

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Jefferson City Correctional Center			
Custody Level	Medium / High	Warden	Jay Cassidy
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:	573-751-1277
Operational Capacity/Count (as of December 1, 2014)	1971 / 1966		
General Population Beds (capacity and count as of December 1, 2014)	1152 / 1152	Deputy Warden	Kelly Morriss – Offender Management
Segregation Beds (capacity and count as of December 1, 2014)	476 / 462	Deputy Warden	Donna Cayer – Operations
Treatment Beds (capacity and count as of December 1, 2014)	288 / 280	Asst. Warden	Billy Dunbar
Work Cadre Beds (capacity and count as of December 1, 2014)	0 / 0	Asst. Warden	
Diagnostic Beds (capacity and count as of December 1, 2014)	0 / 0	Major	Timothy Goebel
Protective Custody Beds (capacity and count as of December 1, 2014)	72 / 69		

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, del-Norte fence system, sally port gate operators, hand scanners/card readers, laundry equipment, food service equipment, asphalt road repair, institutional lighting, ice builders, replacement of exterior lighting with new energy efficient lighting, and the painting (interior and exterior) of 750,000 gallon water tower.*
- 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 19.32% with the bulk of this being our Corrections Officer I position which has a turnover rate of 21.30%.*
- 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? *Approximately 66% of comp time accrued is paid off; 34% is used*
- 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? *An average of 70 offenders are typically enrolled in the HSE program (3.6% of our total offender population at JCCC). Currently 64 offenders are assigned due to the number of qualified applicants. NOTE: JCCC operates a volunteer education program that is in transition to the new HiSet standards. 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 HSE each year in this institution? *Due to the change in our curriculum from the GED to the HiSet we have graduated 7 (10% of our students) offenders 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 decreases the graduation rate. 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. Many offenders are now being released from JCC but we do not have a funded Educational program meant to assist them in attaining their HiSet prior to release. The volunteer school although effective in its own right cannot meet the challenges that have developed since reclassifying JCCC as a level 2-5 institution.*

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 in 2005.*
- b. How many beds are allocated to those programs? *288 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? *Shortage of qualified Volunteers in Corrections (VICs) and having the resources available to offender that have completed the programming who have been released from prison, including meeting and network opportunities, additional treatment options on the streets, as well as housing resources.*

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? ***Clothing Factory:*** *custody officer pants, shirts and caps; offender gray pants and shirts; custom embroidery and custom cloth cutting*

for other factories located at different institutions; ink jet printing on shirts, coats, blankets; utility belts and accessories along with various specialty items. **Graphic Arts:** printing for state of Missouri and tax exempt entities, examples are as follows: Property Tags for different divisions and agencies for the State of Missouri; Missouri Auto and Motorcycle Validation Tabs, Missouri Auto and Motorcycle Inspections stickers; License Plate decals for the State of Arkansas; Prints all flat license plates for the State of Missouri for the License Plate Factory, fleet vehicles, personalized, etc.; Prints all small city and county flat license plates and vanity license plates as well, handicap placards, parking permits, ATV permits, hanging parking permits for colleges and several state agencies, along with various specialty decals and stickers for state employees. **Furniture Factory:** desks, credenzas, hutches, bookcases, file cabinets, coat trees, trash receptacles, conference tables, and podiums (144 different items and designs). **Engraving Factory:** Engraves plaques/awards, name badges, ADA signs, wood carvings and picture frames as well as paintings, leather work, stained glass in the "Fine Arts" area. (The majority of this requires computer knowledge of drawing and layout programs). **Ink Cartridge Factory:** Rebuilds toner cartridges for printers, faxes and scanners. **License Plate Factory:** Makes all license plates for the State of Missouri, (Flat Plates and Embossed Plates). **Sign Shop:** Makes street and highway signs, banners, decals and placards.

- b. How many (and %) of offenders work for MVE at this site? *At this time we have 245 offenders employed within the MVE factories which are 12.25% of the total offender base count housed at the Jefferson City Correctional Center.*
- c. Who are the customers for those products? *Missouri State Agencies, Tax Exempt Entities (i.e. Churches, Counties and Organizations), other State's Agencies and Missouri State Employees.*
- d. What skills are the offenders gaining to help them when released back to the community? *The learn to get up and go to work, typing skills, computer skills, clerical skills, wood working skills (building furniture), printing skills (which requires attention to detail and extensive computer skills); Rotary and Laser Engraving skills (both of these require computer skills as well); Wood Carving; Sewing, Computerized Clothing Cutting, Light duty Maintenance, Manufacturing and Embroidery Skills as well as learning to work as a team and take directions from others. In each MVE factory we have a school section where they have the opportunity to learn Computer Literacy 101 which teaches them computer skills, typing, resume writing, tips on how to dress for interviews, how to create databases, work in Microsoft Windows, Word, Power Point, and how to create Equations and Formulas. Grades are received for each section they take and a certificate to verify they have completed the course. We also record with the Department of Labor the amount of hours of experience they have in their fields, whether it be clerical, drafting, machine operator or whatever area they are qualified for.*

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? *1724*
- c. What are some examples of common medical conditions seen in the medical unit? *Of our average population of 1970 offenders, we have 1724 that are enrolled 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.*
 - *GI Studies Clinic – In 2012 we established the contracted services of a General Surgeon to perform endoscopy and colonoscopies onsite. These procedures are completed 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 are expanding our partnership with several local providers who specialize in orthopedics, general surgery, oncology, nephrology, physical therapy, pain management through onsite telemedicine. The opportunity will provide a specialist consult and care via satellite to those offenders who present a need.*
- 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. Weekly group or individual education is provided for diabetic patients or those receiving Coumadin. 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, there have not been any active cases of TB at this institution. Each offender is tested annually either via Mantoux skin-test, or chest x-ray (in any case of a prior-positive) and the infirmary is equipped with two negative air flow rooms for any patient requiring respiratory isolation.*
- f. *Is the aging of the population affecting health care in prisons as it is affecting health care everywhere else? If yes, please explain: Yes. The challenge of caring for the aging offender in the correctional setting is being recognized more each year. Long-term high-risk lifestyles, higher rates of underlying mental illness, and lack of preventative healthcare prior to incarceration all contribute to medical pathologies that can find inmates to be clinically, ten years older than their chronological age. Some examples are long term smoking and its relation to chronic obstructive pulmonary disease, affects on the vascular system, and associated carcinomas: untreated hypertension; uncontrolled diabetes and complications to vision and wound care; undiagnosed chronic active hepatitis B and C, undiagnosed or under-treated HIV infections, etc. Other problems arising from the aging process, with or without the chronic medical complications; decreasing ability to perform activities of daily living, higher incidents of confusion and dementia and decreasing mobility. In 2011, JCCC moved from a pilot site for an enhanced care unit (ECU) to a fully functioning ECU with established policies and has shared those trials and knowledge with other sites throughout Missouri. Full-time nursing staff is now assigned to the ECU, completing daily rounds and addressing any concerns the offenders may have. Monthly skin assessments are completed on wheelchair-bound offenders. Training is provided for Daily Living Assistants (DLA) through a grant provided via the Central Plains Geriatric Education Center (GED)/KUMC, who provides non-clinical assistance with activities of daily living. Additionally, an established hospice program is present where specially-trained offender volunteers provide companionship and comfort to patients receiving hospice and palliative*

care within the Infirmary. As a result of an elderly offender program we have reduced the amount of hospital beds utilized in the community, and time spent in the infirmary. The offenders are assigned to a safe and secure environment where healthy lifestyles are supported and exercise and other socialization activities occur.

8. Mental Health Services:

- a. *How do offenders go about obtaining mental health treatment services? Offender may access mental health services through the Health Services Referral (HSR) form and process. An offender may also be referred to mental health via a Staff Referral Form. Offenders may request to participate in group therapies verbally with mental health staff or by sending an HSR 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 was one completed suicide in 2014 which is .0005% of the population. Suicide intervention training is provided at CORE Training an average of two times per month to JCCC staff by all licensed Qualified Mental Health Professionals and Institutional Chief of Mental Health Services at the facility. 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 391 offenders taking psychotropic medications which are 19.97% of the population.*
- 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, 70 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 40 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 HSR process. All offenders are welcome to participate in mental health therapeutic group therapies.*

9. *What is your greatest challenge in managing this institution? Our facility is now 10 years old. A lot of our equipment that was brand new in 2004 is now aged and in need of repair. This coupled with a decreasing budget is an area of concern. A big part of our programs and educational opportunities provided to the offenders operate with Volunteers in Corrections since positions were lost in 2005 due to budgetary concerns. At times it is challenging to find qualified citizens to volunteer their time to work in a prison setting. We have been very fortunate thus far.*

10. What is your greatest asset to assist you in managing this institution? *JCCC has the largest industrial industry in the state which provides a lot of good jobs that keep the offenders busy. Keeping this in mind this gives incentive for offenders to display good behavior along with the benefits of providing employable skills to these offenders upon their release. Our staff has been innovated with keeping up on programs and Restorative Justice projects that are meaningful and have proven success within our system.*
11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?) *Aging but well maintained. In 2014 we received a new minivan and have added the wheelchair conversion kit to a van purchased in 2013.*
12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer)** *Morale is medium. The staff at JCCC have a great work ethic and work well together with minimal staff conflict. They are very proud of working at JCCC due to the numerous offender rehabilitative programs, substantive offender jobs, challenging work environment and experienced personnel. Our staff are greatly involved in many extracurricular fund raising endeavors bringing them closer together with a sense of pride for our community service. This has been proved by numerous staff members receiving awards and recognition. We are losing a large number of staff to better paying jobs. This is affecting morale by the loss of seasoned and experienced staff.*
13. **Case Managers:**
- A. How many case managers are assigned to this institution? *20*
 - B. Do you currently have any case managers vacancies? *none*
 - C. Do the case managers accumulate comp-time? *no*
 - D. Do the case managers at this institution work alternative schedules? *Yes, (1) Restorative Justice Casemanager.*
 - E. How do inmates gain access to meet with case managers? *Open door, Inmate to staff correspondence and case managers making rounds in the units.*
 - F. Average caseload size per case manager? *140*
 - # of disciplinary hearings per month? *303*
 - # of IRR's and grievances per month? *175 IRR's and 116 grievances*
 - # of transfers written per month? *41*
 - # of re-classification analysis (RCA's) per month? *183*
 - G. Are there any services that you believe case managers should be providing, but are not providing? *No*
 - H. If so, what are the barriers that prevent case managers from delivering these services? *None*
 - I. What type of inmate programs/classes are the case managers at this institution involved in? *Secure Social Rehabilitation Unit, Impact on Crime Victims Classes, Puppies for Parole, Anger Management, Inside Out Dads, Pathways to Change, Hospice and Enhanced Care Unit.*
 - J. What other duties are assigned to case managers at this institution? *Restorative Justice, Employability Skills and Life Skills.*
14. **Institutional Probation and Parole officers:**
- A. How many parole officers are assigned to this institution? *2 Probation and Parole Officers are assigned to the JCCC Probation and Parole Office.*
 - B. Do you currently have any staff shortages? *While we do not have an officer shortage, our Office Support Assistant position will be vacant by January 1, 2015. We are taking steps to fill that position at this time.*

- C. Do the parole officers accumulate comp-time? *No, we take steps to avoid the accumulation of compensatory time.*
- D. Do the parole officers at this institution flex their time, work alternative schedules? *The officers flex their time as needed. The officers do not work alternative work schedules at this time.*
- E. How do inmates gain access to meet with parole officers? *Offenders may request via letter and via staff request.*
- F. Average caseload size per parole officer? *The first officer is assigned the offenders with DOC numbers ending with 0-4. The second officer is assigned the offenders with DOC numbers ending with 5-9.*
 - # of pre-parole hearing reports per month? *20-30 pre-parole hearings are completed each month.*
 - # of community placement reports per month? *5-6 reports are generated per month.*
 - # of investigation requests per month? *The number of investigation reports varies per month based on the number of scheduled parole/conditional releases; however, on average there is approximately 10-14 reports generated per month.*
- G. Are there any services that you believe parole officers should be providing, but are not providing? *No, not at this time.*
- 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? *The officers are involved in the Offenders Offering Alternatives (OOA) tour multiple times per month.*

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? *N/A*

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? *500 radio*
- b. Do you have an adequate supply of batteries with a good life expectancy? *yes*
- c. Are the conditioners/rechargers in good working order? *We have 2 conditioners in good working order, this is down from 6 with 4 that are in the process of being repaired.*