

Joint Committee on Corrections

2012

Information for Legislative Institutional Visits

Facility Name: Southeast Correctional Center			
Custody Level	C-5	Warden	Ian Wallace
Total Acreage	120	Address	300 E. Pedro Simmons Dr.
Acreage w/in Perimeter	45		Charleston, MO 63834
Square Footage	391,880	Telephone:	573-683-4409
Year Opened	2001	Fax:	573-683-7534
Operational Capacity/Count (as of January 15, 2012)	1658/1550		
General Population Beds (capacity and count as of January 15, 2012)	1124/1147	Deputy Warden	Omer Clark (Operations)
Segregation Beds (capacity and count as of January 15, 2012)	332/311	Deputy Warden	Penny Milburn (Offender Management)
Treatment Beds (capacity and count as of January 15, 2012)	10/5	Asst. Warden	Bill Stange
Work Cadre Beds (capacity and count as of January 15, 2012)	192/87	Asst. Warden	
Diagnostic Beds (capacity and count as of January 15, 2012)	0	Major	Richard Gaines
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?

Good

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

- **The facility utilizes three (3) chillers for the purpose of cooling the facility structures. These chillers require over in the near future as they have exceeded their manufacture recommended life. Cost to overhaul is quoted at \$38,000.00 per chiller.**
- **Replacement of existing refrigeration condenser package utilized for climate control for Food Service walk-in coolers and freezers. These condensers have exceeded their recommended manufacture life resulting in frequent expensive repairs. Estimated cost to replace existing equipment is \$43,000.00.**
- **Asphalt repair/overlay, parking areas and perimeter roadway. Estimated cost \$40,000.00.**

- **Replace existing Perimeter Security System. The existing security system is failing and support for this system was not available after 2010. Complete system replacement is warranted. Estimated cost \$240,000.00.**
- c. How critical do you believe those projects are to the long-term sustainability of this facility? **These capital improvement requirements are critical to continued operations of the facility.**

2. Staffing:

- a. Do you have any critical staff shortages? **Not currently; however, a COI hiring process was implemented recently at SECC to alleviate this issue and to speed up the hiring process.**
- b. What is your average vacancy rate for all staff and for custody staff only? **22% All 25% Custody**
- 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? **This process is in line with the MOCOIA agreement. Volunteers are assigned initially. If staff do not volunteer, the mandatory overtime list is utilized.**
- e. Approximately what percentage of the comp-time accrued at this institution does staff utilize as time off and what percentage is paid-off? **60% Paid 40% Used**
- f. Is staff able to utilize accrued comp-time when they choose? **Yes, depending on critical staffing needs, every effort is made to allow this.**

3. Education Services:

- a. How many (and %) of inmate students at this institution are currently enrolled in school? **26 1.6%**
- b. How many (and %) of inmate students earn their GED each year in this institution? **26 1.6%**
- c. What are some of the problems faced by offenders who enroll in education programs? **This is an volunteer led GED program at SECC with only one (1) volunteer currently conducting the classes. Some applicants lack the basic reading and writing skills. At present, there is no program in place and no funding available to implement a program for basic literacy.**

4. Substance Abuse Services:

- a. What substance abuse treatment or education programs does this institution have? **We currently have a 12 week substance abuse program led by staff and other offender facilitators which covers disease concept, medical and physical aspects, denial, recovery, relapse, addiction and the family, criminal personality, anger, stress management, better relation/effective communication, self esteem and values. This program is a pass or fail course, where offenders are participating in a series of bi-weekly tests and a final quiz at the end in order to successfully complete the program. We have an ongoing Alcoholics Anonymous program which are led by Volunteers in Corrections (VICs) that meet four times a month. How many beds are allocated to those programs?**
- b. How many offenders do those programs serve each year? **100**
- c. What percent of offenders successfully complete those programs? **70%**
- d. What, in your opinion, is the biggest challenge to running a treatment program in a prison setting? **Additional qualified instructors/facilitators are needed to run**

more class cycles in addition to updated materials, funding for material, attendance and unbiased selection.

5. Vocational Programs:

- a. What types of vocational education programs are offered at this institution? **n/a**
- b. How many offenders (and %) participate in these programs each year? **n/a**
- 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? **The MVE/SECC wood furniture factory at SECC produces two lines of high quality college dormitory furniture and a line of commercial/institutional cabinetry. These three lines of furniture includes, but are not limited to beds, chairs, dressers, desks, wardrobes, night stands, kitchen and bathroom cabinets, pantries, shelving, etc. Furniture pieces that are outside of the normal catalog items, referred to as "specials" are also designed and built. In 2011 over 3,000 pieces of quality furniture have been sold.**
- b. How many (and %) of offenders work for MVE at this site? **At peak production levels the factory is authorized to employ 115 offender; however, currently the factory employs 53 offenders, which translates to about 3.5% of the level 5 population.**
- c. Who are the customers for those products? **The customer base consists of colleges, fire departments, police departments, libraries, veteran's homes, state workers, prisons, etc.**
- d. What skills are the offenders gaining to help them when released back to the community? **Offenders are trained in the basic necessities of obtaining and holding a job such as teamwork, communication, personal grooming, professional behavior, personal accountability, attendance, etc. Some of the skills acquired are machine set up and operation, furniture making, cabinetry, assembly, furniture finishing, spray coating, industrial maintenance, janitorial, tool repair, shipping and receiving, accounting, storekeeping, timekeeping, office machine operations, drafting and furniture design, CNC router operation and repair, typing, basic math, etc. The offender workers are enrolled in courses of study to include "Workplace Essential Skills", "Computer Literacy" and basic typing.**

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 1200**
- c. What are some examples of common medical conditions seen in the medical unit? **Cardiovascular disease, hypertension, asthma, diabetes, chronic pain.**
- d. What are you doing to provide health education to offenders? **Education via appointments, pamphlets available in the medical unit and in the library, educational materials on the offender information channel, bulletin boards, monthly diabetes newsletter and annual health fair.**
- e. Have you had any cases of active Tuberculosis in this facility in the past year? **No active cases.** If so, how did you respond? **n/a**

- 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. **Several of our permanent offenders that live in the infirmary are aged and have limited capabilities. They live in our infirmary because they require some type of assistance 24 hours a day. They require assistance with eating, bathing, dressing and toileting.**

8. Mental Health Services:

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

Offenders have several options in regards to obtaining mental health treatment services. The most commonly used methods to obtain services include:

- **Medical Services Request-MSR (all offenders)**
- **Chronic Care Clinic (MH3/MH4; no request necessary)**
- **Staff Referrals and/or Crisis Intervention (all offenders)**
- **Segregation Rounds/Segregation Assessments (Rounds provided for all segregated offenders weekly; Assessments for all offenders in segregation at 30 days in segregation, 90 days, and in 3 month increments post the initial 90 days. Mental Health automatically schedules the appointment, no request necessary.)**

All offenders have access to Medical Service Request (MSR) forms on a daily basis. If an offender is seeking mental health treatment (individual or group format), they complete an MSR stating their concern. MSR's are triaged daily by a nurse and the individual is automatically scheduled with the appropriate professional based on their individualized need.

If an offender has a current mental health diagnosis, they are enrolled in Chronic Care Clinic. All offenders are assigned a mental health score based on their level of mental health treatment needs. A rating of MH3 or above indicates that a person has a current mental health diagnosis and may additionally be on medication. Chronic Care Clinic consists of all offenders with a rating of MH3 or above. When someone is in Chronic Care Clinic, they are scheduled every month with a Qualified Mental Health Professional for follow up. They are additionally seen by a psychiatrist a minimum of every ninety (90) days. In addition, they are seen more frequently when involved in a transfer and/or discharge or if having more significant concerns. For example, an MH4 (more severe mental health needs) is typically seen every two weeks by the Qualified Mental Health Professional rather than monthly. Offenders in Chronic Care Clinic are automatically scheduled for these appointments by mental health. If they need services in addition to the Chronic Care Clinic, they submit the MSR form as well.

Offenders with more acute symptoms requiring immediate attention, have the option of informing a staff member of their crisis situation and being seen for a crisis intervention session immediately. Additionally, a staff member noticing symptoms in an offender has access to a referral form and commonly refers offenders that they believe may need some mental health assistance. Depending on the nature of the staff referral, some individuals are seen immediately and others can be scheduled within the next few days.

Staff members are trained regularly on Suicide Intervention/Prevention during their core training. In this training, staff members are taught what symptoms to look for to identify offenders with possible mental health needs including common indicators that a person may be considering suicide. Any staff member can place an offender on suicide precaution status if concerned that the offender may be suicidal. Mental Health provides 24 hour on call coverage to meet the needs of the institution 7 days per week.

All offenders in segregation are monitored more closely by mental health due to the isolation aspect of segregation. Mental health rounds are conducted on a weekly basis and all offenders in segregation are given the opportunity to talk with a mental health professional during this time. All offenders in segregation are assessed by mental health at 30 day, 90 day, 6 month, 9 month, 12 month intervals. If continued in segregation past 1 month, Mental Health will schedule an appointment to see them every 3 months for follow-up. Mental Health Staff automatically schedule these appointments for the offender, no request is necessary.

In conclusion, every effort is made in mental health to preserve the continuity of care for all offenders by providing for the easiest access to services possible. Whether it is through involvement in Chronic Care Clinic, counseling services, staff referrals, crisis intervention, segregation assessments, and/or mental health groups, all mental health services are readily available for offenders. Most can be easily accessed through the use of a readily available MSR form.

b. How many successful suicides (and %) occurred here in the past year and what is being done to prevent suicides? No suicides occurred at SECC within the past year. Suicide prevention is a primary focus at SECC. Following any serious suicide attempt, a debriefing meeting is held to review the incident and make any necessary improvements as a result of the incident. All staff are educated on suicide prevention and intervention. Mental health staff facilitate a four (4) hour training to all custody and noncustody staff during their core training week. Medical staff are provided this education during a specified monthly staff meeting set aside to provide education on suicide prevention. All staff have been provided a pocket card that lists signs/symptoms of a potentially suicidal person. The card is carried by the staff member so that it can be referred to when needed. In addition, mental health staff are continually attending trainings and reading literature on suicide prevention and working to improve overall suicide prevention within the institution.

Any offender making statements of self harm or demonstrating suicidal predictors, are placed on suicide precautions where they can be monitored more closely. Any staff member can place an offender on suicide precautions. Mental health is always involved in this process. A Qualified Mental Health Professional assesses the person within two hours during normal business hours. After hours, Mental Health staff are notified and the offender is assessed the next business day. When someone is on suicide precautions, they are placed in a cell with minimal fixtures or protrusions. In HU1 we have cameras mounted in the cell to provide 24 hour observation of the offender. Additionally, custody staff members provide visual observation checks on these offenders at least every 15 minutes. Every effort is made to only provide the offender with items that can not be used to harm self until modifications are made by a qualified mental health professional. An offender can

only be released from precautions by a psychiatrist, psychologist, and/or the chief of mental health services.

c. Approximately how many (and %) of the offenders in this institution are taking psychotropic medications? **Approximately 181 offenders at Southeast Correctional Center or 11.61%, are on psychotropic medication.**

d. How many offenders in this facility are chronically or seriously mentally ill and what is being done for them? **Currently, 212 offenders at Southeast Correctional Center are diagnosed with a mental illness (MH3 or above). Of these, 17 offenders are classified MH4 indicating that they have a chronic or severe mental illness. The majority, 195 offenders, are classified as MH3 indicating moderate mental health needs. The MH4 offenders are provided with an intensive treatment regimen that includes regular follow up monitoring averaging contact with a mental health professional a minimum of every two weeks. This contact is made through the various program components (ie- Chronic Care Clinic, groups, psychiatric appointments, follow up appointments, etc.).**

There are five special units available for offenders with special needs: Special Needs Unit, Social Rehabilitation Unit, Secure Social Rehabilitation Unit, Enhanced Care Unit, and Correctional Treatment Unit. If an offender fits the criteria for any of these units, a referral is made to get the person into the specific unit. If an offender is seriously mentally ill and requires more intensive crisis services than available on site (MH5), he is sent for further treatment at the Biggs Correctional Unit until stabilized.

All offenders have access to mental health services via MSR if additional services are needed. Pre-release planning is provided for continuation of care. MH4 Offenders have the opportunity to be a part of the MH4 project which pays for a mental health assessment by the community mental health center prior to release so that the person will have comprehensive follow-up by the community once released.

As previously mentioned, all offenders MH3 and above are seen a minimum of monthly during Chronic Care Clinic and a minimum of every 90 days by the psychiatrist. Services are also provided per MSR form, when in segregation, and on a crisis and/or referral as needed. All Mental Health Clients have a Treatment Plan that is used to clarify their needs and goals. The treatment plan guides what services are needed. This plan is revised as the offenders goals are met or needs change. Thus, the services change as needs change.

In addition, Mental Health offers groups on a weekly basis. Most groups are available to everyone with the exception of a few groups that target a specific population. The following groups are available at this time with a wait list:

- **Charting a New Course**
- **Adjustment to Incarceration**
- **Anger Management – (Low functioning, Average functioning, High functioning)**
- **Chronic Suicidal Thoughts/Suicidal Behaviors**
- **Dealing with Feelings**
- **Depression**

- **Grief and Loss**
- **Responsible Parenting**
- **Sleep Hygiene**
- **Medication Management**
- **Cognitive Behavior Therapy**
- **Trauma**
- **Thinking Errors**
- **Understanding Mental Health with Symptom Management**
- **Aftercare Transition Group (Life After Release)**
- **Stress Management**
- **Activities for challenged offenders**
- **Personal Hygiene for low functioning offenders**
- **Relapse Prevention**
- **Effective Communication**
- **Decision Making**
- **Self Esteem for challenged offenders**
- **Anxiety Management (Approved February 2011)**

Southeast Correctional Center Mental Health Department employs two part-time Psychiatrists totaling 24 hours of psychiatric coverage per week. We have two full-time licensed Qualified Mental Health Professionals, one part-time Psychologist, one full-time Psychiatric RN; one full-time Clerk, and one full-time Institutional Chief of Mental Health Services. The Mental Health Departments works very hard to exceed community standards and provide the best care possible.

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

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

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

License #	Vehicle	Mileage	Assigned To	Condition_____
13-0298	2007 Dodge Grand Caravan	69,957	Pool	Fair
13-0377	2008 Chevy Uplander	42,656	Pool	Fair
13-0414	2010 Ford Econoline	11,190	Pool	Fair
13-0423	2007 Ford Crown Vic	117,588	Pool	Fair
13-0831	2008 Chevy uplander	51,390	Pool	Fair
13-0833	2008 Chevy uplander	55,014	Pool	Fair
13-0836	2007 Ford Crown vic	116,853	Pool	Fair
13-0839	2007 Ford Crown Vic	105,482	Pool	Fair
13-0843	2001 Dodge Ram 2500	69,451	Maintenance	Fair
13-0844	2001 Dodge Ram 2500	69,086	Maintenance	Fair
13-0845	2001 Dodge Ram 2500	53,213	Maintenance	Fair
13-0847	2001 Ford F750	34,703	Maintenance	Fair
13-0848	2001 Ford F150	113,796	Maintenance	Fair
13-0850	2001 Ford F350	35,153	Maintenance	Fair
13-0853	2008 Ford Econoline Van	69,932	Pool	Fair
13-0854	2007 Ford Econoline Van	119,955	Pool	Fair

13-0855	2008 Ford Econoline Van	23,295 Pool	Fair
13-0856	2006 Ford Econoline Van	135,307 Pool	Fair
13-0857	2008 Ford Econoline Van	70,958 Pool	Fair
13-0858	2008 Ford Econoline Van	78,192 Pool	Fair
13-0902	2008 Chevy Uplander	115,221 Pool	Fair
32-0265	2008 Chevy Uplander	119,321 Pool	Fair
32-0268	2008 Chevy Uplander	104,396 Pool	Fair
32-0270	2008 Chevy Uplander	96,384 Pool	Fair
32-0272	2008 Chevy Uplander	95,270 Pool	Fair
32-0286	2008 Chevy Uplander	97,565 Pool	Fair
32-0294	2008 Chevy Impala	71,428 Pool	Fair

*Denotes vehicles that are in poor condition and/or have high mileage.

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 in my opinion is low; several factors both at work and personal life are affecting the morale. Just to name a few factors; shortage of staff thus causing mandated overtime, supervisors enforcing policy by holding staff accountable for refusing to work mandated overtime, having to reassign staff to work other job posts other than their assigned post, internal conflicts between supervisors and line staff because of poor inter-personal communication skills between them, and poor office equipment, i.e. computers, printers, fax machines, copiers. The outside factors would be state benefits being cut, no pay raises to keep up with inflation, poor economy, etc.**

13. **Caseworkers:**

- A. How many caseworkers are assigned to this institution? **18 Corrections Case Managers, 2 Classification Assistants**
- B. Do you currently have any caseworker vacancies? **Yes - 2**
- 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? **General population open office hours are from 8:30 am to 10:30 am and 1:30 pm to 3:30 pm daily. Administrative Segregation case managers meet with offenders during daily wing walks. Appointments may also be set through offender to staff correspondence.**
- F. Average caseload size per caseworker? **144**
 - # of disciplinary hearings per month? **14**
 - # of IRR's and grievances per month? **16**
 - # of transfers written per month? **2**
 - # of re-classification analysis (RCA's) per month? **7**
- 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? **Pathways to Change, Anger Management, Puppies for Parole, Offenders Offering Alternatives**
- J. What other duties are assigned to caseworkers at this institution? **Case Managers also complete Transitional Accountability Plans on each offender assigned to their caseload. They process visiting applications, assist offenders in obtaining birth certificates/social security cards and official Department of Revenue**

identification cards in order to assist the offender upon his release. They also process room moves and assist the offender in any type of adjustment issues.

14. Institutional Probation and Parole officers:

- A. How many parole officers are assigned to this institution? **2**
- B. Do you currently have any staff shortages? **No**
- C. Do the parole officers accumulate comp-time? **No**
- D. Do the parole officers at this institution flex their time, work alternative schedules? **Yes, they work alternative work schedules; 7:30 am – 4:00 pm and 8:30 am – 5:00 pm**
- E. How do inmates gain access to meet with parole officers? **Via institutional mail/offender correspondence or in-person meetings with Institutional Parole Officer.**
- F. Average caseload size per parole officer? **778**
 - # of pre-parole hearing reports per month? **11**
 - # of community placement reports per month? **5**
 - # of investigation requests per month? **9**
- 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? **Officers facilitate separate “Pre-Release” orientation classes (usually quarterly) at the institution for general population and the minimum security offenders within 120 days of release.**

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? **No** If so, how many beds?

17. Radio/Battery Needs:

- a. What is the number of radios in working condition? **378 (76 inoperative)**
- b. Do you have an adequate supply of batteries with a good life expectancy? **We have a fairly good supply of batteries at this time; however, as fast as new ones are purchased we are taking others out due to poor quality or not being charged/conditioned properly.**
- c. Are the conditioners/rechargers in good working order? **At this time we have only one (1) conditioner working properly. The battery chargers need new battery adapter plates to fit the batteries.**