U.S. DEPARTMENT OF JUSTICE
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REVIEW PANEL ON PRISON RAPE

HEARINGS ON SEXUAL VICTIMIZATION IN JUVENILE CORRECTIONAL FACILITIES

Thursday, June 3, 2010

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United States Department of Justice
Office of Justice Programs
Main Conference Room, Third Floor
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Washington, D.C.

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C O N T E N T S

P R O C E E D I N G S

(10:00 a.m.)

DR. WILKINSON: Okay. According to my watch, it's 10:00. So we will begin the proceedings.

I'm Reggie Wilkinson with the PREA Panel. I've been elected the Chairperson, not that I asked for that responsibility, but nevertheless, that's the case. I head up a nonprofit agency now in higher education, but I am the former Director of the Ohio Department of Rehabilitation and Correction, the Ohio Adult Corrections Agency, past president of the American Correctional Association and past president of the Association of State Correctional Administrators, in addition to being chairperson of the National Institute of Corrections Advisory Board.

I will just end there with the bio information and would like for my two Panelist colleagues to introduce themselves.

Gwendolyn.

MS. CHUNN: Okay. I thought we were going to take this according to the list. So I'm going to defer to Sharon.

DR. WILKINSON: It doesn't matter.

MS. CHUNN: Go ahead, Sharon.

MS. ENGLISH: Oh, you want me to go first?

DR. WILKINSON: Yes.

DR. CHUNN: Yes.

MS. ENGLISH: Okay. Sharon English, and I'm retired from the California Youth Authority after about 30-something years, and for the past ten years I've been a Hearing Officer with the Youthful Offender Parole Board in California on a part-time basis. I've pretty much been involved with crime victim issues, for the last almost, say, 25 years and have been involved in most of the national organizations, including the NIC Board.

My mother was murdered by a parolee that she had met through a prison ministry program, and so I have a particular interest in the safety of volunteers in the correctional system.

And I was appointed to this Panel to also be kind of the eyes on the victim side of the equation to make sure that there's some victim awareness about what goes on in correctional systems.

MS. CHUNN: I'm Gwendolyn Chunn, a retired Executive Director of the Juvenile Justice Institute at North Carolina Central University.

I really thought I wanted to go back to the university system after having had many years in state government. I ran the North Carolina juvenile system and was in it for over 20 years and thought going back to the university system would be a nice, easy change.

Things change. There's no doubt about it. I'm a native North Carolinian. All of my experience is in juvenile justice and in North Carolina. I'm past president of the American Correctional Association, and I've been involved with a number of other groups, particularly as it pertains to training in this area.

DR. WILKINSON: Thanks, Gwendolyn, and thanks, Sharon.

Let me tell you. Just read a paragraph about why we're here. The Bureau of Justice Statistics and the United States Department of Justice are authorized to conduct the comprehensive statistical review of incidents of sexual victimization in juvenile facilities throughout the country, as well as all the

other correctional entities, such as adult corrections, adult detention, and community residential.

PREA directs the Panel to rely on BJS data to hold public hearings, at which it is to request the appearance of representatives from the agencies represented here today and tomorrow, with the lowest incidence of sexual victimization and the highest incidence of sexual victimization.

The Panel is responsible for conducting these hearings to assist BJS in identifying common characteristics of victims and perpetrators of sexual victimization in juvenile facilities in this case, as well as common characteristics of the juvenile facilities with the highest and lowest prevalence of sexual victimization.

So this is our first set of hearings. We'll have our first set of witnesses. All of you know that there are proposed draft standards that all of us are anxiously awaiting promulgation, but in the meantime, most correctional agencies around the country have volunteered to comply with and conform to the draft standards as much as possible.

Once the standards are adopted or modified in both by the Attorney General, then agencies will have to review what those changes might be so that they can again conform to and abide by those standards.

We appreciate the work of the PREA Commission that has sunsetted at this point, but nevertheless, their work was very critical. We appreciate the work of the PREA Commission headed up by Judge Reggie Walton. We appreciate the work and the leadership of the Office of Justice Programs under the leadership of Assistant Attorney General Laurie Robinson, specific agencies within OJP that are very intimate with the PREA issue:

The Bureau of Justice Statistics. You'll hear from Dr. Allen Beck in just a few seconds.

The Office of Civil Rights, and I'll have the staff there introduce themselves now because they are kind of the OJP agency on the ground that's assisting with this effort.

So, Joe, do you want to introduce yourself?

MR. MR. SWIDERSKI: My name is Joseph Swiderski. I assist the Panel.

DR. WILKINSON: Thank you.

MR. MAZZA: My name is George Mazza. I am also with the Office for Civil Rights.

MR. ALSTON: I'm Mike Alston, Office for Civil Rights.

DR. WILKINSON: We also appreciate the assistance of the Bureau of Justice Assistance and the other OJP agencies who have assisted with this effort, in addition to Main Justice, who is very involved as well.

I just wanted to announce, and all of you know that there is a solicitation out to develop the PREA Center. We're excited about that possibility because it will be able to lend assistance to correctional agencies as they begin conformity with the PREA standards.

As we finish the various statistical data on the other segments of corrections that will be cause for us to have additional hearings let you know what that schedule might be. Next in line, I believe -- and Dr. Beck can reference this, I'm sure -- is the adult corrections sector. So when we do have another set of

hearings, it will include the adult corrections piece.

So I want the Panelists to maybe have a few other comments about why, you know, we are here. Sharon, do you want to mention about that?

MS. ENGLISH: Well, I'm glad that Reggie read the paragraph about what our charge is because it's very easy to kind of go off on different areas, but our focus is really about what can we learn about the characteristics of victims, of perpetrators, and what kind of policies and procedures could we find out about from the states with the lowest incidence or maybe on the highest incidence; that we can learn from that to make recommendations for the field.

Our purpose and our direction, the three of us, is really do we help the field. What can we learn from this and how can we help the field? We're not to, you know, publicly shame people or point fingers or pick up one case and ask why did you do something one way or other, but it is what can we learn from this.

We feel that the field is very professional. We've all worked in the field for all of our careers. We feel we've been part of the professionalization of

the field, and we think that we can learn from this to help the field learn and to do things better to prevent sexual assault or inappropriate relationships that lead to inappropriate behavior in these facilities.

MS. CHUNN: One of the things that is most important to remember is that we are reviewing data that represented a snapshot at a point in time. Now, a point in time in any of our systems is always difficult because we change so much. We change leadership. Our states change. No two juvenile systems look exactly alike, and like professional sports, on any given day sometimes, anybody could be in a good way or in a bad way. We're aware of that.

We also know how complex it is to try to work with the juveniles. If you think about rearing your own children, you know you have to wear many hats, and the same is true with children in trouble. Children in trouble require a lot of different interventions in order to make a critical difference.

So we acknowledge all of that as we are going through this because as we go through this, you may feel like from point to point, well, look; we did a

great job. Why are they being so meticulous about the questions? And that is to make sure that we have a thorough understanding and that we can pass this information on to others who are trying to also improve their systems.

A system is not static. On any given day, it may be one way and then you have a change in times and leaderships and kids and mission, and it changes to something different. So we want to make sure that you understand that the scrutiny is with the best intent and is to make sure that the field ends up getting the best from what we have to share.

DR. WILKINSON: Thank you, Sharon, and thank you, Gwendolyn.

At this time we'll hear from our first witness, and he's ready to go.

Dr. Beck, since this is a formal proceeding, we must swear you in. Raise your right hand, if you don't mind.

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Whereupon,

ALLEN J. BECK, Ph.D.

was called as a witness and, having been first duly sworn, was examined and testified as follows:

DR. WILKINSON: Thank you, sir.

Dr. Beck, we appreciate your leadership with the Bureau of Justice Statistics. Dr. Beck and his staff are responsible for collecting the data, synthesizing it and passing it on. So with that in mind, Dr. Beck, you can begin your testimony.

DR. BECK: Thank you very much.

Good morning, everyone. It's an honor to be here this morning, and I look forward to discussing the results of our National Survey of Youth in Custody with you as we go along.

Let me begin by saying that our work here has been truly a team effort. My colleagues and co-authors at BJS, Paige Harrison and Paul Guerino certainly were instrumental in getting us here today, keeping the project on track and certainly effectively managing me.

It was a very challenging project, perhaps

the most challenging, most difficult one that I've confronted in the 25 years that I've been at BJS and working in corrections. I think together we figured it out. We addressed a real complex set of issues in terms of sampling, in terms of measurement, in terms of issues related to access to kids, consent and assent from the kids; many human subjects concerns related to risks of inflicting greater trauma, certainly risks of issues related to mandatory reporting. Should we have knowledge of abuse and neglect?

We had to deal with issues of confidentiality and how to insure absolutely the information would be held confidential.

Clearly, there were complex issues related to data analysis, particularly, and last but not least, the complexity of ranking of facilities when you have variable rates of response and differing levels of cooperation and participation in the survey. And together we figured those things out.

The survey was completed in collaboration with Westat, a corporation in Rockville, Maryland. The project team included David Cantor and Andrea Sedlak.

Andrea is here today. She is co-principal investigator. Tim Smith and John Hartge, who is here as well, who is the co-project director.

Let me say this is a very close collaboration, and certainly we relied on their expertise, but we certainly also gained from their strong commitment to youth and to the project more generally.

Finally, last but not least, I think I have to recommend, really call out the field of juvenile corrections. Juvenile administrators throughout the country participated in the development of the survey. We had three national workshops trying to hammer out how to do it, how to figure out these problems.

I must say that the administrators were extraordinarily generous in their time and in their advice, and together I think we made this work. It was not clear at the start that we could do this, and so I feel very confident in the field. The field stepped up to it. We only had three refusals out of all of the facilities that we sampled. We only had three private facilities that just couldn't get past the legal issues

to let us in the door. So it speaks greatly of the field commitment to safety of youth.

In the brief time I have this morning, I'd like to address three issues, one of which is the BJS measurement approach and really speak to the utility of administrative data, as well as victim self-reports. I want to underscore the fact that neither is the gold standard for truth; that each provides insight. Each provides an understanding of sexual victimization, and together they give us a fuller picture of what is going on in juvenile corrections and juvenile facilities. Again, neither is a gold standard for truth. We must assess this information, evaluate it, and in doing so, we learn what's going on.

I'd also like to speak about the credibility of these victim self-reports. In particular, we need to answer the question should we believe what these kids are telling us, and so I'd like to address issues of the false positives and the false negatives as we as statisticians discuss these issues, that is, the over-reporting and the underreporting, but false reporting more generally.

But at the end of the day, I think the answer is, yes, we should believe these kids, and at the very least, even if they are false positives, and I think we acknowledge that overreporting, administrators and high-rate facilities, I think, have responsibility to ask themselves why should the youth in my facility be lying while youth in other facilities are not.

And in answering that question, they may better understand what is going on in their facilities and the relationship between the youth and their staff.

Ultimately these data, I think, require administrators to assess the results of the survey, examine the operations and then draw their own conclusions.

Finally, I'd like to comment on the high rates of staff sexual misconduct, which truly distinguishes results of the National Survey of Youth in Custody from the results that we obtained in our National Inmate Survey for Adults in Prisons and Jails.

We had 12 percent of the kids reporting to us some incidence of sexual victimization in the 12 months prior to the survey or since they came to the facility

if a shorter period of time. Ninety-five percent of the staff sexual misconduct that was alleged involved male youth with female staff. Fully 10 percent of the 12 percent involved staff sexual misconduct, and 95 percent of that involved boys with female staff.

It's important to keep in mind that 91 percent of the youth in these facilities are boys, are males, and 45 percent of the staff are female. And so it doesn't come with a great surprise that the preponderance of the staff sexual misconduct may involve boys with female staff. But I'd like to talk about that in some greater detail.

And so when we turn to the issues of administrative data collections versus youth self-reports, BJS once PREA was signed into law was faced with having to provide data on sexual misconduct of staff and victimization of youth more generally.

And so we turn directly to what correctional administrators knew; examine the information that got recorded by those administrators; how the allegations of sexual misconduct were handled; and ultimately, how allegations were brought to their attention. And so we

got a great deal of information from the administrative records immediately from correctional administrators throughout the land.

Obviously, there's a great deal of limitation to this administrative data, specifically fundamentally limited to what administrators know, and they can only know what's brought to their attention. And there's a great deal of reason not to report. There's a great deal of underreporting due to codes of silence, fears of reprisal, fears of personal embarrassment, perhaps a belief that the allegations will not be taken seriously or, worse yet, that the persons making the allegations will be punished, and general lack of trust in the staff.

So what did administrators know and what authorities know is very fundamentally limited by those factors. In obtaining data administratively, we are limited to what gets recorded, and there's a great deal of variability in those information systems from system to system, from facility to facility.

We faced in the initial year a great deal of commingling of sexual misconduct with other forms of

misconduct, commingling of sexual assault with other forms of assault that may be occurring. And so some systems simply could not distinguish the two and report accurately how many and under what circumstances.

We have variable coverage in the systems specifically related to whether or not abusive sexual contacts get actually recorded. Now, we make a distinction between non-consensual sexual acts, that the things we oftentimes think about in terms of rape as distinct from unwanted sexual contacts, if you will, grabbing, groping, touching that goes on between youth in the course of their experience in the facility. Both are unwanted. Both the individuals engage in typically unwillingly. Both are forms of assault.

However, the systems are not really designed to fully measure those abusive sexual contacts, and so variability from place to place is inherently linked to the degree to which those sexual contacts, abusive sexual contacts, are recorded.

We have variations in the level and quality of investigation insofar as the system or facility has a very aggressive investigative response, all other

things being equal, we're going to get more reports of sexual victimization.

And finally, we're limited as to what gets reported to us. That is, you have to be direct. There is some motive to underreport, to not report fully. Nevertheless, those administrative data collections are extremely valuable because we can actually analyze data, analyze allegations that have been verified, that have been investigated, proven to be true, and we can learn a great deal from analyzing substantiated incidents, and it sets the stage for us then to begin to do inmate and youth self-reports.

The youth self-report survey is self-administered, which provides absolute anonymity to the respondents, to the youths. It offers absolute confidentiality, and we guarded against that very substantially.

We employed computer-assisted technologies, computer-assisted self-interviewing, meaning a touch-screen laptop with a simultaneous audio feed. We used statistical methods to insure the estimates reflected the entire population in the facility, not simply those

who chose to complete the survey. So we looked at non-response and adjusted for non-response bias.

So what the inmate and youth surveys do for us is provides an ability to compare facilities without the confounding variation in policies, procedures, data reporting capabilities, and allows us to overcome the incomplete reporting related to administrative data. And so we learn a great deal from those youth self-reports.

We will continue to conduct both data collections for the foreseeable future. We are collecting data and analyzing data from youth in the administrative data for this calendar year, and we are working to launch a second wave of data collection for youth on our survey of youth in custody.

Why don't you turn quickly to the credibility of self-reports?

This survey was designed to address measurement error of all forms, and using a CASI was essential to address low levels of literacy among some of the youth. It provided an audio stream that youth could rely on if they had difficulty reading. It used

hot words that were highlighted in a different color which youth could address if they didn't know the word, could actually touch it and get a definition. It used range checks to guard against reporting of unrealistic values. It used logic checks to ask youth to verify answers, which seemed out of the ordinary.

It imposed time restrictions on youth for any single question. So if the youth was having difficulty actually answering a question, navigating the survey, if they stayed too long on a single item, the survey would lock up, and they would require assistance to go forward.

And additionally, it provided a timer on the survey itself so that we could identify youth who may have had mischief in their hearts and have simply gone through the interview much like a pinball machine. That dates me a bit, or any kind of electronic games. So they're just going punching numbers and punching buttons. And so we had the ability to evaluate the interviews for extreme and inconsistent response patterns and one extreme pattern was that they actually did the interview in a very rapid time simply not

humanly possible to hear all of the questions, read all of the questions and get through the interview at the time.

And so the net result of this extensive check for inconsistent responses, extreme response patterns, we threw out 164 interviews. It had a relatively minimal impact on the results. It reduced the prevalence rate from 13 percent to about 12 percent.

At the end of the day we have nevertheless allegations, not substantiated incidents. We are simply unable to follow up with checks of reported incidents, reports by youth without violating the terms of the consent and assent and risking violations of confidentiality. So we must necessarily rely on the internal consistency of the answers. We must rely on checks of credibility based on response patterns and co-variation with other measures.

And let me say we did that work, and we conclude that there's a great deal of consistency among the patterns of responses. Youth are not simply telling us that everything has happened to them and just simply lighting up every possible form of sexual

misconduct. There's true variation in that. Youth have remarkable consistency between what they say in one part of the interview with what they say in another part of the interview.

The youth did not know the questions in advance. They could not tell what questions were coming. So it was very difficult for them to remain consistent given the complexity of the interview, and by answering questions untruthfully or at random.

Finally, we see no pattern of collusion in the data. I mean, there was some obvious concern that early youth would come back, report back to the kids in the facility and say, "Oh, we got a chance to really stick it to the administrator, or the staff member, and so go back and have some fun with them." I mean, basically we find no patterns of collusion.

What that means is that the rates of sexual victimization reported on the first day are no lower than rates reported on the second day and the third day and the fourth day while in the facility.

So this leads us to the conclusion that we should believe these kids. We don't have to say that

all of this is truth in order to assert that. We understand that there are some youth who may be exaggerating, may actually be taking an opportunity to vent their frustrations or get back, retaliate in some way.

Nevertheless, the preponderance of the evidence suggests a great deal of credibility to what we observed.

Finally, with respect to staff sexual misconduct, what makes the report on youth different from the reports that we've done on adults is simply the extent of the alleged staff sexual misconduct. In fact, the youth-on-youth rates of victimization are very similar to the inmate-on-inmate rates of victimization in state prisons, federal prisons, and local jails.

But what makes it different in juvenile facilities is that the rates of alleged staff sexual misconduct are at least three times higher than rates of staff sexual misconduct in the state and federal prisons and local jails.

Now, these data are consistent with what

we're finding in the administrative records. It's just a difference in scale. Nearly half of the staff perpetrators in the administrative records were female. A majority of the staff perpetrators were under the age of 30. Among female staff perpetrators, two-thirds were supervisory staff. About half had been recently hired. That is, they were new to the facility, had just arrived in the facility in the last six months.

In every case, we received very low levels of force or coercion. In fact, in the administrative data, two-thirds of the substantiated incidents, the incidents that were investigated, were characterized by correction officials as romantic or appeared to be willing, however you want to use that term. Obviously it's a strange concept to think of romance in this context. Nevertheless, we see the same pattern of reported force when we look at the self-report by youth.

We find consistency in when these things occur, that is, on the second shift, between 6:00 p.m. and midnight. We see consistency in where these things occur. Obviously when it comes to youth-on-youth

sexual victimization, it typically happens in the youth dormitory, in the youth's room.

When it comes to staff sexual misconduct, it typically happens in an office, a library, a closet, someplace in addition to a room. Certainly it occurs in the rooms as well, but it's most frequently occurring, 80 percent of the time, 80 percent of the victims are reporting it happening in some office, library, or closet.

And so what we have is high levels of allegation involving boys with female staff, and so I think I'll leave it there. It is key for us to try to understand and pull apart the staff involvement, clearly linked to new staff. It also is linked to the length of time youth are in the facility. The longer the time the youth is in the facility, the higher the rate of reported staff sexual misconduct, which we have also found in state prisons.

It appears that what is occurring is that relationships between youth and staff, between inmates and staff develop, evolve, and sometimes boundaries are crossed. They become inappropriate, illegal, and we

wind up with some form of staff sexual misconduct.

With that I'll leave it open for questions.

DR. WILKINSON: Thank you, Allen, for the testimony.

It's flabbergasting to me the differences in the percentages of staff-on-juvenile assaults in juvenile agencies as opposed to staff on inmate sexual assaults in correctional institutions. I don't know that these facilities are in different places. I don't know that the demographics are that much different. I don't know that the culture is that much different. I'm not sure if juvenile facilities pay less, so therefore they're getting more women.

And naturally we've had testimony that because in places where they pay less they're getting more women, not that that's right, but that's what, you know, feedback we've gotten.

So I mean, I know you're just collecting the data, but at some point we need to take that data and make some assumptions about what it means so that we can ultimately pass and extrapolate from that data what the policy implication is for persons who are

responsible for managing in this case juvenile facilities, but the same thing for adults.

So, you know, I'm not sure if I'm just making a statement or asking you a question, but the issue is we really need to, you know, take that data and distill it to the point where we can make policy assumptions and recommendations.

So is that something we'll be able to do not just with the staff issues, but any of the data that's collected? And hopefully we can -- I know the more you play with, you know, these numbers the more we can probably extrapolate from that research, but are we thinking that way as you're reviewing and collecting all the data?

DR. BECK: Yes, we are. Let me say it's quite challenging to understand staff sexual misconduct through self-report by youth. There are only a few things you can ask. You can't ask about who, when, you know, the in-depth detail that might lead up to some form of staff sexual misconduct.

You know, ultimately, you know, you have to ask the question of who initiates it, and I've got to

be blunt that sometimes these boys are initiating it. It's not always true. It's not always the case. It's not always, it's not 100 percent of the time, but I think we have to acknowledge the fact that it's not always wholly initiated by the staff involved.

It is about relationships. It is about relationships that occur. These are tough jobs. You know, there's a human dynamic to working with kids that I think is quite different from working with adults, and you know, there's a great deal of compassion that I think staff may have for the youth involved and rightfully so. I mean, we're talking about kids.

And so relationships emerge. So the solutions are very difficult solutions, but fundamentally it has to do with training. It has to do with recruitment, proper recruitment of staff, looking for indicators perhaps of vulnerability. I think it has to do with oversight, supervision of the staff.

It may, in fact, involve rotating staff from dorm to dorm, from facility to facility if at all possible in the larger system so as to guard against those relationships that get too intense with time.

There is no doubt that there are some staff that are predators, and that they initiate. We see force. Fifteen percent of the kids are reporting force or threat of force, and another 15 or 20 percent are reporting receiving bribes, being pressured, being talked into it, and so it is a complex issue. It is a dynamic that isn't all of one sort.

DR. WILKINSON: Just one more question and then I'll ask my colleagues what questions they might have. I just want to reinforce a point that you mentioned about when you were putting together the instrument, you know, and the questions to ask. You just didn't do that in a vacuum in the hallowed halls of the Bureau of Justice Statistics. Because I've been to some of these sessions. So I know --

DR. BECK: Thank you.

DR. WILKINSON: -- over the course of several years you actually ask administrators what should we ask.

DR. BECK: Sure. Right. We work pretty hard. We had three national workshops, the first one really trying to figure out kind of the basic

parameters of things, and we may have had 40 or 50 folks involved from all sides, from all orientations on PREA, including many juvenile administrators, and so we talked about how measurement strategies, mine fields, issues of access and concerns about a trauma and so forth.

We did some work, and I think I can say that, in New Jersey we worked with Howard Beyer who was the Director of New Jersey Juvenile Justice at the time, as well as the president of CJCA, the Council of Juvenile Professional Administrators. He was very generous with his time, and anyone who knows Howard, he was very expressive and full in his passions on these issues, and that was very, very helpful.

We did some developmental work. Then we did a major pre-test in about a dozen juvenile facilities, talked to eight, 900 youth to try to hammer out the questions and to test them cognitively. We tested them cognitively first and tested them fully in the field. We brought back juvenile administrators to kind of talk about the results of the pre-test, and then we modified based on those interactions and did a rollout, a

national collection, and then followed that up with meeting with the juvenile administrators as to, well, how do we analyze these data. You know, how do you make sense of these data? And they helped us at that stage, too.

So it was very much a process that involved collaboration with juvenile justice administrators as well as experts in sexual victimization.

DR. WILKINSON: Sharon.

MS. ENGLISH: I have three questions. Number one, on the report that was by the juvenile correctional authorities, I'd like for you to remind me. How was that information collected? Was it, you know, a survey of correctional administrators? Were they like official adjudicated or official reports that were done? That's my first question.

The second one, it really, I think, is to the heart of the matter for me, is that in the first report on page 6, it says that most perpetrators of staff misconduct were males ages 25 to 29. The self-report on the juvenile facilities that the kids completed, the finding was that the majority of the perpetrators of

staff misconduct were female, were women staff.

DR. BECK: Right.

MS. ENGLISH: That is a major, major issue for me that I think somebody needs to really discuss in full. So if you could comment on that.

And then third, what demographics--

DR. BECK: You're going to have to help me with them.

DR. WILKINSON: Maybe let him get through the first one.

MS. ENGLISH: What demographics did you also collect on the self-report? What do we know about the characteristics of the kids that filled out the report?

DR. BECK: Okay. So let's go back to your first question.

MS. ENGLISH: Yeah, the methodology.

DR. BECK: The methodology behind the administrative data collection or the methodology on the self-reports?

MS. ENGLISH: The methodology on the correctional administrators' report.

DR. BECK: Oh, the administrative data

collection, yes. Early on one of the things we had to do was establish what we all mean by rape. What are the dimensions of sexual violence? And so we met with folks from CDC, Centers for Disease Control and Prevention, who had done some earlier work on sexual victimization, and we also used some work done by NIC, National Institute of Corrections, related to staff sexual misconduct.

And we developed a uniform measure of sexual victimization having four dimensions: non-consensual sexual acts involving youth; abusive sexual contacts between youth; staff sexual misconduct; and staff sexual harassment. And we proceeded to collect data pursuant to the Prison Rape Elimination Act requirements, and we were in all state facilities, all state systems in a sample of local and privately operated juvenile facilities, and we have done so every year.

So we would get basic reports of allegations outcomes of those allegations whether they were substantiated, whether they were unfounded, you know, whether it was unclear as to whether it happened or

not. And so we have made reports based on those collections.

MS. ENGLISH: So it was based on official actions taken against staff?

DR. BECK: It's based on what officially gets reported to the administrators of the facilities.

MS. ENGLISH: Okay.

DR. BECK: And so who reports? Oftentimes the victims, but sometimes someone else; sometimes by family members; sometimes by clergy. I mean, the reports come in various capacities.

Typically there's a follow-up and we document that, and so you can get a great deal of insight from that. Now, of course, that's the stuff that is most visible and oftentimes the most serious. Certainly what we're measuring is what kids for one reason or another have largely not reported through that chain or have had reported by others to correctional administrators.

We ask them whether they report. They tell us the incidents in self-reports and then ask them whether they reported it or not, but the bulk of them

are not reporting. The bulk of them are coming up in other capacities.

So we're going to see some differences between what shows up in those administrative data and what correctional administrators know. It's obviously just a piece of what's going on, and I think it's important for administrators to know that, that they're not hearing everything. They're not in total knowledge, in total command when there are things going on that they just simply don't know about. And those youth self-reports assist to kind of flesh that out a bit.

What was your second question?

MS. ENGLISH: The second question is like a major difference on who the perpetrators are of staff misconduct.

DR. BECK: Yes.

MS. ENGLISH: The correctional administrators one or authority says male. The one with self-report says female.

DR. BECK: It's actually pretty close to 50-50 in those reports. We had --

MS. ENGLISH: On both of them?

DR. BECK: -- had 137 male staff perpetrators of staff sexual misconduct in 2006, five and six together, and 116 female staff perpetrators. So it's, you know, 55-45 sort of thing.

Let me also say that, you know, again, we're looking at a different piece, different snapshot than what you would get through the youth self-reports. So the things that perhaps are more secretive, more likely to be initiated by the youth, perhaps things that others don't become aware of are coming out through the youth self-reports that wouldn't come out through what gets reported to the --

MS. ENGLISH: Officially.

DR. BECK: -- the officials.

And your third question?

MS. ENGLISH: My third question is since our charge is really to try to identify characteristics of both perpetrators and the victims, what did the survey also collect about the person filling out the survey? Like did they have -- I know you did gender. Did you do ethnicity or mental illness problems?

DR. BECK: You know, we looked at a lot of different things. Obviously with age, we did not find a correlation between and likelihood of victimization. In fact, the younger kids were no more likely to report victimization than their older kids.

We did see some variations in probably race, particularly by the type of victimization. White youth were much more likely to report youth-on-youth sexual violence, and African American/black youth were much more likely to report staff sexual misconduct.

We found sexual orientation being a very strong predictor of sexual victimization. Youth who were oriented or were not heterosexual were 10, 12 times more likely to report a victimization than those who were heterosexual, particularly with youth-on-youth, not with staff.

We found time in the facility, the longer the time the kid had been in the facility, the more likely they were to experience youth-on-youth sexual violence as well as staff sexual misconduct. We found having been assaulted in the past as a very strong predictor of reporting something. So vulnerabilities that come

with them, come with them into the facility seem to underlie some of the differential victimization that occurs.

We obviously can measure characteristics of location.

MS. ENGLISH: How about like mental illness or --

DR. BECK: No.

MS. ENGLISH: -- patterns of use?

DR. BECK: No. We did not have a mental illness screener on this survey. We may well in the future. There was some hesitancy on the part of the administrators as to be mindful of the PREA mandate and not extending beyond the PREA mandate to collecting things that were more difficult to measure perhaps.

We did collect some data related to substance and alcohol abuse and dependence. We're doing a special analysis of that data.

MS. ENGLISH: Okay. How about commitment with their prior offenses? The one state that I looked at almost I would say the majority of the offenses, youth-on-youth in particular, that they were sex

offenders. They were committed for sex offenses both on the predator side and on the victim side.

Did you document that at all?

DR. BECK: Yeah, I don't have much on that, but let me look into it and I'll get back to the Panel on that.

MS. ENGLISH: Okay. Thank you.

MS. CHUNN: I just have one quick comment to make. It's not really a question, but I do hope that there will be some way to begin to collect some data from staff offenders, and I know that's very difficult to do, but one of the things that struck me when I read some of the evidence with some of the cases was how close the expressions of the offending staff sounded like the kids.

So the maturity factor, and you said they tended to be younger, the maturity factor is something that I'd like us to get to because if there is some guidance down the road that will help agencies to revise what they look for in hiring females, I don't think we're going to change the attraction to the juvenile population because you assume, first of all,

it's a good job generally with good benefits. You're helping somebody, and at the same time, you don't expect to look at the incidence of violence in juvenile facilities for what it could be in adult facilities.

Now, much of that is a myth, but that is what people who are coming into the field often feel, that I'll be able to deal with kids, but I won't be able to deal with adults.

And so I don't think we're going to turn that around, but if we could inform the field as to how to do a better job in looking at the maturity of the person, however that could be done, I think that would be enormously helpful.

DR. BECK: Yeah. Let me say that I think it's important to see that the youth self-reports approach is not the only approach; that, you know, there are other ways of kind of getting behind and looking at and getting information.

We are, before I lose this train of thought, let me say that we are doing a second report from the first round of data collection and trying to analyze some of the, to use the expression, covariates at the

facility level that might show variation in sexual victimization by characteristics of the facility. That involves linking of data, linking of data from the Office of Juvenile Justice and Delinquency Prevention and their data collections to these same facilities.

And we have a second wave of data collection that we're working on developing methodology, and one part of that methodology is to have administrative data collection for the facilities that we are in trying to get at aspects of the facility that Office of Juvenile Justice and Delinquency Prevention does not collect specifically about staff.

Now, your interests are a bit more challenging. Those would require review of personnel files. Those would require perhaps interviews of staff. I think in the course of the PREA work, one thing that's been ignored is the staff, kind of understanding the staff, their concerns and what they know about what's going on. It's not part of the Act, but I think it would be helpful to survey actually the staff in selected facilities.

That would require considerable effort and

certainly a buy-in from the administrators to give us access to their staff. So, again, I think we get a snapshot of what is going on based on what the kids are telling us. We get a snapshot of what is going on based on the administrative data, and there are other snapshots that could be taken in order to get an even fuller understanding.

DR. WILKINSON: Dr. Beck, thank you so much for your testimony. We do have other questions, but time is moving along. So we must get to the next part of the agenda, but we thank you so much. We appreciate all of the work that you and your staff do to help gather this data.

Thank you.

If I could ask the staff from the Missouri Department Youth Services to come up.

As we did previously, we must swear you in if that's okay. If you'd raise you right hand.

Whereupon,

TIMOTHY DECKER, DONALD POKORNY, JR.,
DENNIS GRAGG and PHYLLIS BECKER

were called as witnesses and, having been

first duly sworn, were examined and testified as follows:

DR. WILKINSON: Thank you.

Well, we appreciate you all traveling from the Show Me State to the nation's Capital to talk about this very critical issue, and just for the record, and to repeat what Dr. Beck mentioned and what was in our charge, we selected three states with the highest incidence of sexual assault according to the data and two states with the lowest incidence, and among the lowest was the Missouri Department of Youth Services. Therefore, your invitation to this session.

I know that you have an opening statement, and if you don't mind, we'd like to hear it at this time.

MR. DECKER: Thank you very much.

I certainly wish that I could appear before you today and say to you that this problem is easy to solve and that we can just come out with some standards and enforce them and things will get better. I don't think I can report that, but hopefully our statement will shed some light on our perspective on reducing

victimization in residential facilities.

It is our distinct honor to appear before the Panel this morning in response to this very important survey of sexual victimization in residential facilities across the country. The Missouri Department of Social Services, Division of Youth Services is the state agency charged with the care and treatment of delinquent youth committed to our custody by Missouri's 45 juvenile and family courts. Because DYS and Missouri's juvenile courts work collaboratively to divert youth from DYS custody, those committed to the agency are typically the 1,200 or so most serious and challenging offenders in Missouri's system.

Two-thirds of DYS youth have a felony offense background. Eighty-six percent are male and 14 percent are female. Prior mental health services have been provided to over 46 percent and nearly 34 percent have been diagnosed with an educational disability prior to commitment. That's about three times the public school average in Missouri.

Historically, Missouri was actually no exception to the problems that still plague many

juvenile justice systems across the country. In 1938, the Missouri Reform School for Boys at Boonville, which held as many as 650 youth at the time, was labeled one of the worst juvenile correctional facilities in the nation.

In 1969, a federal report condemned Boonville as severely substandard in its efforts to rehabilitate and educate youth. In the 1970s, Missouri officials began to mandate fundamental reform, emphasizing rehabilitation over punishment.

A shift in philosophy brought with it development of smaller facilities and a commitment to placing youth as close as possible to their families. Young people were gradually transferred to smaller regional facilities, such as the Fort Bellefontaine Program in St. Louis County, which is the reason we're here today.

Fort Bellefontaine opened in 1983, the same year that Missouri closed the Boonville Training School for Boys, our last remaining training school. The program at Fort Bellefontaine is designed as a 20-bed, moderate care residential center for boys. Fort

Bellefontaine serves approximately 65 youth per year and employs 24 staff members, including a facility manager, two group leaders, 17 youth specialists, three academic teachers, and office support.

Visitors to Missouri DYS facilities are inevitably surprised by the calm and home-like nature of the programs. Tours of one of Missouri's 32 residential programs and ten-day treatment centers are always led by the young people themselves who are friendly, knowledgeable, and articulate.

The punitive culture of the early days has been replaced with a safe, structured and therapeutic environment. Young people spend their days with a very full schedule of school, vocational training, community service, individual and group counseling, and therapeutic recreational activities.

Young people are in the constant presence of caring staff, learning firsthand what it means to have healthy relationships with peers and with adults.

Safety is maintained through structure, supervision, relationships and group process. Smaller, humane facilities are further divided into groups of

ten to 12 young people who do everything together, daily chores, school, activities, and group sessions. When a conflict or a concern arises, a group circle is called by a group member or staff. Everyone stops what they are doing to share observations, feelings, discuss alternatives and help each other achieve their goals.

Front-line youth specialists and group leaders provide treatment 24 hours a day, seven days a week, working as a team to support success. As this occurs, a powerful culture and system is activated on behalf of young people and families, making Missouri communities safer in the process.

Families and community members are regularly involved with youth in DYS programs, creating a culture of openness, engagement and transparency. A single service coordinator acts as the advocate for the youth and family through their time with DYS, providing continuity of care from classification to residential through the youth transition to after-care and as they move forward to law-abiding and productive adulthood.

Many other states and jurisdictions have visited Missouri seeking to create more humane, safe,

and effective systems for the treatment and education of juvenile offenders. A common message to our visitors is simple but compelling. Changing your end destination often involves starting from a fundamentally different place. To create safer institutions, leaders must often question the very philosophical foundations of their work and address the underlying organizational culture within facilities along with strengthening and changing fundamental practices.

The core beliefs and philosophies of Missouri's approach begin with suspending blame and accepting responsibility, thereby holding ourselves and the young people accountable for creating safe environments that address the root cause of juvenile delinquency.

Missouri DYS is very deliberate in aligning all practices with our core values. Beliefs such as safety and structure are the foundation of treatment. People desire to do well and succeed. We are more alike than different. True understanding is built on genuine empathy and care, and the family is vital to

the treatment process, shape how we view the young people and the families we serve and how we view the process of addressing juvenile delinquency.

The very assumptions of which many youth correctional programs are based are counter to the research and experience related to the cognitive behavioral and emotional development of adolescents. If we view young people in the system as a product of their past experiences, a work in progress, and a potential resource to others, we are compelled to weave together a safe and humane system that supports personal development and change, and to continually try to make it better.

The contrast between the traditional correctional programs for young people that you find in many states and the treatment and rehabilitative programs found in Missouri are illustrated by the diagram you see actually in your written testimony. I'll cover that briefly.

Often in a more traditional correctional environment, you rely heavily on external controls. We focus on safety because everyone has to, but I'll get

to in a minute in how we insure safety for the young people. Rather than youth being inappropriately placed in lockup or hardware secure programs, we have a continuity of services from youth placed back in the community that do not need residential care to community group homes, moderate care facilities and hardware secure. So there's a complete continuum of services and a continuity in that continuum that runs from classification to after-care.

The emphasis is on actually rehabilitation of the youth as opposed to control of their behaviors. Positional power, autocratic approaches, and well relationship-type of approaches are de-emphasized, and instead we emphasize healthy hierarchy, boundaries, and development of healthy relationships.

Instead of viewing the young people as inmates, we see them as young people. Instead of having majors, lieutenants and sergeants, we have leaders, managers and directors. There's a lot to be said for what you call things in these systems. We don't have correctional officer or security workers or security. We have youth care workers. We have service

coordinators, and we have counselors.

The family is not viewed as a problem but rather as a significant asset and as a partner in the process. One of the things that we greet families when we get a new youth in our programs with talking to them about their expertise about their child and saying they are the true experts. We will never know your child as well as you do. We need you to participate and be engaged throughout the entire process.

Instead of having a strict regimen and rules, we have structure and order. As opposed to custodial supervision, we have engaged supervision, and I'll talk in a minute about what that means, with the ultimate goal being not to achieve behavioral compliance, but real internalized change with the young people that we serve.

Many aspects of traditional institutional and correctional practices in juvenile justice include punitive and coercive approaches that devalue and objectify young people creating fertile ground for safety issues and sexual victimization. It should be no surprise that if the way we control the kids is

through coercion that we will not have a growth of other coercive behavior such as sexual victimization.

It has been our experience that in order to protect youth from being sexually victimized in our programs, we must address the issue systemically by creating physically and emotionally safe environments that protect our youth from all forms of harm, whether that be emotional, verbal, physical, sexual, et cetera.

Sexual victimization in institutions cannot be effectively dealt with in isolation or as a singular issue. At the core, all forms of institutional abuse create a lack of safety for young people, staff, and eventually for the public because young people get released without having the root causes addressed.

Security is a very important aspect of all programming. With public safety being the top priority, juvenile justice programs must not mistake security for safety and not address the other emotional aspects of safety. Missouri had found that even with the best security tools and high-tech equipment, youth are still not protected from harm, and public safety may be compromised. Safety and security is actually

enhanced by creating a humane culture of care. This is ultimately what keeps young people safe, not hard work, fences or cameras.

One of the priority messages to all of our staff is that public safety and physical and emotional safety within our programs are first and foremost. As Missouri DYS moved forward in facilitating a humane, rehabilitative and developmental culture in our organization and in our programs, we developed core practices and tools to support leadership and staff in building and maintaining safe programs.

One of the ways we help staff to understand the basics of an environment free from harm is what we call the Missouri DYS safety building blocks. These are the foundation and key components of emotional and physical safety, and if in place not only prevent and reduce all forms of abusive behaviors, but allows young people to grow and make the necessary changes to become law abiding and productive citizens.

The safety building blocks focus on five areas, including basic expectations, basic needs, engaged supervision, clear boundaries in communication,

and unconditional positive regard. Underlying all of the safety building blocks is the DYS treatment beliefs that I referred to earlier. The safety building blocks create and maintain safety in the following manner.

The first, basic expectations. Basic expectations are norms created for the program environment and how staff and students are expected to treat one another. From day one, DYS works with staff and our young people on treating all in our system with respect, care and dignity.

Within the first week of employment, staff members are provided DYS fundamental practices that include non-negotiable, bottom-line expectations staff must adhere to in order to work for the agency. This includes expectations such as seeing, hearing, knowing, and accounting for youth at all times by being present and actively engaged; creating and maintaining humane and therapeutic approach and environment; insuring healthy boundaries between youth and staff; practicing all health and safety expectations, preserving the rights of every youth to live in a physically and emotionally safe environment, and providing a friendly,

respectful and informative atmosphere for parents, guardians, youth and visitors.

Youth also participate with staff and their ten- to 12-member treatment group in reviewing their rights and responsibilities early in their program stay. When young people are brought into an environment that is humane and structured, there is less likely to be abuse. In this way the young people themselves participate in keeping it safe within our programs.

The second safety building block is basic needs. Many U.S. youth have not consistently had their basic needs for food, clothing and shelter met due to abuse, neglect, poverty, and other factors. If programs and services do not meet or help young people meet their basic needs in healthy ways, it can lead to bartering, hoarding, misuse of power by youth and staff, and an environment of harm. Teaching youth self-care and providing an opportunity to belong to a group in a positive way builds youth self-esteem and relationship skills and strengthens their ability to navigate and deal with potential detrimental

situations.

Working with the youth and the family on a treatment plan helps to build a safety net around their young people, further protecting them from harm. Involving a young person's family and community in the treatment process tends to increase accountability for providing safe, humane, and productive environments.

Following up for a second on Dr. Beck's kind of question, very difficult question he was posed, young people are reporting more abuse in our belief because they are more vulnerable, and the more that we have overlaid adult-type of traditional correctional practices in working with youth, we have exacerbated that problem.

They are also, quite frankly, more honest about what's occurring to them and less entrenched in a culture of not talking. So I've diverted a little bit from my statement, but it fits well here.

Safety building block three: engaged supervision. Abusive behavior thrives in isolation and atmosphere of secrecy. DYS experienced a decrease in all critical incidents in programs when we increased

our staff-to-student ratio and implemented a policy of engaged, eyes-on awareness supervision versus a traditional custodial care approach common in many juvenile justice programs.

All DYS youth are assigned to small groups of ten or 12 with stable and consistent staff teams. In moderate and secure care programs, there is double coverage on all shifts providing a one-to-six staff-to-youth ratio. In all programs staff are required to see all youth at all times, except during hygiene, and even then staff are strategically placed and aware.

Staff members are expected to be involved in all group activities, not to post themselves on a stand or patrol the sidelines. Youth participate in highly structured daily programming designed to meet their treatment needs and educational needs. By keeping youth productively engaged and structuring staff member involvement, opportunities for unproductive or harmful interactions are decreased.

Safety building block four: clear boundaries in communication. Youth and staff learning healthy,

strong, clear guidelines and boundaries very directly relates to maintaining safety in relationships both within the institution and upon returning to the community.

Oftentimes young people's boundaries have been violated at home and in the communities. So they come to our agencies with many, many issues and struggles in this area. This is the vulnerability that we spoke of earlier.

It is critical to set clear boundaries and expectations and to provide extensive training to staff on professional practices and standards, including areas such as staff roles, ethical conduct, adolescent development and boundaries, indicators in what we call slippery slopes, and team responsibility.

All Missouri staff members participate in a professional boundary training session within their first three months of employment and a more advanced session has been developed as a requirement for staff within three to 12 months of employment. In this day and age of increased opportunities for connection, examples being Facebook, Twitter, e-mail, instant

messaging, staff members and youth can easily get confused about what is appropriate and what is not.

In addition to regular staff meetings with their team, staff are provided feedback on staff interventions, accountability and team work. If staff members are not empowered to give each other constructive feedback, the chances of poor interventions and inappropriate treatment can go unchecked.

Towards that end, DYS invested in high-performance transformational coaching for all leaders in our system and plan to train all staff in this approach over time. This provides staff members with additional tools and strengthens skills in giving productive and necessary feedback to peers, supervisors, and direct reports.

In our final safety building block five, unconditional positive regard, organizations that tap into the inherent dignity of all within the system will experience a workforce that does not tolerate hurtful behaviors. Troubled youth who enter a system where they are held accountable, but not judged, berated, or

abused, are given a fighting chance to change and transform their life.

A program and staff that operates with unconditional positive regard for the youth and their families has the perspective that's necessary to see beyond their problematic behavior in order to facilitate young people and families in addressing core issues that brought them into the system. This important work cannot happen if safety is not in place.

In closing, we'd like to offer just a few additional points that from our experience we believe will be important as standards are finalized and a strategy is developed to reduce sexual victimization in residential settings.

Number one, officials in juvenile facilities should recognize that they have an inherent responsibility for insuring protections and safeguards for all youth in custody, and that juveniles have rights to a safe, humane, and developmentally appropriate environment.

Secondly, it is absolutely imperative that efforts focused on prevention and culture change within

youth correctional institutions be strengthened. Sexual victimization is a serious problem in correctional settings and is often symptomatic of a broad spectrum of circumstances where youth safety and well-being is compromised.

Interventions necessary to create safe environments and reduce all incidents of physical assault and emotional abuse will pay dividends in better control of sexual victimization. Developing action plans to proactively address the systemic problems with prevention of institutional victimization will pay greater dividends than action and efforts focused only on education, detection, investigation, and disciplinary responses to sexual abuse. In other words, culture trumps everything.

Number three, caution should be exercised in adoption of medical models for classification and treatment. I should say traditional medical models. Unfortunately, national access to qualified health and mental health professionals is not uniformly available. Mental health professionals are in big demand and short supply. The assumption that only mental health

and medical professionals can adequately provide quality counseling intervention services appears shortsighted. Should placement decisions be made contingent upon completion of a mental and medical health assessment, youth may linger unnecessarily in detention and reception centers, thereby increasing length of stay cost and youth obtaining needed treatment services.

Increasing use of medical model for intake processes will likely drive up other health care costs due to addressing behavioral and emotional concerns through prescriptions and other interventions that may undermine proven therapeutic or developmental approaches.

Number four, national standards and approaches should be adapted to a wide range of successful practices in state and juvenile justice systems. Overly prescriptive models for achieving standards and capacity-building risk compromising the structure and goals of effective systems.

And lastly, given that nearly all juvenile offenders reenter the community after residential

services, in addition to supports and services for youth who have been sexually victimized, measures must be taken to insure effective interventions are made with those involved in inappropriate sexual behavior as well. In many cases, a thorough investigation of an offender's background will uncover a personal history of abuse or other developmental issues. It is, therefore, imperative that the treatment process make an effort to break the cycle offending. Ms. English, this gets at your point that you made earlier.

With that, that's our opening statement. I know it was long and I need to catch my breath, but we are open for questions. We brought a broad contingent of people here this morning. To my right is Phyllis Becker, who coordinates our quality improvement and professional development efforts for the agency. She is also one of my Deputy Directors. So she will be very skillful in answering questions about everything from staff development to quality and safety building blocks.

To my right is Dennis Gragg, who is an Assistant Deputy with our agency. He serves as our,

I'll emphasize, part-time PREA Coordinator because he has many other jobs. But he specializes in this case in many of our policies, procedures, and fundamental kind of practices around sexual victimization and other types of harm.

And then to my far left is Don Pokorny, who is the Regional Administrator in our St. Louis Region where Fort Belle is located. His general area of responsibility included Fort Belle during the time of the survey. So he can answer questions about our regionalized structure, the involvement of our regional leaders in creating safe facilities, and he also has a great deal of expertise in community involvement.

Now, you can probably guess that engaging community in a really open and transparent way in our programs is one way to reduce harm because everything is open and there's lots of people engaged with the young people. So Don can help with those kinds of questions.

DR. WILKINSON: Director Decker -- that's kind of hard to say. Decker and Decker?

MR. DECKER: Yeah, Director Decker and

Assistant Director Becker. So --

MS. BECKER: I know, it's confusing.

DR. WILKINSON: Well, thank you so much. It was great testimony and presentation.

Ms. Chunn is going to start out with questions.

MS. CHUNN: Right. Before you leave that, first of all, let me say congratulations. Missouri has been certainly recognized as a wonderful model in juvenile justice across this country for a number of years, going back for a number of years, and at some point I think the juvenile justice community at large could benefit from talking about what happened when you made the transition to this new approach and when you left -- is it Boonville?

MR. DECKER: Yes, Boonville was one of the training --

MS. CHUNN: Yes, because Boonville sounds more typical of what most training schools, well, unfortunately some of them still tend to be, and I don't want to open that question. I just wanted to acknowledge that you certainly have earned a sterling

reputation and that we're very pleased to have you here today.

MR. DECKER: Thank you for that.

MS. CHUNN: For the record, would you say what the bed capacity of Bellefontaine is and whether or not it's just single gender and how many staffers do you have?

MR. DECKER: Yes. The Fort Belle -- do you want to answer that? Go ahead because I don't want to dominate. So we're going to let Don answer that.

MR. POKORNY: We have 24 kids there. They're male and the staffing pattern here is a facility manager, two group leaders, and there are two teams that are divided up, 12 kids on one side, 12 on the other, and there are two staff teams, eight youth specialists, has a group leader for each team.

MS. CHUNN: And are these representative of the kids who have committed some of the most serious crimes?

MR. POKORNY: It's moderate, moderate care. So car theft.

MS. CHUNN: Moderate care. Okay.

MR. POKORNY: Dealing drugs.

MS. CHUNN: Okay.

MR. POKORNY: Yes.

MS. CHUNN: All right. My first question has to do with how a kid knows when he comes to Bellefontaine how to report an incident if he's seen it or if he's experienced it. How does he know?

MR. POKORNY: Well, first of all, when a kid comes into the program at Fort Bellefontaine, he's given a youth care package.

DR. WILKINSON: Could you move the microphone a little closer to you?

MR. POKORNY: Sure. When the kid first comes into Fort Bellefontaine, he's given a youth care packet. He's introduced to the group. He's assigned to an upper level in the group that's been there and is kind of working on his transitional planning to go home, back into the community, and he's like a positive-peer-type deal, and he kind of talks to the kid, shows him the rules and expectations.

The staff is also assigned as an advocate to the youth, and in that packet there's procedures to

file, a youth grievance procedure if he would see or have any problems and report it accordingly.

MS. CHUNN: Is he given some instruction about how to complete the form and some assurances that it will make a difference if he does?

MR. POKORNY: Yes, it is, and it is also a parent packet given as well so the parents are involved. When they visit they talk with the parent and the youth. They give them a tour of the facility, kind of any type of questions, and things like that.

MS. CHUNN: Are there materials in the facility posted?

MR. POKORNY: No. Just like treatment work, there are things kids have worked on like they have a group meeting room. You know, they also use group meeting as a time where they talk about, you know, issues that they're having in the program, individually and as a group, and if they have any problems with staff, you know, that's a time they also can speak.

MR. DECKER: If I could add, Don has done a great job of, I think, covering that process. Just to add a little bit to what he has said, to understand our

programs, you really have to understand the culture within our programs, and it is truly a fully open culture where in their day-to-day activities at any point -- I know it was in my statement. When you're reading, it's not always as clear -- at any given point on any day, any time of the day that a youth has an issue that they want to bring up, all they have to say is -- and programs use one of two phrases -- "group call" or "circle up," and everybody, staff, group, stops what they're doing. They form a circle sometimes standing, sometimes sitting, and they talk through the issue.

They learn in our programs that if there is an issue, it can be feelings that you're having about a phone call you had last night; it can be that you have a concern about how someone spoke to you; it can be that you have a concern about what's something that happened to you. You can openly bring that up to your group and it will be addressed in a positive and productive manner.

And then if you report something like this, then certainly other steps are going to be taken, but

this culture of openness where the youth and the staff are all responsible for creating a physically and emotionally safe environment where there's active, productive work on working through issues, learning to be socially competent, to work through conflicts.

A lot of our kids are coming from families where there were don't-talk rules. Okay? So while I think having resources available is helpful, all of the literature in the world is not going to make any difference. All of the information about procedures is not going to make any difference if the culture does not reinforce bringing things up. If there's a don't-talk-about-it, don't-report-it secrecy, a coercive kind of relationship between staff and kids, where it's kind of us against them, kids are not probably going to actively report this stuff in an authentic way.

MS. BECKER: Another safety check we have is our service coordinators. So a youth going to Fort Belle would have a service coordinator assigned to them, and that person visits them on a monthly basis. So they're kind of the advocate for the kid and the family throughout the system. So if something was not

going right or there's some kind of misconduct going on, they would have an opportunity to tell that person as well if something was going on.

DR. WILKINSON: Let me ask you about that service coordinator. In the testimony you said, "A single service coordinator acts as the advocate for the youth and family throughout their time with DY."

MR. DECKER: Right.

DR. WILKINSON: What does that "throughout" mean?

MR. DECKER: So where many systems are set up so that you have on the front end of the system, you might have a probation officer; you may have an institutional case worker while they're in the institution; and then you may have a parole officer kind of handling the other end, so there's this constant transference of the young person and the kind of case as it's seen in those situations.

But in this situation within a day or so of them being committed to us, there is a person assigned to them as their service coordinator, and these are individuals that carry a case load of about 18 kids.

So it's a small case load size, and they start with the youth, interviewing the youth in the detention facility where they are being held, you know, pending placement. They go out and meet with the family. They perform the initial classification and recommendation for placement.

Then they actually visit the youth while they're in residential care at least once a month, and they also work actively with the family while the youth is actually in the program, and then, of course, they handle their transition and their after-care.

So there's these relationship that is developed. We've seen this in some of our other systems, like in child welfare systems, for instance, where based on situations changing there's this constant moving around of the case. You really have a lack of continuity and a disruption not only of the services, but also of the information. So often people are not fully knowledgeable even of what's going on or really what the needs are and able to meet them in a systemic way.

You also don't have the relationship that

develops over time where kids would actually talk about things that maybe were unhealthy or drifting in that direction.

MS. CHUNN: Suppose I'm from a don't-talk family and I've just come to Bellefontaine and I've been approached by somebody and I don't really want to say it. Is there going to be anything that the staff will do to elicit that information from me?

MR. DECKER: Well, let me say this and this is, I think, real important, and I know it's difficult to do in certain settings. One, there's a role of two different people in that young person's life when they first come in, and one is another group member in the facility that's a very positive influence and kind of a peer mentor, and then there's also the advocate within the program that one of the youth specialists on the team is assigned as their advocate. So there's people that meet with them individually to kind of supplement the group process.

But the other thing that I think is real important here is this what we call awareness supervision. The reality is that our young people are

never out of the eyesight or view of staff, and they have to be able to see them. They have to be able to hear them. We talk about it as eyes on, ears on, hearts on. And the hearts on is not just see and hear what's going on, but pay attention to what kids are feeling, what's going on with them, et cetera.

So they're literally in a supervised environment. It's why it makes it so difficult even for harm and sexual victimization to occur, because you'll have in most cases two staff with the group all the time.

So there's these checks and balances, and as long as you've supported a healthy team process where like team members will bring things forward, I mean, in this work there are a lot of slippery slopes. For instance, a staff person bringing in a personalized gift for a kid in the group because they get pretty close over time; is that appropriate or not?

The folks will take those things to the team and discuss whether appropriate or not. Maybe, maybe not, but the issue is what's the underlying dynamic that's going on with the emphasis on maintaining

healthy, productive adult-child relationships.

MS. CHUNN: And if I'm a staff member and I've seen an incident of abuse, what is my responsibility?

MR. DECKER: Do you want that?

MR. GRAGG: All employees of the Division of Youth Services are mandated reporters, and so that other staff member has an obligation to make that observation known. Missouri has a hotline system that they may use to make that report, as well as they are to inform the facility management, and that facility management may be the individual who is the accused. Then they know through their mandated reporter training that they go up the hierarchy to the next level to make that report.

The Children's Division would take up that investigation, and basically we turn it over to them to do the investigation of the allegation.

MR. DECKER: You know, staff also, and this gets to kind of our coaching approach where we talk to our staff about the fact that they're all expected to be leaders, and they're all expected to be team members

and provide each other feedback. So the important thing is that the feedback on something like this really starts long before -- should start long before an incident has ever occurred.

There's usually lots of indicators that a relationship may be drifting that way, that suspicious things may be happening, that issues may be arising. Maybe we're on that slippery slope, and it really is the responsibility of all of our staff to -- and they have kind of a code of conduct for themselves as a team -- to both report that as well as provide direct feedback to each other as team members.

In our facilities, they either have weekly or bi-weekly staff meetings where they not only talk about the youth and what their needs are, but they also talk about how they're functioning as a team. We really shouldn't miss that in this presentation, that there's not only organization of all the kids into groups where there's this awareness supervision, but also the fact that there's a consistent team working with that group.

Because if you have unhealthy relationships, one, if you don't have a team, where is the

accountability? And I would suspect in some environments there are not teams, that people are moved between groups all the time, and so if you don't have a team, where does the accountability occur?

And secondly, you know, how do the relationships within that team affect the culture that's created in that program?

So, for instance, if you amongst your officers and your program have a lot of sexual joking, have inappropriate materials, have that kind of stuff going on, that's going to be fertile ground for other things to occur. So you've got to create very healthy team dynamics, including direct feedback.

If I see Phyllis doing something, I say, "Phyllis, I'm not sure you really should have made that intervention with that young person. You brought him a gift. That could confuse him about, you know," et cetera, et cetera, you know, and the gift thing, again, is one of those things you have to assess because maybe the kid just graduated from high school and she got him a pen, you know. That may not be inappropriate, but other times it may be.

And it's my job as her team member to give her that feedback and to check it out. So there's a sense that we're all watching each other kind of in a positive way.

MS. BECKER: And, in addition, they get many, many hours of training on professional boundaries, what's helpful in programs, what's hurtful; how do you talk to people. We really work on prevention versus after intervention. So we really do talk about what are the early signs of inappropriate interventions with you, and then how do you address that as a team member.

MS. CHUNN: I see that your PREA coordination is done at the central office, although you have many constituent pieces, right?

MR. DECKER: Right.

MS. CHUNN: In the division. How often are you there to monitor what's going on with PREA? How do you handle that monitoring so that you can be assured that there is some attention, serious attention, being given to this matter?

MR. DECKER: I'll have our PREA Coordinator answer a piece of this, but I do want to put a broader

framework around it for a minute.

And this gets at one of the standards issues that I know you guys will be addressing, and we submitted very substantial feedback on the standards. This whole concept of there can be some value to having like this full-time PREA coordinator to coordinate at least efforts to begin to address this issue, but also I can see some value and I can see why that's been suggested.

What I will tell you is that in our system it's everyone's job to create safe environments, and the last thing in the world that we would want to do would be to begin to have people say, "Well, that's the PREA Coordinator's job." And having, say, a full-time PREA Coordinator would add absolutely no value to our system whatsoever because what we have done is infused with all of our managers and all of our leaders the responsibility to keep kids safe and to create humane, therapeutic cultures in our programs, and then we've equipped them with extensive training, professional development, and leadership development and how to carry that out.

So if you really want safer facilities, you've got to root this expertise in the people who are running them and operating them on a day-to-day basis. This is not a special project. This is not a short-term deal. This has to be infused in the culture and leadership of the organization.

If a PREA Coordinator actually makes that their job, great. If what they become is the coordinator of investigations and policies and all of that and the kind of nuance in everybody's, you know, stuff to try to make it important to the organization, it's going to fall way short, and it's going to be a huge waste of resources.

So that's my thing. You know, Dennis, you know, you might talk about it. You know, you are our PREA Coordinator. So what does that mean?

And I'm not making light of this.

DR. WILKINSON: Okay. Before we get to that, you know, I started to see themes early on in your testimony, and we had the benefit of having it, you know, before you came here.

MR. DECKER: I hope I didn't bore you by

reading to you.

DR. WILKINSON: Well, I think everybody else needed to hear it.

Okay. You're under oath now.

MR. DECKER: Okay.

DR. WILKINSON: So it seems to me like what you're saying is that if you do what you do, there wouldn't be a need for PREA in the first place.

MR. DECKER: I'm actually not saying that. So let me clarify that.

DR. WILKINSON: Now, I'm not saying that as a bad thing. I'm just saying that the Prison Rape Elimination Act, the Commission, the Panel were developed because there were problems.

MR. DECKER: Right.

DR. WILKINSON: And not saying that Missouri doesn't have problems.

MR. DECKER: Yes.

DR. WILKINSON: But it says that you are trying to get to the science of preventing these problems.

MR. DECKER: Right, exactly.

DR. WILKINSON: And invoking safety so that you wouldn't have a need for a PREA Coordinator.

MR. DECKER: Well, and I would say that's absolutely true, and I have no issue whatsoever in going on record as saying that if folks implemented the overall approach -- and I'm not talking about the exact model, but the overall approach -- that we've adopted in Missouri, sexual victimization and all other forms of harm to youth in these programs would go down very markedly, very measurably, and it may have never risen to the level where you would have had to put this level of effort into addressing the issue of sexual victimization.

Am I saying that it doesn't occur in our system or that you still don't have to deal with the issue? Absolutely not, because these are very difficult issues of relationships and of boundaries, and I mean, if I had a crystal ball and could use that for staff selection, I probably could eliminate this issue, but you know, there are lots of issues that occur with staff that then lead them to these things, not the least of which is family of origin and other

historical issues with them.

So we all have to be very attentive to this issue and very aware of this issue. So I don't want to minimize it at all.

Do I think this overall approach to practice and culture and stuff would address this issue in a very significant way? Absolutely.

MS. CHUNN: Let me do "what if" here now. Years ago when I went to work in Youth Services, we had never had a suicide in the history of the agency, never, never, never. When people were having suicides, it only takes one though --

MR. DECKER: Yes.

MS. CHUNN: -- for your situation to spiral completely out of control.

MR. DECKER: Oh, yes. Oh, yes.

MS. CHUNN: And it sounds like you have not had much in terms of sexual abuse, staff sexual abuse with kids. Let's talk about, though, what if. What if that happened?

Now, you have already, I believe, in your Exhibit 4 the protocol of what should happen.

MR. DECKER: Right.

MS. CHUNN: It should be reported to the Regional Administrator and all. Walk us through that whole process, if it were, heaven forbid, to occur.

MR. DECKER: Okay, and I'm going to turn it over to Dennis to walk through, but what I will say is it does occur in our system. Our bigger issue right now that we're addressing is this transition of youth to after-care status and their placement in the community. So what we're finding is the predominant incidents that we're having, you know -- and keep in mind we're operating 32 residential programs and ten-day treatment centers --

MS. CHUNN: Right.

MR. DECKER: -- are where actually the staff of the youth have kind of met while they were in residential, but then this relationship has evolved as the youth goes back into the community.

Because of the eyes-on supervision, because of lots of things that are in place, it often is very difficult for it to actually happen at our facilities. But there's this whole new frontier; in fact, it's

probably something for the Panel to consider, that you know, just measuring what occurs actually in the facilities is falling short of measuring all that occurs. I think that's very clear.

So that's really what we're having now is our predominant it's the same pattern. It has been female adults and male youth, but it has primarily been after-care youth, where we suspect those relationships may have started just with boundary issues and all of that and inappropriate relationship in the facility, but weren't necessarily carried out there, but were carried out later.

Now, Dennis, why don't you answer her question and walk through kind of the protocol of what happens when a report is made?

MR. GRAGG: When a report is made of any kind of abuse of a youth, whether it's inflicted upon by another youth or by a staff, there's going to be a critical incident report regarding that incident. The result of that incident report is going to take numerous different paths as to whether or not there was some sort of staff neglect or whether it was an

incident that was beyond the control of the staff who was providing supervision, but then we're going to look at the interventions that took place following that incident.

Of course, they could all culminate up to the dismissal of the staff for gross negligence of their responsibilities.

I'm not sure that I answered your question, and if I have not, then please repeat it.

MR. DECKER: Well, I think to fill in, there would be -- our investigations are handled by our Children's Division. You covered that. So there's a full third-party investigation.

We also have a Legal Services Unit and a state technical assistance team that are more law-enforcement oriented and law enforcement in the jurisdiction where it occurred that could be involved through our Children's Division protocols.

So they're all actually reported as a child sexual abuse type of incident, and there's a full investigation that's third party that's conducted. But the internal process, and Dennis began to reference

that, is that, you know, we don't stop there. In fact, we had a pattern there for a while where people would like wait on these investigation, but we also implement our own internal process that really is a multi-disciplinary, multi-level in the organization critical incident review team that really is looking not just at that incident, but also at the systemic factors that may have contributed.

So you're not jumping from incident to incident, you know, kind of like that old game at the carnival where you'd hit one down and the other would pop up. So they're really looking at what does this mean for us systemically. What does it mean about policy practice, training and professional development? You know, not just what occurred, but what allowed this to occur and what does it say about our program and how it's functioning?

Because, quite frankly, when these incidents are occurring in residential facilities, it indicates a lot more than just sexual victimization. The conditions that give rise for this, that's a thread that when you begin to pull it leads you a lot of

places. You know, generally it's an indicator that there are safety issues in general. There's boundary issues in general, and it may not be the healthy, therapeutic environment that's really producing change with the kids.

So these incidents do in a way help you both prevent future ones if you handle them right and they help you strengthen your system overall because you're probably failing kids in other ways if you're not protecting them from this.

MR. GRAGG: I might add that there's a number of transparency options as well. For example, medical care is typically provided in the community by the medical center or the hospital, and of course, any kind of injuries that may have occurred to the young person are going to be reported and handled at the hospital level, and then they have obligations to make reports as well.

So by being a very transparent system, then not everything happens internally. Cover-up is very difficult I guess is what I'm trying to say there.

MS. CHUNN: These indicators that you

referenced, could you give us a few examples of what those things might be?

MR. DECKER: I'll give you a couple. I think Phyllis and others may want to fill them in.

I think that, you know, it's not unusual for new staff members, for instance, to struggle with how do you establish a healthy adult-child relationship, for instance, with these youth. So it's normal to have some struggles around that, and a lot of the training and the on-the-job coaching and stuff really helps with that. We have a lot of supervisors in our system that provide on-the-job coaching and stuff on a regular basis because our approach is difficult to implement. So there's a lot of intense kind of scrutiny, coaching, direction, et cetera.

But it can be simply, for instance, sharing a lot of personal information about themselves with the kids that's not in the context of a treatment situation. For instance, there's a way sometimes to use self-disclosure to help in the counseling process, but I'm not talking about that. I'm talking about sharing a lot of information about their lives.

Sometimes exchanging gifts. Certainly any type of, you know -- we're facing these new challenges around texting and Facebook pages and stuff -- any kind of exchange there that's not, you know, in the light of day, you know, secretive conversations, exchanges, lots of individual time with kids. Those are certainly all indicators.

The other indicators though that when we look at the incidents we've had, say, over the last three or four years, which primarily have been in this kind of after-care framework, there has also been some indicators with the staff involved typically starting with some boundary issues or kind of life issues in the first place, you know, that maybe made them more at risk, but life crises occurring in their lives, whether it be divorce, death of a parent, those kinds of things. We're seeing kind of indicators kind of in their life in general that they're not managing relationships well, et cetera.

You know, these are things that as an employer you pick up on, and you check in with people about. In hindsight they're clearly 20-20. You know,

you go, why did this person who seemed to be, you know, an effective staff -- in some cases these have been folks who we viewed up until then that they were doing some pretty good work, but we saw some concerns about maybe how they related to the kids and we dealt with them in a work context, et cetera.

Life crisis comes along, something changes, something occurs. Self-esteem issues has been another one. You know, folks who seem to meet their needs through the kids, and then all of a sudden it hits that slippery slope and it kind of goes over the edge.

Now, some of them are that. Some of them are much more predatory than they are, but they're not all that real extreme, traditional predatory that we might think about.

So we've learned, for instance, one thing we've done since these results have come out is that we have really tried to focus on our hiring practices and our actual supervision and assessment of people during the probationary period.

There are certain issues, certain people need -- you've got to get, as Jim Collins says in book

Good to Great, you've got to get the right people on the bus, and if you don't, then you've got to open the back door and kindly let them out, and you've got to have a way to do that early on where you can still do it very effectively.

Things like boundary issues that seem to be rooted in -- you know, they seem to be more kind of just who a person is and how they deal with things in general -- are much more difficult to deal with than the ordinary kind of training around how you relate to kids in a developmental and therapeutic environment. So we've got to get better at assessing when it's which.

If it looks like somebody is going to be at risk, you know, we're kind of letting them go before the end of probation.

MS. CHUNN: So that's when the awareness kind of stuff is so important. Somebody is always watching you.

MR. DECKER: Yes, exactly.

MS. BECKER: Other indicators, too, are playing favorites with kids, trying to spend time alone

with youth when it's really not necessary or called for, breaking protocol. In all the situations we've had a staff member did something that was against a protocol or a rule or a staff team agreement, and so, you know, when you start seeing a pattern of that, you know that these are staff that may be crossing boundaries in other ways, too.

MS. CHUNN: Now, you talked about --

MR. GRAGG: And speaking of unusual advocacy for a young person that's out of the ordinary --

MR. DECKER: Not rooted in their progress.

MR. GRAGG: -- not rooted in their progress, and perhaps excusing inappropriate behaviors in an inappropriate way or turning a blind side to behaviors that youth really needed to be held accountable to could be some other indicators.

MR. DECKER: I'll hit one thing. I know you've got another question. This gets at the root of this traditional kind of correctional practices with kids that are really an overlay of adult practices, traditional adult practices, and really a developmental, facilitative kind of therapeutic

approach with kids is that, first and foremost, it gets to the issue of, you know, we all have to have safety and control in our programs. So how do you establish control?

And you know, there is a real tendency in the traditional correctional practices to do that either through coercion or through kind of deal making. And any kind of deal making begins to give rise to inappropriate relationships, favors, et cetera. You begin to set up a culture that really is fertile ground for sexual victimization.

And to Dr. Wilkinson's question earlier, we are very strongly advocating moving away from these traditional correctional practices which create fertile ground for sexual victimization and moving toward more well-informed, age-appropriate, developmentally-appropriate practices with adolescents, and most of our system kind of drifted toward those correctional practices and needs to drift back the other way, and you will see an impact over time from that if that occurs.

That's more difficult than issuing some

standards and enforcing them. It's much more difficult.

DR. WILKINSON: Let me follow up on that again because you've emphasized it on a number of occasions, but you've used phraseology here like "healthy adult-child relationships." Kids are more vulnerable, and you had a whole section on Carl Rogers' unconditional positive regard.

MR. DECKER: Yes.

DR. WILKINSON: So it looks like you're just not interested only in what's good corrections, but what's good social science regarding how to have these kids develop and leave and go home, become adults, and integrate successfully back into society. So it looks like you're integrating lessons learned and all those kinds of things in the everyday curricula of what you do.

MR. DECKER: Absolutely. In fact, a lot of this, you know, approach really evolved to where it is today over a fairly long period of time of pulling from different resources and integrating stuff really guided by those beliefs and philosophies I talked about. I

only shared about four or five of them, but there is about 12 or 15, and that's really the lens through which we look at things, and if they fit with the philosophical kind of value-based organization and they work, then we try to weave them in.

So you're absolutely right, and ultimately you know, we're all about public safety, too, and nobody has brought that up here today, but we have been accused of coddling kids and things like that, but the reality is this is the absolute most rigorous approach to juvenile justice. These kids are busy all day on things that are productive, and it's extremely rigorous, and at the end of the day, it has been very effective at helping young people transition to law abiding and productive adulthood, which makes people safer.

So the real connection to what works to make communities safe is not that different from what works to make these young people safe either. You know, we can implement whatever kind of punitive practices we want, but if the kids go out and they're more hopeless, more angry, more aggressive, we haven't done anything

in terms of public safety or those young persons' safety.

You're getting me on my soapbox, Dr. Wilkinson, but I do have the microphone. So that's --

DR. WILKINSON: Sure.

MS. CHUNN: Let me say something about the linkages you have with other organizations. You said Child Protective Services does your investigations, and then you've got a law enforcement. Are these the same people all the time or do you have a memo of understanding with them or is it something you've just always done because it needed to be done? Explain that to me.

MR. DECKER: Dennis, why don't you take that? Can you?

MR. GRAGG: Many of the investigations are regionalized as to what part of the state the offense has been reported, and so investigators are scattered around the state as well.

As a result of the PREA standards, I think that there is some consideration for specially training people to make it a smaller group of investigators that

handle institutional-type settings because, frankly, the people who do those settings or those investigations are the same people who would investigate a home abuse situation.

And as we all acknowledge, I think, there are some unique situations that occur when that allegation occurs in an institution. That has not been implemented, but it is being considered as a result of these standards that have been created.

No, we do not have formal MOUs. MOUs could be developed, but because of our relationship with those other entities, frankly, we don't see a need to develop some of those, and there is a certain amount of reluctance to create an MOU when you don't have situations occurring. You know, if it's not going to be used, then why do we put it into place?

So I think that really by putting our effort into prevention and many of the MOUs that were recommended in the standards are part of the response, if you don't have incidents, then you don't have to have as much in the way of response systems.

MS. CHUNN: In other words, you have a long

history then with these agencies.

MR. GRAGG: We do have a long history and a very transparent system with the relationships that we have with communities and the hospitals and the law enforcement and juvenile officers, and so forth, and advocacy groups and community liaison councils.

We have people coming into our systems on an ongoing basis who are not part of our DYS system that we, frankly, could not do a lot of the work that we do without their support and their assistance.

MS. BECKER: And the Children's Division is in the same department as the Division of Youth Services. So Tim's counterparts sit in meetings with him.

So, you know, there's issues or concerns. At the regional and program level sometimes what will happen is those local children division departments will assign one person to DYS, but it has not been a formalized thing, and I agree with Dennis it might be helpful to us in that respect because there are, you know, certain things and institutions we would want them to be aware of.

MR. DECKER: Part of the challenge is that we have 32 programs. You know, we don't have a single program that's over 50 beds, and that's by design. So the idea is these small programs located close to the families where there's high levels of family involvement. So if we had like in the old days where we had two training schools, you know, you probably would eventually evolve into those kind of relationships.

I know our Children's Division, actually like probably many states, has kind of a dual track system. When they're doing an in-home investigation, for instance, they can go kind of a family-support track and look at needs of the families or they can go the investigative track, and if they go the investigative track, then law enforcement is involved by design.

But it's really their call in those investigations whether to involve law enforcement or not.

There probably is an issue, and this was probably everywhere, with getting law enforcement interested in these types of issues because sometimes

law enforcement doesn't want to touch issues that relate to what occurs in residential care. So there probably is an issue there. I can't believe that we're the only ones who would have that issue, you know, or would see the value or, you know, if you really want to eventually on the other end, in the prosecutorial side of this, you know, move toward a prosecution of staff and so forth.

That can be a difficult argument with prosecutors sometimes who sometimes view these relationships as consensual, although everything we know about child development says they're not consensual. But these are not kids that can make kinds of decisions by the relationship with an adult. They're immature. They're not ready to make those decisions. It's a total violation of the therapeutic relationship, but to get law enforcement to see it that way can be a challenge, you know.

MS. ENGLISH: Maybe I'm going to be seen sort of as the Simon Cowell of the American Idol program --

MR. DECKER: Bring it on.

MS. ENGLISH: -- at this point, but I'm glad

that you got away from your academic presentation, which I thought your statement, you could probably have used it in any presentation no matter what. It wasn't really specifically to the sexual abuse issues.

Probably what the audience doesn't know is that when you responded to our data request, it was zero: zero reports, zero incidents of staff-on-youth, youth-on-youth, zero. There were like none. There were no problems. There's no nothing.

And in the matrix that was presented to us about how the states, all five states responded, there were a whole lot of areas that there was no response, but when you talk, when all of you talk more about kind of what really does go on, there are a lot of things that do go on that would fit into what can we learn.

MR. DECKER: Sure.

MS. ENGLISH: My problem was when you say zero incidents and then zero policies (zero training that, you know, address these issues, zero collection of prior sexual abuse in the kid's history, zero, no documents about how rooms are assigned or how programs are assigned), said to me, well, you have zero

incidents and you have no policies. Then you don't need policies and everything would be perfect.

Whereas this states that we had high incidents, seem to have all of these things in place, and they have high incidents. Do you know what I mean? It was like a leap in logic.

So to me I think that maybe you could provide staff with more of the information you talked about today. You do have training about red flags. You do have information about recruitment. You do have information about how you screen staff that are doing inappropriate things. You do have people having relationships in the reentry. Well, it didn't start when they got to reentry. It started probably when they had some relationship inside.

So I was disappointed and I don't know who filled this out. I was disappointed. I thought this was incomplete, and I think if our charge is to come up with the things that the systems with low incidents, what are the things that they have in place that we can share with the field, from your state we don't have a lot.

MR. DECKER: Well, that actually surprises me because we provided quite a bit, but there is obviously some disconnect here.

MS. ENGLISH: Right.

MR. DECKER: But I hope we're filling in those gaps today.

MS. ENGLISH: But how you could have no incidents and, you know -- I don't -- I mean, how do you? I don't want you to go back into the whole program thing, but you could see why it's almost like how can that be.

MR. DECKER: Well, one thing, and this, I think, relates to the overall approach to this, which I think I would provide at least a little, just maybe a personal or maybe an agency viewpoint about, is that you definitely have made, I think, a very important connection, and we have found that Phyllis, for instance, used to work for an organization that assisted other states around the country that were trying to move to a more humane and kind of safe approach to their practices, and what she has found through that and what I have found through the people

that have asked me to come in and speak and talk and we've had about 30 states visit, you know, our programs, is that a lot of the programs are really steeped in policy, procedure, protocols, et cetera, but what we're finding is just those kind of structural interventions don't prevent this.

MS. ENGLISH: Doesn't get it, right.

MR. DECKER: And why we focus so much today on culture and stuff is that's what often most gets ignored. So even when you look at the standards, the PREA standards that have been offered, and you actually look at the questions that we were asked, a lot of them kind of pigeonholed. The questions were pigeonholed around certain structural kind of policy, procedures, roles, responsibilities, and there was a whole lot of stuff and obviously we're going to answer the question you asked in this type of context. There was a whole lot of stuff. What was more disturbing is what wasn't asked about, which really indicates a more -- we're not going to be able to solve this through a legalistic, structural framework necessarily.

MS. ENGLISH: Well, we're really focusing on

the training. We think that the red flag issue training is probably maybe the most important part of the training because, like you --

MR. DECKER: Sure.

MS. ENGLISH: And then when you gave your examples, you know, bringing a gift, being an advocate --

MR. DECKER: Right.

MS. ENGLISH: -- those are the things that we think that maybe would help the field.

MR. DECKER: Yes.

MS. ENGLISH: But, yes, I would agree.

MR. DECKER: I would agree.

MS. ENGLISH: I mean, having all the policies doesn't guarantee anything.

MR. DECKER: It might give you a false sense of comfort actually that you've addressed the issue when maybe we addressed the surface, scratched the surface but not really gotten to the core.

MS. ENGLISH: And in the program that we're talking about here that I guess is just 24 beds, and they're kind of a medium-level offender group, are any

of them sex offenders?

MR. POKORNY: Yes.

MS. ENGLISH: Okay.

MR. DECKER: The other thing you will find, and this may be a paradigm shift as well, and I will share this because our visitors that have come from the 30-some odd states are surprised by this. Okay? In our residential programs, we don't separate our sex offenders from the other youth. We view that as an issue that plays out like other issues that youth have.

MS. ENGLISH: Let me ask you this. Do you take it into consideration when you assign them to rooms or to roommates?

MR. DECKER: Well, we don't do rooms and roommates.

MS. ENGLISH: Are they all single?

MR. DECKER: All of ours, we don't have any single cells. All of ours are open dorms.

MR. POKORNY: Open dorms.

MS. ENGLISH: Oh, they're all open dorms.

MR. DECKER: With like bunk beds, and even at night the kids are watched the whole time. So we

really -- you know, there's not a lot of opportunities for youth to be involved in contact with each other.

When you look at the treatment of sex offenders and so forth, you know, they're going to have to learn how to integrate into a community environment eventually. So being in a more normalized group -- now, they do get pull-out services. They go to what we call safe groups where they get some specific services directed at their offending behavior, but they also participate in the entire group process where they're dealing with family genograms, life histories, pretty significant kind of therapeutic work about their paths which also address often their offending history.

So by not separating, we're able to do that in our system without having significant youth-on-youth sexual contact.

MS. ENGLISH: The fact that you have zero incident reports of youth-on-youth or staff-on-youth, do you call it something else maybe?

MR. DECKER: Are you speaking --

MS. ENGLISH: Do you call it inappropriate

relationships and, therefore --

MR. DECKER: Are you speaking to just --

MR. POKORNY: We're not sure what you're looking at.

MR. DECKER: I don't know what material you're referencing. Are you speaking just about Fort Belle or are you speaking of our whole system?

MS. CHUNN: No, just Fort Belle.

MR. DECKER: We don't have in front of us what you have in front of you.

MS. ENGLISH: Yeah, I know. It's Fort Belle, but what they respond to is that there were no incidents of any sort during the reporting time frame. But I thought, well, maybe you call it something else. It didn't fit into like a sexual abuse, sexual assault, sexual --

MR. DECKER: No. We just haven't had any -- we haven't had any at that program. I can't say that we haven't had any in any of our programs, but we haven't had any at that program, and as you know from Dr. Beck's presentation earlier, that even in the survey process, there were lots of things that define

terms and lots of ways to insure that kids knew what we were talking about.

So, you know, I trust that part of the survey process. So, you know, I'm confident that at least for that snapshot, you know --

MS. BECKER: And we have found in our programs that are doing the best with implementing what we think are best practices it's not unusual to have no incidence for a period of time. So --

MS. ENGLISH: Right, right. That's true.

MS. BECKER: But that doesn't mean, you know, in our programs that are not implementing our program and the way we think is the best practices we will see those kind of issues or other kind of issues that are just as inappropriate.

So for that particular program in that period of time to say they had no incidents could be very true.

MR. DECKER: But we are in no way saying that we don't have this issue as an agency.

MS. BECKER: Yeah.

MR. DECKER: Don't get us wrong there.

Everybody is struggling with this issue. It's a very dynamic, complex issue.

MS. CHUNN: Well, that's what I was saying at the beginning. At any point in time --

MS. BECKER: Right.

MS. CHUNN: -- you may be any place, but that doesn't mean tomorrow you won't be there.

MS. BECKER: Right.

MS. CHUNN: That's why you got the "what if" question.

MR. DECKER: Well, and I will tell you, and this gets at, you know, Dr. Wilkinson's question earlier, what we have seen is that -- because obviously you can have a treatment and kind of approach that you use in your programs, but when you have 32 programs, you're going to have varying quality across the spectrum of implementation.

And one thing the survey did really confirm for us is that, you know, to a certain degree, the quality of the implementation of our designed approach is related to levels of victimization. So the one program we had that we were -- I mean, we're concerned

about any incidence.

But the one we really had a concern about the rate has really struggled to implement our approach, and we were pleased that about six or eight months before that, we had mobilized a team to work with that program because they were showing lots of indicators in other areas, which is how I think this issue is connected to lots of other issues. But they were basically implementing a real poor quality, you know, implementation of our approach.

The sites that we're pulling a higher quality had little or none in terms of victimization. So even if you have an approach intact, if you don't implement it in a quality way, you're going to have incidents. Even with it, you're still -- like I talked earlier, we have that emerging dynamic of what's happening with these kids when they go back into the community and how we manage those relationships where you don't have all of the --

MS. CHUNN: Checks and balances.

MR. DECKER: -- all of the checks and balances and you're not with the kids all the time

basically. So that's a weakness in our system right now, quite frankly, is, you know, how do we kind of root that stuff out, you know.

MS. CHUNN: Yes. In your intake form, that was Document 10 in what you gave us, and your health screening form, you don't ask any questions about sexual abuse or victimization or anything like that about the history, previous history.

Have you considered doing that?

MR. DECKER: We do have, and that would probably be something for us to consider. There is another way that we address that information, and we have a risk and needs assessment tools that we use. This initial intake form is one part of the initial kind of classification. We have a risk and needs assessment process that I think does capture much of that information.

We may want to consider -- I would probably defer to Dennis on that -- whether it should be added here as well. Certainly the more you can be aware of a young person's history, you know; the other thing that complements our process is by the time youth come to us

often they have really extensive histories with the juvenile court and we get a complete social history, psychological history, medical history. You know, all of the records the court has are turned over to us when we get a kid.

So we have lots of supplemental records that the Service Coordinator is sorting through as they are making their recommendation to their team about placement needs, treatment plans, that sort of stuff. So I don't think this fully captures, but there may be a way to do it in the more seamless way and maybe revisit some. I think that's an excellent idea.

MR. GRAGG: I believe that there may be something that is done that is not a part of Exhibit 10.

MS. CHUNN: Okay.

MR. GRAGG: In that there is a narrative outline that is a social history of a young person that I believe that the piece that you're asking about is included in that outline, and I don't think that our narrative outline is included here. I'm just flipping through it, and I'm not capturing that.

MS. CHUNN: But you do see that information as being, you already said, --

MR. DECKER: We actually typically know if they have a history of abuse. Now, there are times where -- well, let me back up a minute because I think if it has been recorded we'd know. I think in a lot of our systems we have no idea the level of previous victimization of our kids, and largely because we may not have processes in place that allow kids to feel emotionally safe enough to talk about that.

We have a lot of abuse and stuff that gets disclosed in the treatment groups that's typically not from that facility. You know, if it's from that facility, it would be a mandated report, and it would be either way actually if they report something from their family. The kids know in advance if you report that. We'll have to share that, but we do nevertheless have a lot of kids as they're with us a while, and they have daily group meetings every day where, in addition to the group calls and all, they're actually having a group therapy session every day usually for an hour and a half, and a lot of stuff comes up in those facilities

that then has to be reported or has to be navigated then with families who might already be in a treatment process.

MS. BECKER: And we're trying to find better systems of how to integrate that kind of information as part of their ongoing individual treatment plan and process because sometimes what happens in those groups doesn't necessarily get to the treatment team or everybody who needs to have that information to make sure they're getting their needs met.

MR. DECKER: Because the treatment plan is developed on the front end, and then it has to be amended based on stuff that comes up.

MS. BECKER: We want to do a little better at that.

MS. CHUNN: Well, maybe my last question is about training, and this could take a while.

MR. DECKER: Get ready, fellows.

MS. CHUNN: Would you describe what the boundary training is like and describe for me how much training is provided on a routine basis to staff about prison rape elimination, how much is provided to kids

and how you're using that training as a way of holding both kids and staff accountable?

MS. BECKER: Our staff get 140 hours of training within their first year, and many of our packets in their beginning packets we really talk about the issue about what's appropriate and inappropriate treatment in a program.

So it's integrated in many of our packets, but we do have two packets that are specifically about professional boundaries for our staff. The first one they get within their three months, and in that training we talk about what are boundaries, what are professional boundaries, what does that look like.

We spend a lot of time trying to talk about, you know, the gray areas, the slippery slopes in our system.

MS. CHUNN: Do you talk about those indicators, those red flags?

MS. BECKER: Yes.

MS. CHUNN: Favoritism and those kind? Is that woven into your --

MS. BECKER: Yes, yes.

MR. DECKER: We call them slippery slopes actually.

MS. CHUNN: Oh, slippery slope training.

MS. BECKER: Yes, right, right. And the one we're developing now, so that's kind of a good foundation for our staff in their first three months to kind of understand there are boundaries around that.

When staff are hired, in their first 24 hours, they get a document which we call our DYS fundamental practices, which we tell them that this is something that you must do to be working for us. It's kind of our bottom lines.

And one of those practices is about insuring safety and making kids free from harm. In the professional boundary training, we look at boundaries. We map them. We talk about kids, staff that are over-involved, staff that are under-involved. We talk about the difference between professional, ethical, relational boundaries. We talk about it in terms of care from harmful to illegal, to inappropriate, to optimal. So they get training on that.

And then we do systems training. So we talk

about issues around hierarchy, health hierarchy, healthy relationships. What does it look like? How does it apply to a team?

With our youth, we go over with them their rights and responsibilities when they come into the program. So they're talked to about what they have a right to in our program, and then also some of their responsibilities in regard to that. They are given the grievance process form as well.

With PREA coming on, we've been in the professional development area which I'm a part of; we've been more conscious of trying to, you know, look at those training standards and make connections to that in our existing packages because we feel like we have pretty good packages, but we're being more conscious of it.

So, for example, in the new training we put in, we talk about how these are consistent with PREA and what PREA is. So we've been trying to be a little more conscious about that. We didn't want to -- and we've added some things as a result of looking at some of the recommendations or put more emphasis on it, but

we wanted to keep it integrated in our packages that we already have existing and build on that.

DR. WILKINSON: In the same paragraph, you mention where you talk about the single-service coordinator, you talk about families. Specifically, you say families and community members are regularly involved with provision of these services programs.

I've just seen so many situations, especially in juvenile facilities where if there is a GED graduation or a high school graduation, parents don't even show up for that. I mean, knowing that many of these kids come from dysfunctional families as it is, I mean, this sounds like kind of nirvana here, and it's just kind of hard to believe that it's just that easy.

So how do you get families involved? And do you do coercing of the families as you said you deal with the kids, too? How does that work?

I know it's a very important construct, but how do you make it work?

MR. DECKER: You know, it absolutely is not easy, and it's not perfect, and it's a constant challenge in many cases. I do think it starts with how

we kind of position our work with the family from the start.

Our kind of common approach with families is to try to engage them from the very, very start and to have that what I referenced earlier, that kind of expert conversation with them. So we may say to a family, you know, "You're the expert on your own child. You know them better than any of us ever will no matter how long we have them here. We have certain expertise in areas about how to bring certain services and supports to bear that might be helpful, but we'll never know them as well as you." And then we'll engage them in actually a conversation about that.

"What does your young person like to do? What have been the most significant challenges?"

So there's this real effort to kind of ask questions and listen on the front end in a non-blaming, kind of neutral way because often, you know, these families through the system, whether explicitly or implicitly, have been blamed, and they feel that responsibility, and often they have many issues they're struggling with themselves.

So the same kind of set of voice of philosophies we apply to the kids, you'll notice if you saw our whole list most of them say "people" because they also apply to the parents. So the idea is this kind of concept of, you know, treat people as if they already have kind of become what they could potentially become and then do everything you can to support them.

So that's kind of the approach from the start. Now, there's a lot of activity that goes into that. So our Service Coordinators make actual home visits and actually go on the family's turf and try to connect with them. We have very open visiting policies in terms of trying to engage the families initially in very safe kind of just visits with their child, phone calls on a very regular basis, but then build into family events.

So, you know, we try to figure out what the families kind of like to do. So getting the families engaged in some sort of picnic or something that folks will feel more comfortable coming to, meeting other families, connecting with some social networks, et cetera, that's very helpful.

There actually is formal kind of family therapy available for families who are interested in that, but all along the way there's a very relational approach focused on the family. If we discover that families have certain issues that they need help with, it's not, you know, outside of our staff's duties to actually -- so if Phyllis is a mother and I know she struggles with drug addiction, then I'm going to try to connect her with some services to support her in that way.

If I know, you know, Dad and Mom are divorced and Dad's no longer involved with the kids, I'm going to try to engage Dad somehow with the kids. I might have to go and meet him personally and get to know him on his own turf first.

So there's a real emphasis on trying to engage them, and then once the relationship is built, trying to influence change in the family so that it doesn't lead with here's our ten family expectations and here's the changes you're expected to make. They're actually engaged in the treatment planning process, first around the safe stuff, which is really

their young person, but then eventually around stuff that may be changes that they need to make, but it's based in an emotionally safe relationship that they eventually have with us.

It's a huge challenge, I have to tell you, because even with all of that, we still have disengaged families. We all have families in our systems where it's not a good idea for the youth to go back home.

Now, the idea that we don't have to deal with that relationship because that's the case is kind of faulty because sometimes you get a kid in a placement maybe at college or independent living, and you haven't resolved those issues with Mom so they're continually trying to go back and be with Mom because they're trying to get a need met that hasn't been met.

So there's no way around reconciling that, whether the family is the placement or not, but it's still very difficult, and we still have kids that aren't getting visits and all of that.

MS. BECKER: When we go, really, we go pick up families and bring them to visits. If there's a graduation, we'll go get families. We get a bus, and

we pick families up to get them. So we try to support their involvement any way we can.

All of our staff are trained in family systems theories. So they have some skills and tools to deal with the very complex, dysfunctional families that many times are a part of our system. So they can have some skills in working with that and moving the families forward, too.

Our family visits aren't just sitting around. It's all about treatment and working on, you know, we expect our families to come in and talk about their kids, what their real issues are going on and how they're doing in our program. So it's pretty structured.

MR. DECKER: So the youth may actually have something out of the treatment group that he's supposed to talk to his mom about that week.

MS. BECKER: Yes.

MR. DECKER: That he's decided is important to him, and then staff are there to support the process. So in a lot of ways through those visits you begin the structure, you know, healthy family

communication. A lot of times they haven't -- you know, in many of these families the communication is shut down, and parents are very frustrated, you know. So you're a lot of times rebuilding those connections and doing that very deliberately.

MS. BECKER: And in some systems, too, there's lots of policies that kind of keep families out. So even if staff wanted to get them involved, they can't. We had to really look at our policies around that. We'd have policies where, you know, a kid was living with a grandma, and Grandma couldn't come because our policy said it could only be a mom and dad.

We had policies that said we couldn't transport youth. So we had to get that changed. So we diverted.

DR. WILKINSON: Most of what you testified to, is that systemic? I mean, is it the whole division? I know we specifically are talking about Fort Bellefontaine, but I mean, do you go pick up family members at other institutions?

MR. POKORNY: Yes.

MR. DECKER: Go ahead.

MR. POKORNY: Yes, we do. It's regional and not just Fort Bellefontaine. Fort Bellefontaine is on a campus where there's five other residential programs. So it's like on a park, campus-type setting. It's where the Missouri and Mississippi River kind of meet. It's a beautiful campus. Deer, turkey run around.

But the families, they become allies. They really like us. You get calls and families are calling to talk about things, not complain, and you know, the group will circle up and process for the family and tell how their kid is doing, but it's systemic. We do that at Hogan Street, Hillsboro and our other programs as well.

MR. DECKER: What you're going to find in our system and any other system is, you know, absolutely we have everybody on the same page in terms of philosophical approach, practices. You are going to find varying levels of quality of implementation, and so we focus on that constantly because we really believe if we implement this approach in an effective way that it's going to help. It's going to address a whole host of issues, you know, sexual victimization

and many others. So our focus is always on quality implementation and then really looking at the outcomes and are the outcomes actually improving.

You mentioned graduations, and I know this is totally divorced from, you know, sexual victimization, but I'll just share one with you. In 1989, we graduated statewide 25 kids, either high school diploma or GED. Last year we graduated 385, and there's nothing -- well, you talk about family involvement. We have three, two next week and one the week after next because June is a big graduation season.

Every region has a regional graduation, and the parents do come to it, and one of my favorite things to do is to sit up -- I always get to sit up front. You know, they always want me to do something, welcome or whatever -- is sit up front and watch the parents' faces as their kids are graduating from high school because they had virtually all given up on that day coming, and when they do, there's tears in their eyes. There's pride in their faces, and you know if you're doing something good that's going to help their kid and, therefore, help their family, you know,

they're all about supporting you.

So these approaches do get good outcomes, too, and we should never forget that, you know, give up on the outcomes at the expense of addressing a specific problem.

MS. ENGLISH: As part of the treatment, the treatment menu or program, do you involve victim awareness kinds of programs where you really do not address your own victimization but how you've hurt other people?

MR. DECKER: Yeah. You know --

MS. ENGLISH: Is that a formal thing or not?

MR. DECKER: Well, at its best it's integrated as part of the treatment process. So most of our programs have kind of a level system that kids work their way through, and it's not a level system based on like behavior or earned points or whatever. It's a level system that's based on the actual treatment process. So you begin an orientation phase. Then you go in self-discovery where you do your genogram and all of that kind of work. Then you go into integration and then into transition.

And in most cases in the transition process and sometimes before, there's actually attention to repairing harm. There's also formalized things we do certainly around victims' rights and that type of awareness.

The thing that we're always dealing with with our kids is that they're operating kind of in two worlds because most of the kids we work with have been victimized, and they've also caused harm. So we find that when we engage them in actual victim empathy, restorative justice types of programs, that it becomes a very powerful emotional experience for them because they're kind of resolving things on a couple levels. You know, they're trying to take care of something that may be some harm that they caused, but they're also feeling kind of empowered over the harm that's been done to them.

So you know, I wish it was integrated even more effectively than it is now, but it certainly is a big part of the program, and I think at its best, my view, personal view, is it should be individualized to each kid and what it means to both repair harm as well

as have them move from kind of offender to contributor, you know, in their communities. That's the key thing we're trying to navigate with kids.

MS. BECKER: The other, we do have a yearly thing. Each of the regions do something around Victims Rights Week and various activities and --

MR. DECKER: Like the Odysseys and stuff.

MS. BECKER: Yeah, and a couple of our regions were contracting with mediators in the communities so we can do some more work with victims and our kids. That's much more on a deeper level, more meaningful.

MR. DECKER: Yes.

DR. WILKINSON: Well, we're getting close to closing time for the session, but I'm going to in a moment ask the panelists to give some final thoughts, but before we do that, Director, would you mind maybe making a couple minutes kind of a closing statement for us?

MR. DECKER: Yes. First off, I would just like to thank the Panel. I know it started as me reading a prepared statement, and that is absolutely

not my favorite thing to do. In fact, it's one of my least favorite things to do, but I think it was important to get the information on record so it can be considered as further deliberations occur around this issue.

But it evolved into much more of a dialogue, and I think this has been a helpful dialogue. We rarely participate in these sorts of things where we don't come away, and I'll guarantee you on our way walking back to the hotel and traveling we'll be talking about what connections were made for us, how our system can be improved even further, et cetera.

So we hope you've gotten something from the dialogue. We certainly have drawn a great deal from it as well, and it will feed into our further conversations about the issue.

I think lastly I just want to finish how I started and just reinforcing that we have got to place additional emphasis on prevention, and we've got to place additional emphasis on organizational culture, and if we're really going to attack this issue in a big way, we're going to have to transform many of our

practices within our treatment and education of juvenile offenders in this country.

If we fall short of that, I think we're going to fall short of addressing this issue and a whole host of issues. So I think you know where we stand on that, and we appreciate you being such good listeners and asking such great questions.

DR. WILKINSON: Sharon.

MS. ENGLISH: Hopefully somebody can go back and kind of fill in the blanks for us on what's missing.

MR. DECKER: Yeah, we got a disconnect there somewhere.

MS. ENGLISH: And you can just deal with the staff about that.

MR. DECKER: Sure.

MS. ENGLISH: And then they'll send us the update box.

DR. WILKINSON: Thanks, Sharon.

MR. DECKER: She wants another box.

DR. WILKINSON: Gwen.

MS. CHUNN: I'm very proud of the work you've

done. It's difficult for people to believe sometimes that it really can work. We spend a lot of time dreaming about what a good system would be like, but when we get one, sometimes we're not sure it's real, and it's very good to see one that has stood the test of time.

I believe that a good philosophy is very important because you can have all of the plans in the world, but if you don't have some notion, some vision about what it is you're trying to do, that makes it so much harder, particularly with people coming and going, staff and kids, community people, governors, you know, whatever, coming and going, judges. How could I forget judges and juries and stuff?

MR. DECKER: Right, absolutely.

MS. CHUNN: All the time, and so it's great to have somebody who has taken it seriously to heart, and it doesn't matter whether you're doing PREA or blood-borne pathogens or whatever. When people understand that the bottom line is the quality of care that we provide and the safety and security of kids, I think we're ahead of the game.

So I congratulate you again on your work.

MR. DECKER: Thank you.

DR. WILKINSON: I'm kind of a contemporary of Mark Steward. So I mean, I've heard about the agency for a long, long time, and I know that he left it in good hands when he retired from the division.

But it only takes, you know, one critical incident sometimes to drag you down. So I appreciate your comment about prevention. I think we can never let our guard down when it comes to this topic. Sexual victimization is the worst kind of victimization that can happen either on the street or inside an institution. I think for good reason the PREA standards are going to be promulgated and these hearings are going to take place, and as much as we can learn from the importance of what we're trying to achieve, in the short and long runs, I think the better off we all will be.

So don't go too far into the academic, but think some of the practical part as well, but I agree with Gwen. We're very proud of the work you do and keep it up, and thank you for journeying to the

nation's Capital to provide testimony to the PREA Panel.

MR. DECKER: You're very welcome.

DR. WILKINSON: Thank you.

Okay. We're hereby adjourned -- okay. I'm sorry?

MR. MAZZA: I just wanted to tell our visitors if they are looking for lunch places that there is in the lobby of this building, there is a deli. There's also a Quiznos also in this building, but you have to go around the corner. As you exit from the front, you would go to the left, and there are lots of eating places all on H Street.

So between I, anything south of I and as far as Seventh Street, all on Seventh Street south of I you will see lots of your familiar restaurants there, for people who are looking for lunch.

DR. WILKINSON: Okay. We will re-adjourn at 1:30.

MS. CHUNN: Reconvene.

DR. WILKINSON: I'm sorry?

MS. CHUNN: Reconvene.

DR. WILKINSON: Reconvene. I'm sorry. At 1:30 with Rhode Island.

(Whereupon, at 12:31 p.m., a lunch recess was taken.)

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A F T E R N O O N S E S S I O N

(1:30 p.m.)

DR. WILKINSON: I think we can get started.

Director Martinez, thank you very much for being here along with your staff.

Before we go on the record, I just want to let you know that, you know, the PREA Panelists have all visited a facility, but not the two with the lowest incidences of sexual assault, but we want to follow up by maybe making a visit. So we'll be in touch with you if that's okay.

MS. MARTINEZ: Wonderful, welcome.

DR. WILKINSON: And we're going to do the same thing with Missouri. So we'll be in touch with you, and it will probably be me who will come to Rhode Island. So we'll follow up with you on that.

We think we need to do that with the facilities that are on the other end of the list as well. So thank you very much, and we'll keep you posted about that.

MS. MARTINEZ: We would very much welcome that opportunity.

DR. WILKINSON: Okay. We will be in touch with you to schedule something.

MS. MARTINEZ: Kevin will give you his card.

DR. WILKINSON: Okay.

MS. ENGLISH: I don't think her mic is on.

DR. WILKINSON: Okay. Maybe push the button to see if it's on. Do you want to test it?

MS. MARTINEZ: It's on? No?

DR. WILKINSON: Okay. So we're probably good.

MS. MARTINEZ: I guess I'll just --

DR. WILKINSON: Okay. You're good now.

MS. MARTINEZ: -- move closer.

DR. WILKINSON: Okay. All right. I need to swear you in. If you'd raise your right hand that would be okay.

Whereupon,

PATRICIA MARTINEZ, KEVIN AUCOIN,

AND STEPHANIE FOGLI-TERRY

were called as witnesses and, having been first duly sworn, were examined and testified as follows:

DR. WILKINSON: Thank you.

Director, you can put your hand down. We will take your opening testimony now --

MS. MARTINEZ: Perfect.

DR. WILKINSON: -- if that's okay.

MS. MARTINEZ: Thank you.

First, let me take this opportunity to thank each one of you members of the Panel for allowing our staff from the Rhode Island Department of Children, Youth and Families to have the opportunity to be part of this hearing.

We are really honored to be able to hopefully contribute to this worthy process of the Prison Rape Elimination Act. We hope that our testimony, some of the things that we will share with you this afternoon, plus the information we have submitted to you, will really help all of us enhance the systems and part of the mission that this particular Panel has.

As I mentioned, my name is Patricia Martinez, the Director of the Rhode Island Department of Children, Youth and Families. Joining me this afternoon is Stephanie Terry, our Associate Director

for Child Welfare; Mr. Kevin Aucoin, our Superintendent of the Training School.

Unfortunately, and you may have seen documents signed by Dr. Charles Golembeske, who's not here with us today due to a medical leave. So hopefully as you come to visit, you will get to meet Dr. Golembeske.

Let me give you an overall view of the Rhode Island Department of Children, Youth and Families. We are a unified agency responsible for child welfare, child protection, behavioral health, juvenile probation, parole, detention, and secure corrections.

Like the mission of the Panel, DCYF has a very zero tolerance policy towards any type of abuse, including sexual abuse, and as such, our investigations of child abuse includes sexual abuse and institutional abuse, which are conducted by our Child Protection Services, and Stephanie Terry will talk more about those specifics and the practices that we have put in place in terms of our investigation processes.

The Child Protective Services also has a complete separate chain of command in terms of the

investigations.

The Training School, let me give you an overview of what we have in Rhode Island Training School. Some of the programs that we have, and Mr. Kevin Aucoin will give you more details of some of the programs that are run, but overall, prior to January of '09, the Rhode Island Training School housed both males and females in a total of eight different individual units, which included a detention center, maximum security, a specialized unit, substance abuse unit, and four general populations for a total capacity of 205 residents.

Today we are proud to say that the Training School has moved to three smaller facilities, to state-of-the-art facilities for our male population that includes a youth assessment center for youth who are detailed, and a total population of 52 residents in that particular unit, facility, and a Youth Development Center for all of our adjudicated males for a total of 96 residents.

The third facility is for our female population, which has a maximum capacity of 24 beds,

and it houses both detailed and adjudicated females.

The Youth Development Center, which is for our adjudicated population, it's made up or composed of specific programs. One is the specialized treatment program, and again, as I mentioned before, Kevin can talk to us a little bit more about some of the programming that goes on in these particular facilities.

But two distinct populations are housed in the specialized treatment program. One is for those youth whose needs are reflected in aggressive behavior. The other population is for adjudicated sex offenders or youth with a history of sex-offending behavior. The other unit, it's our substance abuse program, and again, this is for those youth who are determined that their substance abuse needs are high enough to require residential level of care.

Our general population houses the residents with the longest sentences and then our transitional program.

In addition, the female facility, as I mentioned before, houses both the adjudicated and

detailed population. Within the facility, females receive the same equal educational, clinical, and medical programs that the male population receives.

The staffing of the Training School is made of a superintendent, two deputy administrators, unit, and managers in charge of every single unit and clinical social workers. Our juvenile program workers are what you would call our custody and control staff members.

In addition to that, our school has a full complement of any regular educational program, that is, full-time principal, vice principal, guidance counselor, psychologist, a school social worker, as well as all the academy teachers.

In addition, we have five registered nurses on premises, three in the first shift, seven to three, and two in the second shift, from three to 11, and our medical and psychiatric services are provided through a private vendor, which is the Life Span hospital system.

In addition to the staff that I just outlined, one of the things that I think we're proud of, it's the training academy that we offer our

juvenile program workers, or our custody and control staff members. Before every staff person is hired, they are required to successfully complete six weeks, a total of 40 hours per week of training, and as I said, they have to successfully complete this training before they're even hired.

The academy covers, as you can imagine, in a six-week period a wide range of topics, but specifically due to the dangers of this Panel, the academy talks about overstraining related to the Rhode Island laws in terms of abuse, reported abuse, and a special emphasis on the implications for the staff and residents of the Training School. It covers issues related to abuse of residents, the investigation process, and again, Stephanie will walk us through that, as well as all the different treatment programs and issues of concern related to behaviors that youths who are residents may have shown while at the Training School.

In addition to training the staff through this six-week period, the Department of Children, Youth and Families has a partnership with the Rhode Island

College's School of Social Work through the Child Welfare Institute. The Child Welfare Institute is the training arm of the department, and as such, it provides ongoing in-service training for every staff member of the department, including the staff members of the Training School.

Every week you may have training sessions that may cover substance abuse, domestic violence, interviewing skills, confidentiality, and the like.

Our clinical staff are all professionals within their own respective disciplines, and as such, are required to have ongoing CEUs, continuing education units, to maintain the status of their licenses.

The other piece that I think is key for the Rhode Island Training School is the assessments that take place. One is an assessment on safety and risk that is done within 48 to 72 hours of a youth being admitted to the Training School in the detention facility. We use the MAYSI, the Massachusetts Youth Screening Inventory, to determine the safety and risk behaviors of the youth coming in.

Once the youth is adjudicated, again, another

assessment begins, the global assessment instrument. It's done to determine the treatment plan that the youth is going to have throughout his or her stay at the Training School.

I think one of the things that as we move in terms of the systemic changes that we have undertaken, it's also our mission to do transitioning from day one, from the day that that youth comes into the Training School. We have created a very clear vision that when that youth is adjudicated, while he or she is with us, we also have a responsibility to be working with the families so that they are ready and prepared when that youth is discharged and hopefully successfully become a very successful citizen of the state.

As I said before, I would like to turn it over to Stephanie and then Kevin. I really would like to thank you for the opportunity. I think if I could just close by saying that part of our work has been in terms of giving a very clear message to all the staff members from the leadership of the Training School in terms of setting a tone of respect, safety, and rehabilitation, the fact that we have access to

immediate investigator, the fact that the youth have access to a number of caring adults whether it is their custody and control, whether it is a social worker who actually their office is within the housing area, educational staff and clinical staffing as well as administrators.

That type of access I think has been key to the safety of the kids as well as our constant message that we will not tolerate anything but the best and the most respecting programming for our kids.

So let me stop there. Thank you for the opportunity and turn it over to Stephanie. If that's your wish --

DR. WILKINSON: No, go right ahead.

MS. MARTINEZ: -- walk us through the investigation process that we have in Rhode Island and specifically as it relates to the Training School.

Thank you.

MS. FOGLI-TERRY: Thank you.

Good afternoon. I am Associate Director of Child Welfare. In Rhode Island all of our populations of youth served come under the Rhode Island Department

of Children, Youth and Families. So Child Protective Services, social work services, interstate compact, juvenile probation, juvenile corrections, youth with serious mental health issues are all within the same, as well as prevention services; all come under DCYF, as in some states those populations are divided into other departments.

So for us that's a positive because we're all working under one system. However, the chain of command is different between juvenile corrections and juvenile and child welfare. While the populations overlap, we have separate functions and separate requirements and, again, a separate chain of command.

So part of what I oversee is Child Protective Services, Child Investigations, and our qual. floor. So under our statute everyone in Rhode Island is a mandated reporter, including our own staff. Some states it's just positions, teachers. In Rhode Island it's everyone, including ourselves.

So when we go into the Training School, Child Protective Services conducts specific training on Child Protective Services, investigations, mandated

reporting, and the process. And we're very clear from the beginning that staff can not only be held liable for inflicting maltreatment on a child, but also for failing to protect. So the statute reads "inflicted or allowed to be inflicted harm or risk of harm to a child." So they are also at fault for failing to report and failing to act.

That training is done by either myself or the Chief Investigator, who is also a former police chief, former Chief at the Attorney General's Office as well. So he has a very extensive law enforcement background. I have a social work background. So it's a little bit of both, and it's a nice mix when we go in doing the presentation.

We have a 24-hour child abuse hotline staffed seven days a week by child protective investigators. Youth are made aware, and Superintendent Aucoin will elaborate on that, that upon entering the Training School, that they have the right to make the call to a hotline if they feel that they've been maltreated or at risk of being maltreated. And that hotline is answered by investigators who look at the criteria and apply the

criteria.

We have a lot that was given to you in terms of all of our criteria. I'm going to stick to what's relevant for the institutional investigations.

So the Training School comes under institutional investigations because we also regulate placements, foster homes, and day cares, any licensed facility. So in Rhode Island we would investigate an individual who's defined under the law as a caretaker, which would be parent, biological parent, adoptive parent, foster parent, legal guardian, employee of a licensed facility which would include the Training School or household member. So for the purpose of this testimony, we're going to be referring to the institutional investigations, which would be the employee.

The child must be under the age of 18 or to 21 if under DCYF jurisdiction and custody. We don't have many over 18 still in our Training School, but we do have over 18 who may be on probation or open to child welfare.

So a report comes to the hotline and the

criteria is applied -- harm, an incident of harm or risk of harm, but there's a separate -- which would include physical abuse and sexual abuse, but there's a separate criteria that stands alone specific to sexual abuse, which involves child-on-child sexual assault. So there doesn't need to be a caretaker role involved. So you could make the -- it's possible that a caretaker may not be aware if this were not a residential facility that a child had assaulted another child. However, when we're looking at a residential facility it's different because they're supposed to be within eyesight at all times and are supposed to be protecting and be aware of what's going on.

So there are times when we may go out and investigate it as both, as a failure to supervise, failure to protect, as well as a child-on-child sexual assault.

All of our investigators have been trained on the institutional investigative process. However, we have two primary investigators, and the Chief Inspector assigned to these cases. We would only use a different investigator if one of those three people were not

immediately available because we like to keep it consistent with the same people going out there.

Upon acceptance of a child protective report that meets criteria for investigation, the child advocate of Rhode Island is notified automatically through our SACRA system, which they're also attached to. So they receive notification of investigation. If it's after hours, which would be after our regular -- we have four investigative shifts. So if it were, say, at midnight on the last shift and a determination is made that the child needs to be seen and one of the regular inspectors isn't available, either the Chief or another investigator would immediately respond to see the child and gain some preliminary information, and then go from there before the inspectors are in the morning. If need be, the child advocate has responded with one of their investigators with us as well.

We're mandated to notify police of all substantiated investigations. It's not unusual that if it appears serious enough that we will notify police immediately as we get into the investigative process if

there's also a crime being committed, which would be the case in a sexual assault, if it appears that we're going to have a preponderance of evidence.

Our evidentiary standard is a preponderance of evidence. So it's more likely, given the facts that it took place than it didn't. By statute on a sexual abuse or physical abuse, we're required to have a child examined.

We have a multi-disciplinary team that meets every Friday and reviews all of our significant cases, substantiated cases. We have specific doctors, pediatricians through Hasbro Children's Hospital, which is a large hospital in Rhode Island and receives patients from the East coast.

The team is specific to diagnosis of child maltreatment, child injury and child sexual abuse. We have 24 hours access to the doctors who are assigned to us associated with the Hasbro Child Safe clinic.

We also run a separate program for abuse/neglect child welfare cases, which eliminates the need for children to be sitting in the emergency room if they need to be examined by statute. That's the

PANDA Clinic, Pediatric Abuse, Neglect, Diagnostic Assessment Clinic, which is less traumatic for kids. It's much smoother to go through. We're not having kids interviewed and re-interviewed.

For victims of sexual assault, we have the Child Advocacy Center so children can be interviewed behind the mirror and law enforcement and the Attorney General present so that interviews don't have to take place again. We've done that at times.

There's an age cutoff, but there's also consideration to developmental issues and psychiatric issues which may warrant the interview having to be done that way.

All of our investigators are also trained in interrogation. While we would never interrogate a youth, we would certainly, if appropriate and need be, interrogate an adult suspected of maltreatment of a child.

All reports are discussed and reviewed. The superintendent is made aware of the reports, and he'll talk more about what we do with staff while the ongoing investigation takes place, and again, there is an

overlap. Some of these children, some of these youth are also open to child welfare services and have other connections within the department.

Unsubstantiated cases are kept on file for three years, and then expunged. Substantiated cases of any type of maltreatment are kept on file. There is a right to appeal, that a person who has been substantiated is notified of during the course of the investigation. They are notified verbally and by mail that a substantiated report against them, a finding has been made.

If it is expunged, if they win appeal and it's overturned, then it's expunged immediately. If not, they can appeal to the Rhode Island Family Court. Usually they're resolved at the lower level.

We don't have a significant number of overturned investigations. There are some reports that come to the hotline that don't meet criteria for an investigation, there's referral in this packet to an early warning. It has actually been revised to an information referral report, and some of those may be regulatory issues that don't rise to the level of

maltreatment, but certainly are something we may want to address, and those are referred to the superintendent or if it's not, the Training School to the facility director.

All employees are cleared. All employees of DCYF require to be cleared. There's some clearance information in your packet. We, during the course of investigation, we also have the capacity to do triple I only for investigative purposes. So if we suspect that someone, after having been fingerprinted, may have been in another state and come back, for example, with no interruption in employment, we have the ability to run a multi-state clearance to see if there's other information that we need.

Clearances are done within our SACRA system, even going back to the paper records before we were online. The records and clearance has also come under Child Protective Services.

We have a very close working relationship with law enforcement. We always have, but it's more enhanced by the fact that the chief investigator is a former Chief of Police. So we've been able to gain

information and share information with them during the course of investigation that's been very helpful, particularly less intimidating to the youth being interviewed when it's our investigators doing those interviews as opposed to bringing law enforcement in immediately, and having the child advocate there also has been helpful.

So I'll fill in as we go along.

MR. AUCOIN: If I may, my name is Kevin Aucoin. I'm the Acting Superintendent of the Training School. I'm honored to be here today to be able to share some of the programming that we've done at the Training School and sharing some of the successes and challenges that we continue to face.

Just by way of a little background, I've served as the Acting Superintendent since December of 2008. Prior to that I served as General Counsel to DCYF from 1991 to 2008, and served as agency counsel from 1983 to 1991.

The reason why I'm mentioning that is I bring a number of disciplines into this role. In serving as agency counsel and as General Counsel, I had dealings

both on the child welfare cases and also on juvenile justice cases in representing the agency. I think that is one of the distinct benefits that we have in that we're a unified agency and that we bring services both on the child welfare end, children's behavioral health, as well as juvenile justice because the real focus, as Director Martinez has indicated, is that we are about community development.

We are about transitional planning. Our goal is to decrease the length of time youth have to spend in institutional care, and I think that culture has very much helped us and achieved some of the results that you have before you today.

Director Martinez did an excellent job in going through the outline of the Training School. We've had a number of dramatic changes over the last 12 months, and you've seen that in some of the documentation. We are a unified program. Rhode Island has the benefit of being very small. It also has the benefit of having one state program. We obviously don't have a county-based system. As a result, all of the correctional programming is located on one site.

Prior to January of 2009, we operated in one facility, but had eight individual units, as Director Martinez indicated, eight individual structures. That obviously presented many programming challenges for us, staffing challenges, and quite frankly, safety challenges.

Director Martinez indicated that we divided the units up into treatment programs. There was a detention unit, specialized treatment unit, and a substance abuse unit.

Part of my presentation, I want to focus on the type of programming that we provide because I really think that is one of the reasons why we're here today.

Since the 1970s, the Rhode Island Training School has been under a federal court consent decree, and the consent decree unfortunately is still a living document today. In my prior role, I dealt with those challenges repeatedly from the 1990s through the present time. I am pleased to say as we sit here today that we're looking at closing out the term of the federal court consent decree, and a large part of that

is by the work of the folks here today, as well as the work of the Training School, in bringing exciting new programming and opportunities for youth and also being able to effect changes in terms of our population control.

One of the elements of the consent decree though -- and I don't think we actually included it in our packet and I can supplement it afterward and provide you an electronic copy -- is that it's very program focused. It starts with the premise that every youth is entitled and is required to have an individual treatment plan, every adjudicated youth, and at treatment team meetings held within 30 days of adjudication, and that once you develop the individual treatment plan, that plan is reviewed bimonthly and incorporates transitional planning.

As Director Martinez has indicated, we've actually gone beyond what's codified in the consent decree by adopting a culture that transition planning begins on day one when the youth enters the facility, and that includes youth even in detention.

If we have a youth in detention, we're

looking at that youth right away to determine if that youth could be better served in an alternative type of program, and that alternative-type program can include placing youth at home with services. We believe that is the first threshold that we have to consider in determining the type of programming that is suitable and safe for the youth.

In terms of the focus in programming, prior to 2009, as we indicated, there were separate individual units. One of the units in 2009 was a specialized treatment unit, and that houses, as Director Martinez indicated, both your sexual offender population and your mental health population.

Prior to 2009, however, that was actually a sexual offender unit, and as a sexual offender unit, it provided direct programming for youth who are adjudicated on sexual offenses. A decision was made as we began to look at moving into a new facility to combine the sexual offender unit with youth who are identified as having high-end mental health needs and move those two populations into the same unit, and the thought was that we would be able to integrate the

programming that was already available in the specialized treatment unit and be able to create two program models that would best serve those youth.

And I think part of the packet that you received was the curriculum that had been developed, and it is currently in place, that services both the sexual offender population and the mental health population. That curricula is very intensive and includes both individual counseling for all youth in that program, milieu group therapy, a milieu unit therapy or meetings, as well as family therapy. And that happens, and I think it's all laid out in the material.

The groups occur twice a week. The community milieu meetings occur five to six times a week. The individual therapy occurs three to four times a month. So it's almost on a weekly basis, and then there's family therapy for each individual youth. That is an intense high-end type of programming that's available to the youth in that unit.

I think the combination of moving the sexual offender unit into the same unit and now calling it a

specialized treatment unit for youth who have high-end mental health needs has done two things. It has allowed us to deal and, if you will, isolate our very vulnerable population and deal with them in a very unique way, and it has protected them, if you will, from the general population.

Another thing it has done is allowed us to focus our resources on the youth that need it the most, and those youth are afforded individual counseling, the family counseling, the group counseling, as well as have access to a Training School social worker and a Training School cottage manager, who also is a clinical or has clinical background as well.

That has done an amazing job in terms of protecting that population and also allowing that population to receive the services they most need. Our biggest challenge in that unit now is to try to apply the culture of moving those youth into the community in a safe but timely manner, and that's a challenge that we have historically faced at the Training School.

My feeling is the longer youth stays in institutional care, the worse off the outcome is going

to be for that youth, both in-house and out of the facility. So that's one of our challenges and we continue to strive to shorten the time frame for the youth in the facility.

Another change we've undergone in the last two years, and Stephanie made reference to it, is the age of our population. Right now the average age of the Training School population is just under 17 years of age. That has resulted from twofold.

First of all, there was a change in the law about four of five years ago, state law, which now changed the age of jurisdiction for the Rhode Island family court from 21 to 19, and that applies for the juvenile justice population. As a result of that change, the number of youth in the facility who are age 19 and 20 has drastically reduced. We still have very few 19 and 20 year olds, but by attrition as they leave, youth are no longer able to be sentenced to their 21st birthday.

Number one, it has shortened the length of sentences that youth receive. It has given us more flexibility to be able to move youth into the community

in a safe but timely manner. So that has had a major impact in terms of population age and length of sentencing and time in the facility.

The other comment I'd like to make is that we also have a substance abuse treatment program, and that program in essence runs as a residential treatment facility. There are up to 24 boys in that program, and they receive individual and group counseling.

In addition to those, the youth in that program, we also have the general population transition unit, and they also receive substance abuse treatment, both AA and in group and any individual counseling that may be needed to address their needs.

Another component, as Stephanie mentioned, is that we have a strong investigative process. All youth that come into the facility, when they come into the Youth Development Center as adjudicated youth, they meet with the manager. They meet with the unit social worker, and they make sure that they're given rules and each unit has these different set of handouts they give to the youth, and quite frankly, that's one of the challenges that I need to change because I think we

need to be able to communicate with consistency.

And although some rules need to change because of the type of programming that's available in a particular unit, there are certain sets of rules that I think should be standardized throughout.

But one rule that is received, message received in all units, is the need to have zero tolerance for abuse and neglect, and that youth are encouraged to meet with the manager, meet with the social worker, and if any issues arise during their stay, to let them know what's going on. A youth at the Training School -- we have zero tolerance for abuse and neglect, and youth at the Training School is advised right away that they have the right to call the child abuse hotline, and they have the right to request administrative management or line staff to call the child abuse hotline.

They also have access to nurses, doctors, clinicians, therapists, and they can confide in any of those folks about conditions at the facility, and those folks, as Stephanie mentioned, we're in a mandatory reporting state, and all individuals who have knowledge

or reason to believe that a child has been abused and neglected has a duty to report that to the child abuse hotline.

In addition, we work very closely with the child advocate's office. The child advocate's office in Rhode Island serves as an ombudsman for all youth who are in the care of DCYF. That's both the child welfare population as well as the juvenile justice population. Historically the child advocate has actually even had an office inside the old Training School. At the present time we're looking to get that office in our new facility as we try to realign office space.

But one thing that is consistent with the child advocate's office is they've unrestricted access to all youth in the facility. They have unrestricted electronic access to all information in the training school and DCYF information system. They can basically go in there any time, morning, noon, and night, without permission and be able to interview a youth or just observe operations at a facility.

I think that instills a culture of confidence

and instills a culture of deterrence and a culture of safety within the facility when you had that type of access to the program. We work closely with the child advocate. If there is an investigation, they are obligated by law to conduct their own independent investigation, but we do work closely with them to monitor the results of any investigative process that is initiated either by their office and/or by the Child Protective Office.

Stephanie made reference when we do get an investigation in child abuse and neglect, I'm immediately notified. If I'm unavailable, one of the deputies would be notified, and what we would do is we'd immediately assess the risk to the youth. There's an immediate, usually within the shift, there's an immediate interview of the youth to determine what the nature of the allegations are. In most instances the staff will be reassigned out of the unit, and pending the outcome of the investigation.

If it's a serious incident of abuse, physical, sexual abuse, the staff are usually placed on administrative leave pending the outcome of the

investigation. Obviously, you're not going to let a staff person continue to work where there's an imminent and immediate threat to the safety of any youth at the Training School.

So we're very aggressive in both the investigative piece. We're aggressive in our response piece. As I sit here today, I can feel pretty confident in knowing that the facility is operating in a very safe manner. We've been very fortunate, I think, over the last two years not to have any serious incidents of abuse and neglect. That doesn't mean it won't happen. I think we are well equipped and well prepared to address it when it does happen.

The last piece I just want to bring up in my opening statement is that the department moved forward in January of 2009 -- Director Martinez referenced this -- with opening of two new state-of-the-art programs, a Youth Assessment Center, which houses 52 youth. The Assessment Center houses both youth who are pending adjudication, detention status, and newly adjudicated youth.

What we do is any youth who is newly

adjudicated will go through an assessment phase so we can look at the youth after adjudication and make two determinations. First, even though the youth may be sentenced to a period at the Training School, is it really appropriate that the youth serve the sentence at the Training School?

Nine times out of ten the answer is usually yes because we also have to face the realization that a family court judge, notwithstanding our best assessment, has already determined that the youth needs to be at the Training School.

But in the rare instance that we think we can present a viable alternative, we need to be ready to go into court and make that determination or at least make that argument to the court.

The other thing we do is we assess what would be the appropriate placement for this youth in the Youth Development Center. This is for males now, and as I mentioned, we have this specialized treatment unit. We have a substance abuse unit. We have a general population unit, and we have a transition unit. Well, obviously, if you have a youth that meets the

criteria for the specialized treatment unit, we need to make that assessment and make sure it's a good match to move that youth over to the specialized treatment unit. The same thing with the substance abuse unit.

Then you have your general population unit, and if a youth has a sentence of, let's say, less than three months, that youth would certainly, unless he meets the criteria for either substance abuse or specialized treatment, which I doubt he would with only a three-month sentence; we would look at putting that youth into the transitional unit.

The thing that these state-of-the-art program has done for us is that it has changed from a facility with eight buildings now to a facility with three. You have the Youth Assessment Center, which has the capacity of 52 beds. The other thing is it has much better sight lines. It's a wide-open facility. I think when you come to tour it, I'd love to be able to show you how the structure of these units is set up.

The dorm area and the residential areas are right integrated together. You have a day room area and right off to the two sides, you have dorms. Very

direct sight lines. It's almost impossible that a youth would be out of sight, except for when they're in their rooms, and then we have protocol about doing room checks when youth are in their rooms.

The other thing that this facility does for us is we have video surveillance, and at least in the two new boys programs, there's 24-7 video surveillance with a backup. So obviously management, administrators have the ability to observe what is happening in the unit any time during the day, night, or be able to go back and access videotape if we need to.

That videotape surveillance is very important. It's there. The staff know it's there, and most importantly the residents know it's there, and the residents are very attuned to the fact that they're constantly under surveillance, and I think that has had, at least since 2009, a very strong deterrent in terms of conduct, both residents and, quite frankly, of staff.

The Youth Development Center, when you see it, it's structured almost the same way as the Youth Assessment Center. It's a little bigger. It's 96

beds. It's broken up into four units that I mentioned. Each one has a capacity of 24 beds.

Amazingly, we have gone from when this was first submitted I noticed we had -- I think we reported a census, 160. This was submitted, I think, in 2009. When I go back and look at my population charts back in 2006, 2007, we had upwards of over 200 residents at the Training School. Today as I come before you today, we're at 146.

So the results have been staggering. The ability to integrate into the community has shortened the length of time that you would stay in the program. It has communicated a culture both inside and outside the Training School that we will work together. We will work with the family. We will work with community providers to insure for the safety of youth both in the facility and outside the facility.

At this point I'll defer it to the committee for specific questions.

DR. WILKINSON: With your thorough testimonies, it saved us asking you a lot of questions. So you answered a lot of the questions that I'm sure

all of us had. But that's not going to stop us.

MS. ENGLISH: We'll go to page 2.

DR. WILKINSON: So the Training School has a capacity of 176 or over 200? Your testimony said 172.

MR. AUCOIN: Well, currently we have a capacity of 172, and that's on the premise that we had --

DR. WILKINSON: You took some beds off line then or --

MR. AUCOIN: Well, what happened is when we went from the old facility to the new one, we, quite frankly, downsized. There was a state law that actually caps the Training School population at 160 The only reason we're at 172 right now is we had the females housed in a facility that has the capacity of 24. We're ultimately looking to identify a different facility for the females and look at downsize, quite frankly, the number of beds for females.

DR. WILKINSON: Okay.

MR. AUCOIN: You know, my thing is if you have the beds they will come. If we are able to successfully meet our statutory mandate of being able

to cap the female population at 12, if we had that today, 20 females this morning, then that 146 number I gave you would actually be 138.

Our boys, we have done a great job in holding the line on the boys. Just in detention this morning we had 32 out of the 52 beds filled, and that's where we had to really do the job. We have to look at alternatives to confinement. We have to look at alternatives to detention.

Director Martinez, I'm sure, is going to talk about the Casey Initiative that's been initiated in Rhode Island, looking at alternatives to detention. If we keep the kids away from the front door and away from inappropriate institutionalization, that's going to assure better outcomes not only for us, but for the system and for the state.

MS. CHUNN: I have a follow-up question to that. Is this mic on? Yeah.

DR. WILKINSON: Yeah.

MS. CHUNN: I have a follow-up question to that. When you moved to the new facility and you took the sex offenders and the mental health kids; is that

right?

MR. AUCOIN: Yes.

MS. CHUNN: What was the range of the types of kids in the mental health unit?

MR. AUCOIN: Well, actually --

MS. CHUNN: Were they basically conduct disorder or was it much more than that?

MR. AUCOIN: It was much more involved. I have two backgrounds now. One is juvenile justice, and then I have the law background.

MS. CHUNN: Right.

MR. AUCOIN: What I don't have is the Ph.D. that our PREA coordinator, who unfortunately is not here, Dr. Golembeske -- would have been the proper person to answer this.

I could tell you that the youth that are placed into the specialized treatment unit are youth at the high end of the mental health spectrum. They all had DSM for diagnoses.

MS. CHUNN: Right.

MR. AUCOIN: It's not just behavioral. In fact, the behavioral disorders are generally youth who

are not placed in the specialized treatment unit.

You're looking at it could be -- it's other than behavioral-type components that we deal with in that unit.

MS. CHUNN: Okay. The other thing has to do with when you've got these populations together, then are there girls that are ever in need of -- I mean, what do you do with the girls that are in need of special treatment?

MR. AUCOIN: This same program operates very intensely in that one unit, and what I failed to mention is they also provide group therapy for the youth, including the females, on an ongoing basis. The girls receive two groups per week. They also have their own clinical social worker who can meet with the girls individually. If a particular girl is in need of individual therapy, we will arrange for that youth, that female to receive the individual therapy.

MS. CHUNN: And as for downsizing your -- I call that downsizing your population. Some people call it rightsizing. Whatever, you know. Getting I call that the most expensive resource for the kids who are

in the greatest need in terms of their behavior and histories.

What are you doing with the judges to be able to make that really hold? I mean, that's not a new idea. Folks have been trying to do that for decades, but usually the court is not, shall we say, willing to hear that.

MS. MARTINEZ: I definitely agree with you. I think part of what we have tried to do in Rhode Island is have a very ongoing conversation not only with family court, but also with the police departments. We found out -- I have been in the department for five years. One of the things that we did was coming into the department, we created an Office of Data and Evaluation, and we have been looking at our own data for the last five years.

One of the things that we realized very early on was that in the last four years anywhere between 78 to 80 percent of our youth were coming to the Training School, were staying at the Training School for less than ten days. Out of those 80 percent, about 42 percent were there only for two days.

What that said to all of us as administrators was that do you know what? This was becoming to be just a respite. It's the place where the police department probably doesn't have somebody to go and look for Mom or Dad in the middle of the night, at three o'clock in the morning. So the first safe way for a kid would be to call the duty judge to ask permission to bring the kid to the Training School.

And so together with the Training School, in addition to our provider community, we began to develop a lotto, and Mr. Aucoin alluded to the fact that we are providing a lot of home and family services, services 24-7, outreach and tracking, MST, multi-disciplinary treatment programs for the family that have been proven to be successful across the country with this particular population, and the fact that families now can call anyone, a particular provider, in the middle of the night to come to their house and help them deal with that particular crisis.

Those alternatives and those options that we have been able to bring to the family court and say to them, "Your Honor, give us an opportunity to prove. If

it doesn't work, then let's work together for the next level of care," and I think that's what has been successful, and that's how we have been able to convince the family court and, again, as well as the police departments.

We realized early on that it was key for them to know and to have a different alternative.

MS. FOGLI-TERRY: I think just to add to that that this cultural change has spanned the entire department. So we've downsized, in essence, everything, even the child welfare, and as the shelter beds and lower-end residential beds have closed, that money has been reinvested into transitional programs for youths exiting the Training School or exiting some of our out-of-state programs for mental health issue.

And also those programs that we've gotten on board as being transitional programs have also been required to have a home-base components. So we're not treating the child here and the family here, and then it's no surprise when the child goes home. They're not on the same page, and it starts to unravel.

So we've been better able to come up with

plans and present plans going back into court. We have what we call the CMT referral, the care management team, which is also several of us are involved in. A case will come in. We start to run back ideas back and forth, which providers have vacancies, and have really been able to piece services together for the youth as opposed to fitting the youth into a particular program.

I can't emphasize enough though how much the mandate that some sort of kin or family is involved. These kids feel more connected to have someone seeing them frequently. There's an incentive to do better, to go out, and there's an incentive for the family to really help and try to support.

And if family is not available, we define "kin" as a significant other. So we have had a lot of success in that.

I just wanted to add one other piece that I neglected in the investigative process. None of our reports to the hotline assigned for investigation wait more than 24 hours for a response, and a sexual abuse investigation would be an immediate. So it would be assigned within the shift that it comes in, and as I

said, we have four shifts 8:00 a.m. to 4:30 p.m., 11:00 a.m. to 7:30 p.m., 3:00 p.m. to 11:30 p.m., and then the overnight. So even if a report were to come in at 3:00, it needs to be assigned within that 11:00 to 7:30 p.m. shift, and we would initiate that.

So the lack of hesitancy also contributes to being able to deal with the crisis and get the information fresh.

MR. AUCOIN: One other aspect, if I could, before we move on, on the family court, actually we've had a Chief Justice at the family court that's been very creative and willing to accommodate. One of the primary issues in growing up in the legal system has always been alternatives. What alternatives can you offer?

And I think what Director Martinez and Stephanie just outlined is there has been a shift in the delivery-of-care system in Rhode Island that affords more community-based alternatives for youth, and a lot of new exit opportunities.

As we go before the family court and make our recommendations, the family court so long as our

recommendations, we're able to provide them with a detailed plan, we're able to assure them that the plan is in place before the youth leaves the facility because that's one of the mandates, we request that at least there be a connection between wherever the youth is going, hopefully family, whether it be a parent, a relative or a placement provider if the youth cannot go home or to a relative; that there has to be a connection before the youth leaves.

And I think when we go before the family court and make the family court aware with what the details of the plan are, that this is a plan that's been in place or been worked on, not just overnight for the last two, three months, for the duration of youth sentence. That allows the court to feel comfortable in granting the request. So we really haven't run into that conflict.

There's also --

MS. ENGLISH: Okay. I want to get back. I've got a couple questions more. I've got to get back on the topic. Okay. I'm interested in the overall system, but before I forget my question, how many

hotline calls? I know we're only looking at sort of the reporting time frame, but since you've talked so much about the hotline, how many calls do you get, say, in a month from the kids at the Training School?

MS. FOGLI-TERRY: Not that many. Some months --

MS. ENGLISH: Well, two or one or 100?

MS. FOGLI-TERRY: Sometimes none. We get roughly 7,000 calls a month, but that's including who's my social worker and not differentiated. In terms of investigations, about 5,000 a month are completed. Less than half are substantiated.

MS. ENGLISH: Yes.

MS. FOGLI-TERRY: From the Training School I can recall --

MS. ENGLISH: Just the Training School.

MS. FOGLI-TERRY: -- months that there are no investigations.

MS. ENGLISH: Okay.

DR. WILKINSON: Well, did you say you had no -- what did you say you didn't have in the last four years? Was it serious assaults?

MS. ENGLISH: He said they didn't have any serious --

MS. FOGLI-TERRY: We have had no serious assaults.

MS. ENGLISH: Serious, okay. And then --

DR. WILKINSON: So no sexual assaults, no violent acts.

MS. ENGLISH: There was one reported in the material you submitted, and I think on the self-survey it was one percent or something.

DR. WILKINSON: And you had a suicide?

MS. FOGLI-TERRY: No.

DR. WILKINSON: Or attempted?

MS. FOGLI-TERRY: I noticed that it said there wasn't a reporting in that, but there is because we record child death and we investigate child deaths, and we would certainly investigate a child death in an institution, and we've had none.

MS. ENGLISH: Okay. Now, back on this sex offender issue when you've mixed them with the mental health kids, we've seen in some of the other states that when we really break down the demographics of who

the victim was or who the perpetrator was on youth-on-youth assaults, that a lot of times they have sex offenses in their history.

Have you found that putting sex offenders -- mingling them with mental health cases, which could be seen as more vulnerable, have you seen them to be more predatory?

MR. AUCOIN: Not yet. It's certainly a concern. It's certainly something you have to pay attention to. I think we --

MS. ENGLISH: Okay. So to follow up with that then, what are the things you're going to look at, the red flags or slippery slopes or whatever we're going to call them to say, hey, we're going to intervene because it looks like either -- and that goes to my next question. How do you intervene with staff who are looking to have -- they're starting to have inappropriate relationships with these kids that could escalate to something sexual?

MR. AUCOIN: Well, right now I would say that that's done on a report-by-report basis. We have the benefit of having this treatment team actually in the

unit observing what's going on. You have the clinical social worker in the unit, and the cottage manager in the unit. The types of units --

MS. ENGLISH: So do you have like training about the grooming, you know --

MR. AUCOIN: Yes.

MS. ENGLISH: -- that was talked a lot about in the literature? Do you do training about that?

MS. FOGLI-TERRY: Core training involved offender training, grooming signs. We also reiterate that in the CPS training, signs of abuse, signs of grooming. We go through sexual abuse bullying, coercion.

MS. ENGLISH: Is that training noted in the materials that you sent in to us?

MS. MARTINEZ: I believe it is. If not, we could send you a copy of the six-week academy that we --

MS. ENGLISH: Yes, that's --

MS. MARTINEZ: In addition to the other.

MS. ENGLISH: Yes, that's exactly what I was looking at, yeah.

MS. MARTINEZ: We would be more than glad. I spoke about the overall within those six weeks in terms of the investigation process, but the other treatment piece of the training includes the --

MS. ENGLISH: It seems to me it occurs to us that really an actual attack, an assault or attack are very rare. But what is not so rare are these inappropriate relationships, which sometimes the offender, you know, these guys are pretty streetwise, and what I heard in Texas, for example, was that a lot of the young males see the women who work there as not being different than the women that they knew on the street or that that's how they know how to relate to women, is how they related to women on the street, and therefore, having manipulative behaviors and getting over behaviors of stuff. So that factors into this of how do you train staff about the boundaries.

So we're real interested in that, that really what we think we can contribute to the field is what do we know about staff training. How do they assess what the offender is doing either to get them into a relationship or what is the staff person doing to groom

a kid to become in a relationship?

So that is the piece I'm sort of really focused on, of how maybe we can learn from the states.

MS. FOGLI-TERRY: The hiring practice also and the new minimum qualifications at this point for hiring staff. They do have to have a minimum of an Associate degree, which they didn't previously, and it's again reiterated. We do a whole piece on boundaries when we're talking about not setting yourself up in situations that could be misconstrued, that could potentially lead to a compromising situation where a child, particularly a child who has been sexually abused and is an offender, could interpret behavior differently.

DR. WILKINSON: Well, I like the fact that you're trying to work yourself out of a job. I mean, I used to say that in adult corrections and people laughed at me, but the theory is still there. I mean, it should be our responsibility to reduce the population, at least not have in our custody those people who should not be there.

Now, do you all do pre-sentence

investigations for the court as well, or somebody else does that?

MR. AUCOIN: Unfortunately we don't do that. The system really doesn't allow for that at this time. One of the initiatives that Casey as part of the juvenile detention alternative program is to explore that possibility of doing pre-sentence reports for the court.

Right now the Rhode Island process would be an arraignment, pretrial, and then either adjudication or trial, and at the time of adjudication and trial, a sentence is imposed. So it's not like in the adult system where you'll get a conviction on one day and then come back in two to three weeks and get a recommendation with a pre-sentence report. That's not done at this time.

DR. WILKINSON: Well, I'm familiar with juvenile agencies that have reduced their populations, but generally a situation where they're coming up with incentives for counties to keep those persons and not send them to the state agency, you don't have that luxury of not accepting somebody from a local detention

facility or to remand them back to that local jurisdiction.

So if they're not at your facility, they're not locked up.

MR. AUCOIN: That's correct.

DR. WILKINSON: So that's where the agency comes in in coming up with other kinds of alternatives, right?

MS. MARTINEZ: Correct.

MS. FOGLI-TERRY: And that's where we look at many of those youth exit the Training School on temporary community placements into specific facilities and remain on probation. Some don't remain on probation, but they continue. If they're at end of sentence but they need ongoing services, very often dependency petitions are filed and we continue to serve them on the child welfare side, and many of those youth being released are dual-system kids.

So we've seen them. So the sex offender has either been a victim or there are family issues. So it's not unusual that those kids remain open and now they're open to a social worker as well. So the

planning is pretty thorough in getting them to exit.

And the other piece is the information. We use the same social history, case planning now in child welfare as well as we do in corrections. So the family history is there, and it's pretty sound, and it has been collected and added to if a family was open at different times in different divisions of the department.

So we have as much as we possibly have, and there's a big push now to look at what other supports are there. So not just reliant on Mom and Dad, Grandmother, so that this youth leaves with as much support as possible, and that those people who are providing the support know and agree on what they're supposed to do. Because it's great to have a plan, but if the people involved in the plan aren't aware of what's being expected of them and haven't participated in its development, that's a problem which we've seen.

I mean, overall what we've really -- I've been with the department for 22 years, and overall what we really have realized that is overarching between child welfare and juvenile justice is that formal

services are great and formal programs are great, but in terms of learning new skills and making those changes, but to make sustainable changes you need help, and you need support from your family and your community.

And that's where we've dropped the ball over the years. We do all of this great stuff while they're in, but then they come out or they've been in too long and now they're institutionalized. So now what we've been trying to do all across the population is get them out sooner into programs that are really involving somebody else. Even if there is no family, we actually have permanency teams that go out and try to find kin to come in and help these kids be supported coming out. And that's where we've seen more of the success.

I mean, after all of these years we're finally getting it. Formal services don't work unless there's support because the crisis is going to happen. Who do you call at ten o'clock at night? You don't call your service provider usually. For a while, but after the case is closed. So it becomes less of a reliance on the institutional piece and more of a

reliance on kin and supports.

DR. WILKINSON: So if you had an incident, are you comfortable that the resident youth would know how to report it? How do they know what to do? I mean, do you have posters or Indiana has got a video? How do they know and are you comfortable that they know how to report?

MR. AUCOIN: I'll deal with that one.

First of all, how they know, it's communicated to them by the unit manager, by the clinical social worker. There's a children's bill of rights that's part of the packet that talks about their rights to be basically free from abuse, to be treated humanely.

DR. WILKINSON: And that's something that happens at?

MR. AUCOIN: At the time that they come into the facility, both initially with the Youth Assessment Center and detention, and then when they moved over to the Youth Development Center after the point of adjudication they meet again with a separate unit manager and a separate clinical social worker and

they're told that.

In addition, the residents have access to a number of mental health medical professionals throughout the day. They have nurses. We have nurses seven days a week, 16 hours a day. We have the medical staff that they can --

DR. WILKINSON: Yes, I know, but is there a culture of reporting?

MR. AUCOIN: Yes.

DR. WILKINSON: They know. Are they not afraid to report?

MR. AUCOIN: Right.

DR. WILKINSON: Or are they told they should not be afraid?

MR. AUCOIN: No, no. There's zero tolerance for abuse and neglect. Staff know that. Staff know that if a youth says something, they have to afford them the opportunity to call or call it themselves, even if it's on a fellow staff member. The staff know --

DR. WILKINSON: How does the call work? Is this a toll-free number?

MS. FOGLI-TERRY: Yes.

MR. AUCOIN: yes.

MS. FOGLI-TERRY: It's a 1-800.

DR. WILKINSON: Okay.

MS. FOGLI-TERRY: We also have no statute of limitations on it. So if a child leaves the Training School and decides to call in and it meets criteria and it happened when they were underage or in the facility, we respond to it. We investigate it. So we've had to go look for kids who have been out of the facility and tried to round everybody up during the course of investigations as well.

MS. MARTINEZ: I also think that in addition to being communicated to the youth at the time that the youth comes into the facilities, the youth also receives a student handbook or a resident handbook as well as the family members, and oftentimes I tell you it's questions that I get in my office from a family member who just visited the child, and so there's questions; there's concerns.

And so I think that sort of communication where families also know that here is what you should

expect from us. Here's what we should expect from you. It's also a way that is helping us send that message of our zero tolerance.

MS. CHUNN: Did the Gray or Cant -- Cardin --I'm sorry -- Cardin decisions have anything to do with staff sexual assault?

MR. AUCOIN: I was involved in that in my other capacity.

MS. CHUNN: I knew you were. I could see.

MR. AUCOIN: Yes.

MS. CHUNN: When you were still the legal person, right?

MR. AUCOIN: That's right. That was a federal court lawsuit that was brought by the staff at the Training School. They were alleging that the investigatory practices and the ultimate rights of appeal were in violation of their due process rights.

What we ended up doing, as you see in that memo, codifies a procedure that we agreed to that would insure that they would receive adequate notice of the investigation and have an opportunity to respond to the investigation and have rights to appeal.

Did it involve cases of sexual assault? The simple answer is I can't tell you today if any of those prior cases -- this goes back to 1997 -- any of those prior cases involved substantiated cases of sexual assault by a staff member.

My recollection is I think I would recall both as a General Counsel dealing with the personnel side of that and as DCF counsel prior to that if there was a sexual assault case. I don't believe that there was involving a staff member, going back to at least my involvement in 1983 through that time.

But as I sit here today, I can't say that one of those substantiated cases was not a sexual assault case.

MS. CHUNN: It seemed to have changed the way you did business, your consent at least. There are 16 points that you've listed here --

MR. AUCOIN: Right.

MS. CHUNN: -- that kind of changed things.

MR. AUCOIN: Quite frankly, at the time that we were researching the case and we were trying to, quite frankly, do risk management and come up with a

resolution, we were looking at it not only for purposes of the Training School, but also how we operate the child welfare system.

MS. CHUNN: I see.

MR. AUCOIN: Because the same arguments could be made for John Q. Public. So it did bring about reform. It did bring about change I would say from a positive perspective. I would say none of those changes from my perspective at that time as General Counsel prevented the department from meeting its mission, both child welfare and institutionally in terms of moving forward cases of abuse.

If there was immediate danger, we still had the right to intervene and would either intervene in the child welfare case appropriately or intervene in the institutional case by making sure that the alleged perpetrator would no longer have any access to any child, let alone the child victim.

So I think that was a positive intervention for the better, and it certainly has helped us in both investigations of institutional abuse in child welfare going forward.

DR. WILKINSON: Tell me about Life Span. Are they trained to listen to youth about these incidents or potential incidents? Is it part of your contract with them to understand all of this? What's the arrangement with Life Span?

MR. AUCOIN: The arrangement with Life Span is they staff a medical clinic. Through Life Span we have a physician on site. I think it's 38 -- I'm sorry -- 30 to 35 hours a week. In addition, we have a dentist on site, 30 to 35 hours a week. We have a nurse's assistant that's also on site pretty much all week.

They're affiliated with, as you said, Life Span, but they're affiliated with the state's Hasbro Children's Hospital. So there's direct tie-in to being trained in the areas of youth development, being prepared to interview youth who may have been traumatized.

We also, as Stephanie mentioned, once we get to a report of abuse and neglect, we have a direct tie-in to the child protection team at Hasbro Children's Hospital who are very much trained in terms

of interviewing youth who are alleged to have been traumatized by abuse and neglect.

So to answer your question directly, absolutely, these are folks that have dedicated their lives and dedicated their career to treating youth who have been either victims of abuse or trauma, and also dealing with general medical care for youth.

DR. WILKINSON: Do you all work with the adult agency at all on any of these matters or is it totally separate?

MR. AUCOIN: On paper we're totally separate. I've got to say that the Director of the Department of Corrections, A.T. Wall, has been very helpful to our facility. If there's a need to provide any support, he's always been wanting to do that. There are some cases, tragically, where youth needs to move from our end of the spectrum to the adult end of the spectrum. We are able to coordinate that with our staff and the staff at Corrections.

Obviously, we have laws that interfere with full integration. The juvenile justice system is obviously premised on the notion of rehabilitation and

whereas the adult system is not necessarily focused on rehabilitation. It's about punishment and deterrence.

DR. WILKINSON: Well, it's not supposed to be.

MR. AUCOIN: I'm sorry?

DR. WILKINSON: No. The name of my agency was the Ohio Department of Rehabilitation and Corrections.

MR. AUCOIN: All right. Well --

DR. WILKINSON: So I don't buy that.

MR. AUCOIN: Well, there's a culture out there that, I think, we are definitely focused on the rehabilitation piece. I'm not --

DR. WILKINSON: I'm sure A.T. Wall would say --

MR. AUCOIN: They are, too.

DR. WILKINSON: -- that is part of their focus.

MR. AUCOIN: Okay. But we also have to protect the confidentiality of information that we provide on juveniles. So if there is a transition of a youth that's going over to the Department of

Corrections, we're not at the present time able to share a lot of information unless the youth has been waived out of the juvenile system into the adult system.

DR. WILKINSON: Do you all have any more questions?

MS. ENGLISH: Well, it's kind of a comment and a question, I guess. First of all, I appreciate how prepared you were and how, you know, your testimony really pretty much stuck with the topic and that you gave some thought to what you think we might be interested in. So I appreciate that, and that the materials you've given the staff were complete, except that we would like a little more on those training areas.

But since this issue has bubbled to the top and you are now on the radar screen, I know you had a lot of plans that you were already going to implement and reforms that you were going to be doing. As a result of this survey coming out and our questioning of you and getting prepared for today, are there things you're going to be doing now because this happened,

because the survey came out, because these questions were asked, or were you already pretty much down that road?

Do you know what I mean?

MS. MARTINEZ: Yes, I definitely understand your point. I think what one of the things that we are doing and we will continue to do it, again, looking at the data, combining our policies, I think the move to our new facility has also provided us a really good opportunity to look at policy of reviewing-updating those policies. I think the survey really presents us with the opportunity to really look more specifically at aligning everything that is being asked so that we don't create any silo if we looked at the survey in a separate way instead of integrating, looking at the survey from the training component, from the programmatic component, and then integrated with everything that is going on right now.

So the answer is definitely we'll do. It's part of our ongoing assistance reform that we have undertaken in the department.

MS. ENGLISH: Okay. Thank you.

DR. WILKINSON: Well, I think we are at the point where we can wind down. Gwen, did you have something to add?

MS. CHUNN: No.

DR. WILKINSON: Okay. Well, we'll make some closing comments, but we want to give you all the opportunity to do that and I would say, you know, a few minutes a piece if that's the way you want to do it.

MS. MARTINEZ: Well, thank you.

And, again, we want to thank the Panel for the opportunity to come and provide you with testimony. We're looking forward to your visit at the state, and really looking forward to also being able to share. Hopefully you could share with us the best practices that you're seeing across the country so that we could, again, continue to move forward.

So really, thank you for the opportunity.

MR. AUCOIN: I, too, would like to thank you for the opportunity to come in, and I think this process has been very helpful. I'm relatively a newcomer in this field. It has opened my eyes in terms of the answer to the last question, really, in terms of

a number of areas, and while we do have two new state-of-the-art facilities and I think we've certainly made a lot of progress and inroads in terms of effectuating a culture change, we still have a number of obstacles or a number of challenges that we still have to face.

And I think participating in reviewing the survey has really focused my attention both on the issues relating to policy development, training for staff, again, continuing to promote a consistent awareness of this issue not only in the specialized treatment unit, but within all units at the Training School.

So this has definitely been a very positive, constructive process for me personally and also for my team at the Training School as we were putting this together. So thank you.

DR. WILKINSON: Thank you.

MS. FOGLI-TERRY: Thank you.

I just want to emphasize that this just shows us how much, given the fact that we're all under one umbrella, we have to continue to look as one division makes improvements how it really may affect another

division as well.

So thank you.

DR. WILKINSON: Yes, thank you.

MS. CHUNN: I'd just like to say I am so impressed with the work that you have done, for one. There was a move, I guess, maybe ten years or more to unify a lot of juvenile justice, child welfare, all of that, and it was a thorny issue for most. Many didn't survive, as a matter of fact. They really didn't, or it ended up pushing one to the forefront at the expense of the other pieces.

And I'm very impressed with how you've been able to take a population that overlaps in all of these areas and make it work, especially in terms of keeping these young people safe and secure.

So while you have a lot of work to do, I'd like to congratulate you on what you have done thus far.

MS. MARTINEZ: Thank you.

MS. FOGLI-TERRY: Thank you.

DR. WILKINSON: And I, you know, echo Gwen's thoughts about that, but I'm impressed with you all

individually. I think each of you are individually articulate about just about everything that goes on. So who knows what would have happened if Dr. Golembeske would have been here, too, because I think it takes a lot of collaboration to do this kind of work well, and it's obviously not just with the larger agency but with, you know, the university which is helping with the training, the police department who you work with well, the courts.

So it looks like there is an awful lot of corroboration taking place that leads to the kind of successes that you all have been able to enjoy.

But I would also say don't let your guard down either.

MS. MARTINEZ: No, no.

DR. WILKINSON: Because this is a fickle business, and I'm sure you all know that well.

So thank you for being here. We appreciate what you do, and we'll see you maybe some time this summer.

MS. MARTINEZ: Definitely looking forward.

MS. FOGLI-TERRY: Yes, thank you.

MR. AUCOIN: Thank you.

DR. WILKINSON: Thank you very much.

For the audience, obviously we're a little bit ahead of schedule. That's okay. We're going to take a 20-minute break, and Commissioner, if you all will be ready in about 20 minutes.

(The Panel conferred.)

DR. WILKINSON: Okay. So we will everything I just said, but what we're going to do is switch from the low-prevalence institutions to the high-prevalence institutions, and each of us has visited the remaining facilities who will testify.

I had the opportunity to visit the Pendleton facility in Indiana. Gwen had the opportunity to visit the Woodland facility in Tennessee, and Sharon had the opportunity to visit the Corsicana facility in Texas. So we at least know what those facilities look like and have had an opportunity to interact with staff.

We didn't have the opportunity to visit the low prevalence facilities, but we're going to make it up to you.

So with that in mind, let's make it now 3:15

we will reconvene with Indiana testifying.

Thank you.

(The hearing on identified low-incidence juvenile correctional facilities adjourned. Following a brief recess, the Panel will convene at 3:00 p.m. with its hearing on identified high-incidence juvenile correctional facilities.)

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C O N T I N U E D S E S S I O N

DR. WILKINSON: I think we're ready to get started.

So I do need to do a legal piece here though. We have officially recessed the hearing on the lowest-prevalence institutions, and according to the law, we need to reconvene or to convene the hearing on the highest-prevalence institutions.

So this is a separate hearing from the previous session that we had.

So if you all would not mind raising your right hands, we'll swear you in.

Whereupon,

EDWIN BUSS, MICHAEL DEMPSEY, LINDA COMMONS, TIM GREATHOUSE, CHRIS BLESSINGER AND MAVIS GRADY

were called as witnesses and, having been first duly sworn, were examined and testified as follows:

DR. WILKINSON: Okay, great. Thank you.

Commissioner Buss, I thank you for being here, and if you want to give your initial testimony, you can do it now.

MR. BUSS: Well, thank you, Chairman.

And I will be the only one who will give --

DR. WILKINSON: Okay. That's fine.

MR. BUSS: -- a prepared statement. I believe you and the other members of this distinguished committee have a copy of it.

Good afternoon. Thank you again, Mr. Chairman, members of this committee, for holding this hearing on the important issue of insuring the safety and care for youth in juvenile facilities throughout the nation.

My name is Edwin G. Buss. I am the Commissioner of the Indiana Department of Correction. With me today is Michael Dempsey to my left. He is the Executive Director of the Indiana Department of Correction.

To his left is Dr. Amanda Copeland, who is our Director of Research and Planning.

To my right is Superintendent Linda Commons. She's Superintendent of the Pendleton Juvenile Facility.

To her right is Mavis Grady, who is our

Internal Affairs Officer at the Pendleton Correctional Facility.

Next to her is Tim Greathouse. He's our Program Manager at the Pendleton Correctional Facility.

And next to Tim is Chris Blessinger, and she's our Director of Programs for all Juvenile Division.

It is our honor to be given the opportunity to present testimony before this Panel on the important issue of youth sexual victimization and secure confinement, and to outline our comprehensive efforts to protect the youth in our care.

The recent report published by the Bureau of Justice Statistics brought to light the vulnerability of incarcerated youth to sexual victimization. As the report so clearly illustrates, rates of sexual victimization vary widely and are dependent upon a variety of issues and demographics, as well as facility and individual characteristics.

Nevertheless, we believe that any level of youth sexual assault or victimization is completely intolerable, and that we must identify and implement

strict protocols designed to reduce and eliminate such incidents. We have no greater responsibilities than to first insure that we do no harm and, secondly, that we insure the safety of youth and staff in our facilities.

In Indiana, the state's secure juvenile correction facilities fall under the auspices of the Department of Correction. The Pendleton Juvenile Correction Facility is one of five juvenile facilities under the aegis of the Division of Youth Services.

Youth Services currently houses approximately 800 adjudicated juveniles in our facilities. Pendleton is a 360-bed maximum security male facility housing youth ranging from 12 to 21 years of age. Pendleton typically holds Indiana's most violent youth, including all adjudicated male sex offenders. The facility's sex offender population currently accounts for approximately 37 percent of the overall population.

In addition to housing our maximum security and sex offender populations, Pendleton also houses youth committed to the Department of Correction with special needs and mental health issues. The facility has an extremely dynamic population which presents many

challenges.

Indiana has taken a proactive approach to implementing the Prison Rape Elimination Act provision in both its adult and juvenile facilities. Policies and procedures have been implemented to support a zero tolerance atmosphere and every effort is taken to reduce and eliminate victimization.

In addition to the development of PREA-specific policies and procedures, other key strategies have included employee training, student education, a hotline service for youth to report incidents directly to Internal Affairs staff, and the establishment of a PREA or Prison Rape Oversight Group, called PROG, and our Sexual Assault Prevention Committees to work directly with each facility on PREA and sexual victimization incidents.

The PROG oversees all PREA-related issues, incidents, training, policy, and an internal classification process to identify and separate predator-likely youth from victim-likely youth.

We have taken a very aggressive approach towards investigating any and all allegations of sexual

misconduct or abuse by staff and juveniles. The surveys that were the basis for the BJS report were completed at Pendleton in October of 2008. Since that time, many significant changes, efforts and strategies have been implemented, all in an effort to enhance the services we provide to youth and to reduce incidence of violence or sexual victimization.

Some of the more significant changes include the following:

Restructured the Division of Youth Services to oversee all programs and services for adjudicated juveniles sent to the Indiana Department of Corrections.

Adoption of the OJJDP's balanced and restorative justice model to serve as the foundation and core beliefs for providing juvenile justice services to the youth in our care, moving away from a typical prison environment to a more therapeutic environment model approach.

Participation in the Council of Juvenile Correctional Administrators' performance-based standards, PBS, program which is extremely valuable in

providing us with tremendous support, data and the ability to track and improve services.

Focusing on reducing the length of stay for youth in our secure facilities. In 2009, the average stay was 186 days, compared to an average of 256 days in 2007 and 206 days in 2008.

Focusing efforts on returning juveniles to community-based supervision under the jurisdiction of the sentencing counties and courts for probation supervision when appropriate. Currently there are only five cases of parole violators in our facilities, down from 66 in 2007 and 63 in 2008. The population levels at all of our facilities have been reduced from a high of almost 1,100 youth to under 800 collectively, which is an all-time low for Indiana. Today we have 739 youth in our care.

The population level at the Pendleton Correctional Facility was above 360. Today it consistently remains at 270 with a goal to be in the 250 range or lower. While we all continue to struggle with budget constraints, these reductions in population size have not affected the authorized staffing levels

in any of our facilities. Therefore, the authorized staffing ratios at these facilities have increased significantly by reducing the population levels.

Despite budgetary challenges, we have been able to fill most vacancies at all of our juvenile correctional facilities. All of our youngest juveniles were moved to one facility so that they were no longer serving sentences with older youth. All 12, 13, and 14 year olds, excluding sex offenders, are now housed at a separate facility. Prior to this change, these students were integrated in with older juveniles, including those at the Pendleton facility.

We have partnered with Liberty Behavioral Health Corporation to oversee the sex offender treatment program at the Pendleton facility. High-risk offender movement notification procedures have been developed at Pendleton. Daily incident monitoring and review meetings are conducted, and CARE teams, which stands for Crisis Awareness Response Effort, have been established at all juvenile correctional facilities.

As a follow-up response to the recent BJS report, the agency took additional steps to further

enhance our PREA efforts towards reducing sexual victimization. These efforts include reaffirming our zero tolerance policy for youth-on-youth and staff-on-youth sexual contact or abuse of any kind.

We issued an executive directive focused on our PREA and zero tolerance policies and staff awareness.

Conducted follow-up, in-depth PREA sexual victimization interviews with all youth at Pendleton Correctional Facility using our department's PROG team members with an independent oversight group provided by the Indiana Youth Law Team.

Collaborated with Calamari Productions to secure a grant through the Indiana Criminal Justice Institute to develop digital, Web-based educational and training videos which will focus on PREA and sexual victimization issue of youth in secure confinement.

All juvenile facility staff have been required to complete the National Institute of Corrections' online PREA training course responding to sexual abuse.

Have conducted promotive positive prison

cultures training.

Conducted sexual misconduct in advanced criminal manipulation training.

Created a PREA awareness and response public service announcement, which is broadcast over the Pendleton's TV-video system during school hours to all students.

Enhanced PREA incident reporting procedures to include an electronic sexual incident report that is completed by the facility and electronically reported directly to our department's PROG coordinator.

Requested technical assistance from the Indiana Juvenile Justice Task Force, working to enhance juvenile staff hiring practices and pre-screening techniques to improve processes for selecting staff to work with adjudicated youth.

Currently reviewing several video scenario testing programs, as well as the possibility of conducting psychological testing and assessments.

Executive Director Dempsey participated as a panel member for the CJCA's discussion hearing of state juvenile directors to discuss and strategize on ways to

eliminate sexual victimization of youth in our facilities.

The removal of all solid doors to coat closets and storage rooms and living areas at Pendleton. They eliminated blind areas where the youth assaults could take place.

Relocation of camera in housing complex control areas to provide a view of blind spots where alleged sexual behaviors could have taken place.

Installation of cameras in the laundry and kitchen areas to monitor youth as well as staff interaction.

Implementation of a camera surveillance monitoring room at Pendleton which is staffed seven hours a day, 18 hours per day or seven days a week. Excuse me. Eighteen hours per day.

Implemented staff-to-youth mentoring program. Identified additional correctional officer positions, including part-time positions to supplement staffing ratios at Pendleton. These positions would primarily be positioned for utilization between 6:00 p.m. and 10:00 p.m. to provide additional supervision and

support for evening activities, showers, programs, recreation, and unit assignments

The State of Indiana and the Department of Corrections through the Division of Youth Services is committed to working with our federal partners to reduce and eliminate sexual violence in our facilities. We are committed to the forthcoming PREA juvenile standards defining policies and procedures for sexual violence and victimization.

We will work diligently with the Office of Juvenile Justice and Delinquency Prevention as a resource for technical assistance, and we will continue all of our efforts to develop and implement best practices programs to improve the level of security of our youth while in confinement and enhance those services for youth in our care.

Thank you for your time.

DR. WILKINSON: Thank you, Commissioner.

And just for the record, I just want to let you know that in early May I had the opportunity to visit the Pendleton facility and meet with the staff, and I spent a couple of hours touring the facility and

talking about the change that you all had made post the BJS report and maybe some of them during, when the report was being conducted.

So thank you for all of your efforts. We probably will want to talk a little bit more about what some of those changes are.

First, let me maybe clarify. The PREA Committee is different than PROG or is that the same group?

I have minutes that is from the PREA Committee, and then you have the Prison Rape Oversight Group. Is that a different group?

DR. COPELAND: It is. The PROG is the umbrella group for the entire Department of Correction. I'm the chair of that group. It's made up of members from a variety of facilities, both adult and juvenile, and we oversee the larger training and implementation issues, the materials that are presented, posters, brochures, educational materials that are provided. We handle all of that from the department-wide level.

DR. WILKINSON: So for the adult agencies, institutions as well?

DR. COPELAND: Correct, correct. Both the adult and the juvenile. That's correct.

DR. WILKINSON: Okay.

DR. COPELAND: At each facility.

DR. WILKINSON: So let's explain that in Indiana the juvenile division that Mr. Dempsey heads up is the division under the larger Department of Corrections.

DR. COPELAND: That is correct, yes. And then at each facility, adult and juvenile, there are sexual assault prevention committees, which are made up of the PREA Coordinator from each facility, as well as a variety of staff from medical staff, mental health staff, program directors, internal affairs, and then custody officers as well who -- those are the meeting minutes that you see. They have monthly meetings where they discuss PREA issues, training issues, where they do their site tours to identify problem areas within the facility, things of that.

Those meetings are forwarded to me as well and distributed to the PROG members as a whole, and then the PROG also has monthly meetings to discuss

issues that we need to address from a department-wide stance as well.

DR. WILKINSON: Okay, and if I remember correctly, there were some non-agency people participating. Is it with PROG or just kind of in general?

DR. COPELAND: The PROG and each of the committees at each of the facilities are just made up of internal IDOC staff. However, we do work with the Youth Law Team, as the Commissioner mentioned. We work with the Juvenile Justice Task Force on a lot of the issues and training that we need assistance with as well.

So there is quite a bit of collaboration between internal and external factors, yeah.

DR. WILKINSON: The gentleman that sat next to me at the meeting in your conference room, where was he from?

MS. COMMONS: Juvenile Justice Task Force.

DR. COPELAND: Juvenile Justice Task Force.

DR. WILKINSON: He was with the Task Force. Okay. Good.

And do you do something similar with the other juvenile facilities as well?

DR. COPELAND: Every facility has a committee. Every facility operates under the same policy and protocol for PREA, yes.

DR. WILKINSON: Okay. Commissioner, and maybe Michael knows, as it relates to the Council of Juvenile Correctional Administrators' performance-based system, are there PREA key indicators in there at this point or is CJCA looking at trying to document how all of this could be systemic throughout their PBS system?

MR. DEMPSEY: Yes, sir. Those indicators at this point, I guess I would say they're somewhat limited. There are indicators on the youth climate surveys that they fill out twice a year, and there are also some indicators in the instant reporting system that would relate back to PREA standards as well.

Now, CJCA and PBS have been working together to enhance those indicators both on the climate survey and on the PBS data collection system as well.

MS. BLESSINGER: There is currently one question on the survey, the youth climate surveys, that

asks specifically for PREA-related questions, but this is something that we addressed at the state coordinators meeting for PBS, and at a later date, probably I would assume in October, there will probably be a lot more questions on the youth survey and the staff survey.

DR. WILKINSON: Well, I think that ultimately will be pretty helpful. I know the Office of Juvenile Justice and Delinquency Prevention has worked with CJCA to help promote and have people use the PBS. I'm not sure if all the agencies are on board at this point. They might be.

MR. DEMPSEY: I think, if I remember correctly, I think there are 32 states that participate in the PBS, and if I remember correctly, I think that they have a target for having those enhancements in regards to the PREA standards. They hope to have those involved in the October data collection cycle.

DR. WILKINSON: Yes. Maybe, Superintendent, if you could elaborate a little bit more on the Promoting Positive Corrections Culture piece, I thought that was a fascinating initiative that you all had put

in place because -- I don't want to answer the question. I think I know, but I think the rest of the audience would like to know what that is.

MS. COMMONS: Just a little bit of history. Promoting Positive Corrections Culture actually came out of an NIC program, Cultural Competency, and the Indiana Department of Correction has been involved in that for many, many years, but more recently under our new Commissioner, we have a new initiative with that. Our facility is one of the pilots on the juvenile side, and the way that works is you bring in individuals from other facilities who look at your culture, and they do that by actually working with the staff. There's a two-day program that they go through where they do team building and cultural assessments, and the staff actually have an opportunity to be open and honest about their culture.

And as Missouri talked about, culture is the issue, and if you can change that culture, if you can find the areas that are weak or wanting in your culture, you can make all of the difference in the world, and when you empower staff to be involved in

that process so that it comes from the bottom up, it can be very powerful.

We have started that initiative. We have taken 25 percent of our staff through that program, and now those 25 percent of the staff have selected representatives from each of their four classes to make a presentation to the exec. staff at our facility, sharing with us their views of the culture and input on where they would like to see us go.

They will develop a set of norms and expectations and value statements for our facility, and then from that, it will go out to the rest of the facility and will hopefully be a sea change.

DR. WILKINSON: I'll maybe give you a chance to respond to that. As a follow-up, one of the things that I noticed when I took the tour was that the youth were in jumpsuits, and I know you plan to change that, but there are adult institutions that don't even require jumpsuits for persons inside a campus-type facility.

So you know, when I actually walked in the front gate, I didn't know. I couldn't tell it was a

juvenile facility or an adult facility. So there was really a heavy corrections emphasis, and so hopefully positive culture is looking at making it more youth friendly, but maybe hard to do because you have some of the toughest youth in the State of Indiana in that facility in terms of the types of crimes that they've committed in terms of their mental health issues. So you have kind of a cacophony of people who really are troubled, you know. I think you do a great job with them, but is there a theory at all maybe, Commissioner, that to diffuse some of them to not have kind of the worst of the worst in the same spot and maybe that might have them kind of be compromised a little bit in terms of their propensity to do the wrong thing?

MR. BUSS: Absolutely. Four or five years ago we had issues, I believe, in the Juvenile Division that were more related to violence, violence on staff, violence on youth on youth, and the response to that then was let's make them more like adult prisons. Absolutely the wrong way to go in my opinion.

Two years ago, I walked into my first juvenile facility, and I remember going to what was

basically looked like adult segregation because I had come out of the adult, and saw a 12 year old boy in basically a segregation cell with no mattress, no TV, limited property, and I asked, "Why is this 12 year old boy in a segregation cell and why doesn't he have a mattress?"

And the reply to me was, "Well, he'll stay up all night."

And my response to that was, "Well, he's 12. Twelve year olds, they like to stay up all night, too." Exactly the wrong way to go, and exactly the opposite way, direction that we're going.

We have closed two what I would consider hardened - no, more than hardened adult correctional facilities, physical plant-wise, and moved away toward therapeutic model, and that is exactly the direction that you described that we're going: getting kids out of the jumpsuits that normally adult prisoners are in; getting out of these hardened physical plants; reducing the juvenile population; and moving more toward a therapeutic model.

MS. CHUNN: With all due respect, I have to

say that that whole move to get tough was what that grew out of, and the notion and many jurisdictions felt like we were being too soft on kids and we need to put them in jump suits and we needed to have facilities that looked like prisons and acted like prisons.

So across this state almost every state jumped on board with doing that. I mean, some of us were hoping the pendulum would swing back the other way, and I'm glad to hear that we are beginning to see that kids are not the same as adults and that we do have to take into account the developmental task that they face, and what we're trying to do to put those building blocks in place and keep them safe while we're doing them.

But just for the record, I wanted you to know that was not something that just happened in Indiana. It happened all over this country.

DR. WILKINSON: Oh, absolutely.

MR. DEMPSEY: And it's something that's going to take some time and a lot of effort to change as well. It's not something that you can back away from overnight.

DR. WILKINSON: Yes. It's harder to reduce the level of security than to increase it obviously, but I think maybe what Gwen is talking about is when John Dilulio talked about this superpredator and then everybody got afraid and thought that the havoc was going to be wreaked on all the communities throughout the country, and so as a consequence of that we started to change sentencing laws for juveniles and more bind-overs and all these kind of things that really made it look not a lot different.

In fact, the laws were actually changed to put the juvenile-aged persons in adult facilities so they have in many cases become "adultified," but we've made the mistake as administrators sometimes. I think we are obligated to kind of fight those trends and kind of, you know, assume the role of the expert, especially in terms of what we do with our youth.

I think you have a side range of people in the facility in terms of age as well. So, I mean, how do you separate the 12 and 14 years olds from the 17 and 18 year olds? I mean, I know you don't have a lot of them, but --

MS. COMMONS: Our program for the most part focuses on their risk and their needs issues, and they go to school all day. I was kind of interested in listening to some of the other panels, and they were focusing on some of the things that their students were involved in. Our boys are in school basically from eight in the morning until three, 3:30 in the afternoon, and then they do their treatment programs in the afternoon after that, and recreational programs.

But we separate the youngest students into junior high. So they are not in the same classrooms with the older students like in a high school setting. So that's how we separate them there.

And our recreational facilities, we schedule them at different times and the same way for their meals. They go into the dining rooms at different times, but we're in the same physical plant, but they have separate housing units to keep those boys separate. We separate them also by their offenses. With our sex offender unit, we separate the predators and the victims. We make sure that those students who are housed in the same room, because we can have a

maximum of up to four students in the same room, that their classifications do not put them in a risk situation.

DR. WILKINSON: Explain the classification process, how it works and what kind of risk instruments you might use or, you know, exactly how you know who you have in your institutions.

MS. COMMONS: Mr. Greathouse will explain this.

DR. WILKINSON: Okay.

MR. GREATHOUSE: Yes. Every Wednesday we have a really multi-disciplinary committee that gets together to conduct classification. I've worked in the adult before and you'll have two or three people that actually form the basis for a classification committee.

Our classification committee consists of a unit manager from each one of our housing units, the intake counselor, a mental health professional, usually a doctor. We have the school counselor, and during the course of our classification we review each kid's situation to make sure we're going to put -- say it's a new intake student -- to make sure we're going to put

them in the best environment possible.

The intake counselor describes and has a summary of different aspects of that individual, what they're like. Are they high maintenance? Do they seem to be functional? How were they looking? And we pair that up based upon age and risk and needs and PREA consideration to put them in the best room possible to do that process.

DR. WILKINSON: Can we move to maybe staff training? You had a number of employees engaged in nefarious activities at Pendleton. Maybe from the agency perspective and then from the institution perspective, what are you doing to look at trying to prevent staff from being improperly engaged with youthful offenders?

You know, Dr. Beck talked a lot about and it was interesting hearing his reason why there were more incidents of staff juvenile misconduct than it would be in adult institutions. I think you all heard that testimony.

Do you agree with it? I mean, what's this whole vulnerability piece about youthful offenders more

susceptible to being engaged in these activities?

So can you just kind of chit-chat about that for a bit?

MR. DEMPSEY: This is actually a subject that I've given a lot of thought to over the last few months, and I do agree with what Dr. Beck had to say this morning. I think that for the right reasons most people come to work for a juvenile justice agency or juvenile correctional facility because they care, and they truly want to have an impact on making a difference in the kids' lives who we serve in these types of facilities.

I think if there is any one particular area where we're failing, it's in providing those five with the training where they can effectively manage and deal with adolescent development, particularly as it relates back to sexual growth. I think that many times they just simply don't know how to deal with those situations with those children as they're growing and developing inside a correctional facility.

And I think that you have a wide variety of reactions to that development. Some staff just simply

choose to ignore it. Other staff have a completely unacceptable approach where they might ridicule some of the kids based on their preferences or how they may be developing or acting out, and then there are other staff who try to address those issues head on.

But when it comes to them being properly trained and educated to deal with that type of development, I think that we probably are way behind not just in Indiana, but probably most states providing the staff with the tools to be able to deal effectively with that development process.

DR. WILKINSON: Yes. You heard testimony from the Rhode Island and Missouri representatives who said that they take great pain in helping to train staff who interact with kids and theories related to working with kids and families.

I think it's hard to do because if you have seasoned security officers, they'll very easily say that "that's not my job. You know, we're here to be security persons, not, you know, Mamas and Papas of these youth."

So, I mean, you can't do it all at once or

probably not the same way because that culture change is needed first before you even get to that.

MS. COMMONS: If I can add to that, Ms. Chunn, I come from training, too. That was how I got involved in the system, was as a trainer, as an instructor working with staff who were working with kids. So that's where my passion is.

But the one thing that I've seen, it's not so much the lack of training, but it is how does training impact values and beliefs, and it can be on sexual issues. It can be on how do you talk to a juvenile to how a juvenile is allowed to talk to you and how that adult perceives that issue.

And so looking at how you impact individuals' values and beliefs as they come into a juvenile system to work with children who are at-risk and needy to me is the area that needs to be expanded upon. And culture is the issue, but how do you change that?

DR. COPELAND: To follow up with what Ms. Commons is saying, I think we do a good job of training on PREA. I think we do a good job of training to policy, how to report, what to report, who to report

to, signs to look for, warning signals, things of that nature.

But as we've alluded to, I think we are needing and especially since this report came out and going back and individually talking to the kids that are in Pendleton Juvenile now about just the conversations that they have and things that are taking place, knowing that where we are lacking is that internal communication that's taking place between a staff member and a student and teaching them that, you know, just one word here or there can set off a whole sequence of events that they may have never intended, but because they're not responding appropriately to certain situations we're not getting the ultimate results that we want to see.

MS. CHUNN: How stringent are you in terms of staff selection? By that I mean are your offices required to have a background investigation, all that kind of thing.

DR. COPELAND: Yes, yes.

MS. CHUNN: Okay.

MR. DEMPSEY: I think when you're looking at

the perspective of how we screen and qualify staff to work in our juvenile facilities, I have looked at probably most of the states with what the other states are doing, and I have yet to find anything that anybody is doing that we're not already doing or at least looking into. There are a few other states that might do some psychological testing of their applicants. There are others who employ some sort of contractual service that they do, some sort of video testing and place staff in a scenario-based situation, and there are states who used to do both of those things and no longer do because they didn't find them to be relevant or they didn't impact; they didn't have the outcome measures that they were looking for.

So I don't think that there's an easy answer and I don't believe that there's any one system that anybody has employed that helps fight this issue. It's an incredibly complex issue when you look at it from the perspective of staff sexual misconduct with youth, and it's not something that is unique to prisons. I mean, we see it every day in educational systems as well.

And when I look at that I truly believe that they are similar situations. Obviously we can't condone that type of behavior, and we need to do everything we possibly can to prevent those types of incidents from occurring, but there are probably different situations that those incidents arise from. I have seen seasoned correctional professionals who have been in the business for many, many years, who you would at first never believe to be involved in allowing themselves to become involved in a situation like that, and the only thing I can liken it to or relate it to is that that person who you've always known to truly care about making a difference in the lives of the kids that they're there working with every day, that at some point they grew close to that child. They developed a personal relationship and a professional one at that, and at some point in time, some sort of traumatic event took place in that person's life, a death, a divorce, something occurred, and the situation was manipulated from there.

I think that accounts for a portion of the incidents. You also have a portion of incidents that

arise from people who truly are bad people, and they come into the business as a predator and to do those bad things.

And there's probably another group of staff who just simply fall into doing things the wrong way, and they get manipulated by the youth in some situations. In other situations, they're the manipulator. But when it comes to identifying those staff who probably fall into my first category, those people who truly care and are there for the right reasons, I don't believe that there's any kind of screening tool that you could use that would be able to recognize that person that was being vulnerable some time in the future. I don't think that that type of tool exists.

MS. CHUNN: And I'm not suggesting there is. I just know it's something that requires constant work. We have to keep looking for strategies and ways to try to deal with it.

MR. DEMPSEY: Absolutely, and you know, I would probably best describe that as what I talk to the staff at Pendleton and all the juvenile facilities

about all the time, and that's just being aware. You know, everybody has to be aware of what everybody is doing all the time, not just the juveniles, but they have to be aware of what's going on with the other staff members, too. Because, you know, there are always indicators. There are always signs that if somebody was paying attention could probably recognize that something bad could happen from that if it continues to develop.

And you know, I've often spent a lot of time wondering why those indicators, why people don't recognize those indicators or why they don't do anything when they see them, and in my mind, I think that in most cases people work so closely with one another that they believe in that person, and they don't believe that that other person would get off into a situation like that or do anything that would harm a kid, and they know that those are serious allegations to raise against another fellow staff member, and if you're going to raise that type of allegation, you need to be 100 percent sure that that's what's taking place.

MS. CHUNN: That's exactly right.

MR. DEMPSEY: So I think that a lot of times people don't pay attention to the signs or they just turn and they walk the other way because they don't want to face that challenge.

MS. CHUNN: And certainly that has implications for your training. Do you use examples of how staff have been compromised or have stepped off the straight and narrow in your training?

DR. WILKINSON: Yeah, I think just to follow up that, sometimes you've got to shock the conscience, you know.

MR. DEMPSEY: Of folks.

DR. WILKINSON: And if you show the picture of people who have been convicted, you know, of misconduct --

MR. DEMPSEY: Absolutely. We've had them hanging on the wall at times. I'll let our Investigator Grady speak to that issue on some of the most recent training that we've been working on.

MS. GRADY: Right. I want to mention we just completed training with all of the staff. I want to say 94 right now percent of the staff at Pendleton

Juvenile has gone through training on offender manipulation and also on sexual misconduct. It was a six-hour training for all the staff.

In it we gave examples. I had another -- there was another investigator involved in teaching along with Central Office involved in training all our staff on its sexual misconduct. We realize it's something additional that needed to be done, and we worked on hammering home examples, and for staff to recognize through red flags the things that might come up involving an instance of sexual misconduct.

DR. WILKINSON: And sometimes the sexual misconduct is a byproduct of something else. You know, if somebody said, "Well, mail this letter for me," and then you're compromised, you bring in a cell phone and you're compromised, and then it evolves --

MS. GRADY: Yes.

DR. WILKINSON: -- into something that you can't back out of. So hopefully that's part of the curricula as well in terms of trying to do that.

MS. GRADY: Yes.

DR. WILKINSON: And, by the way, if I

remember correctly, Ms. Grady, who is the investigator, is also a sworn police officer.

MS. GRADY: That's correct.

DR. WILKINSON: So she can actually arrest staff and other people, which is a different configuration than some other correctional agencies do.

MS. GRADY: Yes.

DR. WILKINSON: But, you know, hopefully you won't need that very often anymore, but you do have it.

MR. DEMPSEY: That's actually a fairly new development as well, and that's something that took place in 2009, and it was something that the department was legislatively provided with the opportunity to have sworn police officers inside our correctional facilities.

MS. GRADY: One thing I also want to mention is our state police post is right next door to our facility.

DR. WILKINSON: I saw it.

MS. GRADY: So I have a great working relationship with the staff there, and we do have two liaisons that I work closely with, and they're there

for our assistance when anything arises.

MS. CHUNN: I believe you said 20, no, 37 percent of your population is represented by sex offenders; is that right?

MR. DEMPSEY: That's correct. At Pendleton it is.

MS. CHUNN: That seems to be a very high percentage

MS. BLESSINGER: At that one facility.

MR. DEMPSEY: That's just at Pendleton.

MS. BLESSINGER: All sex offenders are housed at that one facility.

MS. CHUNN: That seems like a high percentage, but maybe I've seen your assessment tool, and maybe you're doing a better job of finding the people who have histories and are not just there on sex offenses per se.

MR. DEMPSEY: Some of the students who are involved in the sex offender program aren't necessarily there for an offense, for a sex offense. You're correct that some of them there was something in their history that triggered that we put them into the

program.

MS. CHUNN: And that something, I think that's going to serve you well to have that information and to use it.

I like, too, the way you have been able to determine who may be a victim and who may be a predator or who may be both. I think that's very good.

Now, I'm concerned about with that high percentage and the challenges that you have, particularly in terms of staff-on-student -- what do you call them? Student? Staff-on-students? And what you're trying to do with your culture, how is PREA going to fit into that change process?

MS. COMMONS: I can start off speaking to that. Probably any issue that we would talk about today will impact our culture. The PREA issue, because it is a negative issue today for this facility, and has been since the study came out, is on the table. To me that's a good thing. We look at this as an opportunity to address those issues where we need to make changes.

And so because of all of this issue that we're dealing with, PREA will be part of that culture

change, looking at the importance of that relationship between staff and the students as a professional one; looking at the importance of the needs of the kids who come into our system and how as a juvenile facility our staff are responsible to do that and to take care of those children.

DR. COPELAND: The department has been entrenched in the PREA initiatives solidly for the last couple of years with the creation of the SAP Committees and the PROG and the new reporting procedures and the new policy and all of these things that we've done, but as Ms. Commons stated, I think we need to take it that step further to, you know, get it into the actual culture of the facility so that it's not just me from Central Office telling people that we need to pay attention to it and what they need to do, you know, to meet the mandates, but so that people actually recognize that it is extremely important to pay attention to, that they start implementing it into their daily interactions with students and stuff.

MR. DEMPSEY: I think it's also important to note that recently over the last couple of years since

we instituted many of these changes, we've also been focusing on training staff separately, juvenile staff separately from the adult staff.

I think Indiana probably took a couple of steps backwards when they began. At one point in time Indiana had their staff and the juvenile facilities were -- help me out -- youthful. They had a different --

MR. GREATHOUSE: Youth Service Officer.

MR. DEMPSEY: Youth Service Office. So they had a different qualification, different training, different criteria to work in the juvenile facilities, and then over a couple of years, those qualifications were brought back in line so that everybody -- they were rolled in with the adult system, I guess is what I want to say, and everybody was trained to work with adult offenders, and that is something that we've been moving away from, and now we have the juvenile staff have a separate training academy that they go to, and they are specifically trained to work with juveniles.

MS. BLESSINGER: And that last week of that training is specific to scenario-based. It's called

our making a change academy, and it's all scenario-based situations that could occur with juvenile facilities, you know, working with the students and how you deal with those situations and what you do, what you say to a student who might make this report to you.

MR. GREATHOUSE: And there is a pre-episode or a scenario that they talk about in that particular area to highlight that.

MS. ENGLISH: You know, usually when you come in first at something, you're really proud of it. When this came out and you came in first, I mean, were you shocked or were you not surprised? How did what the findings of the report, the findings that the report showed, how did that really mirror your own internal calculations of what's going on?

MR. BUSS: At the agency level I was shocked because we had done so much work, but then when I looked at when the survey occurred, I had literally just walked in the door of the juvenile facility. So we had come a long way. So that, from the agency level, I certainly was shocked and kind of appalled because I thought we had been doing tremendous things

in the juvenile facilities toward what we had been talking about this afternoon.

At the facility level I'll let the superintendent --

MS. COMMONS: Shocked.

MS. ENGLISH: How do the numbers compare just in general?

MS. COMMONS: Well --

MS. ENGLISH: I mean, if they say 30 percent, did you say internally ten percent or 20?

MR. DEMPSEY: I think that, again, like was mentioned earlier it's a snapshot in time of a facility, and I really --

MS. ENGLISH: But the real calculations of what you were getting --

MR. DEMPSEY: I believe at the time that the survey was taken it's probably a pretty accurate reflection of what was going on inside the facility at the time. Certainly shocked and appalled that we weren't protecting kids from our own staff.

But I think that from a general perspective of looking at the facility as a whole, I mean, those

incidents were occurring.

MS. ENGLISH: Right.

MR. DEMPSEY: And we have to do everything in our power to prevent those and to make sure that the staff are there for the right reasons and doing the right thing, and that is, first and foremost, causing no harm to the children that we have in those facilities. So --

MS. ENGLISH: And our charge is to go back and is to really focus on are there things that we can learn about the characteristics. So since this has happened, sine you've had time to sort of go back and look through your old incidents or maybe the current ones, have you come up with some demographics or some characteristics of the victims or the offenders? You know, is it more women or men or new employees or not? Are the victims more often, since you have so many sex offenders, are they more often sex offenders?

MR. DEMPSEY: They are, again, very complex question, and I think it varies from case to case because as I stated earlier, sometimes you have staff who have been tremendous employees and made wonderful

strides in helping kids make a difference in their lives, and to grow in a positive direction, and for whatever reason this happens, and I for the life of me can't explain why that occurs, but it does.

MS. ENGLISH: With some analysis though, what's going on? I mean --

MR. DEMPSEY: Definitely I would agree with Dr. Beck that definitely kids who are in our facilities longer are the kids that present the challenge, that end up in these types of situations.

MS. CHUNN: But you had a lot of suicidal gestures going on at the same time. When you've got that and then you've got abuse, that's a signal that the environment isn't what we want it to be. I always say you're just one kid away from a major catastrophe.

What was happening in the facility? Because you had to see it mounting. What was happening that was responsible for that?

MR. DEMPSEY: I think it's probably a variety of things were happening. One, there were too many kids in the facility.

MS. CHUNN: Okay.

MR. DEMPSEY: I think that probably was the number one factor. I can remember times at that facility just about every bed in the facility was full, had a body in it. When you put that many kids in one facility like that, bad things tend to happen. Regardless of your best efforts, they do.

And I think that, you know, the incidence of violence significantly increase the closer the kids are to one another. So if they don't have an opportunity to feel safe and to get away from one another, even if you want to look at it from a time out perspective, they need that opportunity. They need to be able to get away from one another so they don't continue to push those buttons.

And at that time, those kids couldn't get away from one another.

MS. CHUNN: Were your staffing patterns what you thought they were going to be or were you also short on staff?

MR. DEMPSEY: Again, that would be a time-sensitive question.

MS. CHUNN: Okay. During that time.

MR. DEMPSEY: Yeah, I'm trying to remember. In 2007 and, I believe, 2008, there were significant hiring delays I guess I would say in that we weren't always able to fill vacancies that we did have, and I think that also played a role in it. No question about it.

The fewer staff you have to watch those kids at that rate of population, definitely it makes for significant problems.

MS. ENGLISH: Well, have you done any kind of an analysis since this came out or from your internal reviews of even what the situation was? I mean where the attacks occurred or where the -- was it at night, for example, when the inappropriate relationships with staff?

I mean, is there any kind of thing that you've done to just go back and look at anything anywhere?

MS. GRADY: We've implemented incident monitoring and careful reviews, and those rise all the way to my level whenever there's any incident.

I agree with Dr. Wilkinson and what Ms. Chunn

said. They're interrelated. There was a lot more going on. There was assaults on staff, assaults on offenders. We probably had more incidents my first couple of months in that facility than the rest of the department combined.

So, yes, to answer your question. We have reviewed them closely. Can you look at one particular shift situation?

MS. ENGLISH: If you don't know kind of what --

MS. COMMONS: Most of the incidents --

MS. ENGLISH: -- the problem looks like, how do you fix it?

MR. DEMPSEY: Right.

MS. COMMONS: Most of the incidents happened on that evening shift. Because of that we instituted a five-minute watch tour. So we went from 15 to five. That required staff to actually have eyes on the offenders no less than every five minutes. Prior to that it was 15 minutes. We know that a lot can happen in two minutes.

MS. ENGLISH: Are there cameras in every

room?

MS. COMMONS: No. Our sex offender complex which houses 96 beds has cameras in all the rooms. Our other housing units do not have cameras in all the rooms with the exception of segregation.

So the five-minute watch tours has made a significant change in the number of assaultive behaviors that go on in those rooms.

In addition to that, we've looked at who we place where, and we have definitely made changes in the classification and in the monitoring of where the students are placed and who they're placed with.

If I can be a little bit specific. Some of the cases that we're talking about here were not unknown to us. As the Commissioner has spoken to the instant monitoring, we review Monday, Tuesday, Wednesday through Friday everything that happened in the past working days, and that review is to the minor detail of what has gone on, and then action is taken in response to that.

So when you ask me did we know, my response is, yes, we knew that an incident had occurred. Did we

take action? Immediately. Did that make a difference? Yes.

Were there staff held accountable and either retrained or removed from the system? Absolutely. Were there children who were being abused either by one another or by staff and we knew about it? Yes.

What startled me was that our numbers compared to the rest of the country were different. I didn't know that. I knew what was going on in our facility and were taking action on that to stop it, but we didn't know how we compared to the rest of the country, and so that was the eye opener for us, that what was going on in our facility was not similar to other places.

DR. WILKINSON: But, Superintendent, you all, I think Mr. Dempsey mentioned while I was there that your numbers certainly didn't sync with the numbers that the BJS report, you know, reported. I mean, so can you talk a little bit about the reporting system now in terms of how do you make sure -- I see you're nodding your head -- about what's, you know, going on with that?

So can you talk about how you can have, you know, accurate reporting of incidents or making sure that you --

MR. BUSS: Just for clarity sake, I just want to make one comment. Today, yes, by the PBS standards they don't match what was -- what BJS reported in 2008. I would submit to you that is absolutely drastically different than what it was in 2008, just for clarity.

Go ahead.

MS. COMMONS: So repeat your question again.

DR. WILKINSON: No, I just wanted, you know, in terms of what the BJS report indicated and what you all thought were your number of incidents of sexual misconduct were different. So how do you get them, you know, to be, you know, at least similar?

MS. COMMONS: Well, I think the reason they were different was because it was a moment in time, and when we did our --

DR. WILKINSON: But are the students -- were they fearful of reporting? I mean, that's one of the big issues with sexual misconduct, is that they think they'll be retaliated against if they report, but I

think the environment when BJS was --

MS. COMMONS: There are very different reporting mechanisms in place now than there were in 2008. They've implemented the Pound-2-2, the Tips Line that's an anonymous tip line that can be called. We have PREA posters and information that's put up literally everywhere telling them that they can report it --

DR. WILKINSON: Yes, I want to get to that.

MS. COMMONS: -- to any staff, any volunteer, any medical person. You know, everyone that works in a facility is mandated to report these incidents, and any student can up to them and make a report.

DR. WILKINSON: And staff as well, right?

MS. COMMONS: Exactly, yes.

DR. WILKINSON: So staff sees some nefarious activity --

MS. COMMONS: They're mandated to report under policy, yes.

MR. DEMPSEY: We're also looking at an anonymous caller system for the staff as well. They would be able to report if they had witnessed some sort

of act like that that they could make a phone call to a hotline and report the incident.

DR. WILKINSON: Well, let me ask Mr. Greathouse because he was very articulate about the video issue. I wish we had the video here, but we don't. So can you kind of walk us through what the video say and who sees it and so forth?

MR. GREATHOUSE: Sure. What we did was is kind of take a public service announcement thought process because kids these days particularly learn very well by visually-driven media, and we had the ability. We came upon some equipment that allowed us to actually produce our own public service announcements.

So what we did was we took the PREA brochure that's pretty much a standard handout and review for the kids, and we digitized that into a video format, and it's shown to every intake student that comes through the facility. It's shown once a week in the facility, and the reason for that is we're elevating the level of PREA awareness consistently throughout the facility.

It also has an impact on the staff because we

have staff members that sit in the classrooms and since we show that the once a week, there's another level of heightened awareness for that.

We're actually in production now -- I'll go ahead and mention this -- we're in production now on how to report and to kind of piggyback on what Ms. Copeland was talking about, you can tell a volunteer; you can tell a religious service member; you can tell a counselor because there's one to 24; you can tell a regular staff person; Pound-2-2. There's information they can write to their family.

So we're going to do a video-based -- and then we'll turn it into a Spanish version as well. So then that will start to play in the school at least once a week. So we're going to enhance the visual awareness of PREA issues and concern to make sure that we're providing a safe environment.

MS. ENGLISH: Do you think the reports will go up?

MR. GREATHOUSE: Do I think the report will go up?

MS. ENGLISH: Do you think the reports will

go up because of the more aware --

MR. GREATHOUSE: It's hard to speculate.

MS. ENGLISH: You feel like your own domestic violence thing.

MR. GREATHOUSE: It's hard to speculate. I imagine that initially you'll have a spike-up because the kids are becoming more aware of that issue, and then it will become commonplace and everybody will be very aware of the PREA issues concerns, and when things meet a certain threshold, that's when the reports will come in. So you will have raised your environment up to that much higher of a level.

DR. WILKINSON: So walk us through the reception process or the admissions process.

MR. GREATHOUSE: Our reception process, a student will come into the back receiving gate. They're immediately met by a custody sergeant and a mental health treatment provider, which is usually one of the counselors I supervise, but we also have a mental health professional that they see within the first hour for suicidal precaution issues also associated with PBS.

While they come in, they're screened to make sure that they're not feeling depressed, not feeling suicidal. They ask about sexual victimization issues. There's a little bitty checkoff sheet just to cover certain things to help us, and they're actually escorted into a single-cell environment.

During that two-week process that they're in intake, and it's a full two weeks, they go through a series of -- they cover issues as PREA, medical, treatment team. They are actually taught each one of those things in almost a group format.

PREA, for example, not only do they actually cover the PREA manual and have a little lesson plan on it, but they actually call home and have that same discussion with the parents. So the family members are starting to come up to speed right from the very beginning to understand how critical of an issue that is for us and how important we take it.

DR. WILKINSON: And you show the video in the reception pod there.

MR. GREATHOUSE: Yes, as part of the lesson plan for the PREA standards when they cover that when

they enter into intake, they are shown that video and made sure everybody is aware of everything that goes on.

If a student is lower functioning -- as mentioned before, we have some kids who have mental health issues and have trouble with educational issues. We have a large percentage of kids that are special education/mental health issues. We'll have somebody read them to them.

We have other students sometimes read them. We'll have staff people read them. We make sure that that information is gone through, and then we'll actually have a little quiz to make sure they're aware of what's going on.

DR. WILKINSON: Sharon asked about the cameras. I know that you've either added cameras or moved them to better locations. So, Superintendent, can you tell us a little bit?

MS. COMMONS: Yes, the camera technology at our facility is fairly advanced, although because of the PREA survey that was done and one other related incident, we've expanded that so that we now have

cameras in our kitchen area, in the laundry area, and we've relocated some other cameras to focus on doors that go into places that are not camera'ed so that we have a fairly high confidence now that those areas of concern either through our PREA surveys or through our incident monitoring has identified as weak areas in our facility.

But I learned today that we're going to be the recipient or some more cameras.

We've instituted, as the Commissioner said, a surveillance room where we now have a staff person whose responsibility it is to monitor those cameras. In the past it was a recording mechanism where we could go back and check if something had happened, but now it will be a constant monitoring for 18 hours a day.

Technology is not the answer, but it certainly does help, and I think that was alluded to by the other group that was up here. Once staff knows and when students know, they're less likely to perpetrate. When we first put the cameras into the sex offender rooms, the students, you would actually see them on the camera going (indicating) and pointing to the camera.

So you knew they were paying attention.

MS. ENGLISH: Gwen mentioned the issue about the suicides, and you have one completed suicide or successful, whatever the word we would use, and then a lot of times when people have been victimized or some other kind of trauma, there's a lot of reactions. I mean, it could be escape attempts or cutting on themselves or, you know, a need for medication or staff assaults.

So you know if the -- and you had a large number of attempted suicides; do you know, have you done an analysis of those attempts or of the completed one? Were they related to a sexual assault?

MS. COMMONS: All students who make any kind of a self-harm attempt are seen by a mental health practitioner, psychologist, and if it's a serious attempt, the psychiatrist is also involved.

The feedback that we've gotten from the mental health staff person actually identifies what the student's stated cause for his acting out behavior or self-harm behavior was. And in maybe one or two situations they related it back to a sexual incident,

but in most cases it's "I'm angry. I'm hurt. I'm depressed."

MS. ENGLISH: Bad news from home.

MS. COMMONS: I want to go home, and I don't think I'll ever get out of here.

MS. ENGLISH: What about on the completed, the successful suicide? Do you know what the cause was there?

MS. COMMONS: No, we do not know the cause.

MR. DEMPSEY: The investigation did determine that that child, that particular child had recently admitted to his family members that he was homosexual, and his brother was a gang member, and we believe that through the interaction that he had with his brother, that that played a significant role. We don't know it for sure, but we think that that's what happened.

MS. ENGLISH: You can't tie it directly to a sexual assault or some kind of an attack?

MR. DEMPSEY: No, no.

MS. ENGLISH: Okay.

MS. CHUNN: But there was a threat, perhaps.

MR. DEMPSEY: I think it -- I think it had to

do more with the fact that, you know, when he was going to go home, how they would deal with --

MS. CHUNN: And his brother was a gang member.

MR. DEMPSEY: Right, exactly.

MS. CHUNN: All of that goes with that.

MR. DEMPSEY: Exactly.

MS. CHUNN: And homosexuals.

MS. ENGLISH: I mean, it's hard. You don't want to separate out one behavior like this suicide because there are so many other things that people in custody do whenever things happen.

DR. WILKINSON: But we do know that this is all inextricably linked, you know. If you have people more suicidal, you may have more incidents of sexual assaults. So I guess one of the things that I witnessed during the tour was a very positive one related to that, and I went and asked the woman who passed meds., you know, and just watched that process, and even the officer knew exactly what to do, why they were doing it, and I thought that was really good.

The other thing you do is where you do it.

You hand out medications in your dining room, and not, you know, somewhere else because you know everybody is going to be in the dining room, and it's kind of an efficient process.

So I think that's all very positive.

MS. COMMONS: Can I add something on the staff issue?

DR. WILKINSON: Okay.

MS. COMMONS: You had asked a question of, you know, what did we glean from that study and what have we done. We've looked at everyplace where a staff person would be alone with a student, and we've made as many changes as we can, and I have a few more that I still need to make not only to protect the child, but to not put a staff person in that position.

MS. ENGLISH: Yeah, the issue about staff also getting set up and having, you know, false accusations and investigations and, you know, what does that do to your career. That's another sidebar here that we have not really talked about, but that's an important one from the staff side.

MS. COMMONS: Part of the PBS process, one of

our facility improvement plans led us to develop an employee council, and we've only had three meetings, but that employee council spoke to this issue, and the gist of what they said was, you know, Ms. Commons, we're not like that. This is hurtful.

And so as an overall group of staff, they were impacted by the negative output from that report, and they care, and I believe that that awareness, their verbalizing of that awareness, the training that Ms. Grady has been involved in has raised that level of expectation that we do pay attention to what each other is doing and hold one another accountable so that staff do not go into that mode.

MS. ENGLISH: Can you talk a little bit about the other things on your list that you haven't implemented yet but you hope to because that's kind of the next thing we would ask you about anyway.

MS. COMMONS: That we haven't implemented?

MS. ENGLISH: You said that you started to do some thing like that, but you have other things that you're hoping to get done. They're on your wish list or your long-term range, long-term plan list.

MS. COMMONS: Well, one is a parent advisory group. We do have parents involved in many of the activities with the students like graduations and school counseling sessions and treatment team, but I believe that we don't do enough in that area, and so I'm consulting a parent advisory group where we would get families involved in helping us make decisions and being involved in what goes on in the facility from a decision-making standpoint.

Mr. Dempsey already alluded to the staff hotline, but it might not be a bad idea to have a parent hotline, too.

I believe that our mid-level supervisors are our linchpin. They are between management and the line staff, and I believe we can do more with those individuals to help our facility be safer, and I will be working on that.

Additional evaluations of our physical plant, modifications to create possibly more areas that are more safe for the students. Our students are housed in rooms where there will be four kids to a room, and there's a door. Now, there are windows in that door

and there are windows all the way across where those rooms are, but you can drop down behind that wall. You can get out of your bed and the staff person might not see you out of your bed for a minute or two.

So there are areas within our physical plant, I think that we can -- well, I know that we can look at.

MS. CHUNN: With the court case that you had with the four staff people that were prosecuted, what happens with the victims? And not only for that case, but for any kid that's a victim of staff sexual assault?

MS. COMMONS: That case is still in court. They have not been adjudicated.

MS. CHUNN: Oh, okay.

MS. COMMONS: So I can't speak --

MS. CHUNN: But you know the one I'm talking about.

MS. COMMONS: Yes, ma'am.

MS. CHUNN: I don't need to know what all they did and all of that.

MS. COMMONS: I can speak to the issues of

the student.

MS. CHUNN: Yes, that's what I want to know.

MS. COMMONS: We moved him out of our facility very quickly into another facility because we weren't sure early on what actually happened, but we didn't want to leave him vulnerable within our facility if there was any kind of retaliation from any directions, and then of course, we gave him an opportunity for mental health services.

MS. CHUNN: Is that what you would do for any kid who's a victim in a similar situation?

MS. COMMONS: It's going to be a case-by-case basis, but if there is a staff person involved, we're going to do everything that would insure the safety of the study always.

DR. WILKINSON: But your clinical staff do try to work with your students with post-traumatic stress kind of situations. Can you talk a little bit about that?

MS. COMMONS: Well, we have the two full-time psychologists and we have a Master's level social worker on staff five days a week. Plus we have the

psychiatrist who comes in a couple of times a week, and they work with our students on those issues, but in addition to that, as Mr. Greathouse has talked about, he supervises a staff of clinicians, and there is a counselor for every 24 kids. That's their caseload, and those counselors are located on the unit. Their office is on the unit. So they are with the boys. They team work with the custody staff who are assigned to those units, and in addition to that, for every four units there is a program director and a sergeant who works in unit team fashion with the kids in that building.

DR. WILKINSON: What did you all think about the testimony from Missouri and Rhode Island when they talked about the language? I mean, they don't talk about counselors. They don't talk about custody staff. They don't talk a lot of the traditional corrections language. They've changed the language that they think has led to this culture change.

But I think it's second nature. I mean, you just over and over, it's what you say. Was there things that they've said that you took notes about that

you say, "Wow, this is something we've got to think about or add to the positive cultures group or something like that"?

Because to me it's just not responding to incidents. It's, you know, how do you create the environment that's conducive towards minimizing sexual misconduct.

MR. BUSS: Right, and still give balance to public safety, especially with the Pendleton juveniles who are most dangerous. You know, I agree. That's exactly where we're headed. We've been to Missouri.

DR. WILKINSON: You mentioned the balanced and restorative justice piece. Part of that language is in that.

MR. BUSS: Yes, it is.

DR. WILKINSON: Possibly.

MR. BUSS: Looking at, you know, the custody ranks and the hierarchy model, the paramilitary model, is that the best model to get the kids where we want them to get and get the services to them? I don't know. I mean, those are questions that we need to ask ourselves at the agency level, but we definitely have

moved away.

A few years ago our policies, our adult policies and juvenile policies were in the same book.

DR. WILKINSON: Yes.

MR. BUSS: You talk about the adults first and the juveniles second. They have been separated. All of the superintendents of the juvenile facilities now are juvenile practitioners. They came up in the juvenile ranks. They know juveniles. Before we were literally transferring superintendents back and forth to adult and juvenile without giving thought to does this superintendent even have the skill set to deal with the kids.

So we're moving in the direction. For me, I need to, and you alluded to it, I need to ask the question. I don't want to give the Pendleton folks pause, but is it wise to have this super-juvenile prison in terms of size, who by the way Pendleton, which by the way has all the sex offenders in the department, has the most violent offenders, has the offenders with the most severe mental health needs. That's a question that I need to ask himself tonight

and tomorrow on the plane ride back.

MS. CHUNN: I need to ask one question while we're on language. In your manual, policies and procedures, under sexual assault prevention and reporting, you've got a list of things that are serious, sensitive, and highly sensitive events. It starts with escapes, death and serious injury. But the one that really stopped me is "non-consensual acts."

And when I see that for a juvenile facility, it makes me think that there might be some opportunity when we can have consensual sex, and since juveniles by definition don't have the ability to consent, I was a little mystified as to the message that that sent, which was if I'm an officer and see some people having consensual sex, I don't need to worry about it, but only if it's non-consensual.

MR. BUSS: Yes, I see your point, but certainly we aren't behind that. That wasn't the intent of it. The intent of the policy, there absolutely is no such thing as consensual sex.

MS. CHUNN: Yes, yes.

MR. BUSS: For the reasons that you alluded

to.

MS. CHUNN: Right.

MR. BUSS: Yeah, that's something we should take a look at.

MS. CHUNN: Yes, I hope you will take a look at that.

MR. BUSS: Yes, because you have an objective viewpoint. I mean, how many new employees come in and think the same thing?

MS. CHUNN: Yes.

MS. ENGLISH: Do you have a policy about housing of sex offenders? Are they allowed to be housed with other sex offenders or are there certain people that they're not allowed to be housed with?

MR. GREATHOUSE: On juvenile sex offenders, typically they come into the department. They're assessed to determine their need or placement into a sex offender program. They complete their program, and it varies like any other student's needs. Some have a higher need for services; some don't. And when they've completed that treatment program, they're considered as regular students. That's a need that they have to get

completed prior to their leaving the facility. So --

MS. ENGLISH: So are they housed together when they're in the sex offender treatment program?

MR. GREATHOUSE: Yes, generally speaking, they are housed together.

MS. ENGLISH: Are they ever housed with non-sex offenders?

MR. GREATHOUSE: Not until they've completed treatment.

MS. ENGLISH: Okay.

MS. COMMONS: We have some really remarkable program at our facility, and one is Future Soldiers. It's a military leadership development program, and we have boys who have completed the sex offender program who have requested to go into the military program and have done marvelous.

We have a faith- and character-based program. It's called the Plus Program. We have juveniles who have completed the sex offender program and have requested to go into the Plus Program, and they have.

So there's no restriction, but we would always look at any student before we would move them or

reclassify them into another housing unit to look at who are they going to be housed with and safety issues. We always look at that first.

MR. GREATHOUSE: That's part of that classification, that dynamic.

MS. ENGLISH: Yes.

MR. GREATHOUSE: That huge round table. It's a little cumbersome, but it's very efficient at recognizing high-risk situations because you have all of the main players right there. You're not relying on a check mark on a box. You have the main players all there, and they talk through those situations to make sure we come up with the best solution.

DR. WILKINSON: It has always been my approach that if in this case students are meaningfully engaged, there's little opportunity to be involved in behavior that is not healthy for them, and you have a great school program, a great academic program, vocational programs, but what about after 3:30 when school is out and in the evenings, which is when, as you heard Dr. Beck testify, when these incidents take place?

I mean, that's also when most of the staff are gone. I mean, you all are probably gone in many cases when a lot of these activities take place. So I think your point about middle management, especially custody stuff, has to be a different set of eyes and ears, you know, in terms of how to make sure that your students are meaningfully engaged so that these incidents will not have a high likelihood of taking place.

MS. COMMONS: Right. The students are engaged almost up until bedtime with phys. ed., recreational program that they go to, their evening group times, all of the volunteer activities for the most part are during the evening hours. Plus they have --

DR. WILKINSON: So AA and --

MS. COMMONS: Yes.

DR. WILKINSON: -- NA kind of stuff?

MS. COMMONS: Yes. Plus they have their sanitation and clean-up duties. I mean, they take care of their living areas, and during the evening hours after school and after programming is finished is when

they're going to be doing their clean-up activities in the housing unit.

So most of our problems happen after they're in their rooms at night, the ones that involve student-on-students, and so those areas is where the cameras and the heightened awareness by staff, as Mr. Dempsey spoke to, that awareness issue is just critical; that it's not your culture to not pay attention and it is not your culture to say that what's going on is okay.

MR. DEMPSEY: The other thing that we're currently doing is each of the juvenile facilities from the PBS process, each has a facility improvement plan that is aimed directly at idleness time. So each facility from their PBS data, they know exactly how much idleness time they have, and each one has developed the facility improvement plan to reduce that time.

(The Panel conferred.)

DR. WILKINSON: Okay. I think we've gotten most of our questions in to both your testimony and what we thought was critical on our list to ask. Why

don't we ask you all if you have some kind of closing thoughts, Commissioner or anybody, you know, for that matter, about kind of where you're headed, and then we'll kind of end up with a brief statement as well.

MR. BUSS: I mean, on behalf of Indiana, we want to thank you and the rest of the Panel for today. It has been informational. We'll be better for it. Realize that we'll do everything within our power to be proactive in terms of PREA, and then with the situations where we don't get the outcomes that we desire, we definitely will aggressively investigate and prosecute any and all staff, volunteers or anybody else who puts one of our kids in jeopardy in any of our correctional facilities.

And, again, just thank you for today.

MS. ENGLISH: Thanks.

You were well prepared. You answered the questions, and I appreciate Mr. Dempsey's candidness on some of the questions that we asked. You run probably one of the toughest places in the nation, and you have a lot of things to work on, and this is just one of them.

MS. CHUNN: I have the greatest confidence in your ability to turn this around because I believe that it's evident that each one of you cares about how you turned out this time and that you want to see some improvements because you have the best interest of your children at heart.

And so I do hope that you will go home and work diligently on continuing what you've already begun, and we expect to hear great things from you.

DR. WILKINSON: Well, I know you have been working diligently and know that you will continue that. I believe that this study is repeated that you all will have one of the lowest incidence of sexual violence, and so now I worry about everybody in between, the people who will be here and the people who aren't, you know, because, quite frankly, just being here, I think, was eye opening for everybody here.

So, you know, we're only having a hearing for five institutions, and there are hundreds, and I worry about, you know, the others. I'm confident that you all will not be on the top tier in the future. However, I think what I do worry about with Pendleton

is staff morale. It can't help to always have media attention and to be invited to these kinds of events and think that you're doing a great job.

So I think, Superintendent, part of your job is to be a cheerleader now and to help, you know, them to get to the point, your staff, that, you know, this is second nature and not something they have to consciously worry about, but it's something certainly that you can deal with and you can remedy in short order.

So I appreciate the hard work that you provide to the State of Indiana and the citizens there, and thank you for coming to Washington, D.C.

PARTICIPANTS: Thank you.

DR. WILKINSON: Okay. We will adjourn this session. We will re-adjourn this --

MS. CHUNN: Convene.

DR. WILKINSON: I keep saying that.

We will reconvene tomorrow morning at 8:30 with our next set of institutions.

(Whereupon, at 4:40 p.m., the meeting was adjourned, to reconvene at 8:30 a.m., Friday, June 4,

2010.)

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