

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)	561/549		
General Population Beds (capacity and count)	36/27	Deputy Warden	Alana Boyles Operations
Segregation Beds (capacity and count)	34/12	Deputy Warden	Gaye Colborn Offender Management
Treatment Beds (capacity and count)	525/522	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. Replace flooring in Bldg 2**
 - 6. Upgrade showers in Bldgs 2 & 3 – C-side**
 - 7. Replace steam line loop in Bldg 3**
 - 8. Inspection of water tower – repaint inside and out**
 - 9. Repave all parking lots**
 - 10. 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.

2. Staffing:

- a. Do you have any critical staff shortages? **COII; this position has been vacant since October 31, 2013. With the only 12 CO II positions at MTC, this vacancy has been impactful to other shifts.**
- b. What is your average vacancy rate for all staff (**5.25**) and for custody staff (**4.5**) 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 (**45%**) and what percentage is paid-off? (**55%**)
- 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? **103 offenders enrolled in education. At least 97% of offender students are currently enrolled.**
- b. How many (and %) of inmate students earn their GED each year in this institution? **Approximately 70, and about 20% receive their GED.**
- c. What are some of the problems faced by offenders who enroll in education programs? **Distracted by the number of offenders students in our area, it seems crowded sometimes. We would also like to expand on services to offenders with special learning needs.**

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?

The Maryville Treatment Center houses 525 offenders participating in treatment services. Of those, 200 are able to participate in Long-Term (one-year) Court or Board ordered treatment programming. The remaining 325 offenders participate in Intermediate (six-month) 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 01/01/2013 – 11/30/2013		
	TOTAL	%
Total Successful Completers	725	91.6%
Terminated as Unsuccessful*	66	8.3%
Total Clients Serviced to Date in 2012	783	100%

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

During 01/01/2013 through 11/30/2013, we had 725 offenders successfully complete; 66 terminations and 70 administratively transferred for various reasons of ineligibility or voluntary withdrawal.

- 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 must vie for the same few candidates.**

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

5. Vocational Programs: NOT APPLICABLE

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

6. Missouri Vocational Enterprises: NOT APPLICABLE

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

7. Medical Health Services:

- Is the facility accredited by the National Commission on Correctional Health Care? **Yes.**
- how many offenders are seen in chronic care clinics? **321.**

- c. What are some examples of common medical conditions seen in the medical unit? **Complaints of headache, athlete's foot, common cold, back pain and toothache are the most common health complaints seen.**
- d. What are you doing to provide health education to offenders? **We have a yearly health fair; we give handouts for each sick call encounter; we supply pamphlets in the waiting area of the medical unit and health pamphlets are available in the resource room.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No.** If so, how
- f. Is the aging of the population effecting health care in prisons as it is effecting health care every where else? **Yes.** If yes, please explain. **As the prison population ages, there are more critical health concerns seen. The offender may not have taken care of their medical needs, either because of substance abuse issues or lack of funds to pay for health care. Often the prison system is the first or only exposure the offender has had to health care.**

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services? **Offenders can access mental health services via submission of an medical services request forms, staff referral, signing up for groups, through the course of conducting segregation rounds and in the event of a crisis, staff can phone mental health staff to determine the appropriate course of action to expedite services.**
 - 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 in the past 12 months. We are conducting routine Suicide Prevention training with staff during CORE training. Regular and proactive mental health services also attempts to aid in identifying individuals that may be experiencing thoughts of self-harm and try to serve those individuals as they are identified. Mental Health also participates in the annual Health Fair to provide information to the offender population.**
 - c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **At last count, we had 55 mental health level-3 offenders at MTC. 46 of those are prescribed psychotropic medications for mental health reasons (by the psychiatrist).**
 - d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **In order for an offender to receive psychotropic medications, they must be seen by the psychiatrist and diagnosed as having a Severe Mental Illness (SMI). These offenders are enrolled in the Mental Health Chronic Care Clinic (MHCCC) and are seen by the chief of mental health services at least one time monthly and by the psychiatrist at least once every 90 days (sometimes more often that that if clinically indicated). Offenders whose symptoms significantly impair their normal daily functioning sometimes have difficulty functioning in a general population environment. In such cases, the Mental Health score may be raised to MH-4, which would in turn necessitate that the offender be transferred to another institution to better meet their mental health treatment needs (as we typically do not serve MH-4 offenders at MTC). As a general rule, the level of service we provide at MTC (individual contacts, group, educational materials, psychiatric consultation, staff consultation, etc.) seems to adequately meet the needs of our offender population and the institution itself.**
9. What is your greatest challenge in managing this institution? **The biggest challenge is always staff for MTC. There are several reasons this poses a problem for MTC. The location is remote and less populated. There is a small pool of qualified staff to draw from and the pay**

scale is not comparable. Most companies in the area hire from MTC. Scheduling also poses a problem for treatment. We need to maintain the facility while allowing offenders to receive treatment.

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	86924	Fair
13-0269M	1996	DODGE UTILITY 4WD	46623	Fair
13-0270M	1997	FORD TRUCK OT	48223	Fair
13-0272M	2006	DODGE MINI VAN	143278	Fair
13-0274M	2006	DODGE MINI VAN	149564	Fair
13-0277M	2005	FORD VAN 15 PASSENGER	230384	Fair
13-0281M	1996	JEEP UTILITY 4WD	95350	Poor
13-0282M	1996	DODGE UTILITY 4WD	49370	Fair
13-0286M	1992	CHEVY UTILITY 4WD	80694	Poor
13-0287M	1998	FORD TRUCK OT	14656	Fair
13-0331M	2012	FORD VAN 15-PASSENGER	78828	Good
13-0339M	2007	FORD SEDAN	85018	Good
13-0393M	1987	CHEVY C-60 TRUCK	40723	Fair
13-0395M	2006	FORD E-350 VAN	81746	Very Poor
13-0509M	2002	FORD SEDAN	142641	Fair
13-0703M	2005	FORD VAN 15-PASSENGER	229987	Fair
13-0781M	2003	FORD SEDAN	112934	Fair
32-0227M	2008	CHEVY SEDAN	97466	Good
32-0263M	2008	CHEVY MIN VAN	120485	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 the custody staff at MTC is assessed overall as medium. Certainly some individual custody staff members exceed this rating while others fall below this rating. The primary reasons for the medium to low morale are the low pay and stressful working environment. In addition, some staff members are change adverse and are experiencing difficulty adjusting to operational changes.**

13. Case Managers:

- a. How many Case Managers are assigned to this institution? **6; 5 filled with Case Managers and 1 filled with a CCA.**
- b. Do you currently have any Case Manager vacancies? **No**
- c. Do the case managers accumulate comp-time? **Minimal**
- d. Do the case managers at this institution work alternative schedules? **They only work an alternate schedule as needed.**

- e. How do inmates gain access to meet with case managers? **Treatment offenders submit a line of communication form to classification staff who then respond to the issue. Classification staff also make daily tours of their assigned floors to address issues.**
- f. Average caseload size per case manager? **Average caseload per Case Managers is 108.**
- # of disciplinary hearings per month? **143 average**
 - # of IRR's and grievances per month? **21 IRRs and 6 grievances**
 - # of transfers written per month? **11 average**
 - # of re-classification analysis (RCA's) per month? **100 RCAs average**
- g. Are there any services that you believe Case Managers should be providing, but are not providing? **I do not think there are any additional services we need to be providing. I do wish there were more local resources available for re-entry purposes, but there just aren't many in this area.**
- h. If so, what are the barriers that prevent Case Managers from delivering these services? **Lack of resources in this area.**
- i. What type of inmate programs/classes are the case manager at this institution involved in? **CaseManagers facilitate Pathway To Change, Impact of Crime on Victims Class, Anger Management and InsideOut Dads. They are also involved in various aspects of the Missouri Reentry Process.**
- j. What other duties are assigned to case managers at this institution? **CaseManagers assist in providing substance abuse treatment services and are highly involved in the Therapeutic Community process. They participate in Offender Management Teams and Program Review Committee processes. They attend and participate in floor meetings and tighthouse as needed. CaseManagers assist with training of other staff and are members of various committees. They are also the Visiting Liaison, Required Activities/Work Release Assistant Coordinator, Grievance Officer and Restorative Justice Coordinator. CaseManagers complete the Transition Accountability Plans with all offenders and to try to provide information for reentry services. In addition, they complete their regular duties of disciplinary hearings, classifying offenders, processing visitation requests and addressing offender questions and issues.**
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? **Call Out Process or LOC Process**
- f. Average caseload size per parole officer? **Population divided by 4 officers**
- # of pre-parole hearing reports per month? **3 during CY13**
 - # of community placement reports per month? **70**
 - # of investigation requests per month? **79**
- 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? **Yes** If so, how many beds? **36**

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? **All battery chargers and conditioners are fully functional and meet current needs.**