

Joint Committee on Corrections

Information for Legislative Institutional Visits

Facility Name: Fulton Reception and Diagnostic Center			
Custody Level	Maximum	Warden	Alan R. Earls
Total Acreage	132	Address	1393 Highway O
Acreage w/in Perimeter	60		Fulton, MO 65251
Square Footage	437,618	Telephone:	573-592-4040
Year Opened	1986	Fax:	573-592-4073
Operational Capacity/Count (as of January 15, 2012)	1302/1423		
General Population Beds (capacity and count as of January 15, 2012)	N/A	Deputy Warden	Michael B. Payne Operations
Segregation Beds (capacity and count as of January 15, 2012)	122/90	Deputy Warden	Dan Redington Offender Management
Treatment Beds (capacity and count as of January 15, 2012)	38/34	Asst. Warden	Billy Dunbar
Work Cadre Beds (capacity and count as of January 15, 2012)	200/196	Asst. Warden	N/A
Diagnostic Beds (capacity and count as of January 15, 2012)	1064/1103	Major	John Douglas
Protective Custody Beds (capacity and count as of January 15, 2012)	N/A		

1. Capital Improvement Needs:

- a. How would you rate the overall condition of the physical plant of the institution?**

The overall condition of the physical plant is fair.

- b. What capital improvement projects do you foresee at this facility over the next six years?**

Replace all twenty-five (25) Backflow Preventers and include a Pressure Reducing valve. The Variable Facility Assessment (VFA) does not cover this. Due to the high water pressure the city is now providing and the fact that the Backflow Preventers are 20+ years old this needs to be completed in the very near future. FRDC has had to work on many of the backflows over the last five (5) years and it keeps looking worse as time goes by.

Replace roofs on Housing Units 5, 6 and 7 along with the three heat pumps and Housing Unit 18 roof top exhaust fans. HU 5 is by far the worst, having a flat-ballasted roof in which it has been patched many times and is still leaking. This is covered by a number of VFA requirements. The cost for replacing HU 1, 2 and 3 was \$701,000.00; project C0616-0. HU 5 and 6 are being considered for replacement at this time.

Pave existing roads and lots with new asphalt. This is not covered by VFA. Due to all of the changes over the years our road and parking areas have taken a beating. Our existing asphalt paving needs repair and resurfacing. The gravel lots added need pavement applied. All new pavements will require proper striping.

Replace Window Operators and weather stripping in all of Phase I and about 30% of Phase II. This is covered by a number of VFA requirements. A gearbox operates the existing windows. The gears are worn out and the windows require manual removal of the screens and physically positioning the windows in their desired location. The windows all require new weather stripping.

Replace Windows in Control Bubbles (outside) and (Floor). This is covered by a number of VFA requirements. These windows are old and in poor condition. The officers have a very difficult time in viewing anything occurring on the other side. The windows are currently being replaced by a priority list as time and material allow.

Install Seamless wall covering on ALL HU Showers. This is covered by a number of VFA requirements. These showers are of concrete block (filled) construction and then painted. The paint has never bonded to the walls no matter what we have tried. The only solution we have been given is to apply some kind of a seamless covering like stainless or one of these new age products.

Replace Emergency Switch Gear-Electronics. This is covered by VFA requirements. The electronic controls and the main switch are over 20 years old and have had many repairs and adjustments made to it. The time has come to replace with a new up to date model.

Replace PMTN-2 with a New 1500 KW Transformer. This is not covered by VFA. This is our most important transformer for it controls all emergency power, the kitchen, and our boiler room, HU17 & HU18. The load on this unit has increased each time we have made an addition to the point it is reaching 90% load. We have had to repair this unit due to a lightning strike blowing one of the protecting resistors. The safe play would be to correct or organize all of these issues.

Repair/Fix Walks in Phase I (original construction – HU 1, 2, 3 and 4). This is not covered by VFA. These sidewalks have been nothing but trouble to keep repaired. The problems range from construction traffic, weather and water drainage. A major landscaping and drainage control project must address these issues. Then correct all walk issues with new surfacing. To prevent water from entering buildings and/or creating a flood area, an extension of the existing storm sewer system is required. Some sections of walks have been repaired and others will be done as funding allows.

Replace 3 Boilers. This is not covered by VFA. The 3 package boilers rated @ 6.25 Million BTU are nearing their life expectancy. We need to have something included to

cover this issue. All of our inspections are showing only normal wear and tear but these are 1985 model Clever Brook's boilers, which only have a 25-30 year life.

Repair Roof on HU-17 & 18 plus Multipurpose Building. This is not covered by VFA. These buildings roofs have leaked on and off since built in 1995. The specs were supposed to be for a standing seam roof but we got a screwed down instead. We need to replace or apply one of those new spray-on products to seal all screw penetrations. Upgrade computer system in the Control Center and HU 20 as components are no longer available for the DOS based system. Total cost approximates \$150,000. All housing units and Administration outside slider doors need to be retrofitted as parts are becoming less available and the doors are original. There are twenty (20) doors at a cost of approximately \$20,000 each.

c. How critical do you believe those projects are to the long-term sustainability of this facility?

FRDC hopes to use OA-M&R funds to address the Backflow Preventers, pave lots and roads, replace fire doors, replace windows, and repair walks but with the budget we will have to see. We are told that replacing the roofs on HU 5, 6 and 7, along with equipment is on the schedule of OA roofs for the 2010 and 2011 cycle; again, budget. Installing the Muffin Auger is designed and OA is looking for funding now. The window operators are an inconvenience to operations but should be considered for replacement, this would require a capitol improvement. Renovate 64 showers with some kind of seamless covering for sanitation reasons this must be a capitol improvement project. Replacing the Emergency switch gear-electronics and the replacement of PMTN-2 transformer need to be capitol improvement projects. Repairing the roofs on HU-17 & 18 along with the multipurpose building need to be a capitol improvement project. Replacing the 3 boilers and the roof of "C" building will most likely need replacing in 6-8 years.

*****Our most critical issues are the HU roof replacements. The computer system upgrade should be considered a high priority with the roof repairs.*****

2. Staffing:

a. Do you have any critical staff shortages?

Currently we have one Corrections Case Manager III, one Corrections Case Manager I/II, three Cook II and five Corrections Officer I positions that are vacant. In the very near future, we will have two Corrections Officer II employees who are on extended military leave. Our Corrections Supervisor II and one Corrections Officer II position will be vacated due to retirement.

b. What is your average vacancy rate for all staff and for custody staff only?

Our current rate is 2.13% for custody staff. The average vacancy rate for all staff is approximately 4%. Due to the current economy, we have been able to keep most positions filled.

- c. Does staff accrual or usage of comp-time by staff affect your management of the institution?**

Overtime accrual and usage has always affected the operation of the institution. Balancing the number of staff needed against the staff taking comp-time off, as well as how many staff will be absent for various reasons while maintaining a safe staffing level 24 hours per day, 7 days per week.

- d. What is the process for assigning overtime to staff?**

Officers are placed on a list that starts with the lowest seniority and whenever anyone is needed, a request for volunteers is announced. If no one volunteers, the officer at the top of the list is mandated to work. Whenever they work two hours or more they are moved back to the bottom of the list. We also use a list for employees to sign up who are willing to work overtime.

- 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 65% of accrued comp-time is used as time off. During the annual comp time payout for Corrections Officer I/II staff, there was approximately 57% of staff paid. Throughout the year, there are approximately 2% of custody officers that request a comp time payout.

NOTE: *Every attempt is made to “flex off” any overtime worked in that same week to avoid comp-time accrual.*

- f. Is staff able to utilize accrued comp-time when they choose?**

We have been able to allow staff to utilize time off when requested the majority of the time.

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school?**

Currently no (0%) inmate students at this institution are enrolled in school because we do not have a DOC school at FRDC. We administer the Wide Range Achievement Test to offenders at FRDC. Educational services at FRDC are dedicated to diagnostic processing. The resulting reading and math levels assist the DOC schools in working with offenders. The availability of information on an offender’s educational ability is useful to other sections doing programs with offenders. Offenders under age 22 are screened and tested for eligibility for special education services in accordance with state and federal regulation. Verification of high school diplomas or GED is accomplished as often as possible by Diagnostic Education staff.

- b. How many (and %) of inmate students earn their GED each year in this institution?**

GED classes are not offered at the diagnostic center.

c. What are some of the problems faced by offenders who enroll in education programs?

N/A

4. Substance Abuse Services:

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

The Parole Return Relapse Program (PRRP): This is a 30-day program for parole return status offenders who have previously completed a longer DOC treatment program (12 weeks, 6 months, 12 months) within the last three years. The curriculum includes relapse prevention, criminal thinking intervention, Pathways to Change when possible (difficult due to short length of program), and some Impact of Crime on Victims classes. Starting August 01, 2007, staff began utilizing the Re-Entry process and computer system (TAP) for developing treatment goals for the offenders. Other Re-Entry services provided are aftercare and career center appointments set up prior to release. A presentation by the Division of Workforce Development on services and programs available in the community used to be given monthly but due to their Grant expiring in the near future, PRRP no longer receives these. This program started in December of 2003.

The Ambulatory Restriction Mobility (ARM) Institutional Treatment Center Program: This is a 12-week short-term treatment program that specializes in services for offenders with medical and/or ambulatory restrictions that pose problems or cause difficulties at other sites. The curriculum includes Living in Balance; an evidenced based program, relapse prevention, criminal thinking intervention, Pathway to Change, some Impact of Crime on Victims classes, groups for specialized issues and individual counseling. Starting August 01, 2007, staff began utilizing the Re-Entry process and computer system (TAP) for developing treatment goals for the offenders. Other Re-Entry services provided are aftercare and career center appointments set up prior to release and a presentation by the Division of Workforce Development on services and programs available in the community. This program started in November 2006.

The Addiction Severity Index Unit: This unit conducts assessments on offenders who are received at the diagnostic center that are stipulated to participate in a treatment program by the court system or parole board. In addition to conducting the assessment, the unit provides a summary report, as well as assigning a classification score (ICA-SA) that indicates what level of treatment would be most beneficial to the offender based on his needs. This information is then used by diagnostic center staff to select an appropriate treatment program, and by the staff at the treatment center to assist in developing the offender's treatment goals.

b. How many beds are allocated to those programs?

PRRP has 23 beds

ARM has up to 15 beds

ASI Unit: Offenders called out from R&O population wherever they are assigned.

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

PRRP has the capability of serving approximately 360 offenders per year.

ARM has the capability of serving approximately 60 offenders per year.

ASI Unit, can conduct approximately 30 assessments per week, which would be 1,560 assessments per year.

d. What percent of offenders successfully complete those programs?

PRRP has an extremely low termination rate. The success rate was calculated for FY'10 for this program at 97%.

ARM for the FY'11 has had a 94% completion rate.

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

For these programs to operate successfully, it takes cooperation between staff from the divisions of DORS, DAI and P&P. At this site, this collaboration has been a tremendous success. Since this is a diagnostic center, the schedule for the offenders is more restrictive than it would be at a mainline site; however, even that has not been an obstacle for the programs. The biggest challenge in my opinion is working within the daily time constraints regarding offenders going to medical, counts clearing, etc.

5. Vocational Programs:

a. What types of vocational education programs are offered at this institution?

We offer no (vocational) Career and Technical programs at FRDC due to being a diagnostic center. We do have the Work Essential Skills program in the Library available to the Permanent Cadre Offenders. This is a video based program.

b. How many offenders (and %) participate in these programs each year?

The Work Essential Skills is a self-study program and statistics are not maintained.

c. Do the programs lead to the award of a certificate?

N/A

d. Do you offer any training related to computer skills?

No

6. Missouri Vocational Enterprises:

- a. What products are manufactured at this institution?**

FRDC does not have a Missouri Vocational Enterprise.

- b. How many (and %) of offenders work for MVE at this site?**

N/A

- c. Who are the customers for those products?**

N/A

- d. What skills are the offenders gaining to help them when released back to the community?**

N/A

7. Medical Health Services:

- a. Is the facility accredited by the National Commission on Correctional Health Care?**

Yes, following a late fall survey in 2009, FRDC received certificate of re-accreditation in February 2010. Preparation is well underway for a re-audit late 2012.

- b. How many offenders are seen in chronic care clinics?**

Approximately 300 offenders are seen each month by each, the nurse and physician, for chronic care clinic appointments. Many are seen in addition to their scheduled chronic care visit for follow-up appointments specific to their need, i.e. blood sugar or pressure. There are approximately 790 duplicate/500 unduplicated clinic enrollments in 16 clinics.

- c. What are some examples of common medical conditions seen in the medical unit?**

Hypertension, rashes, chronic pain, back pain/problems, headaches, allergy problems, constipation, athletes foot/jock itch.

- d. What are you doing to provide health education to offenders?**

Education continues to be provided at clinic encounters and on the internal television channel. Offenders receive verbal instruction during nurse and physician sick call; handouts are readily available with specific education through nurse sick call. In addition, education specific to chronic diseases is given through chronic care clinics. An annual health fair is held for the perm cadre and, this year, included offenders from the substance abuse program. Multi-disciplinary health fair topics included body mass index, blood pressure checks, blood glucose checks, vision screening, hand washing, smoking cessation, self-testicular exam, sexually transmitted disease, MRSA, HIV,

rhabdomyolysis, re-entry (to community) issues, mental health, food service, recreation and substance abuse. Pre- and post-test counseling is also given to offenders receiving HIV (entrance, exit, mandatory or voluntary) lab tests.

- e. Have you had any cases of active Tuberculosis in this facility in the past year? If so, how did you respond?**

No active cases.

- 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. We are seeing an older population of offenders. It is making an impact on our healthcare system by requiring more nursing and doctor visits, more infirmary days and more medication. It also affects our outcounts to specialists. We are finding our population in general has more health issues.

8. Mental Health Services:

- a. How do offenders go about obtaining mental health treatment services?**

On the first day of arrival, any offender with current psychotropic medication and/or concerning presentation is sent to the multipurpose building to speak with a MHM qualified mental health professional in order to gather more detailed information regarding their mental health need. Offenders with current psychotropic medication are also interviewed by the mental health nurse who works with the psychiatrist to ensure medication bridge orders are made. All other offenders are interviewed by a MHM qualified mental health professional on the third day they arrive regarding their mental health background. During all mental health intake interviews, the offender is educated about the Medical Services Request (MSR) form and informed that they may use the MSR to access mental health services. They are also provided with a flyer, which details the MSR process, mental health groups available, relaxation techniques, anger management tips, and suicide prevention in prison.

- 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 2011. Mental health staff continue to recommend that offenders not be single celled when an offender is removed from close observation or suicide watch, unless clinically contraindicated. The segregation unit staff has worked to follow these recommendations. Suicide prevention is taught at Basic Training and at Core Training for all officers. MHM developed a suicide prevention training module, which continues to be used to train officers throughout MODOC. FRDC custody staff works collaboratively with mental health staff to immediately identify anyone with mental health concerns. Additionally custody staff makes crisis referrals when needed

- c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications?**

During the last month the average daily census was 1448 there were 288 on psychotropic medication (19.89%).

- d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them?**

The number of chronically/seriously mentally ill offenders fluctuates. Currently there are four offenders who are classified as Mental Health 4 or above. In the past year, MODOC approved for FRDC to be a facility, which will house offenders on involuntary medication status. Currently, there are no offenders on this status. Mental Health psycho educational groups have become very popular at FRDC. Currently FRDC offers Coping with Stress (two sections), Aftercare/Planning for a Better Life (two sections) and Anger Management. MHM staff trained several classification staff in Anger Management and those staff will provide the fourteen-week Anger Management program to the perm cadre at FRDC.

- 9. What is your greatest challenge in managing this institution?**

The greatest challenge to managing FRDC rests in the complexity of being a diagnostic center. FRDC has no control of the volume of offenders that arrive at the facility. When FRDC is at capacity the county jails can continue to bring offenders to the institution. FRDC must manage these bed space challenges by ensuring constitutional conditions are being met with the existing resources available. In addition, FRDC is often challenged with offenders being received from the counties with health conditions that must be addressed at FRDC such as TB, scabies, flu, etc. FRDC must properly assess, classify and assign adult male offenders while maintaining safe, secure and constitutional conditions.

- 10. What is your greatest asset to assist you in managing this institution?**

The greatest asset to FRDC is the staff. Staff at FRDC is professional, trained, experienced and equipped to perform their specialty functions. Each section is dedicated to fulfilling their responsibilities to the mission of this facility and department. The line staff performs their jobs efficiently; supervisors motivate and direct their staff appropriately; management staff encourages and leads their sections and the administrative staff maintains appropriate knowledge of procedural guidelines and provides effective leadership to their chain of command.

- 11. What is the condition of the facilities' vehicle fleet? (mileage, old vehicles etc?)**

All are fair with the exception of the following: 13-0218M and 13-0219M are 1995 15-passenger Dodge vans with 85,529 miles and 69,140 miles respectfully. Both of these vans are in poor condition with the doors being worn out and falling off, the bodies are in great need of work. The truck we use to deliver food to the two satellite locations CSC and CTCC is worn out. It is a 1994 Chevy 3500 panel truck with 51,025 miles. Maintenance has 4 vehicles, which are original start-up from 1986. They are 13-0207M Chevy pick-up with 42,846 miles, 13-0208M Chevy pick-up with 130,104 miles, 13-0211M Ford F-600 Panel truck with lift with 43,009 miles, and 13-0214M GMC 7000 Dump truck with 21,292 miles. Perimeter vehicles 13-0491 with 151,182

miles and 13-0542 with 147,297 miles are in good shape. We received three patrol vehicles, 13-0712, 13-0210 and 13-0029 with approximately 54,000 miles each, putting the offender transportation vehicles in good shape. Maintenance vehicles 13-0208M and 13-0211M have been surplused. All remaining fleet vehicles are in usable condition at this time

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation.

The overall morale of the custody staff at this institution at this time is medium. We have seen an increase in turnover at this institution in part due to increases in insurance costs as well as no pay raises. The new staff receives less spendable income due to having to pay for part of their retirement. This coupled with an at times empty hiring pool has affected our ability to maintain staffing levels. Along with these issues several experienced staff have now reached retirement age and being replaced with new staff that are less experienced. The management team that is now in place is highly visible and approachable and has a positive effect on the morale which helps offset some of the other negative issues. Considering the issues now confronting our country and state I believe our morale level is good.

13. Caseworkers:

a. How many caseworkers are assigned to this institution?

*Case Manager II = 14
Corrections Classification Assistant = 2
Case Manager III = 2
Functional Unit Manager = 3*

b. Do you currently have any caseworker vacancies?

Yes, we have one Case Manager II position due to a promotion and one Case Manager III as a result of a lateral to education department.

c. Do the caseworkers accumulate comp-time?

No

d. Do the caseworkers at this institution work alternative schedules?

No

e. How do inmates gain access to meet with caseworkers?

The offenders can write a note and send it through the institutional mail. There are also Classification and Assignment staff assigned to the housing units that make daily rounds on the unit, allowing the offenders time to speak with them as well.

f. Average caseload size per caseworker?

The average caseload for the Diagnostic Case Manager will vary depending upon our intake. The classification staff assigned to our R&O units will have a caseload from 300 to 600 offenders depending upon the number of houses that they cover. Our perm cadre units do have Classification Case Manager assigned, and their caseload is 100 offenders.

- *# of disciplinary hearings per month? Average 85.3*
- *# of IRR's and grievances per month? Average 4.6*
- *# of transfers written per month? Average 23.3 (Perm Unit)*
- *# of reclassification analysis (RCA's) per month? Average 20.3*

g. Are there any services that you believe caseworkers should be providing, but are not providing?

No

h. If so, what are the barriers that prevent caseworkers from delivering these services?

We feel we are providing all necessary services.

i. What type of inmate programs/classes are the caseworkers at this institution involved in?

FRDC is committed to Reentry and offers the following programs to assist in offenders' reintegration into society: Anger Management, Parenting Classes, Pathways to Change, Life Skills, Purpose Driven Life, and Restorative Justice.

j. What other duties are assigned to caseworkers at this institution?

Diagnostic services, taking DNA, new offender orientation and other services as needed.

14. Institutional Probation and Parole officers:

a. How many parole officers are assigned to this institution?

*PO I and PO II = 11
PO III (Supervisory Position) = 1*

b. Do you currently have any staff shortages?

No

c. Do the parole officers accumulate comp-time?

Yes

- 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?**

For probation and parole related issues, P&P staff call the offender to the P&P office, or the offender can send a 'kite' to this office if he has questions or concerns, and we have open door for the perm units one time monthly.

- f. Average caseload size per parole officer?**

*The caseload size fluctuates monthly depending on offender status.
of Parole Hearing reports per month? Average 71 (851 for 2011)
of Community Placement reports per month? 1(10 for 2011)
of Investigation Requests per month? 75 (901 for 2011)
of Sign-Outs per month? 90 (1071 for 2011)*

- g. Are there any services that you believe parole officers should be providing, but are not providing?**

Yes, if we had adequate staff, I feel the P&P office could offer a pre-release group and be involved in Orientation and MRP.

- h. If so, what are the barriers that prevent officers from delivering these services?**

We do not have adequate staff to provide groups due to our workloads.

- i. What type of inmate programs/classes are the parole officers at this institution involved in?**

Friends and Family

- 15. Please list any other issues you wish to discuss or bring to the attention of the members of the Joint Committee on Corrections.**

Our vehicle fleet is beginning to have an increase in issues with our fleet vehicle conditions, vehicles equipped for specialty needs and busses. Vehicle mileage should not be the only criteria for assessing the needs for replacement. We have a shortage of handicap accessible vehicles in the department.

- 16. Does your institution have saturation housing? If so, how many beds?**

FRDC does not have an official saturation housing capacity. However, FRDC's capacity of 1,302 is often exceeded based on intake demands.

17. Radio/Battery Needs:

- a. What is the number of radios in working condition?**

229 working radios.

- b. Do you have an adequate supply of batteries with a good life expectancy?**

We have an adequate supply of batteries to last us until the new radio system and new equipment along with radios and batteries are installed this year.

- c. Are the conditioners/rechargers in good working order?**

Overall, they are in good order but are all older units. These will be replaced this year.