



MISSOURI SHERIFFS' ASSOCIATION

Serving Missouri Justice Since 1945

DATE:

May 27, 2021 8 a.m. – Noon: OR
OR

May 27, 2021 1 p.m. – 5 p.m.

LOCATION:

Clay County Sheriff's Office
12 S. Water St.
Liberty, MO 60468

REGISTRATION COSTS:

No Cost to Contract Agencies
Non-Contract Agencies: \$25

POST CLEE CREDIT

4 Hours Technical Studies

REGISTER ONLINE

www.mosheriffs.com

CONTACT:

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573-529-6900

DEADLINE:

May 25, 2021

Security Threat Groups in Jails

Security Threat Groups (STGs) are broadly defined as 'any group that presents a risk to the security of the institution or personnel.' They are detrimental to the best interests of the inmates, and work in opposition to the orderly function and operation of the institution.

This class provides staff with a better understanding of identifying, classifying, and managing the individuals in STG's. It focuses on developing the participant's level of knowledge of gangs, as well as current activities, trends and reduction strategies. The class examines gang intelligence, correctional intelligence protocols, security threats, and unit development and operational management. It will also address street gang evolution, gang crime, gang identification, communications, typology, personal safety, and the psychological and sociological impact gangs have on society, as well as officer and public safety.

TAKEAWAYS – Participants walk away with:

A better understanding of Security Threat Groups;
The ability to recognize signs of STG activity in a facility;
Insight into STG mentality; and
An appreciation for the importance of properly classifying members of security threat groups.

TOPICS INCLUDE

The Make-Up of STGs
Recruitment Locations
Initiation
Managing STGs
Sources of Intelligence

6605 Business 50 West
Jefferson City, MO 65109
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STATE LICENSED • PROFESSIONAL STAFF • STATEWIDE TRAINING



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Justice Since 1945*

REGISTRATION FORM

COURSE INFORMATION

Title: _____

Date: _____ Time: _____

Host Agency: _____

Location address: _____

Instructor: _____

ATTENDEE INFORMATION

Agency Name: _____

Contracted: (Yes/No) _____ Number Attending: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

Attendee Name: _____ Email: _____

COST INFORMATION

Contracted Agency\$ _____ / per person \$ _____

Non-Contracted Agency.....\$ _____ / per person \$ _____

PAYMENT METHODS

Bill my credit card. VISA _____ MC _____ DISCOVER _____
 # _____ Exp _____
 3-digit security code _____ (Located on back)

Enclosed is a check/money order. Check # _____

Total Enclosed \$ _____

Signature _____

Send Registrations To

FOR MORE INFORMATION CONTACT