modification.” (section III.G.4, page 5). The policy also provides for temporary staffing plan revision when the institution’s emergency response plan is implemented.

Auditors were provided with the SRCI Security Standard Staffing Review and Exception Request (January 2017), sample rosters and sample deviations from rosters. Auditors also reviewed the 2017 Staffing Plan Review – PREA – Snake River Correctional Institution which details out all elements required for inclusion in the annual staffing plan analysis, which include all elements outlined in this standard. Agency policy 40.1.13 requires any deviations from the minimum staffing requirements are reported in exceptions to the rule reports to the appropriate manager at the facility. Interviews confirmed that ODOC would close a non-essential post only in the event of an emergency, (e.g., a medical trip to cover the transport) instead of falling below minimum staffing levels. SRCI did not experience a situation in which they went below minimum staffing during this audit period. In 2014, ODOC contracted with the Association of State Correctional Administrators (ASCA) to review staffing in all ODOC facilities with a special emphasis on PREA. As a result of that staffing review, ODOC submitted a population package for additional staff. During the 2016 legislative session, ODOC was awarded 33 additional correctional officer positions, which were distributed as recommended by ASCA.

The 2017 Staffing Plan Review notes that, “Each facility also has an ongoing camera mapping plan in case funds should come available. This plan and the placement of cameras are reviewed routinely when incident reviews are completed. All adjustments would be documented on that review; however there were none for 2016.” Auditors were provided with a very detailed camera mapping document detailing out the camera mapping plan referenced in the annual staffing review document.

The auditors were provided with a summary of the staffing plan and monitoring systems review conducted at various facilities by the PREA Coordinator. That report (November 2016) states in part:

*As part of our annual staffing review in coordination with internal PREA audits, I was able to tour Snake River Correctional Institution, Oregon State Penitentiary, Columbia River Correctional Institution and Powder River Correctional Facility. As part of that tour and review, in coordination with facility management staff, I reviewed all components of the facilities physical plant (including “blind-spots” and areas where staff and inmates may be isolated). We reviewed the composition of the inmate population, the number and placement of supervisory staff, institutional programs that occur and the prevalence of substantiated and unsubstantiated incidents of sexual abuse and all other relevant factors. A camera mapping plan has also been created and future needs to camera systems prioritized and documented. Operational practices were reviewed and adjusted to maximize visibility in each location when needed. A number of security mirrors were installed and current cameras have been adjusted to maximize visibility in some locations. Doors were either locked, or removed to minimize the opportunity for sexual abuse in those areas. Post orders were changed to include frequent checks of areas that have lower visibility. I have reviewed each institutions staffing plan, ensuring they use generally accepted correctional practices and have taken into account judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, and findings of inadequacy from internal and external oversight bodies, in which ODOC has had none. I reviewed all allegations of sexual abuse and sexual harassment that have occurred and sexual abuse incident reviews to look for trends that might have been occurring as a result of lack of staff or video monitoring.*

Interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager confirmed a thorough understanding of all the elements included in a staffing plans as well as policy-required review requirements and processed.

Agency policy 40.1.13, section III.C (page 4) requires that supervisors conduct unannounced rounds to deter sexual abuse and sexual harassment and prohibits staff alert each other about rounds that are occurring. This was verified during the tour of the facility through observation, inspection of log inspection and staff interviews. Auditors also reviewed documentation of rounds that were conducted (Post Information Log), which confirmed rounds were conducted as required. Interviews conducted with intermediate or higher level facility staff confirmed that unannounced rounds are continuously conducted in all areas of the facility. Interviewees confirmed that rounds are documented in post information logs.

Documentation provided for this standard: agency policy 40.1.13 and 40.2.1; custody staffing rosters; Policy Option Package 102, Budget Preparation 2017-19 which included ASCA positions (68 FTE's); PREA Security Staffing Analysis of the Oregon Department of Corrections: Summary and Facility Reports, dated 12/10/14 and prepared by the Association of State Correctional Administrators; 2017 Staffing Plan Review – PREA – Powder River Correctional Facility; Security Staffing Standard Review and Exception Request; summary of the staffing plan and monitoring systems review conducted by the PREA Coordinator; and facility logs.

*Based on this information, SRCI is in full compliance with all elements of standard 115.13.*

#### **Standard 115.14 Youthful inmates**

- 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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SRCI does not house youthful inmate and, as such, is compliant with the requirements of this standard. HB4037 and 2013's ORS 13.124 documents the agreement between the Oregon Youth Authority (OYA) and ODOC to send a youthful inmate (inmate under the age of 18) sentenced to the legal custody of ODOC directly to the physical custody of OYA without first delivering them to ODOC's Coffee Creek Intake Center in Wilsonville, which serves as the intake center for the state. Based on this agreement, ODOC does not house youthful inmates in any agency facility. SRCI population reports for the last 12 months were also reviewed. There is no category in the reports for youthful inmates housed in this facility.

Interviews with the agency PREA Coordinator and SRCI Superintendent confirmed that the facility does not house youthful inmates.

Documentation provided for this standard: direct admit process memo, facility population reports, and related state regulations.

*Based on this information, SRCI is compliant with standard 115.14.*

### **Standard 115.15 Limits to cross-gender viewing and searches**

- 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.**

Oregon Administrative Rule 291-041-005 defines types of searches of inmates that are permitted. Rule 291-041-0020, section 7 requires that skin searches will be conducted by same gender as inmate unless there is an emergency along with the requirement to document all strip searches. Auditors were provided with a cross-gender strip search log form used in the event such a search needed to be conducted. This form requires documentation of the reasons for the search and submission to the facility PREA Compliance Manager upon completion. SRCI had no examples of such searches during the audit period. This along with knowledge of search requirements and an understanding of what urgent circumstances would require a cross-gender strip or body cavity search were confirmed via interviews conducted during the onsite portion of the audit.

SRCI does not house female inmates. This was confirmed through a review of facility population reports for the last 12 months. As such, subsection (b) is not applicable.

Agency policy 40.1.13, section III.D (page 4) requires the implementation of "...procedures that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks." During the tour of the facility, no areas of concern were noted regarding the ability of staff to view inmates. Appropriate privacy partitions have been installed in bathroom areas and other areas to ensure staff cannot view inmates using toilets even during routine tier checks.

SRCI has implemented a procedure to address the potential viewing by female staff of inmates using bathroom facilities via video monitoring. Procedure 27, Opposite Gender Viewing of Video Monitoring, section III. A and B (page 1 – 2), requires that, "opposite gender staff will not actively observe any video

camera in cells that have a clear view of the toilet unless there is no alternative. If there is opposite gender staff working where the video monitor is looking at cells that have a clear view of the toilet, the video camera will be changed to a cell or other area that does not have a clear view of the toilet. If there is no alternative, staff will utilize a sticky note (common name 'post it' which indicates a piece of paper with adhesive on the back that has the ability to stick to surfaces). The sticky note or a permanent darkened area will be placed on the video monitor screen prior to switching to a camera that has a clear view of a toilet, effectively covering the area where the toilet can be viewed." Use of the sticky note was confirmed in tours of control centers in which video monitoring was conducted.

Policy 40.1.13, Section III.E (page 4) requires that, "Opposite gender staff shall announce themselves prior to entering an inmate housing unit by the method approved by the agency." ODOC utilizes a doorbell system to announce opposite gender staff and visitors when entering a housing unit. This system has been in place since 2014 and procedural direction was provided in an email dated 06/11/2014 to all agency employees by the Assistant Director. Use of the doorbell system was observed during the facility tour and staff knowledge of related requirements were confirmed during interviews. Male staff indicated that if a female staff member forgot to use the doorbell, they would remind them or press the doorbell for them to ensure inmates were made aware of the presence of a female staff member on the unit. Inmates also confirmed during interviews that staff appropriately use the doorbell to announce opposite gender staff entering the living units. During the tour female auditors and staff utilized the doorbell. The PREA Coordinator is currently working with the Department of Justice regarding options to ensure deaf or hard of hearing inmates are appropriately informed when female staff enter housing units.

Oregon Administrative Rule 291-041-0020, section 7 b and c, directs that transgender inmates will not be searched or physically examined for the sole purpose of determining inmate's genital status. The rule also requires that, "If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Interviews conducted confirmed staff knowledge with this prohibition. SRCI currently houses inmates identified as transgender. These inmates confirmed that they were never searched for the purpose of determining genital status.

Agency policy 40.1.13, section IV.A.2 (page 5) requires that "...all staff responsible for the supervision of inmates in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs." Training curriculum (DOC – ATCOM – LGBTI Communication and Searches v2015) was also reviewed and contained standard-required elements. Pat search training was launched in new employee orientation in 2014 and was also provided to all current staff as a part of annual in-service training. Records confirmed that 98% of applicable staff completed the training during the first year, with the remaining 2% during the second year the training was provided. Auditors also reviewed an organizational training progress report detailing SRCI staff who completed this training along with a training non-compliance report, documenting that all staff who might conduct pat searches have completed that required training. Confirmation of training completion and knowledge of search requirements and expectations was obtained during onsite interviews with a random sample of staff.

Documentation provided for this standard: Administrative Rule 291-041-005 and 291-041-0020, policy 40.1.13, facility population reports, email directive, and training curriculum and rosters.

*Based on this information, ODOC is in full compliance with all elements of standard 115.15.*

### **Standard 115.16 Inmates with disabilities and inmates 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.**

Agency policy 40.1.13, section IV.B.5 (page 6) requires the provision of inmate education that complies with all standard requirements. Policy 40.2.11, Effective Communication for Deaf/Hearing Impaired Inmates (entire policy) outlines policy and procedures to ensure that deaf and hearing-impaired inmates are afforded access to necessary hearing assessments and to auxiliary aids/services when required to permit these inmates to communicate effectively with others in accessing and participating in department programs, services, and activities. ODOC primarily uses interpreters through the Department of Human Services to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient inmates. Staff interpreters are also utilized, as needed, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. PREA posters are also provided in Spanish, which is the most common second language in Oregon. Facilities also use Purple Communications for deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. Blind and low vision inmates are able hear the PREA video, allowing them the provision of information regarding access to all aspects of the PREA program. Facility PREA Compliance Managers work with medical and mental health practitioners and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects of the PREA program.

SRCI indicated that they have not employed the above avenues during the audit period. This was confirmed during interviews conducted during the onsite visit. Auditors also observed posters in Spanish available for inmates and were provided with an informational handout regarding reporting options available for inmates in Spanish.

An interview with the agency Director designees confirmed that multiple methods have been employed to ensure that inmates with limitations or disabilities understand PREA protections and reporting, ensuring these inmates are safe. This included an orientation video with multiple presentation venues (closed captioned, bilingual), bilingual pamphlets, and telephone interpreters. These processes begin at intake in the reception center and continue throughout their incarceration

as these inmates are at increased risk of abuse due to actual or perceived disabilities.

Agency policy 40.1.13, section VI.A.7 (page 8) prohibits the use of inmate interpreters "...except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties or the investigation of the inmate's allegations." SRCI indicated they have experienced 55 incidents that necessitated the use of an inmate interpreter during the audit period. This along with knowledge of the limitations regarding inmate interpreters was confirmed in interviews with staff and LEP inmates during the onsite portion of the audit.

Disabled inmates interviewed indicated that they were provided information about sexual abuse and harassment in a manner they were able to understand. Inmates confirmed that interpreters were provided as needed, to include sign language interpreters, close captioned video, and a language guide that contains options for interpreters for approximately 12 differently countries.

Documentation provided for this standard: agency policy 40.1.13, brochure and quick reference guide for use of the language line, posters and brochures for inmates, and a listing of certified staff interpreters.

*Based on this information, SRCI is in full compliance with all elements of standard 115.16.*

### **Standard 115.17 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.**

This standard requires ODOC to conduct background checks on all applicants considered for employment or promotion to consider any incidents of substantiated allegations of sexual abuse or sexual harassment in determining whether to hire or promote anyone who may have contact with inmates."

Agency policy 20.4.2, Applicants for DOC Positions with Prior Criminal Convictions, section III.B (page 2), details the automatic disqualification from employment individuals who have, "Any conviction for sexual abuse in a prison, jail, secure community placement, or juvenile facility; Any conviction for 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 In the absence of a conviction, any civil or administrative finding that the applicant attempted to engage in any activity described in..." activities detailed previously. This policy also requires that, "Substantiated allegations of

sexual abuse or sexual harassment incidents will be used in determining whether to hire or promote a candidate. Candidates of these types of incidents may be considered with the approval of the Assistant Director of Human Resources.”

Each ODOC recruitment states, “Oregon Department of Corrections (ODOC) complies with the Federal Prison Rape Elimination Act (PREA). PREA prohibits ODOC from hiring, or promoting anyone who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in Institution settings. These include a jail, prison, or other correctional facility (including juvenile corrections) AND any institution or facility where people are residing for the purpose of receiving care or treatment (e.g., adjudicated delinquent, neglected, placed in State custody, mentally ill or disabled, chronically ill, or physically disabled, etc.). These include skilled nursing care, intermediate or long-term care, or custodial or residential care (e.g., group home, rehabilitation, assisted living/nursing home, hospice, etc.).”

Auditors reviewed a sample recruitment, page three of which details agency compliance with PREA standards and the prohibition of hiring or promoting anyone who has engaged in any of the identified incidents. Candidates are required to complete the PREA Verification form, providing information regarding prior related behaviors. This form was also reviewed for standard compliance.

Agency policy 20.4.5, Recruitment and Selection Process, section III.D (page 3), addresses reference and background checks and requires the completion of the Employer Questionnaire by all applicable prior employers. This questionnaire includes standard related questions about conduct along with a definition of institutional employer. All institutional employers are contacted and asked about information on substantiated allegations of sexual abuse or resignation during a pending investigation of an allegation of sexual abuse.

During the last 12 months, SRCI hired 55 staff who may have contact with inmates. A sample recruitment was supplied as supporting documentation. Applicants must also complete a sexual misconduct disclosure form, which was also supplied as documentation. Auditors were provided with an in-depth review of the background investigation process undertaken prior to the hiring of any individual by ODOC. A background investigation unit is dedicated to the gathering all available information regarding applicants. The individual completes the initial application in the NEO GOV system where they are required to sign and date a PREA acknowledgement and disclosure section and a preliminary criminal background check is conducted. If the applicant progresses to the next level in the hiring process, he/she must complete 16 questionnaires in the eSOPH system where more detailed information is required regarding any sexually deviant and/or PREA-related behaviors. If an individual provides any information that would disqualify him/her from certification by the Department of Public Safety Standards and Training, the individual is disqualified from hire. The questionnaires completed provide information regarding current and prior employers, coworkers, HR, volunteer activities, and certain types of acquaintances. The background investigation unit then sends out requests for information via email to 75 to 100 individuals per applicant. This level of background investigation ensures the hiring of individuals who will work to ensure the safety of inmates under their charge while eliminating from hire those individuals with compromising and/or inappropriate information in their history. This far exceeds the requirements set forth in PREA standards regarding hiring expectations.

ODOC Agency Rule, Division 16, #291-016-0030, section 9 (page 4), requires that all persons entering the facility will be required to provide sufficient information for the functional unit to review criminal history and background. It is required that criminal history checks are performed on all contractors and

volunteers. Agency policy 100.1.1, Non-Employee Service Provider (Carded and Non-Carded), section III.E (page 2), details background check requirements for all contractors, volunteers and interns. During the audit period, SRCI maintained 55 contracts for services where criminal background records checks were conducted on all staff covered in the contract who might have contact with inmates. A sampling of these contracts was reviewed, ensuring that appropriate PREA compliance language is included. LEADS check documentation was reviewed, verifying that criminal background checks are conducted before entry into the facility and at least every 5 years thereafter.

Agency policy 40.1.13, section XIV (page 13), requires, criminal background checks every 5 years of permanent, temporary employees, contractors, volunteers and interns. These checks are conducted each year by institutional support staff for identified executive administrators. They are done each year or at the annual performance appraisal. This process was confirmed while onsite.

ODOC does not conduct interviews or written self-evaluations as part of the review of current employees. As such, this section of subsection (f) of this standard does not apply.

ODOC imposes upon employees a continuing affirmative duty to disclose misconduct through the code of conduct and code of ethics that is signed annually. Material omissions regarding such misconduct, or the provision of materially false information shall be grounds for termination. Agency policy 20.1.3, Code of Conduct, section III.B.5 (page 2), requires all employees to report "...to the proper authority, any illegal acts, acts that would pose an immediate threat to the safety, security and welfare of staff and inmates, violations of post orders, rules, regulations, policies and procedures." The same policy (section III.C.3, page 5) states, "Employees shall not become emotionally, romantically, or sexually involved with offender/inmates, or allow an inmate/offender to engage in any behavior of a sexual nature with another inmate/offender." Staff are required to sign a Code of Ethics form, acknowledging compliance with the code of conduct policy. Agency policy 20.1.3, section III.A (page 1), indicates that "Failure by employees to follow this policy may result in appropriate disciplinary action, up to and including dismissal."

Agency policy 20.5.13, section II.B.6 (page 1) requires that supervisors "provide all factual information, whether positive or negative" regarding employment references for former and current employees. Applicable supervisors are required to provide applicable PREA-related information, including substantiated allegations of sexual abuse and/or harassment when requested by a potential employer of a current or former agency employee. The SRCI Human Resources Manager indicated that she had not has this occur since she has been in his current position, adding that unless there was a settlement or non-disclosure agreement, The Human Resources Data System would help track this information. She reported that if a staff member was found to be in violation that resulted in personnel action (letter of reprimand to dismissal), it would be in the HR database.

All standard requirements were confirmed in an interview with the SRCI Human Resources Manager.

Documentation provided for this standard: agency policy 20.4.2, examples of recruitments, Agency Rule #291-016-0030, agency policy 100.1.1, agency policy 40.1.13, agency policy 20.5.13, and recruitment / background check records

*Based on the extensive and coordinated background investigations conducted, SRCI and ODOC have exceeded the requirements of standard 115.17.*

## Standard 115.18 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)

**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.**

Agency policy 40.1.13, sections III. G and H (page 4), details standard requirements regarding new facilities, substantial expansions and modifications, and installation or expansion of monitoring systems. ODOC has not acquired any new facilities since the last PREA audit conducted at SRCI (final report submitted January 7, 2015). SRCI has not constructed any new buildings or experienced the substantiated expansion or modification of existing structures since the last audit. During the interview the Superintendent noted that analysis is underway to ensure balance of inmate privacy with increased safety, especially given the special needs inmates who will be housed in this area.

An interview with the agency Director designees confirmed that Facilities evaluate impact during any design, acquisition, and expansion or modification project. This evaluation includes, but is not limited to, blind spots, areas of potential low visibility, staffing patterns, complexity of the area, the number of inmates and what activities are occurring in the area, and privacy for showers, toilets, and common areas. The evaluation is a comprehensive study involving multiple disciplines and always includes the agency PREA Coordinator. The interview also confirmed that installation or updating of any monitoring technology is a collaborative effort involving Facilities and Operations, identifying areas of concern and looking at available technologies to address. If budgetary constraints limit the introduction of new technology or equipment, revisions to operations and procedures are implemented to mitigate identified risk.

SRCI has completed a thorough mapping of the camera system throughout the facility. The facility has developed a standing priority list for camera additions as part of an ongoing camera project and will implement installations as money is available. The Superintendent indicated that when funds are available, the priority list would be reevaluated, taking into account allegations, substantiated cases, identification of problem areas, and staff observations. Special funding requests or arrangements for the use of alternative funding sources would be made if an immediate need was identified regarding the current monitoring system.

Documentation provided for this standard: agency policy 40.1.13, camera mapping documents, and building schematics.

*Based on this information, SRCI is in full compliance with all elements of standard 115.18.*

## Standard 115.21 Evidence protocol and forensic medical examinations

- 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.**

Agency policy 70.1.3, Criminal and Administrative Evidence Handling (entire policy), and the Officer in Charge (OIC) PREA Checklist details the agency's uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol has been adapted from the "National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Interviews with a random sample of staff documents a thorough understanding of physical evidence control procedures as well as the knowledge that PREA investigations are conducted by specified members of the Sexual Abuse Response Team (SART).

Agency policy 40.1.13, section X.A (page 11), and Health Services Policy and Procedure P-B-05 (page 1 – 2) require that victims of sexual abuse have access to forensic medical examinations at designated hospitals, without financial cost, where evidentiary or medically appropriate. The procedure also requires that examinations are conducted by SAFE/SANE nurses or by qualified medical personnel if a SAFE/SANE is not available. Each facility under the jurisdiction of ODOC has access to a hospital with 24-hour SAFE/SANE coverage, either on shift or on an on-call basis. If for some extenuating reason a SAFE/SANE was not available when needed (e.g., a facility located in a more rural area of the state), the inmate would be transported to a facility where a SAFE/SANE was available. The hospital compliance lists provided indicates that SRCI is to transport inmates to St. Alphonse Medical Center, Ontario where SANE nurses are available. No incidents indicating a forensic medical examination occurred at SRCI during the documentation period, but standard compliant procedures are in place and understood by staff as evidenced during onsite interviews. It is noted that the OIC Checklist references a 96-hour timeframe for conducting forensic medical examinations. Information received from the Oregon SANE/SAE Coordinator of the Oregon Sexual Assault Task Force indicated that the current standard for evidence collection in Oregon is still 84 hours except in extenuating circumstances. The Washington Coalition of Sexual Assault Programs provided conflicting information, indicating that the national standard has been increased to 120 hours. While the PREA Coordinator is currently working with applicable agencies to provide clarification regarding timeframes and developing more open-ended language for OIC checklists, it is noted that no inmate has ever been denied a forensic medical exam when requested by facilities based on the allegation received.

An interview with SAFE/SANE staff from the St. Alphonse Medical Center, Ontario confirmed that forensic medical examinations for SRCI inmates are conducted at this facility. Staff confirmed that SAFE/SANE staff are required to be available to conduct these exams, that it is not an option not to have a

SAFE/SANE available.

SRCI maintains a contract with Project Dove (finalized 11/16/15 with an expiration date of 11/16/18) to provide advocacy to inmates housed at SRCI. The MOU provides the victims of sexual abuse in custody with support services comparable to those received by victims of sexual abuse who are not incarcerated, provides and staffs a confidential victim support services crisis line seven (7) days a week to provide crisis intervention services to adults in custody who are experiencing or have experienced sexual abuse and provides a victim advocate upon request from ODOC or adult in custody who will receive a forensic medical evaluation as result of suffering sexual abuse. The victim advocate will respond and support the victim during the examination process and investigatory interviews, as well as provide emotional support, crisis intervention, information and referral as requested by the adult in custody.

The agency's PREA Sexual Assault Forensic Exam Advocacy details procedures, dos and don'ts, and confidential specifications. A brochure for inmates entitled "Sexual Abuse Advocacy, details connecting with an advocate by dialing 711 and communication / confidentiality requirements. This brochure is available in both English and Spanish. SRCI reported no allegations in which a forensic medical examination was indicated during the reporting period. As such, no related victims or reporters were interviewed. However, the onsite tour and interviews with staff and inmates confirmed the availability of brochures as well as knowledge of available advocacy services. Local advocacy processes were confirmed in an interview with the PREA Compliance Manager.

Policies allow for criminal investigations to be conducted by Oregon State Police and Office of Inspector General's Special Investigations Unit (SIU), which is part of ODOC. An interview with the PREA Compliance Manager and the Superintendent confirmed that Investigations into allegations that may be criminal are referred first to the Oregon

State Police and that if State Police investigatory resources are not currently available, the investigation would then be conducted by SIU investigators.

Auditors were provided with ODOC investigatory Interview (State Police and ODOC) Advocacy Notification, detailing how arrangements are made to meet with inmates and provide advocacy services. State Police officials have agreed to this procedure. The PREA Coordinator also provided investigators of the State Police with PREA training, ensuring a comprehensive knowledge of PREA standards and investigatory requirements. Auditors were provided with an example of a criminal investigation conducted by the Oregon State Police.

As SRCI has secured advocacy support through a community sexual assault program, subsection (h) of this standard does not apply.

Documentation provided for this standard: agency policies 40.1.13 and 70.1.3, OIC PREA Checklist, Health Services Policy and Procedure P-B-05, PREA Advocacy Contact Information – Department of Corrections Institutions and Community Sexual Assault Advocacy Organizations, MOU with Project Dove, PREA Sexual Assault Forensic Exam Advocacy, documentation of partnered community hospitals, advocacy brochures for inmates, and ODOC Investigatory Interview Advocacy Notification.

Based on this information, SRCI is in full compliance with all elements of standard 115.21.

## Standard 115.22 Policies to ensure referrals of allegations for 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)

**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.**

Agency policies 40.1.13 and 70.1.4, Investigations (entire policies), detail agency investigative procedures. All allegations of sexual abuse and sexual harassment are investigated as specified in these policies. During the past 12 months, SRCI received 39 allegations of sexual abuse or harassment. These resulted in 35 administrative investigations and 4 criminal investigation.

The PREA Reporting flowchart outlines how allegations are addressed and investigations will be conducted, indicating that potentially criminal allegations are referred to the Oregon State Police, who has the legal authority to conduct those investigations. The OIC PREA Checklist also provides direction to staff regarding the conduct of criminal investigations and documents law enforcement referrals. The ODOC Investigations Decisions Chart details authorities to conduct various types of investigations, including the conduct of criminal investigations by the State Police.

An MOU with the Oregon State Police (IAA-247-2014) was reviewed and found to include outlines of the roles and responsibilities of each agency in the conduct of criminal investigations at correctional facilities. This MOU was signed 12/9/2014 and has no expiration date. The investigations policy was located on the agency's public website at [http://www.oregon.gov/doc/OC/Pages/rules\\_policies/policies\\_alpha.aspx](http://www.oregon.gov/doc/OC/Pages/rules_policies/policies_alpha.aspx).

Interviews with investigative staff confirmed that all criminal investigations are conducted by the Oregon State Police and administrative investigations are completed training members of SART. An interview with the agency Director designees confirmed that all allegations are investigated in accordance with general investigatory policies (70.1.4) and PREA policy (40.1.13).

No component of Department of Justice conducts administrative or criminal investigations of sexual abuse or sexual harassment within ODOC. As such, subsection (e) of this standard is not applicable.

Documentation provided for this standard: agency policies 40.1.13 and 70.1.4, OIC PREA Checklist, flowchart and decision chart, and MOU with the State Police.

*Based on this information, SRCI is in full compliance with all elements of standard 115.22.*

## Standard 115.31 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)

**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.**

Agency policy 40.1.13, section IV.A (page 4 – 5), requires that staff complete PREA training every two years, with the provision of refresher information in years when training is not conducted. Training is completed on-line (ILearn) in a two-hour session. The curriculum was reviewed and contains all elements outlined in this standard. Training also includes information applicable to both male and female inmates and as such, ODOC has exceeded the gender-specific training requirement of this standard. Staff confirm they understand the training presented through an electronic signature/verification component in the ILearn system.

During off years, staff are provided with PREA refresher training which varies each time the training is deployed Auditors were provided with curriculum for refresher training for 2017 entitled "PREA standards overview, Staff Reporting Responsibilities, Trauma, and Advocacy". , focusing on emerging issues or new procedures regarding PREA at the facility. This training is a two-hour in-person session in which staff participate in a policy review by answering questions in the form of a Jeopardy game along with additional curriculum focusing on advocacy services and a trauma informed approach to inmate interactions.

A total of 893 SRCI staff may have contact with inmates and are required to be trained or retrained on PREA requirements. While on-site, auditors reviewed training records and learned that a total of (#19) individual had not completed annual PREA training. The staff identified were on long term L&I leave. Therefore the auditors were able to confirm that all identified staff have completed training as required.

Staff are required to confirm they understand the training presented either through the ILEARN electronic training system or in the in-person training provided. Staff interviewed were also knowledgeable about PREA policies and reporting venues and confirmed completion of training as indicated by records.

Documentation provided for this standard: policy 40.1.13, staff training curriculum and training rosters.

*Based on this information, SRCI is in full compliance with all elements of standard 115.31.*

**Standard 115.32 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)

**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.**

Agency policy 40.1.13, section IV.A.3 (page 5), requires that all volunteer and contractors who have contact with inmates are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Initially all volunteers were required to read over the PREA policy and sign the PREA Acknowledgment Statement. Facility access was denied if the policies were not read and the form signed. In 2013, a new process was implemented requiring the completion of PREA and Boundaries for Volunteer and Contractor's v. 8-1-13 by all new volunteers.

SRCI currently has 34 contractors and 174 volunteers who may have contact with inmate. Auditors were provided with the Training Requirements Flowchart, detailing minimum contractor (non-employee service provider or NSP) training requirements, including PREA, based on frequency, duration and contact.

Full time contractors receive the same PREA training as staff. Part time contractors are required to complete the PREA and Boundaries Training. The PowerPoint and study guide for this training were reviewed and meet all standard requirements. All escorted contractors are required to read and sign the Visitor Authorization, prior to entry into any facility, detailing the agency's zero tolerance policy.

Contractors and volunteers are also required to complete orientation, which documents completion of required training, including PREA. This is documented on the NSP Facility Orientation Checklist. These contractors and volunteers are also required to complete the Prison Rape Elimination Act (PREA) Acknowledgement Statement, acknowledging an understanding of "the Department's position on zero-tolerance of sexual abuse and sexual harassment, and that I will report any findings of sexual abuse or sexual harassment immediately."

While on-site, auditors reviewed training records and a sampling of PREA acknowledgement form, confirming that all contractors and volunteers have completed training as required. Interviews conducted with a volunteer and contract staff member confirmed completion of required training and notification of the agency's zero tolerance policy on sexual abuse and sexual harassment. These individuals also confirmed a knowledge of the requirement to report such incidents, indicating they would let the Officer-in-Charge or a supervisor know in addition to removing the victim and creating a safe place.

Documentation provided for this standard: policy 40.1.13, training curriculum, acknowledgement and authorization forms, NSP Facility Orientation Checklist, Training Requirements Flowchart, Prison Rape Elimination Act (PREA) Acknowledgement Statements, and training reports.

*Based on this information, SRCI is in full compliance with all elements of standard 115.32.*

### Standard 115.33 Inmate 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)

**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.**

Agency policy 40.1.13, section IV.B (page 5 – 6), details inmate orientation requirements. During intake, posters are readily available in areas in which inmates wait for clothing and housing assignments, in all living areas and in the inmate dining room. These posters explain agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassments. Inmates are also provided a facility handbook that details PREA-related information and processes immediately on arrival. Within 30 days of intake, inmates are required to complete a formal orientation process, which includes the provision of a PREA orientation video, which details prohibited acts, inmate rights, and reporting procedures. A script of the training was reviewed and auditors determined that the training includes all standard required elements.

Completion of orientation is documented in DOC400 system. Examples of orientation completion were reviewed while on site, confirming completion and documentation of education as required.

The PREA video and posters are available in Spanish and English and the video is closed-captioned. Disabled inmates are provided information on a case-by-case basis, and depending on the disability. ODOC primarily uses interpreters through the Department of Human Services to provide information and facilitate participation in reporting and investigatory processes for Limited English Proficient inmates. Staff interpreters are also utilized, as needed, with interpretation services provided by staff who receive a differential for these services and who must pass an examination to ensure they can interpret effectively, accurately, and impartially, both receptively and expressively. PREA posters are also provided in Spanish, which is the most common second language in Oregon. Facilities also use Purple Communications for deaf inmates and the PREA educational video is close captioned so deaf inmates are able to effectively receive PREA-related information. The PREA video was reviewed by an auditor to ensure Blind and low vision inmates are able hear, allowing them the provision of information regarding access to all aspects of the PREA program. Facility PREA Compliance Managers work with medical and mental health practitioners and institution counselors on an individual inmate basis to ensure that those with intellectual, psychiatric and speech disabilities also understand all aspects of the PREA program.

Inmates also have access to a 10/2009 brochure entitled "Sexual Assault Awareness" which details general information about sexual assault, steps to avoid sexual assault, what to do if assaulted,

reporting, and consequences for those who assault other inmates.

The facility also generates a weekly inmate newsletter. "Snake River Currents," which contains information about PREA in each edition. This continuous flow of information demonstrates the facility's dedication to keeping inmates informed, highlighting new or changing procedures, answering inmate questions, and addressing issue resolution.

PREA information is continuously provided in the form of posters, handbook information, access to the PREA orientation video, brochures and newsletter articles. The handbook was provided to the auditors, who were able to confirm inclusion of PREA information. During the tour Posters, brochures and newsletters were also observed in every area. Intake staff interviewed confirmed noted procedures ensuring that all inmates processed into the facility have received information about the agency's zero-tolerance policy on sexual abuse and sexual harassment. Inmates interviewed were knowledgeable about PREA policies and reporting venues and confirmed completion of orientation as indicated by records.

SRCI provided PREA information on intake to 1547 inmates during the past 12 months. The facility also provided in-depth PREA orientation within 30 days of intake to 1273 inmates during the past 12 months. The significant decrease in numbers is reflective of the pass-through function of the facility. Inmates transferring to minimum custody facilities and inmates under short-term medical stays are processed out of SRCI before the 30-day mark. The facility ensures that these short-term inmates are provided with PREA information on intake.

Documentation provided for this standard: agency policy 40.1.13, inmate handbook, orientation content and PREA posters.

*Based on the breadth and variety of continuous information provided to inmates as well as the individualized support provided to special needs inmates, SRCI has met the requirements of standard 115.33.*

### **Standard 115.34 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)

**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.**

Agency policy 40.1.13, section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." Training curriculum was reviewed and includes but is not limited to evidence collection

and preservation, particularly in sexual abuse investigations in confinement settings; investigations of sexual abuse in confinement settings; the impacts of trauma; techniques for interviewing sexual abuse victims; interviewing developmentally disabled, LEP, and mentally ill inmates; addressing the needs of LGBTI inmates; proper use of Miranda and Garrity warnings, credibility assessments, prior complaints involving the same suspect, the criteria of evidence required to substantiate a case for administrative action or prosecution referral, and report writing. The Oregon State Police provide related training to all investigators, which was confirmed via a review of a training report (run date 1-15-16).

Investigations are completed by identified, trained members of the Sexual Abuse Response Team (SART). A review of records confirmed that the 13 individuals currently responsible for conducting investigation have completed training as required. Additionally, a sample of completed investigations was reviewed and auditors confirmed that the individual completing the investigation had completed training as required. Investigators were also interviewed, confirming completion of the required training and knowledge of training elements.

Documentation provided for this standard: agency policy 40.1.13, training curriculum and training reports.

Based on this information, SRCI is in full compliance with all elements of standard 115.34.

### **Standard 115.35 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.**

Agency policy 40.1.13, section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." Health Services Section Policy and Procedure #P-B-04 also requires specialized training for mental health and health services professionals. Training curriculum was reviewed and includes all standard-required elements.

ODOC mandates that community providers rather than agency staff conduct all forensic medical examinations. This was confirmed in interviews with medical practitioners. As such, subsection (b) of this standard is not applicable.

SRCI currently has 72 medical and mental health practitioners who work regularly with inmates. The PREA Audit Report

auditors were provided with training reports confirming that all staff have completed both general PREA training as well as training specific to health services providers. Interviews with medical and mental health practitioners confirmed completion of required training along with knowledge of the standard-specified elements.

Documentation provided for this standard: agency policy 40.1.13, Health Services Section Policy and Procedure #P-B-04, training curriculum and training rosters.

*Based on this information, SRCI is in full compliance with all elements of standard 115.35.*

### **Standard 115.41 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.**

All inmates are assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other inmate's or sexually abusive towards other inmate's. This requirement is included in agency policy 40.1.13, section V (page 6 – 7).

Intake screenings take place within 72 of arrival at the facility, but most intake screenings are completed on the same day the inmate arrives. Identified and trained members of the Sexual Abuse Response Team (SART) complete assessments in the Offender Management System (OMS). The OMS has a glitch that the IT department is working on. If an inmate is transferred from one facility to another and the assessment is completed at the receiving facility upon arrival prior to the inmate getting placed into facility roster, then the OMS shows it as past due. This generally occurs after normal work hours.

The assessment process uses a standardized objective tool, which includes all the requirements of this standard. Inmate's reported that staff meet with them on a regular basis to ensure they are safe, are not experiencing issues or difficulties, and are receiving needed support. They indicated they do feel safe within the facility and staff are very communicative at all times, starting with the completion of this assessment and throughout their incarceration.

Screenings consider prior acts of sexual abuse, prior convictions for violent offenses and histories of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The screening process does not rely solely on information provided by the inmate as the assessment database within OMS automatically pulls information from other portions of the electronic system (e.g., SID number, date of birth, height, weight, mental health code, first

incarcerations, prior violent or sexually abusive behavior in an another institution, custody level, ay identified disabilities, etc.).

Agency policy 40.1.13, section V.A. and V.A.3.a (page 6) requires the reassessment of each inmate's risk to victimization or abusiveness within 30 days of arrival at the facility or when warranted due to referral request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of being sexually victimized or being sexually abusive. A random sample of inmate's was reviewed and all of them had a follow-up assessment completed, however, some of them were past the 30 day requirement.

Inmates interviewed during the course of the audit acknowledged that some sort of assessment was completed upon arrival to SRCI. Some were interviewed in person and others were given an intake form to fill out. All inmate's interviewed indicated knowledge of PREA and how to report if necessary. Several inmate's reported they could go to staff and be able to privately report and maintain confidentiality.

During the past 12 months, SRCI has received a total of 1547 inmate's through intake. Of these, 1467 inmate's remained at the facility for 72 hours or more and 1273 inmate's remained at SRCI for 30 days or more.

Training regarding the completion of risk assessments has been provided for all identified SART members responsible for completion. OMS is reviewed on a daily basis to ensure assessments are completed as required and within established timeframes. The system will also send automated emails to notify the PREA Compliance Manager if any screening is past due. The OMS system was reviewed while onsite, confirming completion of required assessments within established timeframes along with the standardized scoring established for each element of the assessment. The PREA Compliance Manager and PREA Coordinator reported that the OMS system is never down for more than an hour or two due to enhanced backup functions. Additionally, a printable version of the assessment tool is available for use as needed during any type of system outage. These individuals also confirmed that an assessment is completed by SART members on shift for any inmate who is receive after hours (e.g., emergency transfers).

ODOC policy 40.1.13, section V.A (page 6), states, "Inmate's may not be disciplined for refusing to answer, or for failing to disclose information in regards to the assessment questions." PREA policy states, inmates are never disciplined for refusing to disclose screening questions. Staff who complete assessments confirmed this prohibition when interviewed during the onsite portion of this audit.

The agency has implemented appropriate controls for access to assessment-related information. The agency PREA Coordinator is the only person who can assign a staff access to the assessment system in OMS. These permissions are granted on a-case by case basis; ensuring information is not exploited to the inmate's detriment by staff or other inmate's. The facility PREA Compliance Manager must submit access requests to the PREA Coordinator, detailing the reasons for the request. Different SART members are assigned different levels of access based on assigned roles. Training on use of the system is also required. All staff can view the outcome of the assessment (known and potential victims and aggressors) for information when making housing and programming or job assignments, but do not have access to the background information that created the risk identifier.

Documentation provided for this standard: agency policy 40.1.13, PREA Risk Assessment Screening June 2016, Screening tool assessment example 11/07/16, and components of the Offender Management

System.

Based on the in-depth information available within OMS, continuous review and staff support provided to inmates, the extensive monitoring of the system coupled with automated notifications, and the overall feeling of safety expressed by inmates and staff, SRCI has met the requirements of standard 115.41.

#### **Standard 115.42 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.**

Agency policy 41.1.13, section V. (page 6), mandates that "The department shall provide housing assignments that reduce the likelihood of sexual abuse and sexual harassment while an inmate is in DOC custody." This policy also mandates individualized decisions about how to ensure the safety of each inmate and the use of "...information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmate at high risk from being sexually victimized from those at high risk of being sexually abusive."

All institutions receive a PREA Transfer alert email daily, informing the facility of how many inmates are arriving with PREA risk designators. Facilities then ensure they have reviewed the arriving inmate via the Offender Management System. The system does a "hard stop" on all inmates designated as potentially aggressive being housed with an inmate who is potentially vulnerable. Notifications are also made to staff who assign housing, bed, work, education and program assignments. Inmates who have designators are placed in high visibility areas. Each institution has identified at risk areas requiring significant review when placing inmates with a PREA designator, focusing particularly on aggressive inmates. The facility maintains a watch list of at-risk inmates, including those with risk identifiers as well as transgender inmates. No changes to housing or job assignments for these inmates can be completed without the approval of the PREA Compliance Manager or the Sexual Abuse Liaison. During the onsite portion of this audit, the Offender Management System was reviewed and auditors were walked through the housing and programming assignment process. Detailed processes were confirmed in interviews with the PREA Compliance Manager and SART members responsible for completion of risk screenings.

Administrative Rules 291-210-0010 and 291-210-0030 details the identification, assessment, review, and management of inmates who present with nonconforming gender at intake. ODOC has a Transgender and Intersex Committee, which meets on an as-needed basis to determine housing and program assignments for transgender and intersex inmates. The committee consists of the Superintendent of CCCF (intake center for the state), the Assistant Director of Operations (Institutions), Institutions

Administrators (both East and West), the Agency PREA Coordinator, the Medical Director, the Behavioral Health Services (mental health) Administrator, the Population Management Administrator and others as needed. This group meets any time a new transgender or intersex inmate arrives in ODOC custody, a current inmate discloses transgender or intersex status, or every time a concern with a transgender or intersex inmate's placement is identified. This committee considers a transgender and intersex inmate's own views with respect to his or her own safety and give it serious consideration in resulting assignments. These reviews are tracked in OMS and no inmate can be moved to another facility without prior approval from the committee.

Agency policy 40.1.13, section V.B (page 7), requires that the PREA Compliance Manager complete a review of "placement and programming assignments for each transgender or intersex inmate at least twice each year to review any threats to safety experienced by the inmate." Six-month reviews of all transgender and intersex inmates are completed by the facility PREA Compliance Manager and are reviewed by the PREA Coordinator. All inmates are met with for the formal review and what they want / need to feel safe is taken into consideration in placements and assignments. Additionally, the PREA Compliance Manager and/or Sexual Abuse Liaison meet informally each week with all transgender and intersex inmates to ensure they are safe and are not experiencing any difficulties. Timeframes are tracked and reviews maintained in OMS and examples of initial and 6-month reviews were made available to auditors.

ODOC does not assign housing strictly by genital status and each transgender inmate will be considered for each gender of housing and the safety and security of the inmate and other inmates will be considered.

Agency policy 40.1.13, section V.A.5.a (page 7), requires that, if requested, transgender and intersex inmates be given the opportunity to shower separately from other inmates. SRCI accomplishes separate shower arrangements through either alternative locations (e.g., infirmary or Special Management Housing) or scheduling. Questions regarding shower concerns and preferences are asked during every review with each transgender and intersex inmate. Transgender inmates interviewed confirmed alternate shower capabilities and expressed no current concerns regarding showers.

Transgender inmates interviewed during the audit commented that staff meet with them on a regular basis to ensure they are safe, are not experiencing issues or difficulties, have appropriate access to showers, and are receiving needed care and support.

The above procedures were confirmed during interviews with the PREA Coordinator, SRCI PREA Compliance Manager and SART members.

Agency policy 40.1.13, section III.J (page 4), prohibits the placement of LGBTI inmates in dedicated facilities, units or wings solely based of such identification or status. ODOC is not subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. All inmates are housed on a case-by-case basis depending on their needs.

Documentation provided for this standard: agency policy 40.1.13, Administrative Rules 291-210-0010 and 291-210-0030, housing reviews, facility plans regarding transgender and intersex inmate access to showers, and OMS system components.

*Based on the coordination and use of information regarding inmate risk identifiers in housing and*

*job/programming assignments and the collaborative, in-depth review related to transgender inmates, SRCI has met the requirements of standard 115.42.*

### **Standard 115.43 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.**

ODOC policy 40.1.13, section V.A.4 (page 6 – 7), outlines the prohibition of placing inmates at high risk for sexual victimization in administrative housing unless an assessment of all available alternatives determines that there is no other available means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be held in administrative (segregated) housing for no more than 24 hours while completing the assessment. Policy also requires that facilities will assign inmates to administrative housing until an alternative means of separation from likely abusers can be arranged. Such an assignment shall not ordinarily exceed a period of 30 days. Administrative Rule Segregation (Administrative), subsection Involuntary Administrative Housing (291-46-0025) also requires that, "An inmate may be involuntarily placed in administrative segregation or protective custody for a period not to exceed 30 days by order of the functional unit manager or designee only when he/she has sufficient evidence to believe immediate assignment is necessary to protect the safety, security, and orderly operation of the facility." It also requires that, "An inmate may be involuntarily placed in administrative segregation or protective custody for a period in excess of 30 days only when information verified through the hearing process, outlined in these rules, shows the inmate to constitute an immediate and continuing threat to the safety, security, and orderly operation of the facility."

Policy 40.1.13, section V.A.4 (page 6 – 7), mandates that inmates placed in administrative housing will have access to programs, privileges, education, and work opportunities to the extent possible. Staff are required to document the opportunities that have been limited, the duration of the restriction, and the reasons for such limitations.

Policy 40.1.13, section V.A.4 (page 6 – 7), requires that if an inmate's placement on involuntary administrative housing exceeds 30 days, the inmate will receive a hearing conducted by a hearings officer in accordance with the Rule on Administrative Housing (OAR 291-046). When the administrative housing assignment is made, the officer-in-charge is required to clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Administrative Rule Segregation (Administrative), subsection Involuntary Administrative Housing (291-46-0025) requires that, "Each inmate placed in involuntary administrative housing exceeding 30 days will receive a hearing by a hearings officer. The hearing report shall be processed and

reviewed by the Institutions Administrator or designee. If the factual allegations support placement in involuntary administrative segregation or protective custody, the packet will be forwarded to the SPM Committee for placement. [The SPM Committee is a group of staff from all institutions who meet weekly via telephone conference to discuss inmates housed in segregation and determine which facility would be most appropriate for placement.] Upon receipt of the administrative housing packet, the SPM Committee will review the information and determine which administrative housing unit the inmate will be assigned."

During the audit period, SRCI did not place any inmates at risk for victimization in administrative housing. As such, there was no secondary documentation to review to confirm compliance with policy and administrative rule specifications. Interviews with the Superintendent, the PREA Compliance Manager and staff who supervise inmates in segregation confirmed that this option is rarely if ever implemented and then only when exigent circumstances exist, such as pending transfer to another facility. The Superintendent indicated that segregation would not be used unless absolutely necessary and staff would communicate with the inmate to ensure a knowledge of what actions were being taken and why. He confirmed that Officers-in-Charge have the authority to transfer an at-risk inmate to another facility if needed, generally on the same day as the issue is identified. During the interview with the Superintendent he also indicated he could not remember when involuntary segregated housing had to be used for at-risk inmates because of the other alternatives administrators were able to employ.

Documentation provided for this standard: agency policy 40.1.13; Administrative Rule 291-046-0005, 0010, 0014, 0025, 0090 and 0100; and ODOC Request for Administrative housing form (CD#1482 5/13/08).

*Based on this information, SRCI is in full compliance with all elements of standard 115.43.*

### **Standard 115.51 Inmate 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.**

Agency policy 40.1.13, section VI (page 7 – 9), details inmate and staff reporting requirements.

ODOC provides multiple internal avenues for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such a report. Inmates can report by:

- Dialing “9” on any inmate phone to call the PREA hotline. The agency PREA Coordinator receives all hotline calls and assigns allegations out for investigation.
- Writing or calling the Governor’s Office
- Writing an inmate communication (anonymous or by name)
- Verbally providing information to any staff
- Submitting a grievance, or
- Providing allegation information through a family, friend, or another inmate.

This information is provided to inmates in the orientation video and via posters placed in inmate accessible areas of the facility. A brochure is also available in public access areas for family and friends of inmates entitled, “What can I do to help keep my family and friends safe while in prison.”

Interviews with both staff and inmates confirmed knowledge of available reporting venues. The onsite tour also confirmed availability of posters for inmates and in public access areas. The auditors also conducted a test of the PREA hotline and confirmed receipt of the message by the agency PREA Coordinator.

ODOC does not detain inmates solely for civil immigration purposes. As such, the requirements related to these inmates do not apply to this facility.

ODOC has an agreement with the Governor’s Office of Constituent Services to serve as the independent reporting entity, allowing an inmate to report allegations with the option to remain anonymous. The Governor’s Office serves as the public office that is not a part of the agency. “In all cases, if the writer/caller requests confidentiality, all of their personally identifiable information will be redacted prior to scanning into the database, and before forwarding the information to the ODOC PREA Coordinator or OYA PREA Coordinator.” The agreement requires the forwarding of all reports received to the agency PREA Coordinator via email within 72 hours of receipt. Inmates have the opportunity to write to the Governor’s office for a wide variety of issues, so an outgoing letter would not be perceived as only relating to PREA issues. Inmates are able to indicate in these letters that they wish to remain anonymous. Additionally, letters addressed to this office are not stopped in the mailroom if they are received without a return address. Interviews with the PREA Compliance Manager and a random sample of inmates confirmed that this process was in place and inmates understood its use.

Agency policy 40.1.13, section VI.B.4 (page 9), requires that staff accept reports made verbally, in writing, anonymously, and from third parties and immediately complete the Staff Reporting Responsibilities form (CD 1620). While onsite, a sampling of these reports was reviewed and knowledge of staff reporting requirements, regardless of the manner in which the allegation was received, was confirmed during interviews.

Agency policy 40.1.13, section VI.B.3 (page 9), allows staff to “...utilize the Inspector General’s Hotline or the Governor’s office to privately report all allegations of sexual abuse or sexual harassment.” During interviews with random staff, it was reported that staff could use the PREA hotline, report directly to the Superintendent, and report to the “dome building” (headquarters) or the Governor’s office, confirming knowledge of private reporting venues.

Documentation provided for this standard: agency policy 40.1.13, posters, orientation video script, and staff report forms.

*Based on this information, SRCI is in full compliance with all elements of standard 115.51.*

### **Standard 115.52 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.**

Department of Corrections, Division 109, Administrative Rule 291-109-0100, details the elements of the state's inmate grievance system. Section 291-109-0175 details the handling of grievances regarding allegations of sexual abuse, which is in compliance with standard requirements, including but not limited to the following:

- The prohibition of time limits on when an inmate can file a grievance regarding sexual abuse;
- The prohibition of referring a grievance regarding sexual abuse to a staff member who is the subject of the grievance;
- The ability of third parties, including fellow inmates, staff members, family members, attorneys and outside advocates to assist inmates in filing requests for administrative remedies relating to allegation of sexual abuse as well as filing such requests on behalf of inmates;
- The ability of the inmate to decline to have the request processed on his or her behalf with the agency documenting the inmate's decision;
- The requirement to issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance, with computation of time not to include the time consumed by inmates in preparing any administrative appeal;
- The ability of the agency to claim an extension of time to respond up to 70 days if the normal time period for response is insufficient to make an appropriate decision, with the requirement to notify the inmate in writing of any such extension along with the provision of a date by which a decision will be made; and
- The ability of an inmate who alleges that he or she is subject to a substantial risk of eminent sexual abuse to provide the grievance directly to the Officer-in-Charge (OIC) in the form of an emergency grievance, with the requirement of the OIC/designee to immediately review and take immediate corrective action as necessary to mitigate the risk, responding to the inmate and the grievance coordinator within 48 hours of the submission of the grievance.

During the audit period, SRCI did not receive any allegations of sexual abuse through the grievance system. SRCI also did not receive any emergency grievances during the audit period.

Documentation provided for this standard: Administrative Rule 291-109-0100 and inmate grievance records.

*Based on this information, SRCI is in full compliance with all elements of standard 115.52.*

### **Standard 115.53 Inmate 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.**

Agency policy 40.1.13, section VIII (page 10), details inmate access to victim advocacy services. PRCF maintains an MOU with Project Dove (dated 11/16/2015, expiring 11/16/2017) to facilitate the provision of these support services. Brochures are available for inmates, outlining services available and access procedures. Any inmate can pick up any inmate phone and press "711" to be connected to the rape crises center. Inmates are also able to write to an advocate at the address listed on the pamphlet provided. ODOC does not monitor these calls. All written communications with the advocacy organization is considered "Official Mail" and is not read, but only searched in front of the inmate for contraband. During the tour the brochures were observed throughout the facility in inmate accessible areas.

The pamphlet provided to the inmate states, "Communications with community-based advocates are considered privileged as of the 2015 legislative session (House Bill 3476). ODOC telephone calls and mail with community-based advocates will be handled similar to legal calls/official mail."

During the tour the inmate phones were tested by an auditor to verify the PREA hotline. A recorded message directs the inmate to utilize the correct prompt to report. PREA Coordinator Erica Sage provided documentation ensuring the auditors that the tested message was received. Once the inmate accesses the 711 number information is provided to direct the inmate in the next steps. Inmates interviewed were knowledgeable of the support services available and how to access them at any time other than lockdowns associated with count. Some inmates also confirmed knowledge of the confidentiality of the information discussed with advocates and what advocates are required to report; however, some indicated that all information was reported for investigation. The agency PREA Coordinator provided the auditor with documentation regarding the extensive distribution of advocacy brochures in both English and Spanish throughout the facility to include libraries, counselor offices, medical and mental health, chaplains and religious services areas, and any other area in which an inmate might want to be able to access the information. Advocacy service provision is also extensively addressed in annual PREA training to ensure a thorough knowledge by all staff.

Documentation provided for this standard: agency policy 40.1.13, MOU and pamphlet.

*Based on this information, SRCI is in full compliance with all elements of standard 115.53.*

### **Standard 115.54 Third-party 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.**

ODOC allows for third party reporting and staff are instructed to accept all third party reports (agency policy 40.1.13, section VI.B.4 page 9). Information on how to report on behalf of an inmate is included on the agency's website <http://www.oregon.gov/doc/INSPEC/PREA/Pages/prea.aspx>. ODOC includes this information in a pamphlet entitled, "What can I do to keep my family and friends safe while in prison?" These pamphlets are placed in the visiting rooms at every institution and includes information regarding reporting PREA allegation information. Availability of these pamphlets in the visiting check-in area in the facility was confirmed during the onsite portion of this audit.

Documentation provided for this standard: agency policy 40.1.13 and pamphlet

*Based on this information, SRCI is in full compliance with all elements of standard 115.54.*

### **Standard 115.61 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.**

Agency policy 40.1.13 section VI B. 1 (page 8 – 9), requires that “All staff will report immediately any knowledge, suspicion, or information regarding sexual abuse, sexual harassment, retaliation by inmate or staff for reporting, or staff neglect or violation of responsibility that may have contributed to such incidents.” Policy 40.1.13, section VI. A. 3 (page 8), mandates that information collected during investigations or intake assessments be considered sensitive, restricted to those staff that have a need to know as part of their assigned duties. Interviews with a random sample of staff confirmed knowledge of both of these requirements. Staff were able to articulate the requirement to report all allegations, regardless of the manner in which they were reported, taking initial steps to ensure the safety of the inmate and security of the crime scene if applicable. The Superintendent confirmed that all allegations are reported to the Officer-in-Charge, who refers them to the PREA Compliance Manager and Sexual Abuse Team for investigation.

Policy 40.1.13, section VI.A.b.3 (page 8), requires that “When interviewing inmates concerning sexual abuse, sexual solicitation, sexual harassment and sexual coercion, all DOC staff will inform inmates of any limits to confidentiality prior to conducting the interview.” Additionally, the policy (section X B. 2, page 11) requires all mental health services for victim be provided in accordance with Behavioral Health Services policies and procedures, which include comprehensive information of limits of confidentiality and duty to report. Policy MH-B-04A, BHS Response to Reports of Sexual Abuse and Sexual Harassment, and MH-B-05, Response to Reports of Sexual Abuse and Sexual Harassment, provide additional direction to medical and mental health services staff regarding reporting requirements. Prior to the provision of services, inmates are required to review and sign the Health Services Information Disclosure form, providing inmates with information about the provider-patient relationship and practitioner reporting requirements.

Interviews with medical and mental health practitioners confirmed the disclosure of confidentiality limitations to an inmate at the initiation of services. These staff also confirmed knowledge of reporting requirements, indicating they would provide allegation information to the Officer-in-Charge or a Sexual Abuse Response Team member, completing the required reporting form. Auditors were provided with an example of a staff reporting form completed by a health services practitioner that resulted in a formal PREA investigation as well as examples of completed disclosure forms.

All staff are considered mandatory reporters and are required to report information under the state’s vulnerable person law. This requires that applicable employees immediately notify law enforcement whenever allegations are received involving a juvenile or a vulnerable adult. Inmates who report PREA allegations are referred to medical and mental health practitioners, who complete mandatory reports based on their license. There were no examples of allegations received by either of these classes of individuals during the audit period; as such there was no secondary documentation to review.

Agency policy 70.1.4, Investigations, section F. 7 (page 7 – 8), includes the requirement that all allegations of sexual abuse and sexual harassment be forward to the appropriate investigating body to include Oregon State Police and Office of Inspector General and Operations. Staff are required to report all allegations to the Officer-in-Charge who then is responsible for reporting allegations to either the State Police, if criminal, or to designated SART members for administrative investigations per the PREA Reporting flowchart attached to policy 40.1.13. This was confirmed in an interview with the Superintendent.

Documentation provided for this standard: agency policy 40.1.13, 70.1.4, MH-B-04A and MH-B-05;

Health Services Information Disclosure form; and the Staff Requirement to Report (CD 1620) form.

*Based on this information, SRCI is in full compliance with all elements of standard 115.61.*

### **Standard 115.62 Agency protection 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.**

Agency policy 40.1.13, section V. A (page 6), addresses immediate actions to be taken on intake regarding vulnerable inmates and aggressive inmates. Policy 40.1.13, section VI. B. 3 (page 9), also requires that when an allegation is received, the Officer-in-Charge (OIC) will initiate action to mitigate harm to the victim or reporter. The entire policy details actions to be taken to address inmates at risk for victimization, including assessments, housing, and response to allegations. During the audit period, there were no incidents in which the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse and therefore there was no secondary documentation to review.

Interviews were conducted with the Agency Director's designees, the Superintendent and a random sample of staff confirmed knowledge of policy requirements. Staff indicate they will take immediate action, removing the inmate from the threat and reporting to the OIC. In addition to immediate actions taken in response to imminent risk, the Superintendent reported that when any level of risk is identified, staff would immediately review housing and program assignments and the movement of the inmate throughout the facility. Movement of the inmate may be implemented to mitigate lower levels of risk, to include new housing assignments within the facility, possibly to a single-man cell or to a cell closer to staff. Inmates could also be transferred to another facility, for example one in which closed in showers were available. The Superintendent articulated that any level of risk would be seriously and immediately addressed to ensure the safety of the inmate.

Documentation provided for this standard: agency policy 40.1.13 and form utilized to document.

*Based on this information, SRCI is in full compliance with all elements of standard 115.62.*

### **Standard 115.63 Reporting to other confinement facilities**

- 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.**

Agency policy 40.1.13, section VII. A (page 9), requires that “Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.” Policy also requires that this notification occur as soon as possible, but no later than 72 hours after receipt of the information along with documentation of the notification provided. Facility heads have been provided with a confinement notification template for use in providing allegation notification to other jurisdictions. Documentation consists of this template as well as the email sent to the jurisdiction in which the allegation was reported to have occurred. The information is also entered into the Offender Management System. During the audit period, SRCI received two allegations about other facilities or jurisdictions. Documentation of notification in compliance with policy requirements was reviewed.

Policy 40.1.13, section VII.A.3 (page 9), also requires that the facility head or agency office that receives notification of an allegation from another facility ensures that the allegation is investigated. During this reporting period, SRCI received four allegations from other facilities or jurisdictions. Onsite interviews with the agency Director’s designee and SRCI Superintendent confirmed knowledge of the requirement to investigate such allegations.

Documentation provided for this standard: agency policy 40.1.13, and email and Offender Management System documentation of notifications provided to other jurisdictions.

*Based on this information, SRCI is in full compliance with all elements of standard 115.63.*

**Standard 115.64 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.**

Agency policy 40.1.13, section VI.B.2 (page 9) requires that "When an inmate reports incidents of sexual abuse, sexual solicitation, sexual harassment or sexual coercion to a DOC Staff member, staff will...contact the [Officer in Charge] OIC or supervisor immediately." The OIC checklist (CD1621) is then utilized, which includes preserving and protecting the crime scene and separating the alleged victim and abuser. The OIC checklist also outlines that inmate abusers are put in a dry segregation cell if the abuse occurred within 96 hours to ensure the maintenance of any available evidence until the inmate can be transported for a forensic medical examination. Staff are also required to complete the Staff Reporting Responsibilities form (CD1620) which also includes direction regarding actions to be taken as a first responder to include immediately ensuring the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).

Staff have also been issued first responder cards that direct staff to:

- Ensure the victim is safe and kept separated from the alleged perpetrator (if immediate need exists).
- Notify the Officer-in-Charge or a Supervisor immediately
- Document your notification and basic required information that you reported on the CD1620 Staff Reporting form.
- Preserve evidence. Prevent inmate from washing hands or otherwise disposing of evidence.

PREA training covers these topics as well as collection of evidence and requesting the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.

First responders may be either security or non-security staff. Non-security staff have the same first responder duties as security. They have received the same training and have been provided with the first responder cards.

During the audit period, SRCI received no allegations in which staff were notified within a time period that still allowed for the collection of evidence. Additionally, no allegations were received which indicated that direction be provided to the inmate not to take any actions that could destroy physical evidence. SRCI noted that 11 allegations that an inmate had been sexually abused were received in the last 12 months. All of these allegations were reported to security staff as first responders. Of these allegations security staff members responded to the report separated the alleged victim and abuser six times. Interviews conducted with both security and non-security staff confirmed a thorough knowledge of actions to be taken upon receipt of an allegation, including reporting, separation of the victim and accused, and evidence preservation activities.

Documentation provided for this standard: agency policy 40.1.13, OIC checklist CD6121, staff first responder cards, PREA training curriculum, and Staff Reporting Responsibilities form (CD1620).

*Based on this information, SCRI is in full compliance with all elements of standard 115.64.*

## **Standard 115.65 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.**

SRCI has developed a plan to coordinate actions taken in response to an incident of sexual abuse. This is detailed in SRCI Procedure 39, Responding to Sexual Abuse and Sexual Harassment Allegations (PREA) and includes duties and responsibilities for first responders, the Officer-in-Charge, the Sexual Abuse Liaison, the Sexual Abuse Response Team (SART) members and the PREA Compliance Manager. The plan also outlines the inclusion of the Behavioral Health Services Manager, the Medical Services Manager, and the Oregon State Police. Duties are also outlined in the ODOC Prison Rape Elimination Act (PREA) Sexual Abuse Response Team (SART) Guidelines. This is a very comprehensive plan and exemplifies a coordinated, consistent and swift response to every allegation received. SART members are chosen based on their performance and dedication and are required to attend specific training regarding response and member roles.

Development and implementation of this plan was confirmed in an interview with the SRCI Superintendent. Additionally, all staff interviewed expressed an understanding of the functions of SART, indicating that there is at least one SART member present on every shift, and that these are the individuals staff would go to if they had any PREA-related questions. All staff were very knowledgeable about which SART members were assigned to their shift and how to contact them if needed.

Documentation provided for this standard: SRCI Procedure 39 and ODOC Prison Rape Elimination Act (PREA) Sexual Abuse Response Team (SART) Guidelines

*Based on the coordination and expertise found in the SART process, SRCI has exceeded the requirements of standard 115.65.*

### **Standard 115.66 Preservation of ability to protect inmates 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.**

ODOC does participate in collective bargaining. The collective bargaining agreements do not limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. The agreements are consistent with standards 115.72 and 115.76.

An interview with the agency Director designees confirmed that the current contract language allows the agency to move staff either internally or off site on a case-by-case basis, whatever actions are indicated to keep the inmate safe and conduct a thorough and impartial investigation.

Documentation provided for this standard: 2015 – 2017 Collective Bargaining Agreement between the Oregon Department of Administrative Services on behalf of the Oregon Department of Corrections and the Association of Correctional Employees.

*Based on this information, ODOC is in full compliance with all elements of standard 115.66.*

#### **Standard 115.67 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.**

Agency policy 40.1.13, section VII. B 1 – 7 (page 9 – 10), requires that the “...PREA Compliance Manager shall be responsible for monitoring all inmates and staff who report sexual abuse or sexual harassment or cooperated with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.” The policy also requires monitoring “...for at least 90 days following a report of sexual abuse. The PREA Coordinator shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.” Additionally, either the PREA Compliance Manager or a member of the Sexual Abuse Response Team meets personally with the inmate or staff at a minimum at the 30, 60, and 90-day marks, but these check-ins could occur more frequently depending on the situation. Monitoring may also be extended beyond 90 days if the initial monitoring indicated a continuing need.

ODOC has implemented the monitoring program within the Offender Management System (OMS), used to track and review inmates who allege sexual abuse and any other individual who cooperates with an investigation. The auditor was provided with screen prints from the OMS system, confirming completion of monitoring per standard requirements. Interviews were also conducted with the Agency Director designees, Superintendent, PREA Compliance Manager and inmates. All confirmed monitoring activities as indicated in policy. Monitoring during the audit period did not reveal any retaliation-related issues or reports.

A review of the monitoring program revealed that SART members monitor not only those individuals required by policy, but also staff who are recipients of allegations from inmates. Although most jurisdictions would not consider these individuals reporters, SRCI believes that these individuals should be monitored to ensure they are not subjected to any type of retaliation for relaying allegation reports received. Individuals charged with monitoring duties conduct thorough background reviews of all individuals monitored to ensure a complete picture of status prior to the allegation report is obtained, thereby being able to quickly identify any actions that may be perceived as retaliation. Formal monthly check-ins are also conducted with any staff being monitored, exceeding standard requirements. Staff also conduct informal check-ins with those individuals being monitored in-between regularly scheduled monthly meetings. Monitoring can also continue indefinitely, as long as it's needed to ensure the individual feels safe. The Sexual Abuse Liaison also reviews all documentation of retaliation monitoring, closing out the OMS entry if no issues are identified or conducting a separate investigation if there is any indication of retaliation. This extensive monitoring process also clearly articulates the facility's intolerance toward any forms of retaliation.

Documentation provided for this standard: agency policy 40.1.13, and documentation of monitoring conducted through the Offender Management System.

Based extended monitoring both in time and individuals monitored, as well as the effective documentation of all monitoring activities, SRCI has exceeded the requirements of standard 115.67.

### **Standard 115.68 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.**

SRCI is in compliance with this standard via the implementation of Administrative Segregation rule (OAR) 291-046-0005 which meets all standard requirements. Agency policy 40.1.13, section V.A.4, (page - 7)

prohibits the placement of inmates who alleged to have suffered sexual abuse in segregated housing unless an assessment of all available alternative means of separation from likely abusers has occurred. Additionally, Administrative Rules 291-046-0005, 296-026-0010, 291-046-0014, 291-046-0025 detail segregated housing specifications related to this standard. These specifications were outlined with standard 115.43 and prohibit the placement of inmates who are at high risk for victimization unless an assessment of all alternatives means of separation from likely abusers. As such, assignments are not to ordinarily exceed a period of 30 days and a review to determine whether there is a continuing need for such separation is also required. All such placements are to clearly document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Every 30 days the facility must afford each inmate a review to determine whether there is continuing need for separation from the general population.

During this audit period, SRCI has not held any inmate who alleged sexual abuse in involuntary segregated housing.

Documentation provided for this standard: agency policy 40.1.13; Administrative Rule 291-046-0005, 0010, 0014, 0025, 0090 and 0100; and ODOC Request for Administrative housing form (CD#1482 5/13/08).

*Based on this information, SRCI is in full compliance with all elements of standard 115.68.*

### **Standard 115.71 Criminal and administrative agency 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)

**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.**

Agency policy 40.1.13, section I.A. (page 1) requires that, "The department will immediately respond to, investigate, and support the prosecution of sexual abuse and sexual harassment in Oregon's prisons, both internally and externally in partnership with law enforcement and county prosecutors." This policy (section IX.A. page 10) also outlines responsibilities for the conducting of PREA-related investigations. "Investigations regarding sexual abuse shall be investigated by a Sexual Abuse Response Team member, a Special Investigations Unit investigator or by the Oregon State Police." The PREA Reporting flowchart, as attached to policy 40.1.13, also outlines the assignment of investigations, either internally for administrative investigations or to the Oregon State Police for criminal investigations.

Agency policy 70.1.4 Investigations, section I (page 1) outlines the criteria for determining the appropriate investigative body to conduct an investigation based on the nature of the

complaint/allegation; to establish how investigations are conducted and to ensure that employees assigned to investigative functions utilize approved investigative techniques in accordance with ODOC policies, procedures and rules and state and federal law. Section III.D (page 3 - 5) of this same policy requires that once it has been determined an investigation will be conducted, the responsibility for that investigation will be assigned based on the nature of the complaint/allegation. Section B (page 3) requires that those who conduct investigation "(1) Conduct fair and objective investigations regarding complaints alleging misconduct; (2) Exercise professionalism at all times during the course of an investigation; and (3) Employ sound investigative techniques in accordance with state and federal law, DOC rules, policies and procedures, and labor agreements." Confirmation of knowledge of and compliance with policy specifications regarding investigations was confirmed during interviews with designated facility investigators.

Investigators interviewed confirmed that investigations begin immediately, and are generally completed within 30 days, unless the allegation requires extended investigation or is criminal in nature and forwarded to the Oregon State Police. These individuals also detailed the steps taken when initiating an investigation, to include, but not limited to:

- Protect the victim from the alleged abuser;
- Preservation of the crime scene if necessary;
- Notification of the State Police when the allegation appears to be criminal in nature;
- Identify potential witnesses and ensure the safety of all involved;
- Determine if there may be video recordings of the area;
- Investigate mail and phone records, visiting records, and other information that may be used as evidence;
- Interview those involved; and
- Write complete and accurate investigative reports.

Agency policy 40.1.13, section IV.A.4 (page 5), requires that, "In addition to general training provided to all employees, contractors and volunteers the agency shall ensure that specialized training is required of Health Services professionals, SART members, DOC investigators, and other staff as identified by the department." Investigators receive training on the collection and preservation of evidence, including evidence particular to sexual abuse investigations. This training addresses types and sources of evidence, sources of DNA, medical examinations, video, processing of scenes, and the importance of evidence. Also included in the curriculum is training regarding credibility assessments, prior complaints involving the same suspect, and report writing. Completed investigations are documented in written reports. Investigators are also provided direction regarding evidence collection and retention as outlined in agency policy 70.1.3, Criminal and Administrative Evidence Handling (page 1 – 9). The purpose of this policy is, "To establish a uniform method of handling and maintaining the integrity of criminal evidence seized in Department of Corrections (DOC) facilities" and outlines required notifications, crime scene preservation and processing, evidence packaging and sealing, standards of evidence, and evidence storage. Interviews conducted with designed facility investigators confirmed knowledge and implementation of these standards when conducting PREA investigations.

Investigators also indicated that whenever an allegation appears to be criminal, it is referred to the State Police. Facility investigators do not have the authority to Mirandize witnesses and therefore do not conduct compelled interviews. Additionally, no interviews are conducted in potentially criminal investigations unless directed so by these investigators.

Agency policy 40.1.13, section VI.A.5 (page 8) also mandates that "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff." Investigator training includes curriculum regarding assessing the credibility of witnesses. Investigators interviewed reported that factors they take into account during an investigation include whether the information provided is plausible (could it have happened, does it make sense), what is the demeanor of the witness, are there other statements that corroborate the individual's statements, has the individual provided truthful information in the past, and does the individual have a reason to lie. The witness' status as an inmate has no bearing on their credibility and all witnesses are considered credible unless there is evidence to support otherwise.

Agency policy 40.1.13, section VI.A.5 (page 8) states that, "ODOC will not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation." There is also an understanding with investigators of the State Police that polygraphs cannot be used as a condition for proceeding with the investigation of such allegation. This is detailed in an MOU with the Oregon State Police (IAA-247-2014 Criminal Investigations for DOC Facilities, page 4), which states, "The results of a polygraph examination conducted for criminal investigative purposes shall not be utilized for non-criminal or employment purposed, except as authorized by law." Interviews with investigators confirmed completion of the required training and knowledge of standard requirements.

Investigators reported that a review of all evidence and statements, policies, post orders, and procedures assist in determining if staff actions or failure to act contribute to the sexual abuse. Any alleged acts of misconduct will be thoroughly investigated.

Identified, trained members of the Sexual Abuse Response Team (SART) complete administrative investigations. A review of records confirmed that the 14 individuals currently responsible for conducting investigations have completed training as required. Additionally, a sample of completed investigations was reviewed and auditors confirmed that the individual completing the investigation had completed training as required. The investigator training curriculum (slide 121) requires that administrative reports include a description of the physical and testimonial evidence, reasoning behind credibility assessments, and investigative facts and findings. The reports reviewed also included the required elements regarding evidence-related documentation, review of prior complaints, and credibility assessments.

Agency policy 70.1.3 Investigation, section III.D.5 (page 5) indicates that the Oregon State Police has "...the primary role in certain types of criminal investigations and are the Departments of Corrections primary law enforcement partner in conducting investigations." Oregon State Police is listed as having the responsibility of investigating, among other allegations, sexual assaults and official misconduct and other employee misconduct constituting criminal behavior. The ODOC MOU with the Oregon State Police documents the agreement for the State Police to send copies of all completed criminal investigation reports to the DOC Special Investigations Unit and as applicable to the Governor or designated staff member upon the Governor's request. Interviewees reported that when the State Police conduct an investigation, investigators and other designated staff act as liaisons, escorting inmates to interviews and collecting requested information. Individuals from the Special Investigations Unit of the ODOC Inspector General's office also serve as the liaison between ODOC and law enforcement agencies, providing information to the State Police and also to the facility's PREA Compliance Manager to report back to the victim.

SRCI had no cases that were referred to the Oregon State Police for a criminal investigation.

Agency policy 40.1.13, section XIII (page 12 – 13), requires that the agency PREA Coordinator is responsible to work with the facility PREA Compliance Manager in regards to data collection which is then compiled into monthly and annual reports. "The purpose of these reports is to...document that there is accountability for those who perpetrate sexual abuse by tracking...the retention of all written reports referenced as long as the alleged abuser is incarcerated by the department, plus five years." Currently all investigation records are maintained in the Offender Management System (OMS) and there is no expiration date for these records.

Agency policy 40.1.13, section IX.C.6 (page 11) mandates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation." This was verified in the criminal investigation report reviewed and also in interviews with facility investigators.

ODOC MOU IAA-247-2014 with the Oregon State Police indicates that, "DOC and [the Oregon State Police] mutually agree to...investigate sexual assaults in accordance with guidelines established by the Prison Rape Elimination Act (PREA) and sexual assault investigation protocols established by Oregon statute and best practices." (Page 4). This MOU also outlines ODOC's agreed upon interactions with regard to the criminal investigation process to include, but not be limited to, storage and submission of relevant evidence to a state forensics laboratory, reporting to a state investigator as needed to further any criminal investigation. Also included in the MOU is a mutual agreement by both agencies to "...cooperate while carrying out the functions specified [in the MOU] and meet as necessary to discuss any areas where their responsibilities may overlap [and] provide assistance to the other agency when needed."

Documentation provided for this standard: agency policy 40.1.13, PREA Reporting flowchart, agency policy 70.1.4, investigator training curriculum, agency policy 70.1.3, MOU with the Oregon State Police (MOU IAA-247-2014), and sample investigation reports.

*Based on this information, SRCI is in full compliance with all elements of standard 115.71.*

### **Standard 115.72 Evidentiary standard for administrative 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)

**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.**

Agency policy 40.1.13, section IX.C.7 (page 11), confirms that ODOC imposes "...no standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual

harassment are substantiated.” This was confirmed in interviews with investigative staff.

Documentation provided for this standard: agency policy 40.1.13.

Based on this information, SRCI is in full compliance with all elements of standard 115.72.

### **Standard 115.73 Reporting to inmates**

- 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.**

Agency policy 40.1.13, section IX.C.1 (page 10), ensures an inmate who reports sexual abuse is notified as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Notification is provided to the inmate verbally in person and is then documented via ODOC form CD 1622 (ODOC Prison Rape Elimination Act [PREA] Reporting to Inmates 115.73). Notification is not sent to the inmate in writing due to safety and security concerns, particularly retaliation directed toward the inmate. This was confirmed by reviewing examples of form CD 1622 and in interviews with the SRCI Superintendent, investigative staff, and inmates who reported sexual abuse.

Agency policy 40.1.13, section IX.C.3 (page 10 – 11) subsequently requires informing the inmate, unless the agency has determined that the allegation is unfounded, whenever that staff member accused in an investigation is no longer posted within the inmate’s unit and/or is no longer employed at the facility, and/or when the agency learns that the staff member has been indicted or convicted on a charge related to sexual abuse within the facility. This notification requirement terminates if the inmate is released from the department’s custody and must be documented by the PREA Compliance Manager. Agency policy does not specifically address post investigation notifications of indictment or conviction of the inmate suspect in cases of inmate-on-inmate sexual abuse or assault; however, the PREA Compliance Manager (PCM) and Sexual Abuse Liaison (SAL) were familiar with these responsibilities and applicable language is being drafted for inclusion in the next policy revision. SRCI has not had an incident requiring such notification in the last 12 months.

All notifications are documented in the Offender Management System with a hard copy form (CD 1622) provided to the applicable inmate. In interviews, the PCM and the SAL confirmed an awareness of the requirement to complete these notifications. In the last twelve months SRCI had four administrative cases. The auditor randomly selected cases to review to verify compliance. Auditors were provided with documentation of notification to the victim in the criminal investigation that resulted in the conviction of the suspect for Custodial Sexual Misconduct, notifying the inmate that the suspect no longer was

employed by the facility and was convicted as noted. During this audit period no investigations were conducted by an outside agency.

Documentation provided for this standard: Agency policy 40.1.13 and ODOC form CD 1622.

*Based on this information, SRCI is in full compliance with all elements of standard 115.73.*

### **Standard 115.76 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.**

Agency policy 40.1.13, section XI. A – D (page 12), outlines PREA-related disciplinary specifications for staff and includes all standard requirements outlined. Policy indicates that, "Termination shall be the presumptive discipline for staff who has engaged in sexual abuse." This policy (section XI.C. page 12) also specified that, "Disciplinary actions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories."

In the last 12 months SRCI reported one staff member from the facility who violated sexual abuse or harassment policies and who resigned prior to termination or was terminated during the reporting period. SRCI had no investigations of staff sexual misconduct resulted in a substantiated finding and a referral to law enforcement for criminal investigation. SRCI had no staff members that report to a licensing board for violating agency sexual abuse or sexual harassment.

Documentation provided for this standard: agency policy 40.1.13 and investigatory records and applicable court records.

*Based on this information, SRCI is in full compliance with all elements of standard 115.76.*

### **Standard 115.77 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.**

Agency policy 40.1.13, section XI. E and F (page 12), indicates that, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement unless the activity was clearly not criminal, and to relevant licensing bodies." The policy also mandates appropriate remedial measures in the case of any other violation of PREA-related policies.

During this reporting period SRCI has not conducted an investigation involving a contractor and none involving a volunteer.

During an interview, the Superintendent confirmed that violation of agency sexual abuse policies by a contractor or volunteer would result in the prohibition of entry of the individual into the facility. The contract or volunteer status would be terminated and anything criminal would be reported to law enforcement authorities. The information would also be shared across the state to ensure the individual would not have access to inmates in any other facility.

Documentation provided for this standard: agency policy 40.1.13 and investigatory records.

*Based on this information, SCRI is in full compliance with all elements of standard 115.77.*

### **Standard 115.78 Disciplinary sanctions for inmates**

- 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.**

Department of Corrections, Division 105, Administrative Rule 291-105-0005, Prohibited Inmate Conduct and Processing Disciplinary Actions outlines for formal disciplinary process employed by ODOC. This ensures that inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process

following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse as defined in this rule, to include sexual assault, sexual coercion, non-assaultive sexual activity, and sexual solicitation.

The Major Violation Grid – Inmates Misconduct History Scale details sanctions available for imposition by Hearings Officers, taking into account the severity of the sanction and the number of major violations in the past two years. This ensures that consistent sanctions are imposed for comparable offenses by other inmates with similar histories. An interview with the SCRI Superintendent confirmed the completion of a formal disciplinary process in accordance with state regulations and sanctions imposed in accordance with the established sanction grid. The Superintendent also confirmed that an inmate's mental disability or mental illness is considered when determining applicable sanctions, indicating that Behavioral Health Services counselors can provide input to the Hearing Officer for inmates who have mental health issues or disabilities. The Superintendent also noted that inmates who are classified as seriously mentally ill are limited to 30 days in special housing.

During this reporting period, SCRI had no investigations in which inmate-on-inmate sexual abuse was substantiated. Additionally, no similar allegations were reported to law enforcement officials for criminal investigation. As such, no applicable investigatory reports or related disciplinary hearing packets were available for review.

ODOC disciplinary procedures, as outlined in Department of Corrections, Division 105, Administrative Rule 291-105-0005, includes requirement that "Behavioral Health Services staff will be notified when inmates with mental health, developmental disability issues, or inmates that have engaged in self-harm activities or suicide attempts are placed in disciplinary segregation or are scheduled for a hearing." Guidelines are in place to evaluate whether the inmate's mental illness or disabilities contributed to his or her behavior when determining what type of sanction, if any, should be imposed. A mental health evaluation and recommendation is also completed.

SCRI does not offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse. This was confirmed in interviews with mental health practitioners. As such, this provision of the standard is not applicable.

Senate Bill 89 and agency policy 40.1.13 indicates that inmates are victims of sexual abuse in any case of sexual contact with a staff member and shall not be disciplined unless the staff member did not consent. Agency policy 40.1.13, section VI. A.6 (page 8), indicates "The agency may discipline an inmate for alleging sexual abuse, only when it is in bad faith." No other forms of discipline are authorized regarding victims and reporters of sexual abuse and harassment.

As outlined in Department of Corrections, Division 105, Administrative Rule 291-105-0005, ODOC prohibits all forms of sexual activity between inmates and does discipline for that activity. This is considered to be "non-assaultive sexually activity" and does not constitute sexual abuse if it is determined that the activity is not coerced. Staff and inmates interviewed expressed some confusion about this rule. Such behavior is documented in the OMS database as it relates to behavior indicators but is not considered PREA. It is recommended that additional clarification on this point be provided.

Documentation provided for this standard: Administrative Rule 291-105-0005, violations grid, Senate Bill 89, agency policy 40.1.13 and inmate disciplinary records.

Based on this information, SCRI is in full compliance with all elements of standard 115.78.

### **Standard 115.81 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. Snake River Correctional Institution

#### Standard 115.81 Medical and mental health screenings; history of sexual abuse

Subsection (c) of standard 115.81 applies to jail inmates. As such, it is not applicable to SCRI as this is a prison facility.

Health Services-Behavior Health Services Policy and Procedure #MH-E-02, Section A 10 and 11 (page 3), indicates that all inmates who have reported/disclosed prior sexual abuse in the community or an institutional setting are referred to a mental health sexual abuse in an institution setting or in the community will be referred to BHS for a mental health assessment. The policy (Section A.12) does not state that those who have perpetrated sexual abuse will be offered the follow-up meeting within 14 days as required by the standards.

The Offender Management System (OMS) sends an auto-generated email notification to mental health providers when an inmate indicates prior sexual abuse. The email states:

*Inmate @@offender Name@@, @@offender SID@@ at @@offender Location@@ states they have been sexually abused during a PREA Risk Screening Assessment.*

Since OMS went live, notifications and appointments for follow-up meetings with mental health providers have been generated whenever the inmate discloses prior victimization and whenever any information is discovered that indicates prior victimization (e.g., pre-sentence investigation, substantiated investigation, etc.). This is in full compliance with the standard but is beyond the language included in policy 40.1.13. It is recommended that this policy language be clarified for users on its next revision.

ODOC recently activated an OMS component that provides email notification to Behavior Health Systems whenever an inmate scores as having previously perpetrated sexual violence, either in the community or while incarcerated. As a result, inmates are now being scheduled for a follow-up meeting with a mental health practitioner. The auto-generated email states:

*@@offender Name@@; @@offender SID@@ at @@offender Location@@*

*Indicates they have been convicted of sexually abusing an adult or child in the past during a PREA Risk Screening Assessment.*

A sampling of inmates who scored on the assessment as having previously been victimized *or who were a previous perpetrator* were selected and call-out documentation confirming that they were seen by a mental health practitioner was reviewed. Inmates were seen within the 14-day time frame, generally within one to two days of the referral email. If an inmate does not want to be seen by a mental health practitioner they must decline to mental health staff which requires the inmate to come to the scheduled appointment regardless of what the inmate wishes. It was learned that each time an assessment is completed for an inmate (initial, follow-up, and for cause), a referral is made to mental health for a follow-up meeting, even if the inmate has previously been referred. Confirmation of these referrals and meetings with mental health practitioners within established timeframes was received in interviews with staff who complete assessments, mental health practitioners, and inmates who disclosed sexual victimization or sexual predation during risk screening.

*(d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.*

*(e) Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.*

Agency Policy 40.1.13, section VI.A.3. (page 8), states that PREA information collected during investigations or intake assessments is considered sensitive and should only be shared with those staff with a need to know as part of their assigned duties.

Behavior Health Services Division Policy and Procedure #MH-H-02, Confidentiality of Clinical Records and Information, section III.E. (page 2), states information given by an inmate to a Mental Health Treatment Provider within the context of treatment is confidential and not to be shared with anyone outside DOC Health Services except when necessary to maintain safety and security, when required by legal obligations, when necessary for follow-up services and care, or with an inmate's written permission.

Health Services Section Policy and Procedure #P-E-02, Receiving Screening, section J (page 3), mandates that "Health Services personnel are responsible to query new patients regarding abuse/abusive history and suicidality. It also requires the patient to read, understand and sign the Health Services Information Disclosure with the patient's signature being witnessed/signed by a Health Services staff member. This form, which is also available in Spanish, explains under what circumstances ODOC may release disclosed information. These confidentiality parameters are also outlined in Health Services Section Policy and Procedure P-H-02, Confidentiality of Health Records, and Behavioral Health Service Division Policy and Procedure #MH-H-02, Confidentiality of Clinical Records and Information. Examples of the Health Services Information Disclosure forms were reviewed and confirmed compliance with policies and procedures. During the last 12 months, there have been no incidents in which this type of release was required. As such, there was no secondary documentation to review.

Interviews with medical and mental health practitioners confirmed the requirement to obtain informed consent from inmates before disclosing information about sexual victimization that did not occur in an

institutional setting. They also confirmed that the facility does not house inmates under the age of 18 so this portion of the standard would not apply.

Documentation provided for this standard: Health Services – Behavioral health Services Policy and Procedure #MH-E-02, Mental Health and Developmental Disability Screening and Assessment of Sexual Abuse and Abusiveness at Intake; Behavioral Health Services Division Policy and Procedure #MH-H-02, Confidentiality of Clinical Records and Information; Health Services Section Policy and Procedure #P-E-02, Receiving Screening; agency policy 40.1.13, Health Services Section Policy and Procedure P-H-02, Confidentiality of Health Records, Behavioral Health Service Division Policy and Procedure #MH-H-02, Confidentiality of Clinical Records and Information, and examples of Health Services Information Disclosure forms.

*Based on this information, SRCI is in compliance with all elements of standard 115.81*

### **Standard 115.82 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.**

Agency Policy 40.1.13, section X.A (page 11) states that "...access to medical services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05 (Procedure in the Event of Sexual Assault) that includes: timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment; necessary post event treatment including coordination with community hospitals; testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services; referral to Behavior Health Services; and communication with the sexual abuse liaison regarding any information deemed not confidential."

Agency policy 40.1.13, section X.B. (page 11 – 12) states "...mental health services for victims of sexual abuse will be provided in accordance with Behavior Health Service Policy and Procedures which include: timely, unimpeded access to appropriate mental health evaluation services without cost as determined

by the mental health treatment providers' professional judgment; comprehensive information of limits of confidentiality and duty to report; completion of a mental health evaluation to include a suicide risk screening interview; notification to the OIC and Medical Services regarding recommended actions that may include suicide precautions; provisions of follow-up mental health services based on MH-G-01.1 Mental Health Codes and Levels of Services; communication with the sexual abuse liaison regarding any information deemed not confidential; and consultation with the OIC and Medical Services regarding suicide precaution measures that will be implemented if the inmate is housed at an institution where there is no mental health services on site." Behavioral Health Services Division Policy and Procedures MH-G-01, Basic Mental Health Services (section III.B. page 3), states as one of its objectives, "To identify, assess and provide crisis intervention and short term treatment for inmates with high, but transitory, suicide potential or other self-harm; To identify a continuum of mental health services and levels of housing based on individual needs and levels of functioning that are part of an active case management system; [and]...To identify and implement risk management plans, behavior plans, and crisis prevention plans...that can help inmates learn to successfully manage their symptoms while emphasizing personal accountability." Health Services Section Policy and Procedure #P-B-05, Procedure in the Event of Sexual Abuse, (page 1 – 3) supports the process outlined in the agency PREA policy (40.1.13).

The OIC checklist outlines the response protocol in the event of an alleged sexual abuse, to include the immediate notification of the Health Services Manager and the Behavioral Health Services Manager (mental health). SRCI's medical services are operational 24-hours a day and mental health services are available during business hours and through an on-call system for all other hours.

There were no reports of sexual abuse during the audit period. As such, there was no secondary documentation to review to confirm provision of emergency services and crisis intervention. However interviews with medical and mental health practitioners confirmed the immediate provision of medical treatment and crisis intervention to inmates of sexual abuse adding that Behavior Health Services treatment will commence following medical treatment. These individuals also confirmed that services are provided according to the practitioner's professional judgment and in accordance with established medical and mental health policies and procedures.

The immediate notification to medical and mental health was also confirmed in interviews with staff who acted as first responders.

Oregon inmates do not pay for medical/mental health care. This was confirmed in the agency policy sited above as well as through onsite interviews with inmates and medical/mental health practitioners.

Documentation provided for this standard: Agency policy 40.1.13, OIC PREA Checklist, and Health Services Section Policy and Procedure #P-B-05.

Based on this information, SRCI is in full compliance with all elements of standard 115.82.  
Standard 115.82 Access to emergency medical and mental health services

Agency Policy 40.1.13, Prison Rape Elimination Act, Section X.A (page 11) states "...Medical access to services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05 (Procedure in the Event of Sexual Assault) that includes: timely, unimpeded access to emergency medical treatment without financial cost as determined by the medical practitioners' professional judgment; necessary post event treatment including coordination with community hospitals;

testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services; referral to Behavior Health Services; and communication with the sexual abuse liaison regarding any information deemed not confidential.”

In addition, Section X.B. (pages 11 and 12) of agency policy 40.1.13, states “...mental health services for victims of sexual abuse will be provided in accordance with Behavior Health Service Policy and Procedures which include: timely, unimpeded access to appropriate mental health evaluation services without financial cost as determined by the mental health treatment providers’ professional judgment; comprehensive information of limits of confidentiality and duty to report; completion of a mental health evaluation to include a suicide risk screening interview; notification to the OIC and Medical Services regarding recommended actions that may include suicide precautions; provisions of follow-up mental health services based on MH-G-01.1 Mental Health Codes and Levels of Services; communication with the sexual abuse liaison regarding any information deemed not confidential; and consultation with the OIC and Medical Services regarding suicide precaution measures that will be implemented if the inmate is housed at an institution where there is no mental health services on site.”

Health Services Section Policy and Procedure #P-B-05, Procedure in the Event of Sexual Abuse, (page 1 – 3) supports the process outlined in the agency PREA policy (40.1.13).

The OIC checklist outlines the response protocol in the event of an alleged sexual abuse, to include the immediate notification of the Health Services Manager and the Behavioral Health Services Manager (mental health). SRCC medical services are operational 24-hours a day and mental health services are available during business hours and through an on-call system for all other hours.

DOC policy 40.1.13, Section VI.A. States: “Access to services for the victim of non-abusive sexual activity, sexual abuse, sexual solicitation, sexual harassment or sexual coercion will not be dependent on the victim’s willingness to report or provide testimony; however, in large measure, the reporting is critical to the timely delivery of necessary services to the victim and holding perpetrators accountable.”

There were no reports of sexual abuse during the audit period. As such, there was no secondary documentation to review to confirm provision of emergency services and crisis intervention. However interviews with medical and mental health practitioners confirmed the immediate provision of medical treatment and crisis intervention to inmates of sexual abuse adding that Behavior Health Services treatment will commence following medical treatment. These individuals also confirmed that services are provided according to the practitioner’s professional judgment and in accordance with established medical and mental health policies and procedures.

The immediate notification to medical and mental health was also confirmed in interviews with staff who acted as first responders.

Oregon inmates do not pay for medical/mental health care. This was confirmed in the agency policy sited above as well as through onsite interviews with inmates and medical/mental health practitioners.

Documentation provided for this standard: Agency policy 40.1.13, OIC PREA Checklist, and Health Services Section Policy and Procedure #P-B-05.

*Based on this information, SRCI is in compliance with all elements of standard 115.82*

**Standard 115.83 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.**

Health Services Section Policy and Procedure #P-B05, Procedure in the Event of Sexual Abuse (pages 1 – 3) allows for the evaluation and treatment of victims including follow-up services, treatment plans and, when necessary, referral for continued care following transfer to or placement in another facility or their release from custody. When an inmate reports sexual abuse, a suicide risk assessment is done by a mental health professional. If a mental health practitioner is not available, the assessment can be conducted by a health services nurse who will consult with an on-call mental health professional if the inmate is at risk for suicide or self-injury. A mental health professional follows up with any victim of alleged sexual abuse at 7 and 30 days.

A copy of the mental health evaluation form was provided for review. Auditors were also able to confirm that victims of sexual abuse are offered a minimum of 4 individual and 8 group sessions with mental health practitioners.

Agency Policy 40.1.13, section X.A (page 11) states that "...access to medical services for victims of sexual abuse will be handled in accordance with Health Services Policy and Procedure #P-B-05 (Procedure in the Event of Sexual Assault) that includes: ...testing and prophylactic treatment for sexually transmitted disease (STD); comprehensive information and timely access to all lawful pregnancy related medical services..." As SRCI is an all-male facility, as verified by monthly population reports, subsections (d) and (e) of this standard are not applicable.

Follow-up medical services are provided as indicated and determined by a health services practitioner. Additionally, prophylactic treatment for STD's (including HIV) is offered to all victims. This was confirmed in interviews with medical practitioners. These individuals indicated that medical care for abuse victims consisted of treatment planning based on injuries and continuing care needs.

Mental health practitioners reported that care for abuse victims consisted of mental status and suicide risk assessments, other evaluations as needed, possible medication management if indicated, and follow up meetings with counselors as determined by the provider.

When an inmate transfers from one facility to another, his/her medical record transfers at the same time. Ongoing treatment is highlighted and records reviewed upon receipt at the receiving facility to

ensure continuity of care. Auditors were able to observe medical records highlighting information needing immediate attention on transfer of the inmate. When an inmate releases to the community from incarceration, he/she is provided with a 30-day supply of medication and a complete review of all release planning to ensure continuity of care. Inmates are provided with names of providers they might access on release and instruction on how providers are to obtain medical records documenting treatment while incarcerated.

Medical and mental health services are continuously monitored by the Department of Health and various certifying agencies to ensure proper and adequate care is provided to all inmates. Practitioners confirmed in interviews that the care provided is consistent with the community level of care.

Oregon inmates do not pay for medical/mental health care. This was confirmed in agency policy as well as through onsite interviews with inmates and medical/mental health practitioners.

In accordance with ODOC Behavioral Health Services Division Policy and Procedure #MH-E-03, Transfer Screening, Section D (page 3), "A mental health evaluation will be completed within 60 days of notification of a known inmate-on-inmate sexual abuser once it has been determined by the PREA Compliance Manager (PCM) that the allegation has been substantiated following an administrative or criminal finding." This procedure also states that inmates will be provided follow-up mental health services based on diagnosis and acuity as outlined in the Mental Health Codes and Levels of Service P & P MH-G-01.1.

ODOC does not offer sex inmate treatment but other treatment plan options are developed as deemed appropriate by mental health practitioners. There were no substantiated investigations of inmate-on-inmate sexual assault or abuse during this audit period. As such, there was no secondary documentation to review. Knowledge of the requirement to attempt to complete these evaluations was confirmed in interviews with mental health practitioners.

Documentation provided for this standard: Health Services Section Policy and Procedure #P-B-05, Agency Policy 40.1.13 Prison Rape Elimination Act and, Behavioral Health Services Division Policy and Procedure #MH-E-03 Transfer Screening.

SRCI is in full compliance with all elements of standard 115.83.

### **Standard 115.86 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.**

ODOC has established guidelines for facility PREA Compliance Managers, outlining the process for completing sexual abuse incident reviews. Incident reviews are conducted for all substantiated and unsubstantiated investigations of sexual abuse allegations. The elements examined during these reviews exceed those specified in this standard. Action plans are developed as indicated by this review.

Currently, incident reviews are conducted electronically through the agency's Offender Management System (OMS). When the PREA incident in the system is closed out following completion of the related investigation, the facilities PREA Compliance Manager receives an automated system-generated email notifying him/her of the need to complete an incident review. Local procedures regarding incident review require that the Sexual Abuse Liaison (SAL) or PREA Compliance Manager (PCM) meet with stakeholders, gathering all required information. Information would be gathered, as applicable, from the investigator, medical and mental health practitioners, and supervisory staff responsible for areas such as security operations, programming, shift operations, etc. The SAL/PCM would then enter all information into OMS, which would then forward the review to the Superintendent for comment and approval, including authorization of any identified corrective action. The PREA Coordinator also participates in the review, adding comments and electronic signature to the review. If the allegation is substantiated, the Institutions Administrator would also participate in the incident review. The automation began in October 2016; prior to implementation, paper review forms were used. Examples of both reviews were provided. The review includes the following questions:

- The allegation or investigation indicated a need to review policy or practice to better prevent, detect or respond to sexual abuse?
- The incident or allegation was motivated by race, ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification, status, or perceived status, or gang affiliation, or was motivated or otherwise caused by other group dynamics?
- Were there any physical barriers that may have prevented detection of the abuse?
- Could monitoring technology be deployed or augmented to supplement supervision by staff?
- Were required medical and mental health assessments offered to the victim?
- Was all the required documentation completed and sent to the Agency PREA Coordinator?
- Were the staffing levels adequate to the area of the incident?
- Were the victim and perpetrator informed of the allegation determination?
- What if any corrective actions were determined or are recommended?
- What action was taken?
- If not all recommended corrective action was taken, why not?
- Was a thorough investigation completed?
  - If criminal, referred to state police?
  - All witnesses interviewed?
  - Video monitoring was reviewed, if available?
  - Telephone records, mail reviewed if available?
  - All other elements of the investigation thorough and objective?

The multi-layered review system is intended to identify incident-specific issues as well as trends in incidents or reports. Individuals participating in the review look for areas of possible improvement, even

if the allegation is not substantiated. The information from incident reviews is also considered in staffing plan revision and camera prioritization. The Superintendent confirmed that the incident review process looks at staffing, physical plant, cameras, training needs, needed procedural changes, restricted access areas, key control and other areas. He noted that additional cameras were added to the stairwell leading to the infirmary as the result of an incident review. The Superintendent indicated that those participating in a review often physically examine the location of the incident / allegation as they want the opportunity to look at as many factors as possible, to include camera placement and angles, blind spots, and visibility / placement of staff.

While onsite, interviews with staff, to include the Superintendent, the PREA Compliance Manager, and member of the incident review team, confirmed compliance with standard and policy requirements.

During the last 12 months, 8 investigations indicated the need to complete an incident review. A review of documentation and the review component of OMS confirmed that incident reviews were conducted as required.

Documentation provided for this standard: PREA Compliance Manager Guidelines and documentation of incident reviews

Based on this information, SRCI is in full compliance with all elements of standard 115.86.

### **Standard 115.87 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.**

Agency policy 40.1.13, section XIII. A and B (page 12 – 13), defines data collection requirements relative to PREA. The PREA Coordinator oversees the collection of accurate, uniform data for all PREA allegations at its facilities using a standardized instrument and definitions outlined in the federal Survey of Sexual Violence (SSV).

ODOC does not contract with private facility for the confinement of inmates. As such, subsection (e) is not applicable.

SSV summary information for 2015 as well as Incident Forms (SSV-IA) were reviewed. According to the PREA Coordinator, these documents were submitted to the Department of Justice in compliance with established procedures and timelines.

Documentation provided for this standard: policy 40.1.13, and SSV data for 2015

Based on this information, ODOC is in full compliance with all elements of standard 115.87.

### **Standard 115.88 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.**

ODOC annual PREA reports include identification of problem areas, action plans, details for each facility under the jurisdiction of the agency, and a comparison with data from the current and prior years. The agency PREA Coordinator is responsible for data review and oversight of report development. Agency policy 40.1.13, section XIII.B.5 (page 13), requires that the PREA Coordinator, "Compiles information collected directly from the inmate population by means of various survey methods which relate to the prevalence of sexual abuse within the institutions, including the circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination..." Reports include a comparison of the current year with prior years along with narrative information regarding the agency's progress in addressing sexual abuse. All reports are signed by the ODOC Director and are posted on the agency's public website (<http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>).

Interviews conducted with the Superintendent indicated that incident data is to evaluate staffing, physical plant, cameras, training needs, procedural changes, restricted access areas, key control, and other areas of operations. The PREA Compliance Manager reported that data distributed by the PREA Coordinator is reviewed in Operations meetings, Special Needs Inmate Evaluation Committee (SNIEC) meetings, with the Superintendent, meetings about staffing plans, and meetings of Compliance Managers across the agency. These reviews result in the development of actions plans that are included in the annual PREA report. The PREA Coordinator indicated that analysis results in the development of corrective action for individual allegations as well as trends in data. She provided an example of data analysis regarding multiple allegations in the same area that resulted in a complete camera-mapping project with modifications made to existing systems to address the allegations.

The PREA Coordinator indicated that whenever necessary, all personally identifying information is redacted from annual reports prior to publication, with documentation maintained regarding the nature of the material redacted.

Documentation provided for this standard: policy 40.1.13, the agency's public website and PREA reports for 2013, 2014 and 2015.

*Based on this information, ODOC is in full compliance with all elements of standard 115.88.*

### **Standard 115.89 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.**

ODOC PREA data is retained in a computerized database that is limited to personnel with a need to know. Provisions are in place to ensure the security of this information is maintained. Aggregate data is included in each of the ODOC's annual PREA reports and is available to the public on the agency's website at <http://www.oregon.gov/DOC/INSPEC/PREA/pages/index.aspx>. A review of reports for calendar years 2013, 2014, and 2015 were reviewed and the removal of all personal identifying information was confirmed. The PREA Coordinator indicated that whenever necessary, all personally identifying information is redacted from annual reports prior to publication, with documentation maintained regarding the nature of the material redacted.

Data regarding allegations and investigations is maintained in the Offender Management System (OMS). Only the PREA Coordinator can grant access to this system based on facility-level requests filtered through the local PREA Compliance Manager detailing the reason for the requested access. The PREA Coordinator also maintains any hardcopy documentation in her office at headquarters with key access restricted to a level similar to that of an Assistant Director. The PREA Compliance Managers are also required to maintain any hardcopy documentation in locked cabinets to secure all information locally.

ODOC has not specified a data purge date and all OMS records are currently maintained indefinitely. As such, data would be available for at least ten years after the date of the initial collection as required by standard.

Documentation provided for this standard: the agency's public website and PREA reports for 2013, 2014 and 2015.

*Based on this information, ODOC is in full compliance with all elements of standard 115.89.*

### **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.

Margaret Gilbert 

July 19, 2017

Auditor Signature

Dates