

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Jefferson City Correctional Center			
Custody Level	5	Warden	Jeff Norman
Total Acreage	130	Address	8200 No More Victims Road; Jefferson City, MO
Acreage w/in Perimeter	40		
Square Footage	750,000	Telephone:	573-751-3224
Year Opened	2004	Fax:	573-751-0355
Operational Capacity/Count (as of November 30, 2012)	1971 / 1969		
General Population Beds (capacity and count as of November 30, 2012)	1152 / 1152	Deputy Warden	Kelly Morriss – Offender Management
Segregation Beds (capacity and count as of November 30, 2012)	459 / 484	Deputy Warden	Donna Cayer - Operations
Treatment Beds (capacity and count as of November 30, 2012)	288 / 287	Asst. Warden	Billy Dunbar
Work Cadre Beds (capacity and count as of November 30, 2012)	0 / 0	Asst. Warden	
Diagnostic Beds (capacity and count as of November 30, 2012)	0 / 0	Major	Timothy Goebel
Protective Custody Beds (capacity and count as of November 30, 2012)	72 / 46		

1. **Capital Improvement Needs:**

- a. How would you rate the overall condition of the physical plant of the institution? *Good.*
- b. What capital improvement projects do you foresee at this facility over the next six years? *Security electronics, (Delnorte Fence, cameras, Housing Unit intercoms) sally port gates operators, laundry equipment, food service equipment, asphalt road repair, institutional lighting.*
- c. How critical do you believe those projects are to the long-term sustainability of this facility? *Critical to the overall operation and energy efficiency.*

2. **Staffing:**

- a. Do you have any critical staff shortages? *Yes, Cook II and Corrections Officer I.*
- b. What is your average vacancy rate for all staff and for custody staff only? *Our average vacancy rate is 19.8% with the bulk of this being our Corrections Officer I position which has a turnover rate of 22.2%.*
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution? *Yes.*
- d. What is the process for assigning overtime to staff? *Primarily volunteer.*

- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? *50%*
- f. Is staff able to utilize accrued comp-time when they choose? *Not always, but to the extent possible.*

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? *95 offenders enrolled in the GED program (6% of our general population). Note: JCCC operates a volunteer education program which includes ABE/GED classes. The education program at JCCC transitioned to a volunteer education program in 2005 when budget cuts re-directed funding to lower level facility education programs.*
- b. How many (and %) of inmate students earn their GED each year in this institution? *15 – 25 offenders (1 – 2 %) in the program will earn their GED within this calendar year.*
- c. What are some of the problems faced by offenders who enroll in education programs? *Maintaining well qualified tutors has been a problem. The pay for offenders performing skilled positions in other jobs makes it difficult to recruit and maintain qualified education tutors which decreased the graduation rate and the number of offenders that are able to enroll and attend school or become frustrated being placed on a waiting list or quit school altogether. Much of the material used in the education department originated prior to the funded education closing. Many of the sets of books are incomplete. The tutors do their best to fill in the informational gaps with other related materials and resources.*

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? *We have a therapeutic community for drug and alcohol abuse. Note: JCCC is operating a drug and alcohol program utilizing primarily volunteers. We have one drug counselor. We lost 10 staff to budget cuts on 2005.*
- b. How many beds are allocated to those programs? *242 beds*
- c. How many offenders do those programs serve each year? *144 – 150 offenders*
- d. What percent of offenders successfully complete those programs? *20%*
- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? *Conflicts with custody priorities and shortage of counselors.*

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? *None*
- b. How many offenders (and %) participate in these programs each year? *None*
- c. Do the programs lead to the award of a certificate? *N/A*
- d. Do you offer any training related to computer skills? *N/A*

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution? *Furniture, Clothing, License Plates, Stickers, Engraved Items and Recycled Ink Cartridges.*
- b. How many (and %) of offenders work for MVE at this site? *300 offenders – 15%*
- c. Who are the customers for those products? *State agencies, cities and local government, schools and non-profit agencies.*
- d. What skills are the offenders gaining to help them when released back to the community? *Good work habits, skills at operating machinery and computers.*

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care? *Yes*
- b. How many offenders are seen in chronic care clinics? *1776*

- c. What are some examples of common medical conditions seen in the medical unit? *Of our average population of 1970 offenders, we have 1776 enrollees in chronic care clinics. The chronically ill offenders are evaluated on a routine schedule ranging from one (1) to six (6) months based on the primary diagnosis of the patient. Patients can be evaluated on a more frequent basis, if their condition indicates the need. In addition to the established chronic care clinics, the facility has instituted and manages several specialty clinics (the chronic care figure noted above does not include the specialty clinics):*
- *Oral Surgery Clinic – We have been very fortunate to partnership with an oral surgeon who performs complex oral surgery procedures onsite approximately once per month.*
 - *Liver Biopsy Clinic – With the partnership of a surgeon, liver biopsies are performed onsite with post-operative recovery in the infirmary. The biopsies are performed under ultrasound guidance.*
 - *Ultrasound – With the partnership of Global Diagnostic we are being afforded the opportunity to perform ultrasounds onsite to those offenders with an approved referral.*
 - *GI Studies Clinic – The facility utilizes the most current technology for gastrointestinal studies, the PillCam – an ingestible camera that is swallowed and provides video of the esophagus or small bowel onsite. The procedure is performed onsite with pre follow-up in the Infirmary.*
 - *In 2012 we also implemented the service of endoscopy and colonoscopy. A General Surgeon and contracted services comes on-site and performs the procedures as an outpatient clinic.*
 - *Cancer Center of excellence – The facility Infirmary has become a receiving and management center for male patients on chemotherapy and radiation therapy programs in the community.*
 - *Telemedicine – We have partnered with SKC and St. Luke’s Hospital in order to provide telemedicine services onsite. The opportunity will provide a specialist consult and care via satellite to those offenders who present a need. Recently telemedicine equipment has been installed at the local Surgery Center to provide the opportunity for the surgeon/specialist to provide follow-up care via telemedicine. We provide pain management clinics as well as pre-op and post-op clinics for general surgery, and orthopedics.*
- d. What are you doing to provide health education to offenders? *Education is provided during all reception and orientation encounters. Complaint specific education is provided at the time of every clinical encounter: sick call, chronic care clinics, emergencies, specialty clinics, periodic physical assessments or any other time that a health care professional interacts with a patient to provide clinical care. This education is provided in written and/or verbal format. Additionally, the facility conducts an annual offender health fair during which many topics are discussed and handouts are provided concerning most chronic care conditions. Additional educational materials are available for review in the library.*
- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? *No.*
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. *Yes, and probably on an even larger scale. Due to long term high risk life styles of most offenders and the lack of seeking community healthcare, there is expected to be a greater concentration of medical pathology and its sequel that one would find in the general public. Some examples would be long term*

smoking and its affect on the vascular system and associated carcinomas and chronic obstructive pulmonary disease, untreated hypertension, uncontrolled diabetes, undiagnosed chronic active hepatitis B and C, undiagnosed or under-treated HIV infections, etc. Some problems arise from the aging process, with or without the chronic medical complications; decreasing ability to perform activities of daily living, higher incidents of confusion or dementia and decreasing mobility.

8. Mental Health Services:

- a. *How do offenders go about obtaining mental health treatment services? Offenders may access mental health services through the Medical Services Referral (MSR) form and process. An offender may also be referred to mental health via a Staff Referral Form. Offender may request to participate in group therapies verbally with mental health staff or by sending an MSR indicating a desire to participate.*
- b. *How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? There were no completed suicides in the past year. Suicide intervention training is provided at CORE Training an average of two times per month to JCCC staff by the Institutional Chief of Mental Health Services. All employees are able to initiate suicide intervention policy and procedures.*
- c. *Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? There are approximately 303 (15.6%) of offenders in this institution that are currently taking psychotropic medications.*
- d. *How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? Of the offenders receiving psychotropic medications, 65 are rated as MH-4. Offenders with either MH-3 or MH-4 scores are scheduled for Chronic Care with Mental Health Therapists and Psychiatrists. By policy each is seen by the Mental Health Therapist a minimum of once each 30 days and by the psychiatrist a minimum of once each 90 days. Each MH-3 or MH-4 offender participates in developing an Individualized Treatment Plan with input from the multidisciplinary treatment team. Currently 35 offenders participate in the "SSRU" Secure Social Rehabilitation Unit. These offenders are all MH-4. It was envisioned and designed to provide clinically appropriate mental health treatment and programming to high custody level offenders who experience serious mental illness. It was determined that there were a number of seriously mentally ill offenders housed in the segregation units as a result of their behaviors primarily associated with their particular mental illness. The SSRU establishes a setting where treatment and programming is provided with the goal of moving these offenders to a more appropriate and less restrictive environment. This move to a less restrictive environment is managed on a level system which negotiates a continuum from segregation type placement on one end to a return to general population placement on the other. This level system allows movement in either direction individually determined by each particular offender's progress in the programming, his behavior and his particular needs. Offenders with a MH score of MH-1 or MH-2 are seen by therapist via the MSR process. All offenders are welcome to participate in mental health therapeutic group therapies.*

9. *What is your greatest challenge in managing this institution? Staffing due to turnover. We have a considerable amount of staff at or close to retirement. The loss of knowledge and experience these seasoned staff members have is not easily made up. Our Training Officer and Field Training or Mentoring Program is attempting to fill the void. The lack of experienced staff requires a higher amount of supervision, creating a higher work load for Management Staff and taking them away from their assigned duties.*

10. What is your greatest asset to assist you in managing this institution? *Our staff, their experience and work ethic.*
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) *Aging but well maintained, we could use another wheelchair van.*
12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. *Morale is medium to high. The staff work well together with minimal staff conflict. The staff at JCCC have a great work ethic and work well together. They are very proud of working at JCCC due to the numerous offender rehabilitative programs, substantive offender jobs, challenging work environment and experienced personnel.*

13. Caseworkers:

- A. How many caseworkers are assigned to this institution? *We currently have 17 caseworker positions. 15 work in housing units, one is assigned specifically to respond to grievances (the next stage after Informal Resolution Request) and one assigned as our Restorative Justice Coordinator.*
- B. Do you currently have any caseworker vacancies? *Yes (2).*
- C. Do the caseworkers accumulate comp-time? *Rarely, if ever, and only in cases of emergencies.*
- D. Do the caseworkers at this institution work alternative schedules? *Occasionally, in order to avoid accumulation of comp time.*
- E. How do inmates gain access to meet with caseworkers? *Caseworkers make rounds of the administrative segregation and protective custody unit a minimum of two times a week and in general population we have open door daily. We also call offenders in when they send a written request through the housing unit inside mailbox as the need arises.*
- E. Average caseload size per caseworker?
- # of disciplinary hearings per month? *Approximately 14 hearings.*
 - # of IRR's and grievances per month? *Approximately 15 IRR's per month and the caseworker in the grievance office responds to approximately 175 grievances per month.*
 - # of transfers written per month? *Approximately 1 per month per caseworker (due in large part to the fact that we have long-term sentenced offenders).*
 - # of re-classification analysis (RCA's) per month? *Approximately 8 per month per caseworker.*
- F. Are there any services that you believe caseworkers should be providing, but are not providing? *None.*
- G. If so, what are the barriers that prevent caseworkers from delivering these services? *N/A*
- H. What type of inmate programs/classes are the caseworkers at this institution involved in? *The reception/orientation program, the substance abuse programming housing unit, the visiting room activities committee, the food visit program, administrative segregation reentry program, anger management classes, pathways to change, restorative justice, impact on crime classes.*
- I. What other duties are assigned to caseworkers at this institution? *Institutional tours for youthful offenders/probationers and professional tours; training of custody and non-custody staff on "Report Writing"; "Adult Internal Classification System" and the Transitional Accountability Plan; serves as a committee member on administrative segregation committee, protective custody hearings, enhanced care unit committee, forced medication hearings.*

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? *Three parole officers and one supervisor.*

- B. Do you currently have any staff shortages? *No*
- C. Do the parole officers accumulate comp-time? *No*
- D. Do the parole officers at this institution flex their time, work alternative schedules? *Yes*
- E. How do inmates gain access to meet with parole officers? *Inmates gain access by letters, phone calls, interviews, open door and by parole officers visiting housing units.*
- F. Average caseload size per parole officer?
 - # of pre-parole hearing reports per month? *30 per month*
 - # of community placement reports per month? *10 per month*
 - # of investigation requests per month? *15 per month*
- G. Are there any services that you believe parole officers should be providing, but are not providing? *No*
- H. If so, what are the barriers that prevent officers from delivering these services? *No*
- I. What type of inmate programs/classes are the parole officers at this institution involved in?
Parole Officers are involved with a long-term drug program, youth group program and pre-release planning.

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. *None*

16. Does your institution have saturation housing? If so, how many beds? *No*

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? *500 radios*
- b. Do you have an adequate supply of batteries with a good life expectancy? *Yes*
- c. Are the conditioners/rechargers in good working order? *Yes*