

Joint Committee on Corrections

Information for Legislative Institutional Visits

| | | | |
|---|---------------------------|------------------|--|
| Facility Name: | Ozark Correctional Center | | |
| Custody Level | C2 | Warden | Ed Davis |
| Total Acreage | 80 | Address | 929 Honor Camp Lane |
| Acreage w/in Perimeter | 12 | | Fordland, MO 65652 |
| Square Footage | 166,185 | Telephone: | 417-767-2606 |
| Year Opened | 1963 | Fax: | 417-767-2014 |
| Operational Capacity/Count (as of January 15, 2012) | 645 | | |
| General Population Beds (capacity and count as of January 15, 2012) | 650 | Deputy Warden | Offender Management Brian O'Connell |
| Segregation Beds (capacity and count as of January 15, 2012) | 16 | Deputy Warden | Operations Stacy Kleier |
| Treatment Beds (capacity and count as of January 15, 2012) | 650 | Asst. Warden | N/A |
| Work Cadre Beds (capacity and count as of January 15, 2012) | 0 | Asst. Warden | N/A |
| Diagnostic Beds (capacity and count as of January 15, 2012) | 650 | Major | Johnny Burkdoll |
| Protective Custody Beds (capacity and count as of January 15, 2012) | 0 | | |

1. Capital Improvement Needs:

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

OCC is an older facility, but good overall, with a few areas poor to fair. Steady improvements have been made to infrastructure and buildings over the years. A perimeter camera system has been installed in the last two years, and wastewater treatment expansion/upgrade and radio system replacement should happen in the next few months. Electrical services still need to be modernized.

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

Presently the facility has HT1000 radios, which have been discontinued for several years. We have been unable to purchase some parts or even have repairs made, which has made it difficult to maintain communications.

Due to the FCC 2013 mandate to change radio frequencies from wideband frequencies to narrow band frequencies, the department has had to purchase a replacement radio system for OCC. New equipment has been received and will be operational in the next few months.

Phosphate control in our waste water system is another critical concern. As part of the James River Basin, we are required to lower phosphate levels in our wastewater to very minimal levels. Our efforts to lower levels by restricting or eliminating phosphate soaps, hygiene products and cleaners have not been sufficient. An upgrade to our wastewater treatment system (including the addition of another clarifier) is set to begin within the next month, and this should address these concerns.

Electrical service to our institution and throughout our buildings is insufficient for modern business use. Our service pre-dates computers, video and most common modern business use. All buildings including Housing Units are maxed out on circuits used and panel boxes. We are also susceptible to power spikes and lightning. A thorough electrical needs audit should be performed and our service upgraded accordingly.

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

Replacing the radio system and ensuring phosphate levels are below the regulated amount are very critical to the long-term sustainability of the institution, and are currently being addressed. Improvements to the electrical services while important to operations, do not impact long-term sustainability to the same degree as the aforementioned issues.

2. Staffing:

- a. Do you have any critical staff shortages?

We do not currently have any critical staff shortages, and we have been able to fill positions as they come available.

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

5% for all staff and 1-2% for custody staff

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

Supervisory staff manages comp-time very closely, and are achieving the needed savings. We rarely accrue more comp-time than is used in a given period. Staff members are taking the time off in the week it is earned, minimizing the accrual and pay out of comp-time.

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

OCC has minimal overtime accrual which is usually due to unique circumstances requiring holding over existing custody staff, i.e. transportation/medical runs. If the need would arise to assign overtime to staff, OCC would do so in accordance with union agreements.

- 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 80% time off and 20% paid off

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

Non-Custody staff is usually able to take this time as requested. Custody staff try to flex any time gained in the same week if possible. Otherwise, they submit a request to have time off and if the schedule permits, the supervisors will do all they can to grant the request.

3. Education Services:

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

165 offenders are enrolled, 25.4% of OCC population

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

FY10 – 61 passed 88.4% FY11 – 62 passed 84.9%

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

The daily schedule of OCC offenders is tightly managed. They participate in an intensive long-term substance abuse treatment program, attend school if required, and maintain a part-time institutional job. Nearly all the students enrolled in GED classes are at least six years behind their appropriate grade level, especially in the basic subjects of reading and mathematics. Most of the students have been out of school for several years, which minimizes the chances of their having good study habits, which in turn, places them at a disadvantage.

4. Substance Abuse Services:

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

OCC is a dedicated treatment institution. All offenders are participants in a long-term therapeutic community based treatment program. Most of our offenders are sentenced to the long-term treatment program by the courts under the RSMo 217.362 statute. We also have some offenders who are ordered by the Parole Board to complete a long-term treatment program as a stipulation of release on parole. Treatment services are provided through a contract with Gateway Foundation.

b. How many beds are allocated to those programs?

650 beds

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

At any one time, we are serving 650 offenders.

d. What percent of offenders successfully complete those programs?

Approximately 90%

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

The co-morbid relationship between criminal behavior, attitudes, thinking, and substance dependence is a constant challenge. We also struggle daily, hourly at times, with space limitations. We are required, under our contract, to provide a certain number of treatment activities, and a limited amount of space is available for groups, classes, etc. We schedule programming very tightly and run two shifts of counseling staff to meet the needs of offenders.

5. Vocational Programs: DOES NOT APPLY TO OCC

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: DOES NOT APPLY TO OCC

- 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?

Approximately 400 offenders

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

Back Pain, Common Colds/Allergies, Strains/Sprains

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

Intake information provided upon arrival to OCC by medical staff.

Receive information from Chronic Care nurse and physicians.

Yearly Health Fair

Educational pamphlets available for offenders

Offenders receive educational handouts during nurse sick call visits.

OCC Offender Channel on cable T.V.

At the request of the offender

“Waist Watchers” program (joint effort between Medical and Recreation Departments)

- 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, ages of offenders are increasing which in turn increases the medical issues that each offender has and many of which were not diagnosed or treated on the street. If they had been diagnosed prior to incarceration, very few actually had been compliant with their medical treatment.

8. Mental Health Services:

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

All offenders are screened for mental health treatment needs by licensed mental health staff at the diagnostic and reception center prior to being assigned to OCC. Upon arrival here, offenders can access services by submitting a Medical Services Request form. Offenders who have significant mental health needs (MH-3) are automatically enrolled in the chronic mental health care clinic upon arrival. If psychiatric medication is warranted, they are seen by the psychiatrist on a regular basis, and are seen individually by mental health staff at least monthly. All the offenders enrolled in the chronic mental health clinic are assigned to a Master’s Level Gateway counselor who has experience in treating the co-occurring substance abuse disorder and mental health issue.

- b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides?

There were no successful suicides last year. Licensed mental health staff conducts Suicide Prevention training for staff. Crisis Intervention services are provided and suicide watch procedures are ordered by mental health professionals when appropriate. A licensed mental health staff member is on call 24 hours a day, 7 days a week.

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

Approximately 76 offenders, 11.7% of the offender population

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

We currently are serving 94 offenders in the chronic mental health clinic. There are also 10 other offenders that are seen regularly, as a preventive measure, with borderline IQ scores that are not officially MH-3's, but who do struggle with the daily rigors of treatment. As indicated above, these offenders are seen regularly by the psychiatrist, and by therapists for counseling, group therapy and other services.

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

Limited budget for upkeep of an older facility, and the lack of adequate space for programming that is required under our contract with the Gateway Foundation.

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

We are very fortunate to have been able to recruit and retain exceptional staff, especially supervisory staff. All OCC staff are committed to the mission of long-term treatment, and to the therapeutic community model.

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

High mileage; fair to good condition. We are in need of a handicapped vehicle, as we do serve wheelchair-bound offenders.

12. Assess the morale of your custody staff; high, medium, or low and please provide detailed explanation. **(Please have the Major answer)**

Morale is currently assessed as medium for custody staff. OCC is generally a pretty positive environment, however, economic concerns have taken their toll on morale. There is quite a bit of dissatisfaction with the lack of salary increases and rising health care premiums.

13. **Caseworkers:**

- A. How many caseworkers are assigned to this institution?

We have nine total positions (8 CCM I/II positions with one serving as Grievance Officer and 1 CCA)

- B. Do you currently have any caseworker vacancies?

Yes one CCM I

C. Do the caseworkers accumulate comp-time?

Rarely

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

Yes, some work 10 hour shifts.

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

Open door policy and by appointment

- | | |
|--|-------------|
| F. Average caseload size per caseworker? | 93 |
| • # of disciplinary hearings per month? | 58 |
| • # of IRR's and grievances per month? | 15 |
| • # of transfers written per month? | 5-10 |
| • # of re-classification analysis (RCA's) per month? | 72 |

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? **N/A**

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

Work Release, Pathway to Change and Puppies for Parole

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

Back-up to custody in Housing Units (2nd officer): help count (including clerical); Schedule/Coordinate Community Work Projects, Social Security cards, Birth Certificates, State IDs, Offender Management Team, New R & O orientation.

14. Institutional Probation and Parole officers:

- | | |
|--|---------------|
| A. How many parole officers are assigned to this institution? | 3 |
| B. Do you currently have any staff shortages? | NO |
| C. Do the parole officers accumulate comp-time? | Rarely |
| D. Do the parole officers at this institution flex their time, work alternative schedules? | Flex |
| E. How do inmates gain access to meet with parole officers? | |

Open door is held 3 days per week for two hours, and 30 minutes on Friday for Work Release offenders. They also make appointments or walk-ins on urgent issues.

- | | |
|---|--|
| F. Average caseload size per parole officer? | 215-220 |
| • # of pre-parole hearing reports per month? | |
| | 1-2 per month due to court ordered treatment, 55-60 court reports per month |
| • # of community placement reports per month? | |

None as very few Board only offenders

- # of investigation requests per month?

6-8 as mostly court cases at OCC

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?

New Offender orientation on Thursday, meet individually with each offender when he phases up from Phase II to Phase III to make aftercare referrals, home plans, employment plan and discuss release issues, etc.

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

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

Yes 14 beds

17. **Radio/Battery Needs:**

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

Approximately 50 and in need of more.

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

No

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

Fair Condition