

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Maryville Treatment Center			
Custody Level	C-2	Warden	Sonny Collins
Total Acreage	44 acres	Address	30227 US Hwy 136
Acreage w/in Perimeter	12 acres		Maryville MO 64468
Square Footage	137,000	Telephone:	(660) 582-6542
Year Opened	1996	Fax:	(660) 582-8071
Operational Capacity/Count (as of Nov 30, 2012)	525/518		
General Population Beds (capacity and count)	525/516	Deputy Warden	Alana Boyles Offender Management
Segregation Beds (capacity and count)	34/10	Deputy Warden	Gaye Colborn Operations
Treatment Beds (capacity and count)	525/516	Asst. Supt	N/A
Work Cadre Beds (capacity count)	0	Asst. Supt	N/A
Diagnostic Beds (capacity and count)	0	Major	John Lower
Protective Custody Beds (capacity and count)	0		

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?
 1. **Replace windows in Bldgs 2 & 3**
 2. **Tuck Point Bldgs 3, 4 & 5**
 3. **Update security fence alarm system, along with locks at the Control Center**
 4. **Update Bldg 2 cooling system**
 5. **Repair roof on Bldg 2**
 6. **Upgrade showers in Bldgs 2 & 3 – C-side**
 7. **Replace steam line loop in Bldg 3**
 8. **Replace all vehicles above 100,000 miles with more efficient types**
 9. **Inspection of water tower – repaint inside and out**
 10. **Repave all parking lots**
 11. **Build a warehouse for maintenance tools and inventory**
- c. How critical do you believe those projects are to the long-term sustainability of this facility?
The windows in Bldg 2 and 3 and the tuck pointing are very critical and are in need of immediate repair. It is also critical that the offender transportation vehicles over 200,000 miles be replaced.

2. Staffing:

- a. Do you have any critical staff shortages? **Cook I/II**
- b. What is your average vacancy rate for all staff (**5.83**) and for custody staff (**3.58**) only?
- c. Does staff accrual or usage of comp-time by staff effect your management of the institution?
No
- d. What is the process for assigning overtime to staff? **Volunteer basis**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off (**57%**) and what percentage is paid-off? (**43%**)
- f. Is staff able to utilize accrued comp-time when they choose? **Yes, but subject to shift coverage.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **120 offenders enrolled in education.**
- b. How many (and %) of inmate students earn their GED each year in this institution? **Between 115-125 each year. The current pass rate is 82%.**
- c. What are some of the problems faced by offenders who enroll in education programs?
A lack of motivation since some do not want to be in class. Some are overwhelmed by the amount of orientation information. Since we are in a six month program, students have a small amount of time to reach their educational goals. There is also inadequate space to do small group instruction on the board for those who have visual learning styles.

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have?

The Maryville Treatment Center program has been developed in collaboration with Gateway Foundation, and certified in conformance with ADA standards for Institutional Treatment Centers, as well as Missouri Department of Corrections policies and procedures. Our model for treating addictive disorders in therapeutic community is based on the foundational concepts of George DeLeon and others in the TC field, and reflected in the *Revised Therapeutic Communities of America Standards for TC's in Correctional Settings*, Office of National Drug Control Policy.

The Maryville Treatment Center is solely dedicated to providing alcohol and drug treatment in a modified therapeutic community (TC) Model, integrated with Missouri Re-Entry Process (transitional) services. Our program provides clients with intermediate and long-term, intensive treatment of substance use disorders in a structured, therapeutic learning environment.

Treatment consists of a four-week orientation to Therapeutic Community, followed by Intensive Addictions Treatment and Re-Entry Skills training. As part of our commitment to the DOC Missouri Re-Entry Process, Maryville Treatment Center also incorporates classes previously given in Transitional Housing Units as well as Medical and Mental Health treatment/classes in our residential treatment program. This includes Pathway-To-Change and the recently-implemented DAI curriculum for Anger Management.

Blended Model of State-Private Services

The Maryville Treatment Center program offers a unique service model in which State Department of Corrections, Division of Offender Rehabilitative Services (DORS) clinical staff are blended with clinical staff from Gateway Foundation, a private provider of treatment services, in a seamless and efficient delivery of programming. This teamwork occurs in a larger context of collaboration with DOC's Division of Adult Institutions (DAI) sections of MTC staff, since the concept of therapeutic community views all facility staff as part of an extended treatment team involved in the client's recovery.

- b. How many beds are allocated to those programs?

We have approximately 445 offenders here for six-months and 80 for one year. Effective November 21, 2012, one-year beds will gradually be increased by up to 120 offenders court-ordered into Long-Term treatment beds. This will eventually result in a ratio of 200 participants in one-year treatment programming and 325 participants in 6-month treatment programming.

- c. How many offenders do those programs serve each year?

We serve approximately 1000 offenders per year (445 x 2 plus 80)

- d. What percent of offenders successfully complete those programs?

Completion Summary 01/01/2012 – 11/30/2012		
	TOTAL	%
Total Successful Completers	792	92.7%
Terminated as Unsuccessful*	62	7.3%
Total Clients Serviced to Date in 2012	837	100%

***Cardinal Rule violations or lack of Therapeutic gain.**

During the time period from 01/01/2012 through 11/30/2012, we had 792 successful completions and 62 program terminations due to an inability to benefit from treatment. Fifty-eight offenders were administratively transferred for various reasons of ineligibility, or voluntarily withdrew. These rates are consistent with similar treatment programs.

- e. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting?

The primary challenge is staffing. The location of most prison sites sets them apart from population centers and any type of significant pool of qualified candidates for treatment staff. Often, treatment providers and DORS vie for the same few candidates, and don't hesitate to "hire-away" staff from one agency to another.

Other challenges come from needing to adjust treatment programming to work within institutional procedures.

5. Vocational Programs: NOT APPLICABLE

- a. What types of vocational education programs are offered at this institution?
- b. How many offenders (and %) participate in these programs each year?
- c. Do the programs lead to the award of a certificate?
- d. Do you offer any training related to computer skills?

6. Missouri Vocational Enterprises: NOT APPLICABLE

- a. What products are manufactured at this institution?
- b. How many (and %) of offenders work for MVE at this site?
- c. Who are the customers for those products?
- d. What skills are the offenders gaining to help them when released back to the community?

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? **282.**
- c. What are some examples of common medical conditions seen in the medical unit? **Headache, athlete's foot, constipation, cold symptoms jock itch, allergies and gas.**
- d. What are you doing to provide health education to offenders? **Annual health fair, each nursing sick call encounter has a patient education sheet that corresponds with their sick call complaint and chronic care appointments.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No.** If so, how did you respond?
- f. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond? **No active cases of TB have been identified in the facility.**
- g. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? If yes, please explain. **Not at MTC; most aged offenders have a higher M-score than MTC accommodates.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders may obtain mental health services primarily in three ways: 1. Submitting an MSR to mental health requesting to be seen; 2. Staff referral; and 3. By declaring a mental health crisis. In the first case, mental health staff will see the offender within five working days of receiving the MSR (the current average is three days). Offenders referred by staff will be seen according to the situation with the time frame varying from within that same working day to five working days. In the event an offender declares a mental health crisis, they will be seen ASAP; usually within two hours, but at least by the end of the day.**
- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? **There have been no successful suicides at MTC during the past year. All staff (DOC and contract) receive annual suicide intervention training in order to identify signs and symptoms of persons at risk for suicide. When staff observe an offender who appears to be at risk, they may place the offender on full suicide watch or make an immediate referral to mental health staff for an evaluation, in which case a staff member will stay with the offender until the offender can be seen by mental health. Persons placed on suicide watch are evaluated daily while on watch (MH staff call in and check on them over weekends and holidays), with modification to the watch being made as relevant. When released from suicide watch, they are seen as needed (depending on the nature of the threat, attempt, etc, and their recovery while on suicide watch) to continue to assure they are still no longer at risk.**
- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **As of 11/29/12, MTC averaged 64 offenders taking psychotropic medication, which is approximately 12% of the population.**
- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **As of 11/29/12, MTC had 39 offenders in Mental Health Chronic Care (listed as MH3). Each of these offenders is seen at least every 30 days by mental health staff for observation and evaluation of their ability to function. Each has an individual treatment plan (ITP) developed in cooperation with the offender, mental health therapist, psychiatrist and other staff as pertinent. This ITP is reviewed and revised as needed every 180 days. They are seen by the psychiatrist a minimum of every 90 days, though the normal psychiatric visits are usually about every 60 days. The offenders are also provided individual therapy as needed is identified and agreed upon.**

9. What is your greatest challenge in managing this institution? **One of our greatest challenges is maintaining an effective and efficient operation with less. The pay for Cooks continues to be a problem when it comes to hiring and retaining them.**
10. What is your greatest asset to assist you in managing this institution? **Maryville is fortunate to have staff that take a team approach to problem solving and are dedicated to being the best at what they do. It is always good to have the support of upper management as we do more with less.**
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) **The fleet and its conditions are as follows.**

License #	Year	Make/Model	Mileage	Condition
13-0120M	1999	DODGE VAN	86312	Fair
13-0269M	1996	DODGE UTILITY 4WD	44218	Fair
13-0270M	1997	FORD TRUCK OT	45141	Fair
13-0272M	2006	DODGE MINI VAN	128274	Fair
13-0274M	2006	DODGE MINI VAN	130287	Fair
13-0277M	2005	FORD VAN 15 PASSENGER	219560	Fair
13-0281M	1996	JEEP UTILITY 4WD	94908	Poor
13-0282M	1996	DODGE UTILITY 4WD	47162	Fair
13-0286M	1992	CHEVY UTILITY 4WD	80570	Fair
13-0287M	1998	FORD TRUCK OT	14134	Fair
13-0339M	2007	FORD SEDAN	76017	Good
13-0393M	1987	C-50 TRUCK	40706	Fair
13-0395M	1999	DODGE VAN 15-PASSENGER	112746	Very Poor
13-0509M	2002	FORD SEDAN	142274	Fair
13-0703M	2005	FORD VAN 15-PASSENGER	216094	Fair
13-0781M	2003	FORD SEDAN	111383	Fair
32-0227M	2008	CHEVY SEDAN	79937	Good
32-0263M	2008	CHEVY MIN VAN	97266	Good
13-0331M	2012	FORD VAN 15-PASSENGER	19810	Good

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer) The morale of Custody staff at Maryville Treatment Center is assessed overall as medium. The custody section has received new post orders and is getting used to several new standard operating procedures. Many custody staff members are experiencing a certain amount of uneasiness in adjusting to the new expectations. However, a significant decrease in the amount of formal staff complaints has been noted. This reporting Chief of Custody has also noted a drop off in the number of informal resolution requests and grievances filed against supervisors and other staff members. As always, low pay and health care continue to be points of concern for custody staff.**
13. Caseworkers:
- How many caseworkers are assigned to this institution? **5**
 - Do you currently have any caseworker vacancies? **No**
 - Do the caseworkers accumulate comp-time? **Minimal**
 - Do the caseworkers at this institution work alternative schedules? **Only as needed**
 - How do inmates gain access to meet with caseworkers? **Treatment offenders submit a line of communication form to classification staff who then respond appropriately.**
 - Average caseload size per caseworker? **105 offenders is the average caseload.**
 - # of disciplinary hearings per month? **112 average**
 - # of IRR's and grievances per month? **21 IRRs and 5 grievances**
 - # of transfers written per month? **13 average**
 - # of re-classification analysis (RCA's) per month? **102 RCAs average**
 - Are there any services that you believe caseworkers should be providing, but are not providing? **Our caseworkers do a very good job of responding to the variety of issues the offenders have. We are melding treatment services and reentry services so the offenders receive both. I do not see any other services we should offer.**
 - If so, what are the barriers that prevent caseworkers from delivering these services? **N/A**

- i. What type of inmate programs/classes are the caseworkers at this institution involved in? **Caseworkers assist in providing substance abuse treatment services, participate in the Offender Management Team and Program Review Committee processes. Caseworkers facilitate Pathways to Change, Impact of Crime on Victim Classes and Anger Management and various aspects of the Missouri Reentry Process.**
- j. What other duties are assigned to caseworkers at this institution? **Caseworkers also assist in training other staff and sit on various committees. Other additional duties include Visiting Liaison, Assistant Visiting Liaison, Required Activities/Work Release Assistant Activities Coordinator, Grievance Officer and Assistant Grievance Officer, Puppies for Parole Coordinator and Assistant P4P Coordinator, Restorative Justice Coordinator and Assistant RJ Coordinator. Caseworkers complete the Transition accountability Plans with offenders, along with the regular duties in classification (ie, all disciplinary, classifying offenders, visitation, offender questions and issues, etc).**

14. **Institutional Probation and Parole officers:**

- a. How many parole officers are assigned to this institution? **4**
- b. Do you currently have any staff shortages? **No**
- c. Do the parole officers accumulate comp-time? **Minimal**
- d. Do the parole officers at this institution flex their time, work alternative schedules? **As needed**
- e. How do inmates gain access to meet with parole officers? **Schedule Appointment/utilize Line of Communication**
- f. Average caseload size per parole officer? **Population divided by 4 officers currently**
 - # of pre-parole hearing reports per month? **0 during CY11**
 - # of community placement reports per month? **94**
 - # of investigation requests per month? **94**
- 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? **N/A**
- i. What type of inmate programs/classes are the parole officers at this institution involved in? **None presently.**

15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections. **The number one issue on our list is the same; replacement windows in Bldgs. 2 & 3. My first concern is the safety with the windows in Bldg 3 being single pane. This also affects the efficiency when heating the building. This type of window in both buildings makes it very difficult to control the heating and cooling which can be very costly.**

16. Does your institution have saturation housing? If so, how many beds? **No, the Maryville Treatment Center does not have saturation beds; however, we have been informed to keep 36 beds in stock to allow for the possibility of saturation beds.**

17. **Radio/Battery Needs:**

- a. What is the number of radios in working condition? **120**
- b. Do you have an adequate supply of batteries with a good life expectancy? **Yes**
- c. Are the conditioners/rechargers in good working order? **MTC has received and installed the new radio system upgrade over the course of the summer and fall. At this time, MTC has 120 radios and sufficient batteries and chargers to meet our current needs. The new radios have a greater range and much improved penetration capabilities. This had made significant improvements in all aspects of radio communications. Also, the new batteries hold a charge for a significantly longer period of time which nearly eliminated the need for staff to exchange batteries during their assigned shift. Due to the benefits of the new batteries, MTC currently has sufficient batteries in reserve to meet the current operational needs.**