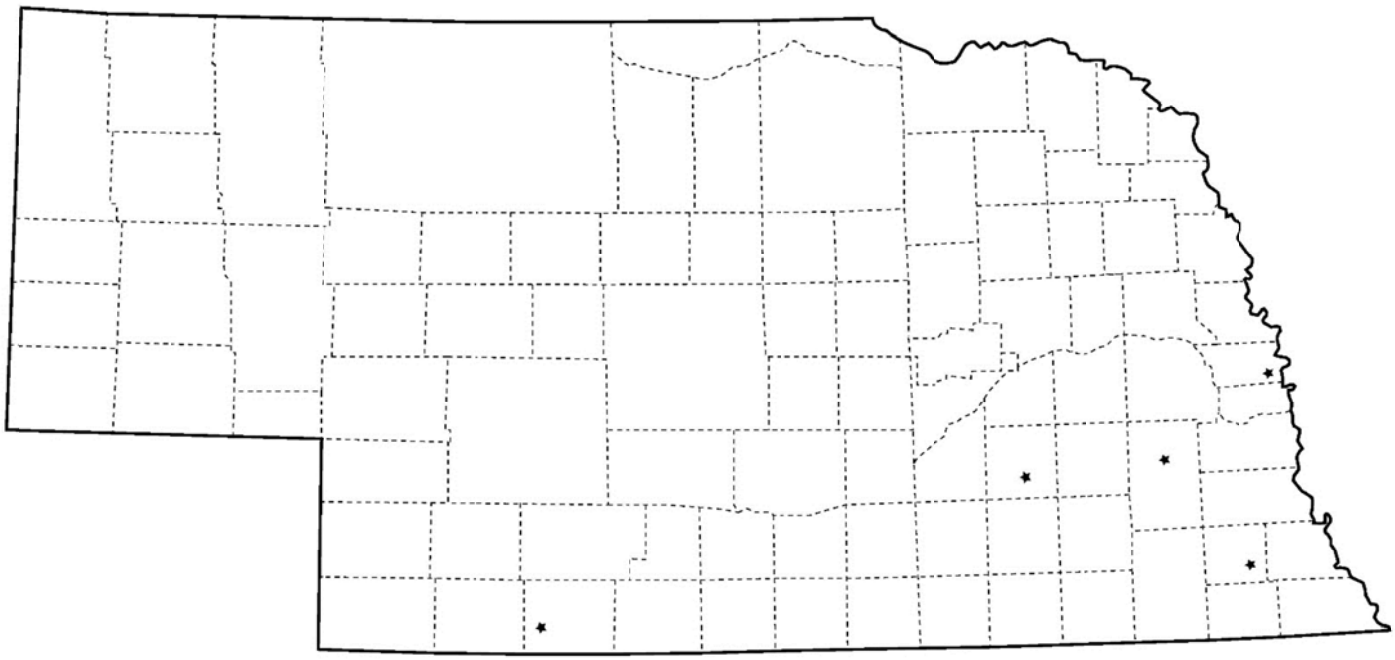
Nebraska Department of Correctional Services

2014 Master Plan Report

FINAL REPORT

October 27, 2014



Nebraska Department of Correctional Services

Making A Difference

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Chapter 1

In July 2013, the Nebraska Department of Correctional Services selected Dewberry Architects Inc to perform an updated Correctional Facility Master Plan. This chapter provides an Executive Summary and overview to findings in that study.

About The Nebraska Department of Correctional Services

Statutory Authority

In early 1967, the Division of Corrections was created within the Department of Public Institutions. Legislative action in 1974 established the Department of Correctional Services as a separate agency of state government. Nebraska Revised Statutes 83-171 and 83-901 charges the Department with the custody, control, study, correctional treatment, training and rehabilitation of persons committed to it so that they may be prepared for lawful and productive community living.

Agency Purpose

The Nebraska Department of Correctional Services mission is to "serve and protect the public by providing control, humane care, and program opportunities for those individuals placed in its custody and supervision, thereby facilitating their return to society as responsible persons."

Agency Programmatic Goals & Objectives

NDCS has developed a mission statement, with supporting values, vision and goals that define the design of programs and facilities. The mission statement is:

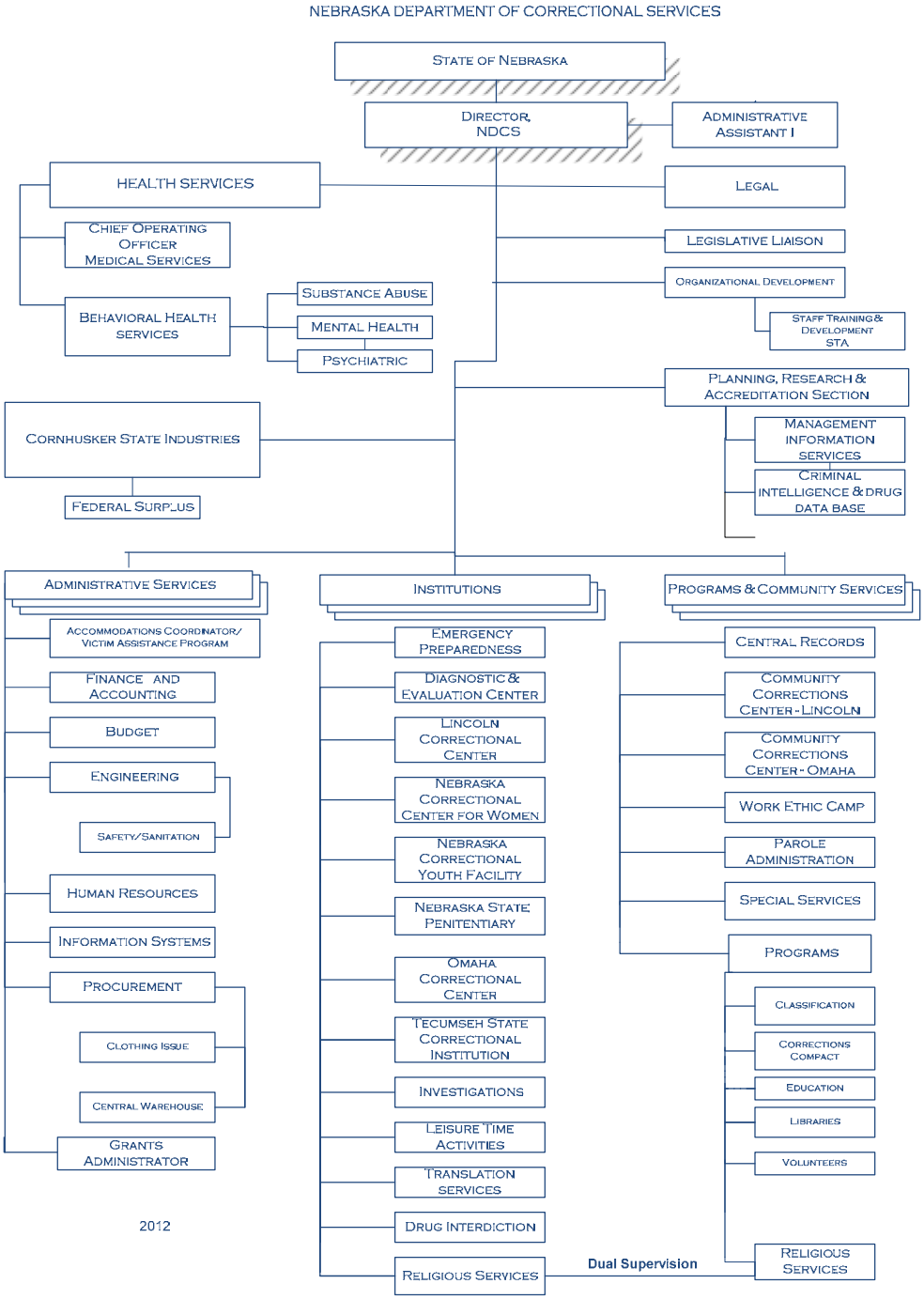
"The mission of the Department of Correctional Services is to serve and protect the public by providing control, humane care and program opportunities for those individuals placed in its custody and supervision, thereby facilitating their return to society as *responsible persons.*"

Vision Points

- *Best Practices:* We commit ourselves to identifying and implementing best practices.
- *Commitment to Staff:* We commit ourselves to partnering with staff who strive to optimize their contribution to our mission and standards.
- *Community Awareness and Involvement:* We commit ourselves to partnering with the community to encourage awareness and involvement toward the successful reintegration of offenders
- *Credibility:* We commit ourselves to furthering public trust and credibility.
- *Family Involvement:* We commit ourselves to developing and fostering strategies that allow families an active role in the offenders' incarceration and reintegration.
- *Fiscal Accountability:* We commit ourselves to fiscal accountability and cost efficient and effective operations.
- *Seamless Criminal Justice System:* We commit ourselves, through collaboration with other entities, to create a seamless criminal justice system within a restorative justice framework.

- *Offender Accountability:* We commit ourselves to developing and maintaining environments in which offender accountability will flourish.
- *Offender Programs:* We commit ourselves to creating and sustaining meaningful program opportunities for offenders.

Agency Organization



Master Plan Background and Goals

Pursuant to State Law 81-1114.01, each state agency shall prepare a comprehensive capital facilities plan. Such comprehensive capital plans shall include a projection of future programmatic needs, analysis of existing facilities and the utilization of such facilities, identification of projects to meet those projected programmatic needs including additions, renovations, and new facilities.

Prior Master Planning Efforts

In 1992, NDCS engaged in a strategic planning process that was used to evaluate growth management options in response to the dramatic increase in the inmate population. This comprehensive research and planning document resulted in the *1993 Strategic Capital Plan.* From 1993 to 1996, the inmate population continued to increase. As a result of the increased inmate population the Strategic Capital Plan was updated in 1997, and is known as the *1997 Strategic Plan Update.*

The *1993 Strategic Capital Plan* and *1997 Strategic Plan Update* were used as NDCS' capital building plan. In addition to the capital projects, the Strategic Plans also recommended program changes including establishment of a community corrections division, broader use of community-based alternatives, probationary interventions, legislative changes, and establishment of an incarceration work camp. To a great extent, the capital improvements in the 1993 and 1997 Plans have been accomplished. In 2005, NDCS engaged in another comprehensive strategic planning process to update the 1993 and 1997 Capital Plans (known as the *2006 Strategic Capital Facilities Master Plan).* The 2006 Master Plan was prompted by the need for additional high security beds for violent offenders, and for additional minimum and/or community level beds. The 2006 study also considered the potential impact that legislative changes would have on NDCS relating to sanctions for individuals involved in the manufacturing and/or sale of methamphetamine.

The *2006 Strategic Capital Facilities Master Plan* included a needs assessment and population forecasts, analysis of existing facilities, a strategy for meeting shortfalls, and recommendations for capital and operational plans, including cost estimates. The 2006 Master Plan identified capacity expansion projects to meet NDCS' needs for the period from 2007 to 2015, as well as from 2015 to 2025. Although a few of the utilitarian type of projects identified in the 2006 Master Plan have been completed, no projects involving bed capacity increases have been funded or completed. Further justification for updating the master plan and developing program statements is provided in State Law 83-960 to 83-963, known as the Correctional System Overcrowding Emergency Act wherein the Governor may declare a correctional system emergency at any time in which the NDCS Director certifies that the inmate population is 140% of design capacity.

The 2013 Strategic Capital Facilities Plan Update was intended to provide guidance and vision, based on new population projections, to meet both current and future challenges facing NDCS. The proposed project was initiated to provide a comprehensive and updated strategic capital facilities plan for the NDCS. The average daily population for 2013 exceeded 4,800 inmates (including the Work Ethic Camp) and with a rated design capacity of 3,283 beds, a shortfall of over 1,500 beds existed. This represented an inmate population of approximately 148% of design capacity. The ever-increasing population, coupled with an aging inmate population, has created additional challenges in managing the inmate population.

NDCS sought proposals from consultants with correctional planning, architectural, and criminal justice experience to assist in the preparation of an agency wide Strategic Capital Facilities Master Plan including the development of three (3) program statements. The Strategic Capital Facilities Master Plan Update (aka NDCS Master Plan) is to be based on sound correctional research to provide the Department with a long-range capital construction master plan for all state correctional facilities.

NDCS had conducted separate inmate population projections, population groupings (i.e. youth, gender, severe medical impairment, special programming needs, etc.), and other projections that will become the foundation for policy decisions concerning NDCS' capital construction plans.

This project also included the development of three (3) program statements defining the architectural space and operational needs of the highest priority projects. The number of program statements to be developed was unknown at the time the master plan was initiated, but was based on the highest priority needs identified in the master planning process.

Major System Changes since the 2006 Master Plan

Since publication of the 2006 Master Plan, a number of changes have occurred in the NDCS system. These changes must be taken into account in this new analysis, as each has an impact on capacity and facility utilization.

Increased Crowding

The NDCS system in 2006 included an inventory of 3,704 beds, and housed a population of approximately 400 more than that (a snapshot count of 4,135 in 2005). Forecasts completed with that Master Plan ("natural growth") projected an increase of approximately 1800 more inmates over the next 20 years (to 5,933 inmates by 2025). An alternate forecast ("accelerated" growth) indicated a more dramatic increase, reaching as high as 9,500 inmates by 2025.

The actual Average Daily Population (ADP) in FY 2013 was 4,760, slightly lower than the "natural growth" forecast had projected. With an inventory of 3,283 design beds, crowding in 2013 (measured at the percentage of ADP / Design Capacity) was 148%. This level of crowding creates an urgent need for resolution, either by reducing the population or increasing the number of beds. Finding strategies to reduce crowding is one of the main goals of this Master Plan.

Shift in Mission of Work Ethic Camp

The Work Ethic Camp (WEC) was created as a probation work camp, for probationers specifically sentenced to that facility. Insufficient numbers of probationers have resulted in a backfilling of the facility by minimum custody (3B) inmates. The population is predominantly young offenders, and the local community college has proven a valuable resource in providing vocational and higher education to the inmates. This shift in the mission of the Work Ethic Camp has provided increased minimum custody beds within the system, but in a geographically challenging location.

Increasing Numbers of Aging, Chronically Ill, and Chronic Medical Care Inmates

It is generally acknowledged that those in the prison system exhibit physical characteristics of non-incarcerated individuals approximately 10 years older - that is, an inmate that is 45 years old has many of the physical conditions and ailments of a 55 year old. Institutional "aging" brought the increased health demands of baby

boomers to the attention of corrections officials around the country in the mid-90s. As stricter sentences have kept inmates in prison longer, and as inmates have aged, the NDCS has found itself dealing with higher numbers of medical issues often associated with aging – dementia, joint issues, and eyesight issues are among those which have required increasing specialist medical visits from Tecumseh and other prisons.

While many of these inmates still function at a high level within the general population, others have reached a point where they may be seen as potential victims. NDCS has created an "inmate porter" program where inmates requiring help with Activities of Daily Living (ADLs) are assigned an able partner to help with daily tasks such as carrying a lunch tray to the table, or opening and holding doors while negotiating with oxygen or crutches. This program has helped some inmates remain in the general population; however, the numbers of inmates with chronic, degenerative disorders such as dementia are increasing to levels where the NDCS would like to explore the possibility of a centralized facility with on-site medical staff (the same inmates are housed in infirmaries but there are not enough of these spaces available to meet the overall demand). A new secure facility expansion would function much like a medically assessed facility, but would be designed with structural features to make it mobility friendly throughout, with a high proportion of accessible cells, and with continual medical/mental health care staff.

Increasing numbers of GP inmates are transported to specialty medical offices in Lincoln or Omaha for needs not currently provided within the NDCS. Specialist types include ophthalmology, orthopedics, and endocrinologists. These medical visits involve transportation and wait times, accompanied throughout by two correctional officers. When transports are made from Tecumseh, one visit to a Lincoln specialist can easily fill a full day. As consideration is given to a centralized long-term care housing facility, NDCS will also consider constructing on-campus clinics where inmates can be transported and left in temporary holding. Multi-use medical examination and testing areas will be provided within the NDCS facility, with specialists contracted and scheduled. This type of facility may allow inmate visits to be bundled in a manner that will reduce transportation and staff costs associated with medical transports.

Increasing Mental Health Demands

The increasing population size carries with it a commensurate increase in the number of inmates requiring ongoing medication, counseling, and/or other mental health care. In some cases, mental illness is cyclical, with inmates experiencing episodic periods of decompensation. During these periods, those individuals often become unstable, erratic, and even violent. Behavior exhibited during these times is hazardous to the inmate, to other inmates, to the social balance in the general population, and to NDCS staff.

Correctional systems have historically addressed mental health stabilization through a variety of infirmary or isolation settings. In the NDCS, a formal policy over the past few years has consolidated inmates requiring mental health stabilization in one housing unit (formerly used for general population) within the Lincoln Correctional Center (LCC), close to medical and mental health staff who serve the intake and LCC populations. During the on-site visit for this study, the population of this unit was 89 inmates in single cells. Because the unit was constructed for general population housing, it does not offer the optimal size configuration (one large unit with one shared dayroom, no step-down options, poor acoustics, and poor adjacencies to medical/MH staff) which would contribute to the restabilization of this population. The unit is not being used to maximum efficiency, because the nature of this population primarily requires single occupancy of all cells. If used for general population, this unit could house a total of approximately 160 inmates.

During the course of this master plan, the NDCS requested that Dewberry examine the viability of a new, purpose-built housing unit for mental health stabilization. This unit would offer step-down housing options within small units more conducive to a therapeutic environment, within close proximity of medical and mental health staff. A custom-designed unit of this kind would allow NDCS to concentrate mental health resources in one system location, and to offer better collaboration between medical and mental health staff. Housing inmates in need of this type of housing in one location within the system will offer the already achieved benefit of removing those inmates from the general populations of other facilities until they are deemed ready for re-integration.

National Trends in Criminal Justice and Corrections

In 2008 it was announced that the United States housed almost 25% of the world's incarcerated population, despite being home to only 5% of the world's total population[1]. The incarceration rate in the United States is the highest of any developed country – a condition which has led to high costs of prison construction and maintenance and high social costs for the incarcerated individuals and their immediate social network. In 2013, the State Department reported that state correctional costs were the second-fastest rising expense after Medicaid. The social costs, a relatively new topic of interest over the past decade, has led to numerous professional and academic articles about the adverse effects of incarceration on children of prisoners (particularly females) and communities (including racial minority groups). One article, published in 2003, noted that

> "Emergent research is now trying to document the social costs of incarcerating a person, setting up the possibility of cost-benefit analysis for the net cost of imprisonment (i.e., lockup plus social cost). Early indications suggest that the social cost of incarcerating a person is in the neighborhood of twice the cost of keeping the person in a cell. Both lockup and social costs are higher for women, and higher still for mothers with dependent children. Previous economic research identified the likely social benefits for adding a prisoner, based on a corresponding reduction in the number of crimes committed, and on a dollar value assigned to each of these crimes. It appears that the community is losing money on some prisoners who commit non-violent offenses, and particularly on mothers with dependent children who are doing time for drug abuse or possession."[2]

United States Attorney General Eric Holder has made the high incarceration rate a focus of his tenure. In August 2013 he implemented a "Smart on Crime" policy[3] to focus on more serious crimes, to eliminate mandatory sentencing for non-violent offenders, to strengthen non-incarceration initiatives, and to reduce recidivism through re-entry efforts at the Federal level. Subsequent policies have strengthened this position at the federal level and similar policies have begun to trickle down into the state systems.

The cumulative result of these studies, policies, and trends is a more balanced approach to corrections, with strict treatment of violent crimes but with an increased focus on re –entry and reduction of incarcerated populations.

[1] http://www.nytimes.com/2008/04/23/world/americas/23iht-23prison.12253738.html?pagewanted=all&_r=0
[2] Lengyel, Thomas E., MSW, Ph.D., and Jamie Harris, M.A., "Emerging Issues for Incarcerated Parents and Their Children: Hawai'I in a National Perspective (Alliance for Children and Families, 2003)
[3] http://www.justice.gov/ag/smart-on-crime.pdf

The nation's new focus on reducing prison inmates can only be effective if recidivism is low. The Bureau of Justice Statistics has tracked recidivism around the country intermittently for decades. Updates in 2010 indicated that approximately 68% of prisoners released in 2005 (from a sample from 30 states) had been re-arrested on new charges within three years. By five years out from release, 77% had been re-arrested[4]. But within that national aggregation, each state has its own recidivism rates, based on different cultural makeups, different levels of criminality, and different challenges. The Nebraska Department of Correctional Services is a unique microcosm within that aggregated summary of disparate contexts. Approximately 32% of Nebraska prisoners paroled or discharged during fiscal year 2011 were reincarcerated within 3 years. Details specific to Nebraska, and the potential role of the NDCS in combating recidivism are explored in detail in Chapter 4.

Master Plan Goals and Objectives

This Master Plan had several goals, some of which were considered drivers of the study, and some of which emerged during the process. An overarching goal of the Master Plan is to improve upon an environment in which healing is paramount and offenders are able to acquire the necessary skills, education, and treatment to facilitate their return to society as law-abiding and productive citizens. The Master Plan includes strategies wherever relevant to bring inmate management philosophy and strategies into line with these national trends in corrections.

The Master Plan must, first and foremost, update the forecast and provide a strategy for managing the current and anticipated growth of bed space needs through expanded uses of existing facilities as well as development of new bed spaces. The Master Plan must provide a prioritized listing of capital construction projects and reasoning for that prioritization.

The consultant team's initial scope of work included:

- The review and verification of the population projections conducted by JFA Associates,
- An analysis of NDCS' existing physical plant to establish the best use for each facility,
- Projections of future bed space needs,
- Identification of improvements to capital facilities, by project
- Operational and architectural programming for each custody level and facility type, by project
- Associated capital and operational cost projections
- Development of one or more Program Statements resulting from the Master Plan

In addition to this mission, the NDCS is committed to maintaining a high level of security, professionalism, and ethics in all activities. These goals imply layers of effort in multiple disciplines, including:

- Maintaining safe and secure facilities (within the ACA-accreditation guidelines)
- Providing appropriate evaluation and treatment for criminal behavior and a wide range of co-occurring issues ranging from substance abuse to anger management
- Making medical, dental, and other care available at an appropriate level

[4] http://www.bjs.gov/index.cfm?ty=pbdetail&iid=4987

- Ensuring a safe working environment for correctional staff, with the level of operational stress balanced with an efficient use of resources

In providing a strategy for managing the current and anticipated growth of bed space needs through expanded uses of existing facilities and development of new bed spaces, the Strategic Capital Facilities Plan analyzes existing programs and other factors impacting the inmate population to ensure everything possible is being undertaken to reduce levels of crowding and increase efficiencies prior to the construction of any new bed spaces. Where beds are required, the Strategic Capital Facilities Plan focuses on additions and renovations to existing facilities and strategies to improve efficiency, before recommending construction of a new stand-alone prison.

Each and every one of these of these goals was considered during the development of the Master Plan.

The Strategic Capital Facilities Plan also provides a prioritized listing of capital construction projects for funding consideration.

Master Plan Findings

The Master Plan worked in three distinct phases of work – first the SUPPLY of beds was determined, together with facility conditions assessments and an evaluation of each facility's potential for expansion. Next, the forecast informed on the DEMAND for those beds. Finally, the shortfalls of beds by type, combined with the broader operational goals to meet changes in the system were considered, to create the best possible system wide improvements. The changes recommended are based on both urgency of need for beds of that type, and the need for operational or programmatic shifts to keep pace with trends in corrections. Needs were grouped into three phases, as follows: Phase 1 (Years 0-5), Phase 2 (Years 6-10), Phase 3 (Years 10+).

Facility Inventory (Supply of Beds)[5]

To complete the facility inventory, members of the consultant team toured each facility, met with facility leadership, and submitted questions for response. The team also reviewed recent ACA audit reports, planned and completed capital improvements, and site plans for each facility. Housing capacity worksheets were distributed and completed by wardens and their staff to be sure an accurate tally of beds was collected for use moving forward. This inventory was adjusted slightly by NDCS administration to reflect operational capacity goals. The resulting bedspace and capacity totals are given below, together with the resulting calculations of crowding.

Quantifying the Core Support Services (core services supporting daily prison function, such as food service, program space, visitation, and medical/mental health areas) of each facility was a major effort during this phase of work. Many of the NDCS facilities have been in operation for 30 years or more. Over the lifespan of each facility, a wide range of improvements have occurred, including the addition of housing. One of the major findings of this Master Plan was the wide gap at certain facilities between the Operational Capacity (housing) of the facility and its Core Support Services. Staff make scheduling or other operational accommodations to mitigate the gap between core capacity and the population it is expected to serve, and those operational

[5] Refer to Chapter 2 for a greater discussion of terminology for ADP, Average length of Stay, and design and operational capacities.

accommodations result in daily stress. Facilities with high operational stress have less capacity for absorbing increased population than facilities with low operational stress.

A new measure was created for purposes of this report to measure Operational Stress. This Operational Stress Index (defined as ADP / Core Support Services of each facility, in decimal form) is used to reinforce the measure of crowding, but using the Operational Capacity, rather than the design capacity. While not particularly revealing in aggregate (note the system wide OSI is 1.26, not a cause for alarm), when taken on a facility specific basis, the OSI reveals that some facilities are significantly stressed by the disparity between ADP and core support services. The highest OSI levels were noted at the Diagnostic and Evaluation Center (DEC, 3.13), Community Correctional Center - Lincoln (CCC-L, 1.94), Community Correctional Center - Omaha (CCC-O, 1.92), Nebraska State Penitentiary (NSP, 1.79), and Lincoln Correctional Center (LCC, 1.63). These facilities were prioritized based on operational stress alone, as high considerations for projects to either alleviate crowding or increase core support services.

Finally, to ensure maximum efficiency of utilization of existing beds within the system, the NDCS reviewed each facility and determined the Recommended Operational Capacity moving forward for the physical structure which exists now at each facility. The recommended 2013 operational capacity for the NDCS in aggregate was determined to be 4,477 beds, as indicated in Figure 1-1.

In a typical correctional setting, up to 10% is usually added onto any population forecast to account for the "classification factor," or vacancies, which are required in order to allow proper classification and movement between housing types. In the case of NDCS, the classification factor was approached by reducing the Bed Capacity of all general population units except dormitory housing, and establishing a target maximum OC. This revised OC number, which was illustrated in Figure 1-1 below, will afford the spaces necessary to allow inmates to be matched with the most appropriate bed in the system, rather than being placed in whatever bed happens to be vacant.

Figure 1-1 – 2013 Condition (Crowding and Operational Stress)

				2013 Condition				
Facility	Population	Design Capacity (DC)	Est. Core Support Svcs (CSS)[1, 2]	ADP_{2013}	Recommended Operational $Capacity_{2013}$ (OC_{13})[3]	Current Crowding (ADP_{13}/DC)	Revised $Crowding_{2013}$ (ADP_{13}/OC_{13})[4]	Curent Operational Stress Index (ADP_{13}/CSS)
CCC-L	Adult M/Adult F	200	200	388	300	194%	129%	1.94
CCC-O	Adult M/Adult F	90	90	173	135	192%	128%	1.92
DEC	Adult M	160	160	501	275	313%	182%	3.13
LCC	Adult M	308	308	502	468	163%	107%	1.63
NCCW	Adult F	275	275	252	318	92%	79%	0.92
NCYF[5]	Juvenile M	76	152	67	70	88%	95%	0.44
NSP	Adult M	718	718	1283	1139	179%	113%	1.79
OCC	Adult M	396	396	598	666	151%	90%	1.51
TSCI[5]	Adult M	960	1344	963	906	100%	106%	0.72
WEC[5]	Adult M	100	200	125	200	125%	63%	0.63
System Total		**3283**	**3843**	**4852**	**4477**	**148%**	**108%**	**1.26**

1. The Estimated Core Support Services of each facility was determined based on the known history of design capacity for the core, plus any core improvements known to have occurred.
2. Estimated Core Support Services includes the assumption that the core was designed to support units/beds designed for general population at some facilities which are currently used for non-count functions, such as Unit 1 (P-upper) at DEC (32 beds) or B-Bay Mezzanine at NCCW (32 beds).
3. The 2013 Recommended Operational Capacity was developed to reflect the number of inmates that a facility can currently house and sustain indefinitely, given current conditions.
4. The 2013 Revised Crowding metric was developed to reflect the level of crowding that a facility currently experiences, after taking into account standard correctional practices and operational modifications that have been implemented to compensate for a lack of design beds. Population levels above 100% cannot be sustained indefinitely.
5. The core support services of NCYF, TSCI, and WEC were designed to support the construction of additional on-site housing unit expansions. It is important to note that while the OSI levels are below 1.00 for all of these facilities, their ADP levels still exceed their original design capacities. FY2013 population levels at NCYF and TSCI also exceeded their recommended operational capacities.

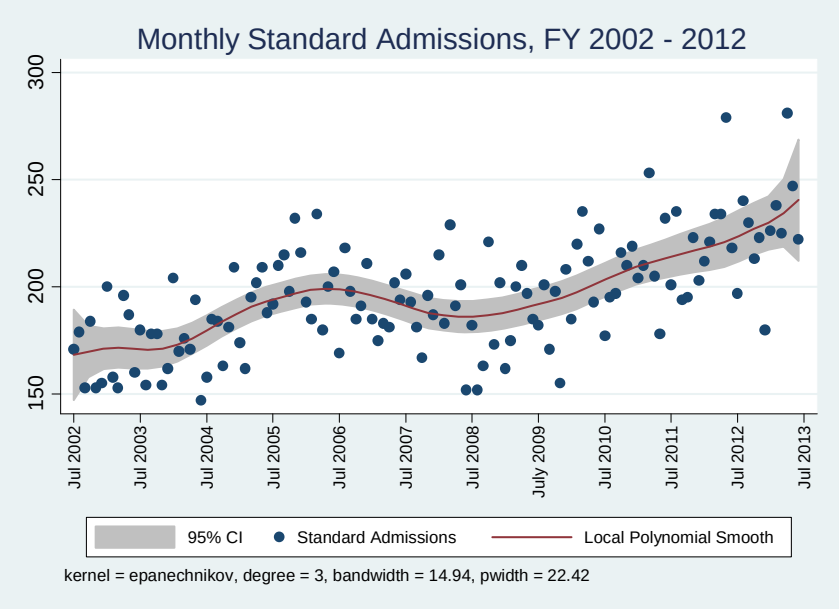
Source: NDCS

Forecast of Future Demand for Beds

The population in any system is the result of a combination of admissions and time in the system, often called Length of Stay (for individuals) or Average Length of Stay (for groups). Although a forecast had been completed in 2006 (both Natural and Accelerated Growth scenarios), and an ongoing annual update had been provided, the consultant team determined that an update would be beneficial in this case to validate which of several trajectories was more likely, given the more recent changes in the criminal justice system.

This new forecast was generated based on NDCS admissions, with length of stay applied to determine ADP. The new forecasting approach allowed the historical increase in admissions to be incorporated, as well as documented changes in the average lengths of stay.

Figure 1-2– Local Polynomial Trends for Monthly Standard Admissions, FY 2002-2012



Source: Marc Swatt, JSS

Figure 1-2 shows the trend in monthly male and female standard admissions from 2002 to 2012. The local polynomial smoother reveals a steady increase in admissions over time with a slight acceleration from 2005 – 2006. This trend mirrors the increase in ADP observed over this same time period.

Figure 1-3 shows the population (N) and Average Length of Stay (ALOS) by population grouping for two intervals, to allow a comparison to be made to the prior master plan. As much as possible, separate forecasts were completed by population grouping, for standard admission males, non-standard admission males (safekeepers and 90-day evaluators), females, and male youth.

Figure 1-3 -Average Length of Stay for Various Admissions: 2000-2005 to 2007-2012

Sentence Group	2000 - 2005 N	2000 - 2005 ALOS	2007 - 2012 N	2007 - 2012 ALOS	% Change
Male Standard Admissions	9068	1.921	10813	1.793	-6.64%
Female Standard Admissions	1200	1.361	1711	1.234	-9.31%
Juveniles	190	0.359	155	0.380	5.84%
Safekeepers	987	0.141	973	0.149	5.79%
90 Day Evaluators	449	0.160	295	0.188	17.49%

Source: Marc Swatt, JSS

Estimations of custody classifications were applied once ADP forecasts were completed, producing the following ADP forecast by population grouping and custody classification.

Figure 1-4 - Forecasted Bedspace Demand for 2014, 2019, 2024, and 2029.

YEAR	Total ADP	Non Standard*	Juvenile*	Standard Female	Standard Male 1X	2X	3A	3B	4A	4B	Male Total
2014	4881	60	48	366	1304	928	1194	155	336	491	4407
2019	5325	60	48	402	1425	1014	1304	169	367	536	4816
2024	5913	60	48	442	1588	1131	1454	189	409	598	5368
2029	6617	60	48	482	1785	1271	1634	212	459	671	6032

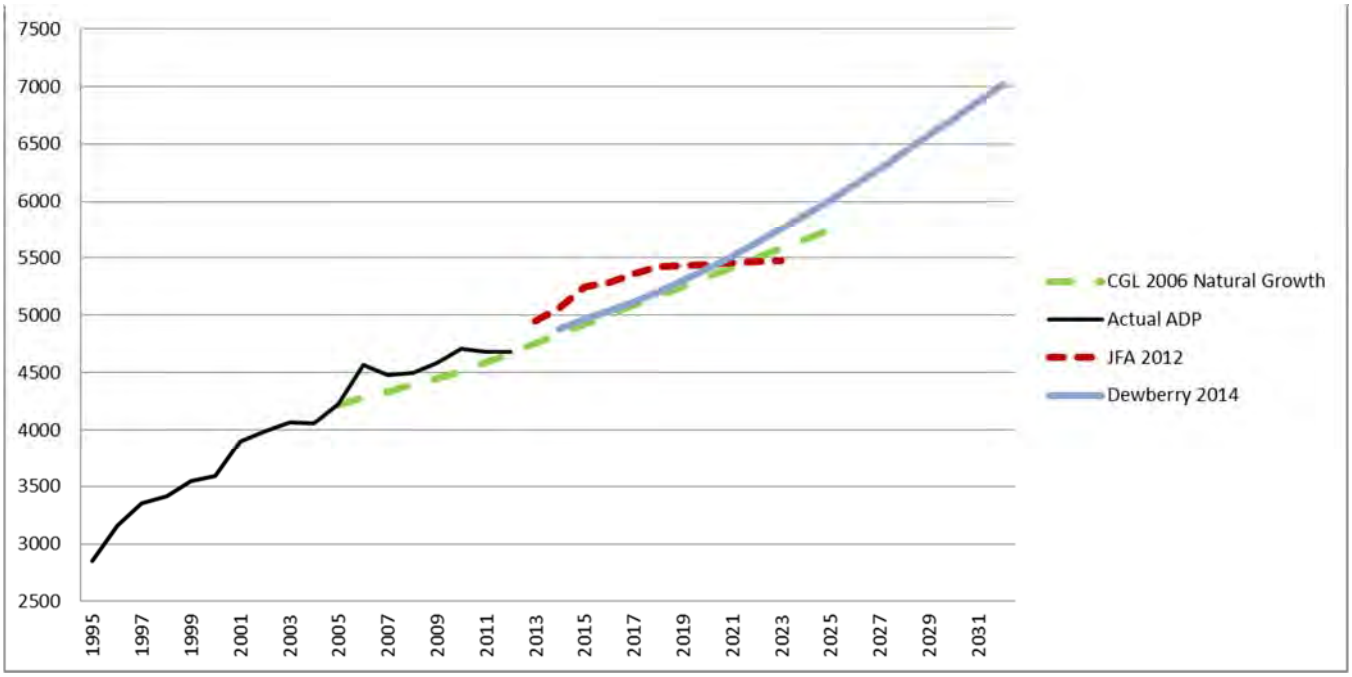
*Non-Standard Admissions held constant at 15 per month and Juvenile Admissions held constant at 6.67 per month for all years

1X – Maximum
2X - Medium
3A - Minimum, Constant supervision when outside the facility
3B – Minimum, Intermittent supervision when outside the facility
4A – Work Detail
4B – Work Release

Source: Marc Swatt, JSS

A comparison of the historic observed ADP and the three projections (the 2006 Master Plan Natural Growth model, the 2012 Forecast Update model, and the Dewberry 2014 model) is presented in Figure 1-4. The graph shows the observed ADP as the solid black line that extends from 1995 through 2012. The 2006 Master Plan Natural Growth model was used to produce projections through 2025 and is illustrated by the dashed green line. The 2012 Forecast Update model was used to produce projections through 2023 and is illustrated by the dashed red line. Finally, the Dewberry 2014 model described above was used to produce projections through 2032 and is illustrated by the solid blue line.

Figure 1-5 - Actual and Projected ADP, 1995-2032



Source: Marc Swatt, JSS

Near the end of the master plan an addendum was crafted to illustrate the impact of changes to the manner in which anticipated release dates for inmates with mandatory minimums are calculated within the NDCS. These projections took into consideration that NDCS no longer houses federal inmates. These changes increased the forecast slightly, with the resulting revised ADP forecast by population grouping and custody classification indicated below. Important to the planning, however, the divergence beyond the 10-year mark did not change significantly.

Figure 1-6 - Revised Forecasted Bedspace Demand for 2019, 2024, and 2029.

	Total	Non		Standard	Standard Male						
YEAR	ADP	Standard*	Juvenile*	Female	1X	2X	3A	3B	4A	4B	Male Total
2019	5384	42	48	378	1454	1035	1331	173	374	547	4916
2024	6050	42	48	416	1640	1168	1502	195	422	617	5544
2029	6805	42	48	454	1852	1319	1695	220	477	697	6261

*Non-Standard ADP held constant at 42 per month and Juvenile ADP held constant at 48 per month for all months

1X – Maximum
2X - Medium
3A - Minimum, Constant supervision when outside the facility
3B – Minimum, Intermittent supervision when outside the facility
4A – Work Detail
4B – Work Release

Source: Marc Swatt, JSS

Summary Bedspace Shortfall

Placing the forecast in the context of design capacity and future capacity needs produces a scenario where, over the prioritized window of next 10 years, there is a greater urgency for certain beds at certain points in the timeframe. Because the forecast becomes unstable beyond the ten-year mark, a strong emphasis was placed on meeting the needs over the first ten years (Phases 1 and 2 of this Master Plan), with strategies in place for the final ten years which can meet either scenario, and which can be more fully defined as the need is clarified moving forward.

Reading the Chart - History

The left side of the chart shows the history of Design Capacity and ADP in the NDCS system between 1995 and 2013. The right side shows the future.

This chart uses dark purple areas to indicate design capacity, which only changes if new design beds are constructed. Details are given for changes in design beds between 1995 and 2013.

A yellow line shows the historical ADP. The dark orange area between the design capacity and the yellow line indicates the historical level of crowding in the system.

Reading the Chart - Future

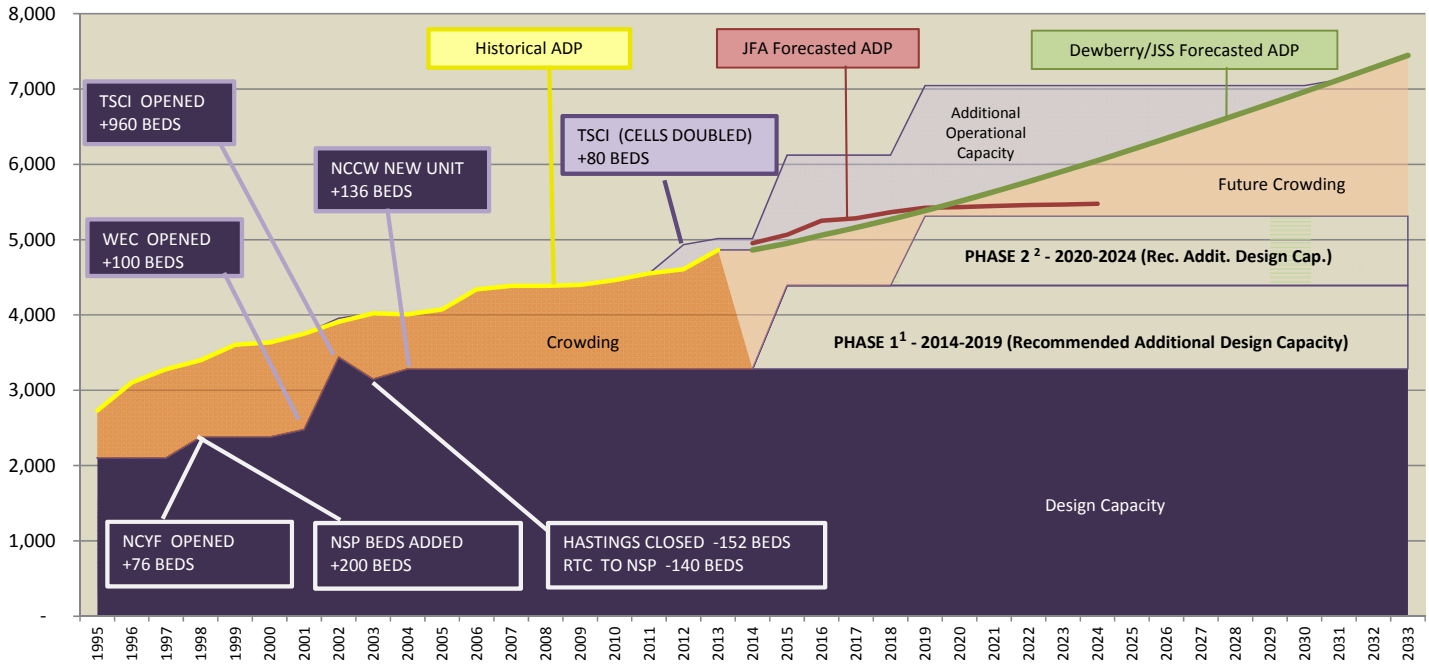
The right side of the chart also shows design capacity in purple, but with green shaded areas to indicate the Phase 1 and Phase 2 recommended additions of design beds. Details of the projects which will create those beds are shown in the footnotes.

The JFA forecast completed as part of this Master Plan (and both previous forecasts) indicates a period of growth over the next 10 years which requires approximately 2,700 more design beds to meet demand.

Also indicated is the divergence of the forecasts beyond the 10-year window, after the end of Phase 2. This divergence, which starts at the point at which the red and green lines cross, begins at approximately 2021/ 2022 and becomes more pronounced at the end of Phase 2. This is the point in time beyond which the forecasts disagree on what is likely to occur. The JFA forecast indicates a slowing in the rate of ADP growth, indicated by the flattening of the red line. The JSS forecast, completed for this master plan and described in Chapter 3, anticipates a continued increase in admissions, as indicated by the green line.

Either way, the Phase 1 and Phase 2 recommendations will help the system meet anticipated demands for at least the next ten years. Additional system capacity ("operational capacity" see Chapter 2 for definition) is depicted in the lighter purple areas which show above the forecasting line. As long as these areas show above the light orange "crowding," system capacity (operational capacity) will be sufficient to house the forecasted ADP.

Figure 1-7 – Shortfall Chart 1995-2033, with Phase 1 and 2 Expansion



[1] Phase 1 – CCC-L Expansion (+450 GP beds), CCC-O Expansion (+300 GP beds), MIFS opens (+358 GP beds)
[2] Phase 2 – DEC Expansion (+192 intake beds), NSP Expansion (+166 SMU beds), NCCW Expansion (+8 juvenile beds), TSCI Expansion (+356 GP/SMU beds), WEC Expansion (+200 GP beds)
Source: Historical information, prior forecasts– NDCS; Dewberry/JSS Forecast – Marc Swatt, JSS; Phase 1 and Phase 2 Increases, future crowding calculation – Dewberry. Chart Assembly - Dewberry

Key:
- Forecasted Future Crowding (FORECASTED ADP LESS DESIGN CAPACITY)
- Estimated Crowding (ADP LESS DESIGN CAPACITY)
- Recommended Additional Design Capacity - 2019-2023
- Recommended AdditionalDesign Capacity - 2014-2018

Prioritizing the Need

Placing the forecasted future demand for beds against the inventory of existing beds, by type, reveals a bedspace shortfall. In corrections, it is important to measure bedspaces by type, because inmates are matched to housing according to an increasingly complex assortment of classification factors, including gender, age, security or custody level (1X, 2X, 3A/3B, 4A/4B), therapeutic program needs, CSI skills, sentence duration, gang involvement, potential victimization, and/or anticipated time to release. The result is a system where a bed is not a generic commodity, but is uniquely typed for an inmate with a specific mix of characteristics, and no other inmates may be placed there. The greater the number of factors taken into consideration in making housing placements, the greater the inefficiency in the system resulting from vacancies with no perfect inmate match.

The shortfall table below shows the existing facilities, their design capacities and operational capacities in the 10-year forecasted need. The forecast, broken down by gender and custody classification, is indicated at the top. For ease of visual tracking, blue shading indicates male beds, pink shading indicates female beds (including juvenile females, who comprise an extremely small portion of the total population and who are co-located at the same facility as adult females), and green shading indicates juvenile male beds.

After undertaking an exercise to review each facility and identify its highest and best bedspace assignment, the allocation indicated in the center of the chart was determined.

The total bedspace shortfall between 2014 and 2024 (shown in the shortfall calculation table below) is comprised primarily of adult male beds[6], divided into four distinct groups, due to the type of housing they require.

(1) 225 intake beds
(2) 166 SMU beds
(3) 287 1X/2X beds (maximum/medium custody)
(4) 944 3A/4A/4B beds (pre-release/work release/work detail and minimum custody)

Figure 1-8 – 2013 Shortfall by Gender and Bedspace Type

											2024 FORECAST BY CUSTODY LEVEL/FACILITY (DEMAND FOR BEDS)								2024 FORECAST
											INTAKE[1]	SMU	1X	2X	3A	3B	4A/4B M	4A/4B F	6,050
										MALE[1]	500	376	806	1168	1502	195	1039	n/a	5,586
										FEMALE	24	10	64	59	86	4	n/a	169	416
		OC [13] BY CUSTODY LEVEL/FACILITY (SUPPLY)								JUVENILE	48								48
FACILITY	DESIGN CAPACITY	Intake	SMU	1X	2X	3A	3B	4A	4B	TOTAL	RECOMMENDED UTILIZATION OF EXISTING BEDS								
DEC	160	275								275	275								275
LCC	308			468						468			138		330				468
CCCL[2]	200							300		300							240	60	300
CCCO	90							135		135							75	60	135
NSP	718			1,139						1,139		18	109	500	512				1,139
OCC	396				666					666				226	440				666
TSCI	960		192	714						906		192	459	255					906
WEC	100						200			200						200			200
NCCW	275	24		279		15				318	24	10	64	59	86	4		71	318
NCYF	76	70								70		70							70
	3,283								MALE	3,969	**275**	**210**	**706**	**981**	**1,282**	**200**	**315**	**-**	**3,969**
									FEMALE	438	**24**	**10**	**64**	**59**	**86**	**4**	**-**	**191**	**438**
									JUVENILE	70	**70**								**70**
										4,477									**4,477**

BEDSPACE SHORTFALL BY GENDER/CUSTODY LEVEL (2014-2024)

MALE	225	166	100	187	220	(5)	724	n/a	**1,617**
FEMALE	-					-	n/a	(22)	**(22)**
JUVENILE	(22)								**(22)**

Source: Capacities – NDCS; Forecast and allocation – Marc Swatt, JSS; Recommended Utilization – MP Executive Committee

Based on the facility limitations and operational stress factors identified in the Facility Inventory, and a desired focus on the facilities with the highest OSI (DEC, CCC-L, CCC-O, NSP, and LCC), several projects were identified as long-term solutions to the Master Plan findings. These improvements are recommended to occur in three stages and are listed below in order of priority and by facility:

[6] There is an operational need for juvenile female beds at NCCW. That addition is included in Phase 2.

Phase 1 (0-5 Years)

1.1. Community Corrections Center – Lincoln (CCC-L) Expansion – Increase the re-entry/pre-release beds in Lincoln by expanding the CCC-L facility.
1.2. Community Corrections Center – Omaha (CCC-O) Expansion – Increase the re-entry/pre-release beds in Omaha by expanding the CCC-O facility.
1.3. Medical, Mental Health, Intake, and Food Service (MIFS) Expansion at the Diagnostic and Evaluation Center (DEC) – Increase dedicated housing areas for inmates with chronic and acute medical and mental health needs, expand capacity for intake processing, and increase food service capacity to support the DEC/MIFS/LCC campus.

Phase 2 (6-10 Years)

2.1. Lincoln Correctional Center (LCC) Restrictive Housing Expansion – Increase disciplinary restrictive housing capacity and core support services on the DEC/LCC campus.
2.2. Nebraska State Penitentiary (NSP) Expansion – Increase disciplinary restrictive housing to allow one general population housing unit to be used for its intended population. Core support services will also be expanded to reduce the operational stress index at this facility.
2.3. Diagnostic and Evaluation Center (DEC) Expansion – Increase intake housing through the addition of a 192-bed housing unit.
2.4. Omaha Correctional Center (OCC) – Add restrictive disciplinary housing and core support services spaces to reduce operational stress.
2.5. Nebraska Correctional Center for Women (NCCW) – Develop an operational or structural solution to house youthful females in compliance with PREA and ACA standards, as well as add space for the NCCW parenting program.
2.6. Tecumseh State Correctional Institution (TSCI) – Add 100 beds to the Secure Management Unit (SMU) and construct the additional 256-bed general population housing unit, per original design plans.
2.7. Work Ethic Camp (WEC) – Construct a 200-bed housing unit and formally establish the mission of this facility as a correctional facility.

As previously mentioned, the demands beyond 2024 are much less specific with regards to quantity and custody level/bedspace type. Because of this, the projects proposed for Phase 3 are less defined and are left open to the demands that will undoubtedly emerge more clearly during the next decade. Phase 3 projects are also described, but with less urgency and much less detail.

Phase 3 (10+ Years)

3.1. Nebraska Correctional Youth Facility (NCYF) Expansion – Add a 100-bed housing unit and increase capacity for educational and vocational training.
3.2. Re-Entry Service Center (RSC) Development – Construct facilities to provide dedicated re-entry services tailored to the needs of medium and maximum custody inmates who are nearing discharge.
3.3. New Prison Construction – Build a 600-bed prison for male offenders.

Phase 1 – Years 0-5

Moving into the first five years of this Master Plan, the NDCS has several immediate and short-term issues which must be addressed:

- A 2013 system wide crowding level in excess of 148% capacity, and the goal of reducing that level through the addition of count beds to the design capacity;
- A range of facilities with diverse infrastructure conditions and ages, levels of core support services, and elasticity to accommodate additional housing, resulting in a need for core improvements to complement any bedspace addition; and
- The identified system-wide accumulation of special needs (medical/mental health, disciplinary restrictive housing) populations, for whom specialized housing is required, and for whom a cost-saving/service enhancing centralized strategy is sought.

The Phase 1 projects were prioritized as the most urgent based on their ability to meet more than one of the following:

- Bedspace type (Intake, SMU, 1X/2X, or 3A/3B/4A/4B)[7]
- Program Needs (pre-release, medical, mental health)
- Core Support Service Needs (by facility, based on the Operational Stress Index)

Focus on Pre-Release and Re-Entry

This master plan identified the two Community Corrections facilities (Community Corrections Center – Lincoln and Community Corrections Center – Omaha) as the primary re-entry portals in the system for inmates classified as minimum or community custody. These facilities have a total design capacity of 290 beds (200 at CCC-L and 90 at CCC-O), and a total operational capacity of 561. Each facility is currently used to house approximately double their number of inmates (388 at CCC-L and 173 at CCC-O), which is not sustainable over time.

NDCS has it within its power to implement evidence-based programs in the prisons and to solidify the pre-release preparation and transition back to non-institutional life. The Pew Center study cites several evidence-based resources which can help in developing program content. The National Governors Association published an article in 2005 which summarizes "strategic policy innovations" which can improve prisoner re-entry. Again, some strategies lie outside of the purview of NDCS. The strategies over which corrections has control include "Improving the process by which prisoners exit prisons so that key supports are in place during the initial transition," and "Developing re-entry initiatives that build on key social relationships such as family, friends, and the faith community – and improve access to other community-based supports and services." [8]

Successful strengthening of key social relationships in Nebraska requires pre-release inmates to be housed in one of the two main centers for release – Lincoln or Omaha – where strong community involvement in corrections can be used to help ease the transition. Providing supports during initial transition back into the community also requires pre-release preparation. These programs should provide content-based material (job

[7] SMU = Special Management Unit; 1X = Maximum, 2X = Medium, 3A = Minimum, constant supervision when outside the facility; 3B = Minimum, intermittent supervision when outside the facility; 4A = Work Detail; 4B = Work Release

[8] http://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-hsps-publications/col2-content/main-content-list/improving-prisoner-reentry-throu.html

readiness, life skills, etc.) but should also be designed to transition inmates into a new culture which supports independent and self-generated decisions, which will ultimately lead to successful re-integration into society. As such, the need for a dedicated pre-release "therapeutic community" type of program for inmates within 6-12 months of release is very much needed within the NDCS. These programs are a natural enhancement to the existing programs in place at Community Corrections Center – Lincoln (CCC-L) and Community Corrections Center – Omaha (CCC-O), which offer inmates a work-release/work-detail opportunity (classification 4A/4B in the NDCS system), typically in the last six to twelve months prior to release.

The need for a more robust pre-release capacity is supported by the forecasts completed in the Master Plan, which identified a demand for approximately 1,149 4A/4B beds (1,039 male and 110 female, see Figure 1-8). In the NDCS, 4A/4B inmates are predominantly re-entry or pre-release offenders who have been "pushed down" from higher custody classifications elsewhere in the system (usually 2X, 3A, or 3B) as they near their anticipated release date. With a total of only 290 design beds for 4A/4B inmates at these two facilities in the system (200 design beds at CCC-L in Lincoln and 90 design beds at CCC-O in Omaha), and both facilities housing close to double those numbers (388 at CCC-L and 173 at CCC-O), there is a potential ten-year system wide shortfall of between 588 and 859 4A/4B beds.[9] There is reason to believe that the demand will be reached earlier in the ten-year projection period covered, because the current waiting lists for admission to CCC-O and CCC-L suggest a pent-up demand for pre-release capacity.

Expansion of Pre-Release to include Minimum Custody Inmates

The length of stay at the CCC facilities is typically less than one year, during which time inmates spend most of each day working, either in the facility or in the community. There is little time available for programs or education once inmates reach 4A/4B status. Many of these inmates could be moved to a pre-release facility prior to being classified as 4A/4B, allowing time for other pre-release programming to be completed. In order to provide the evidence-based programming shown to be most effective in reducing recidivism, any re-entry programs must be provided at higher classification levels when inmates will still have available time to spend in the recommended programs.

The NDCS policy and the re-classification process used to assign pre-release inmates to the CCC facilities consists of identifying inmates at a period of approximately 24 months before they may first be parole-eligible, and conducting individual assessments to determine candidacy for the CCC programs. These inmates are then transferred to other nearby facilities to remain until capacity becomes available at the desired CCC facility. Staff report that these inmates are typically classified as minimum custody (3A or 3B), and occasionally medium (2X). With waiting lists for admission to both CCC-O and CCC-L, and inmates staged nearby at other Omaha/Lincoln facilities, there is currently a pent-up demand for pre-release capacity at these higher (3A, 2X) custody levels, with inmates identified and relocated to the desired jurisdiction, but without the physical space required to implement the optimal pre-release program to impact recidivism.

The best possible pre-release program must include inmates who are of higher custody levels than 4A/4B, in order to allow time for programs to occur. The staging of pre-release inmates earlier in the system will also allow a longer duration of transition, which can offer longer time for inmates to make the necessary changes,

[9] The 859-bed shortfall is based on a combined design capacity of 290 (200 at CCC-L and 90 at CCC-O); the 714-bed shortfall is based on a combined operational capacity of 435 (388 at CCC-L and 173 at CCC-O).

find the community resources they will need, and establish ties in the communities to which they will return – all of which help to support success post-release.

The CCC-L and CCC-O projects are the highest priority projects not only because of the needs identified by the population projections in Chapter 3, and high operational stress indices, but also for the programmatic need for increased re-entry capacity and combating recidivism.

Demand for Medical/Mental Health /Intake/Food Service Expansion

A number of inmates in the NDCS system would benefit from a specialized housing unit due to serious medical problems. These inmates require assistance with activities of daily living including "personal care, meals, transportation and medication administration."[10] This housing unit would also serve to accommodate those inmates who require specialized accommodation under the Americans with Disabilities Act.

Aging inmates are a growing population in corrections. Inmates with dementia pose distinct challenges for housing and management. While the underlying cause of dementia could be traumatic brain injury, mental illness, or a deteriorating medical condition (such as Alzheimer's disease), these inmates often suffer from serious functional deficits and for many of these inmates their level of functioning deteriorates over time. Due to the significant and unique challenges that managing these inmates pose, it is often desirable to house them in a specialized unit or in a distinct sub-unit within a medically supported housing unit.

The Acute Mental Health Needs population consists of inmates who either suffer from situational crises, serious depression with suicidal ideation, or serious mental illnesses. Generally, inmates requiring acute care stabilize sufficiently within a few weeks to few months to move to sub-acute care. There is a continuum of sub-acute populations. The first type of sub-acute population is in transition from acute care toward general population. Depending on their individual needs the length of stay in sub-acute care will vary but will seldom be longer than 4-6 months and frequently stabilize in a matter of weeks.

Another sub-acute population is the Chronic Mental Health Needs population, also referred to as chronically persistently mentally ill (CPMI) or seriously persistently mentally ill (SPMI), who often struggle with severe mental health symptomatology and have a much more difficult time integrating within the general population. As such, this subpopulation of inmates tends to require longer term specialized mental health housing. While some of these inmates may stay in sub-acute mental health housing for the majority of their sentence, it is preferable to provide some mechanism for "step down" housing to allow them to transition to general population beds often referred to as Special Needs Unit (SNU) that are dedicated to a more vulnerable populations with access to general population activities.

Within the continuum of mental health care are inmates, who may experience severe psychotic episodes or other episodes that make it difficult to manage them within a standard mental health unit. When possible, these inmates may be housed in a more secure mental health housing unit that can manage unstable, disruptive, and aggressive behavior. These inmates have acute symptoms that may be refractive to treatment or they may be refusing treatment. When there is availability for acute care, they may have been in the acute care unit for a number of weeks to months without reaching stabilization that would allow them to step down to a typical sub-

[10] Language was taken from a memorandum from Dr. Randy T. Kohl - Deputy Director, Health Services.

acute unit. Therefore, there is a need for intensive mental health care in a small, specialized sub-acute care unit that meets their individual treatment needs and safety.

All of these specialized medical and mental health needs require specialized professional staff and a range of unique housing options, often a range of housing options. As the numbers of inmates in each of these categories increases, the value in concentrating all system resources in one location and designing a purpose-built facility to best meet their needs becomes a more viable solution.

Because some of these populations are already housed on the DEC/LCC campus, and those facilities are in need of relief in the way of intake beds and core support services, and because Lincoln is already a center of professionals in the specialty areas required to serve these populations, the DEC/LCC campus was selected as the site for what is being called the Medical/Mental Health/Intake/Food Service facility, or MIFS.

Summary of Phase 1 Projects

The projects identified for prioritization in Phase 1 (the first five years), are each capable of meeting more than one of the system needs, and were identified by priority level as follows:

1.1. CCC-L - Renovation and Expansion of CCC-L to Minimum/Community Custody re-entry facility
1.2. CCC-O - Renovation and Expansion of CCC-O to Minimum/Community Custody re-entry facility
1.3. MIFS - Construction of a centralized medical/mental health/intake/food service (MIFS) expansion on the DEC/LCC campus. The former food service and dining will be repurposed to increase core support services for LCC.

These projects will add 1,108[11] design beds to the NDCS system (65% of the total estimated capacity need required over the next 10 years, per the Master Plan projections), as follows:

- 450 new community/ minimum custody beds at CCC-L
- 300 new community/ minimum custody beds at CCC-O
- 358 new beds at the DEC/LCC campus through addition of a new MIFS (Medical, Intake, Food Service) facility on the same campus, as follows:
    - 150 new Mental Health Stabilization beds at the new MIFS
    - 80 new 90 day evaluator and safekeeper beds at the new MIFS
    - 40 new skilled nursing beds (licensed) at MIFS
    - 88 new unlicensed medical beds at MIFS

In addition, 80 beds will be added to the system by repurposing the following housing units:

- DEC Unit 8K: 16 general population beds gained after inmates moved to MIFS
- DEC Unit 1P: 32 general population beds gained after inmates moved to MIFS
- LCC Unit D: 32 general population beds gained after inmates moved to MIFS

[11] This number is an estimate based on the analyses conducted for this Master Plan. The actual number of design beds for each facility will be identified during the Program Statement phase, as more rigorous studies are conducted to develop refined space programs.

The overall effect of adding approximately 1,108 design beds to the system will increase the operational capacity of the NDCS system from 4,477 to 5,665 (1,188 operational beds) because of the ability to repurpose existing housing units at DEC and LCC.[12] The Operational Stress Index will reduce at each facility, based on the changes to the Core Support Services.

Conclusion of Phase 1

At the conclusion of Phase 1, if all projects have been implemented as recommended, the following goals will have been achieved:

- System-wide design capacity will increase by 1,108 design beds (from 3,283 to 4,391);
- System-wide operational capacity will increase by 1,188[13] (from 4,477 to 5,605, see Figure 1-9 below);
- System-wide crowding levels based on design capacity will be reduced from 148% to approximately 138% (crowding levels based on operational capacity will be reduced from 108% to 107%);[14]
- Facilities with the highest Operational Stress Indices (DEC, CCC-L, CCC-O, and LCC) will experience relief from improvements to core support services, which will allow for more efficient operations and a prolonged facility life;
- NDCS will be better suited to address the special housing and programming needs of the aging and/or chronically ill populations and provide a greater continuity of care for special needs cases;
- Intake capacity will increase to more efficiently accommodate the demands of increased intakes; and
- Capacity for pre-release preparation and staging in Lincoln and Omaha will increase nearly four-fold, from 290 design beds to 1,040 design beds (+450 design beds at CCC-L and +300 design beds at CCC-O), thereby devoting 18% of total system beds (operational) to pre-release programming and preparation.

Figure 1-9 Buildout Chart for Phase 1

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F		TOTAL BEDS
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)								
Phase 1 - Years 1-5	1	CCC-L EXPANSION					*100*		*200*	*150*	450
	2	CCC-O EXPANSION					*50*		*200*	*50*	300
	3	DEC MIFS INCLUDING:									0
	3	DEC MHStab			*50*	*50*	*50*				150
	3	DEC SafeK	*80*								80
	3	DEC SNF (LICENSED BEDS)			*10*	*10*	*10*	*10*			40
	3	DEC SNF (UNLICENSED BEDS)			*22*	*22*	*22*	*22*			88
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT 8)*	16								16
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT P)*	32								32
	3	*GP BEDS GAINED (REPURPOSING LCC UNIT D)*			32						32
			POST PHASES 1 - TOTAL BEDS BY GENDER/CUSTODY LEVEL								
		MALE	403	210	820	1,063	1,514	232	715		4,957
		FEMALE	24	10	64	59	86	4	-	331	578
		JUVENILE	70								70
			427	**220**	**884**	**1,122**	**1,670**	**236**	**715**	**331**	**5,605**

Source: CCC-L Expansion/CCC-O Expansion – MP Executive Committee; DEC MIFS Needs – interim forecast of needs, MIFS program Statement, Pulitzer-Bogard Associates+Marc Swatt, JSS (numbers may be refined in final program statement)

[12] Operational capacity will increase by 16 in HU-8 at DEC, by 32 in HU-P at DEC, and by 32 in the Mental Health Unit at LCC.
[13] Includes the 80-bed increase in operational capacity noted in Note 11, from repurposing existing beds, some not in the design capacity.
[14] Crowding calculated by NDCS

Phase 2 – Years 6-10

Phase 2 is dedicated to continuing to increase design capacity to meet the forecasted increases in admissions and completing projects that will reduce operational stress at OCC and NSP, the two facilities with an Operational Stress Index higher than 1.0 (currently estimated at a 1.8 at OCC and 1.59 at NSP). With Phase 1 having taken care of capacity needs at the lower end (3A/3B/4A/4B) of the custody continuum, as well as intake/medical/mental health and relief for DEC (through the creation of a new unit for Safekeepers/90-Day Evaluators and a new intake center), Phase 2 is focused on adding beds at the higher end of the system and improving core support services at the facilities not included in Phase 1.

Remaining shortfall in the first ten years which was not addressed in Phase 1 identified the following count beds, system wide, targeted for the locations indicated (see Figure 1-8):

- 97 male intake beds (DEC, approximately 80 beds were provided in Phase 1, plus approximately 48 efficiency beds were gained by repurposing Unit P and Unit 8 at DEC)
- 166 male SMU beds (NSP, TSCI)
- 287 male 1X/2X beds (LCC, NSP, TSCI, to be met by a combination of new and efficiency beds)

Additionally, several facilities were identified in Chapter 2 as having significant shortages in non-count short-term restricted housing (disciplinary) beds compared to their ADPs, or no such beds on campus. The following non-count beds were recommended for addition at the specific facilities noted, based on 10% of the ADP requiring short-term restricted housing at any given time:

- 100 short-term male restricted housing (RHD) beds (LCC/DEC)
- 40 short-term male restricted housing (RHD) beds (OCC)
- 100 short-term male restricted housing (RHD) beds (NSP)

Two other operationally driven projects were included in Phase 2, either due to legal requirements or to opportunities available at those specific facilities. These are:

- 8 youthful offender (female) beds (NCCW)
- 200 pre-release (vocational, short-term sentences, 3A/3B) beds (WEC)

Summary of Phase 2 Projects

Phase 2 projects include the following:

2.1. Lincoln Correctional Center (LCC) Restrictive (Disciplinary) Housing Expansion – Increase disciplinary restrictive housing capacity and core support services on the LCC campus. This increase will release approximately 57 single occupied cells for double occupancy and general population 1X/2X use, adding approximately 57 additional beds to the system.

2.2. Nebraska State Penitentiary (NSP) Expansion – Increase disciplinary restrictive housing, thereby allowing one 80-bed general population housing unit to be returned to its intended population with double-occupied cells, adding approximately 80 beds to the system. Core support services will also be expanded to reduce the operational stress index at this facility.

2.3. Diagnostic and Evaluation Center (DEC) Expansion – Add one 192-bed housing unit.

2.4. Omaha Correctional Center (OCC) – Add restrictive disciplinary housing and core support services spaces to reduce operational stress.

2.5. Nebraska Correctional Center for Women (NCCW) – Develop a solution to house 8 youthful females in compliance with PREA and ACA standards, plus space for the NCCW parenting program.
2.6. Tecumseh State Correctional Institution (TSCI) – Add 100 beds to the Secure Management Unit (SMU) and construct the additional 256-bed general population housing unit, per original design plans.
2.7. Work Ethic Camp (WEC) – *project possible but not recommended at this time* - Construct a 200-bed housing unit and formally establish the mission of this facility as a correctional facility.

Completing these projects will add approximately 722 design beds (and 859 operational beds) to the system (Design beds: 166 at NSP, 356 at TSCI, and 192 at DEC, and 8 at NCCW; efficiency/operational capacity beds: 57 at LCC and 80 at NSP). These projects will reduce the OSI at NSP to 0.88, the OSI at OCC to 0.84, and the OSI at DEC to 0.93.

Conclusion of Phase 2

The table below summarizes the cumulative effect of projects planned for Phases 1 and 2, which comprise the first ten years of the Master Plan. These projects will increase capacity (both design and operational) to a level which will reduce crowding and accommodate the anticipated increase, as well as adding necessary core support services to reduce operational stress and prolong the estimated usable life of each facility within the system.

Figure 1-10 Cumulative Buildout Chart for Phases 1 and 2

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F		TOTAL BEDS
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)								
Phase 1 - Years 1-5	1	CCC-L EXPANSION					*100*		*200*	*150*	450
	2	CCC-O EXPANSION					*50*		*200*	*50*	300
	3	DEC MIFS INCLUDING:									0
	3	DEC MHStab			*50*	*50*	*50*				150
	3	DEC SafeK	*80*								80
	3	DEC SNF (LICENSED BEDS)			*10*	*10*	*10*	*10*			40
	3	DEC SNF (UNLICENSED BEDS)			*22*	*22*	*22*	*22*			88
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT 8)*	16								16
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT P)*	32								32
	3	*GP BEDS GAINED (REPURPOSING LCC UNIT D)*			32						32
Phase 2 - Years 6-10	4	LCC/DEC SEGD BEDS + CORE									0
	4	*GP BEDS GAINED (REPURPOSING LCC UNIT C 2)*			43						43
	4	*GP BEDS GAINED (REPURPOSING LCC UNIT C 1)*			14						14
	5	NSP EXPANSION - CORE + SMU/SEGD BEDS		166							166
	5	*GP BEDS GAINED (REPURPOSING NSP HU #4)*			80						80
	6	DEC EXPANSION - INTAKE BEDS	*192*								192
	7	OCC EXPANSION - CORE + SEGD BEDS									0
	8	NCCW - YOUTH				8					8
	9	TSCI SMU + HOUSING EXPANSION		*100*	*128*	*128*					356
	10	WEC EXP./CHG IN MISSION (200 BEDS)			*project not recommended at this time*						0
			POST PHASES 1 AND 2 - TOTAL BEDS BY GENDER/CUSTODY LEVEL								
		MALE	595	484	1,085	1,191	1,414	232	715	-	5,716
		FEMALE	24	10	64	67	86	4	-	331	586
		JUVENILE	70								70
			619	**494**	**1,149**	**1,258**	**1,570**	**236**	**715**	**331**	**6,372**

Source: Source: Dewberry; DEC MIFS Needs – interim forecast of needs, MIFS program Statement, Pulitzer-Bogard Associates/Marc Swatt, JSS (numbers may be refined in final program statement)

Phase 3 - Years 10+

The years 10+ years out from the forecast are the most uncertain in this master plan. The forecast completed as part of this master plan indicates a possible increase of 1,466 more inmates, from 6,050 (2024) to 6,805 (2029) and 7,466 (2033). At the same time, previous forecasts have suggested a much slower rate of increase.

Figure 1-11 - Revised ADP Forecasts through FY 2023

YEAR	Male Standard ADP	Female Standard ADP	Non Standard ADP	Juvenile ADP	Total ADP
FY 2015	4501	357	42	48	4948
FY 2016	4610	358	42	48	5058
FY 2017	4706	364	42	48	5160
FY 2018	4807	371	42	48	5268
FY 2019	4916	378	42	48	5384
FY 2020	5032	385	42	48	5507
FY 2021	5153	393	42	48	5636
FY 2022	5279	401	42	48	5770
FY 2023	5410	408	42	48	5908
FY 2024	5544	416	42	48	6050
FY 2025	5682	424	42	48	6196
FY 2026	5823	431	42	48	6344
FY 2027	5967	439	42	48	6496
FY 2028	6113	447	42	48	6650
FY 2029	6261	454	42	48	6805
FY 2030	6411	462	42	48	6963
FY 2031	6563	470	42	48	7123
FY 2032	6717	477	42	48	7284
FY 2033	6871	485	42	48	7446

As such, the projects identified for this phase are noted as placeholders, with the additional recommendation that a revised forecast be completed to determine the accuracy of these projects to meet demands at that time. If increases accrue more rapidly than the forecasts indicate, any of these projects can be advanced into the Phase 2 period. Projects in Phase 3 include:

3.1. NCYF - Expansion of the NCYF facility to accommodate increased numbers of youthful male offenders, plus vocational capacity for job skills training beyond high school (+100 beds).
3.2. Lincoln/Omaha Service Centers – creation of re-entry/pre-release capacity in Lincoln and Omaha to accommodate inmates pending release, and perhaps provide a “halfway back” alternative.
3.3. New Prison – construction of a new 600-bed prison on an as-yet undefined site, at the custody level deemed most needed at the time. (+600 beds)

Figure 1-12 Phase 3 Summary of Building Plans

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)						
Phase 3 - Years 10+	11	NCYF EXPANSION			*project not recommended at this time*				
	12	LINCOLN/OMAHA SVC CTR			*project not recommended at this time*				
	13	NEW PRISON (+/- 600 BEDS)			*project not recommended at this time*				

Source: Dewberry

Cost Estimates

This section of the Master Plan defines recommended work over time, segmented into three phases based upon priority needs. Operational and capital cost estimate projections will become less reliable the further out in time anticipated projects will be developed. It needs to be emphasized that all costs presented herein are based upon midyear 2014 dollars. Therefore, projects presented for consideration will require adjustments for inflation. This will be defined and estimated more precisely in each project's program statement. The purpose of the budget estimates presented in this planning effort reflects the value of each proposed project in the current cost environment.

The project budgets for recommended expansions and / or improvements consist of construction costs, project support costs, and annual staffing cost and operating budgets.

Construction cost estimates must consider the different types of construction required within the recommended expansions and / or improvements. These include new, renovated or remodeled spaces. Additionally for correctional facilities costs are further categorized for housing spaces and core / support spaces. Similarly, sizes of housing and core / support spaces per inmate are calculated separately due to their relative efficiencies of net to gross areas.

Project support costs include testing, architectural / engineering fees, bidding costs, fixtures / furniture / equipment (FFE) and a project contingency for unforeseen issues. A 30% - 35% cost allowance is added to construction costs to determine project costs.

Annual staffing and operating cost estimates are added to the capitol cost estimates to provide a project budget for the recommended expansions and / or improvements.

The following table provides the guideline assumptions utilized to develop the estimated project budgets illustrated herein:

Figure 1-13 Guideline Assumptions

Custody Level	Area/Bed		Construction $/SF		Staffing Ratio/Bed		Operational $/Inmate
	Housing	Facility	Housing	Facility	Housing	Facility	
Maximum	200	400	$455	$325	1:4.5	1:2.0	$42,600
Medium	225	450	$325	$260	1:8	1:3.0	$34,800
Minimum	185	350	$225	$195	1:10	1:5.0	$31,800
Community	185	250	$175	$160	1:12	1:5.5	$21,000
Youth	250	600	$390	$305	1:3.5	1:1.0	$63,000

Source: CWPA

Notes:

1. Construction costs include site development based upon an average of 8% of total costs. Site acquisition costs are not included.
2. Facility costs include the operation's core spaces. Facilities with non-typical program needs will affect the facility area/ costs accordingly.
3. Construction costs per square foot and operational costs per inmate are based upon recent Dewberry/ CWPA experiences. Areas per bed and staffing ratio per bed are averages transferred from the 2006 Master Plan and confirmed through recent analysis of NDCS facility plans and recent and projected NDCS staffing patterns. Variations from these numbers do exist in the system due to the age and layout of each of the ten facilities and the programs available within.

Figure 1-14 Phase 1 Project Cost Projections

Expansion - Project Budgets									
Facility	Project	# of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
PHASE 1 (2014 - 2019)									
1.1 CCC-L: Renovation and Expansion									
	Subtotal:	450	-	202,946	-	$ 60,455	$ 80,000	171	$ 9,168
1.2 CCC-O: Renovation and Expansion									
	Subtotal:	300	-	185,820	-	$ 38,500	$ 52,000	153.5	$ 7,809
1.3 MIFS: Renovation and Expansion on the DEC/LCC Campus									
	Subtotal:	358	-	247,251	-	$ 100,298	$ 129,614	246	$ 14,500
	PHASE 1 TOTAL:	1,108	-	636,017	-	$ 199,253	$ 261,614	571	$ 31,477

Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.

[1] A new Central Energy Plant is included in both Phase 1.1 and 1.3 to provide more cost effective operational costs for these expanded campuses.

[2] Medical/Mental Health evaluation and treatments areas and cost per sf have been interpolated from the areas/costs from the recently completed Health Care and Food Service Facilities for the Iowa Department of Corrections in Michellville,Iowa

Source: CWPA

Figure 1-15 Phase 2 Project Cost Projections

Expansion - Project Budgets									
Facility	Project	No. of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
PHASE 2 (2019 - 2024)									
2.1 DEC/LCC: Core and Restricted Housing Expansion									
	Subtotal:	100	-	110,350	-	$ 34,408	$ 44,730	117	$ 6,262
2.2 NSP: Core and Restriced Housing Expansion									
	Subtotal:	246	-	213,100	-	$ 60,991	$ 79,289	119	$ 10,480
2.3 DEC: Intake Housing Expansion									
	Subtotal:	192	-	135,000	-	$ 49,725	$ 64,643	163	$ 9,585
2.4 OCC: Expansion									
	Subtotal:	40	-	22,000	-	$ 6,370	$ 8,281	17	$ 1,704
2.5 NCCW: Operational or Structural Solution for Youthful Females									
	Subtotal:	8	-	7,500	-	$ 2,925	$ 3,803	0	$ 1,890
2.6 TSCI: Expansion									
	Subtotal:	356	-	66,200	-	$ 30,946	$ 40,230	82	$ 3,493
2.7 WEC: Expansion and Mission Change									
	Subtotal:	200	-	87,000	-	$ 16,325	$ 21,223	53	$ 3,500
	PHASE 2 TOTAL:	1,142	-	641,150	-	$ 201,690	$ 262,199	551	$ 36,914

Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.

Source: CWPA

Figure 1-16 Phase 3 Project Cost Projections

Expansion - Project Budgets									
Facility	Project	No. of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
PHASE 3 (2024+)									
3.1 NCYF: Expansion									
	Subtotal:	100	-	28,700	-	$ 10,934	$ 14,214	29	$ 5,250
3.2 RSC: Construction of Lincoln / Omaha Re-Entry Service Center (RSC)[1]									
	Subtotal:	0	-	0	-	$ -	$ -	0	$ -
3.3 New Prison[2]									
	Subtotal:	600	675	405,000	$ 585	$ 114,075	$ 148,298	275	$ 20,880
	PHASE 3 TOTAL:	700	-	433,700	-	$ 125,009	$ 162,512	304	$ 26,130
Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.									

[1] Unknown scope to be clarified as Phase 1 & 2 are completed and system is re-evaluated.

[2] Does not include any site acquisition costs. A site selection process will determine the location.

Source: CWPA

TOTAL EXPANSION	2,950	-	1,710,867	-	$ 525,952	$ 686,325	1,426	$ 94,521

Source: CWPA

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Chapter 2

Facility Inventory

This section of the Master Plan report summarizes the existing conditions, utilization, design capacity, and operation for each facility within the NDCS inventory in 2013, when the Master Plan was started.

Facilities are grouped into five sections, by city of location, as follows: Lincoln, Omaha, Tecumseh, McCook, and York. Each facility is discussed individually and (in Lincoln and Omaha) as a partner to its neighboring facilities.

The section for each facility presents the **design capacity** (definition below in Terminology), the history and original role the facility played in the system compared to the facility's current role in the system, and the challenges currently facing staff and administration in operating the facility within today's context and conditions. These sections also identify gaps in space or core services which limit the facility's operations, or which contribute to operational stress.

Because this Master Plan is focused on looking for efficiencies as well as calculating the overall bedspace shortfall, housing unit re-use analysis was completed where relevant. Details of the 2013 bedspace capacity numbers are included in the Appendix by housing unit, custody level, gender, and population grouping/special housing assignment. For simplification purposes, summary tables are included in the body of the report.

Conclusions and recommendations are included in Chapter 4 of this report.

General Terminology

This section explains some general terms and concepts used throughout this Master Plan.

Average Daily Population (ADP)

The average daily population is defined as the average number of inmates occupying NDCS facilities per day over a given time period. Typically, the ADP is calculated as the sum of the total number of days accumulated by inmates in the time period divided by the total number of days in the time period. The ADP is a convenient measure of the average size of the inmate population, discounting daily fluctuations in response to inmate transfers, admissions, and releases. It is important to emphasize that the ADP is not a direct measure of occupancy and the actual number of inmates housed at a given point in time may be higher or lower than the corresponding ADP. It is also not a measure of capacity (beds).

Average Length of Stay (ALOS)

The average length of stay is defined as the average amount of time that inmates reside in NDCS custody (often in terms of months or years). Methods used for determining ALOS are included in Chapter 3. A variant of this term is Length of Stay, or LOS, used to refer to the actual length of stay for an individual, rather than an average across a group.

General Population (GP)

The general population of a facility is the population of the facility which participates in the typical routine and activities of that facility. These inmates occupy regular housing, are largely integrated with one another during

various activities throughout the day, and follow the standard daily routine of the facility according to the housing unit to which they are assigned. Subordinate housing unit assignments within general population may include inpatient therapeutic communities of the same custody classification.

Classification Factor

Correctional facilities house a range of individuals, with a number of differences which result in a need for "classification," or clustering together/separation from others. Sometimes the separation is legally mandated, due to gender or age (e.g. the law which requires that in the correctional setting, youth be separated from adults and males from females by distance or structures which do not permit sight or sound of one another. This law holds true in jails, prisons, courthouse holding, and all environments where those populations occur. The Prison Rape Elimination Act mandates further separation by age and to some degree by observed behavior). Custody classification is the best-known correctional separation. In Nebraska, six different custody classifications are commonly used:

- 1X - Maximum
- 2X - Medium
- 3A - Minimum, constant supervision when outside the facility
- 3B - Minimum, intermittent supervision when outside the facility
- 4A - Work Detail
- 4B - Work Release

Gang involvement and offender "conflicts" (for example if one inmate has testified against another) create additional layers of separation requirements. Offender behavior in an institutional setting (i.e. predatory, victim, etc.), characteristics unique to an individual (i.e. law enforcement, public knowledge of crime, etc.) or other factors can result in a need to further separate certain individuals for the duration of their sentence.

To allow for proper classification and placement to occur, housing options within the general population must be widely ranging and must cover all configurations of separation which are routinely required. Each housing type must have space available at the time at which that space is needed. The result is an inherent need for vacancy at each custody level and housing type – a vacancy referred to as the "classification factor." When planning new facilities, the classification factor (or planned vacancy to allow proper placement to occur) is 8-10%. Without this factor, a system is unable to shift inmates and place them as needed, and operational compromises must be made in the housing placement of each. Prison systems often use their multiple facilities as a way to separate inmates, so that classification and separation can be accomplished with a higher degree of efficiency than in a single facility.

In accordance with safe and sound correctional practices, the recommended operational capacities for each NDCS institution include a 10% classification factor that is applied to general population housing units with cells. This factor is not applied to dorm-style housing units (i.e., areas that are designed to house four or more inmates), restrictive housing units, or specialized treatment units (e.g., substance abuse treatment units, mental health units). Application of the 10% by housing unit results in an individualized overall "Institutional Classification Factor" for each facility. It also accounts for the difference between **Bed Capacity** and **Operational Capacity**, defined below.

"Count" Beds

Beds which are utilized as permanent housing assignments are typically referred to in the correctional setting as "count" beds. The operational capacity of a facility is the maximum number of inmates that a facility can reasonably accommodate before reaching operational stress; the minimum threshold for operational stress. Administrative Restrictive Housing and Long-Term Restrictive Housing (SMU, in Nebraska) are types of "count" beds.

Restrictive Housing – Administrative (RESa)

Administrative Restrictive Housing (also called long-term restrictive housing) is a housing assignment attributed to inmates who, by virtue of crime or other unique factor, must be separated from the general population. These inmates should ideally be housed in typical housing designed for long-term occupancy, but with limited interaction with the GP. Cell and unit design can be the same as GP housing, but with separation from the remainder of the GP, and designed for on-unit programming and other services.

Restrictive Housing – Long-Term Disciplinary (RESd)

Disciplinary Restrictive Housing can be long- or short-term. The Special Management Unit (SMU) at Tecumseh is an example of long-term disciplinary restrictive housing. Typically comprising a small percentage of a total system ADP, this type of housing is a long-term housing assignment for a sub-set of GP inmates who are particularly disruptive on a general basis. Housing is typically in hardened, single-occupied cells with adjacent outdoor recreation. Within this unit, inmates progress up and down a tiered levels program which affords increased opportunities for property and activities with good behavior and reductions in the same for disruptive behavior.

"Non-Count" or Special Management Beds

As was already mentioned, in the correctional setting, each inmate has a long-term housing assignment which is carefully selected based on a host of variables – gender, custody level, gang involvement, conflicts with other inmates, age, criminal history, level of violence, and many others. Finding and maintaining the right placement for each inmate is important to maintaining a stable and secure environment. In addition to permanent characteristics, behavior, medical conditions, and other special management factors can occasionally result in an inmate being temporarily housed in a different location. During these relatively short periods of time the long-term housing assignment is held open for that inmate, pending his or her return, to assure a smooth continued dynamic in the facility's daily routine. Because the temporary housing is not occupied on a long-term basis, it does not constitute a permanent housing assignment for any of the inmates who use it; therefore, the temporary assignments are not typically included in the facility's count. Some typical non-count housing includes infirmary beds, short-term disciplinary beds, and temporary holding cells associated with transfers. Although not in the count, these beds are crucial to the smooth and safe operation of a facility.

Restrictive Housing – Short-Term Disciplinary (RESd)

Disciplinary Restrictive Housing can be a short-term (typically a few days or weeks at most) housing assignment made within the facility as a direct result of undesirable behavior. Disciplinary Restrictive Housing beds are typically designed in a sight and sound restricted area of the facility, in the most resilient and secure manner possible. Tray slots and stainless steel combo fixtures are typical, as well as hardened structural elements. Outdoor recreation is typically attached directly to the cell or unit. For security reasons, these cells are single-occupied. These beds are not included in the "count" or capacity of a facility.

Centralized vs. Decentralized Services

Centralized services within a prison are those which are offered in one location, with the inmates moving to those services. Providing food service in a dining hall, where inmates come and eat together, is an example of a centralized service. Outdoor recreation on a common yard is another. Decentralized services are those which are provided on the housing units, where the service is brought to the inmates. Treatment in a therapeutic living unit is an example, where all inmates in that unit participate in unique programs which are conducted in the dayroom or in specially designed rooms adjacent to that unit. Another is on-unit sick call, where the nurse does any required examinations in a multi-purpose room off of the housing unit. The difference between centralized and decentralized services, particularly with dining, can have a significant impact on the level of operational stress a facility experiences. If a facility is designed with one service delivery method in mind, but is forced to utilize the other, operational stress will almost always occur.

Capacity – Definitions, Measures, and Discussions

Capacity is a term which can be used in many ways. The capacity of a facility is defined by any of a number of combinations of the inmates housed and the ability of the supporting services within the prison to support those inmates and the buildings which house them, often called core or infrastructure. Many core elements are regulated by law or guided by the American Correctional Association (such as dayroom, shower, and recreation space per inmate/day), or are limited by mechanical capabilities (such as in the case of a facility's Central Plant or kitchen). Either way, it is important to note that capacity depends on parity between beds, inmates, and core support services. If the gap between those elements becomes too great, operational stress will occur.

The various types of capacity measured in this Master Plan are defined here, in terms of beds, inmates, and core support services.

Design Capacity

The design capacity of a facility is the original capacity the facility was intended to serve, when core and bedspace were aligned by original design intent. Design capacity in the NDCS has for many years served as the baseline for measuring system stress, with the percentage difference between the population and design capacity used as a measure of system crowding. It is also historical practice within NDCS to adjust the design capacity of a facility only when new housing units are designed and constructed. The amount of the adjustment is based on the design capacity of the new housing.

Because prisons are buildings with relatively long lifespans (as long as 100 years, in some cases), changes to expand the operational capacity are common over time – and it is at this point where the measures used to define "capacity" become critical. If expansions or modifications only affect bedspace capacity, with few or no changes to the core support services, the facility will be able to accommodate more inmates, but with increasing levels of operational stress as operational changes are required to make up for a mismatch between operational capacity and core support services. While it can be said that the facility's design capacity has increased when housing units are added, and that its operational capacity has increased when cells are double-occupied, the core support services may not have changed at all. Measuring by bedspace capacity in isolation, therefore, can present a skewed view of the operational stress under which a facility may be operating, and does not present a full picture of the capital facility needs.

Because the measures of correctional "capacity" are imbued with such significance in Nebraska, and because the manner in which capacity is measured is so critical to this Master Plan, definitions are included here for the most important historically used capacity-related terms, as well as some new measures associated with operational stress. All definitions were taken from official sources where available (such as the Bureau of Justice Statistics), or were developed by the NDCS which governed this Master Plan process in cases where no industry precedent exists.

Operational Capacity (OC)

Operational capacity plays a key role in this Master Plan process because it serves as a basis for assessing current facility conditions and for determining what services, resources, and/or housing expansions will be needed to meet future population demands.

Because design capacity reflects the number of inmates that a facility was originally designed to house, this is no longer a realistic metric on which to base crowding. Over time, each institution has implemented operational changes that allow them to accommodate increased population levels. Therefore, a separate operational capacity number was calculated for each facility. This number differs from design capacity because it accounts for the institution's additional capacity to manage inmates through operational modifications and changes in standards and practices over time.

For this Master Plan, the Fiscal Year 2013 Recommended Operational Capacity (OC_{13}) reflects the number of inmates that can be housed in a facility and sustained indefinitely, given current conditions. The OC_{13} for each institution was determined by the NDCS Executive Committee, Dewberry and associates, and other NDCS staff; facility tours; blueprint and physical plan reviews; ACA standard considerations; and ADP counts. This number is included in Chapter 2 to illustrate how discussions of crowding may change when population numbers are assessed relative to the sustainable inmate population level (OC) rather than relative to design capacity.

Facility discussions in Chapter 4 will include measures of the Future Operational Capacity (OC_F). OC_F is defined as the number of inmates that can be housed in a facility in the future and sustained indefinitely, given improvements to core infrastructure and program areas, as well as an increase in the number of design beds. The OC_F for each institution is calculated by adding the OC_{13} to the operational capacity of the proposed future expansion. Under no circumstances will the Master Plan recommend an operational capacity (OC_{13} or OC_F) that is considered to be unsafe or discriminatory, or that requires operational modifications that would be destructive to the infrastructure of a facility (e.g., the long-term utilization of moveable cots in as permanent housing assignments).

Bed Capacity (BC)

Recommended Bed Capacity (BC) refers to the number of beds that a facility can support and sustain indefinitely. In Chapter 2, the Fiscal Year 2013 Bed Capacity (BC_{13}) is the number of beds a facility can support and sustain indefinitely, given current conditions. Chapter 4 provides measures of Future Bed Capacity (BC_F), or the number of beds that can be sustained indefinitely in the future, given improvements to core infrastructure and program areas, as well as an increase in the number of design beds. Facility-specific tables in the Appendix provide the count of beds that were present in each institution on the day of Dewberry's site visits.

In secure facilities, the Recommended Bed Capacity exceeds the Recommended Operational Capacity because a 10% classification factor reduction is applied to housing units with general population cells. Recall from earlier discussions that the classification factor allows for vacancies at various custody levels and locations in order to help facilitate efficient classification and separation of inmates. As a result, it is recommended that a facility's BC meet or exceed its OC.

Crowding

Two measures of crowding will be presented in this Master Plan. The first metric is consistent with historical measures of crowding in Nebraska and is defined as population divided by design capacity.

$$\text{Current \% Crowding} = \text{ADP} / \text{DC}$$

With this definition, the only ways to reduce the level of crowding in the system are (1) to increase design capacity (the denominator of the equation) through the construction of count beds or (2) to reduce the number of inmates (the numerator of the equation). Because NDCS has little control over the number of inmates in the system[1], increasing design capacity through legislative action and the construction of count beds is the only sure way to reduce crowding in the system, according to this metric.

As mentioned earlier, however, design capacity may no longer present a realistic picture of the population levels that a facility can accommodate. One reason is due to the fact that design standards are modified over time. This means that the design capacities of older and newer facilities may not be comparable because they were governed by different construction codes and requirements (e.g., square footage for unencumbered space, fire safety codes, toilet-to-inmate ratios). Another reason design capacity may be outdated is because it does not account for the operational modifications that have developed over time. This measure is based on housing capacity only, and is independent of any correlation to core support services or operational stresses (core support services and operational stress explained below).

Therefore, this Master Plan introduces a second way to measure prison crowding: Average Daily Population levels (ADP) divided by operational capacity.

$$\text{Revised \% Crowding} = \text{ADP} / \text{OC}$$

Rather than focusing strictly on original housing capacity, this metric is adjusted to take into account standard operational practices that allow facilities to safely sustain population levels above design capacity indefinitely. In Chapter 2, this crowding metric divides 2013 ADP levels by OC_{13} to calculate crowding levels that take into consideration operational modifications. For many facilities, this crowding percentage is lower than that produced by using design capacity. It is important to remember, however, that despite these apparent reductions in crowding, any values over 100 percent represent population levels that cannot be sustained indefinitely, given current facility conditions.

[1] The average daily population of a system is a function of the number of inmates admitted and their lengths of stay (ALOS). NDCS has no control over admissions and little control over length of stay. The relationship between these numbers and the NDCS system will be discussed in Chapter 3.

In Chapter 4, the future revised crowding metric will always equal 100 percent. This occurs because this Master Plan does not include any recommendations that would be considered unsafe or discriminatory, that would require operational modifications that would be destructive to the infrastructure of a facility, or that would require a facility to house inmates in excess of its future operational capacity. As a result, it is assumed that the design capacity of all future expansions and construction projects will take into account safe and standard correctional practices. For example, although double-bunking is a common practice within NDCS and other correctional systems across the country, the Tecumseh State Correctional Institution (TSCI) is the only facility within NDCS that was designed to have inmate cells be double-bunked. In all other facilities, this is an operational modification that has been made over time and incorporated into standard practices. We recommend that all new expansions and construction projects account for standard correctional practices, so there will be a high level of congruence between the operational and design capacities.

With that said, however, **the final decision regarding which crowding metric to report must be made by NDCS and other decision-makers within the State of Nebraska because of the numerous policy implications it entails**. This report presents the benefits and limitations of each measure to ensure that policy-makers can make a well-informed decision.

Core Support Services (Core)

This master plan process defined the Core Support Services of a facility as the number of inmates the central plant and infrastructure (including inmate programs and services) were designed or intended to accommodate, safely and securely, within reasonable operational limits, for a prolonged period of time. The numbers associated with Core Support Services was determined through a detailed analysis of square footages by space type (program services, medical, visitation, laundry, etc.) at each facility and comparing those totals to block space standards used for planning new facilities, both throughout the national correctional industry and in Nebraska in particular.

It is important to note that a shortage in core support services compared to current operational capacity does not indicate that inmate needs are not being met; it simply indicates that operational adjustments (such as schedule adjustments) are required to compensate for what might otherwise be provided by physical space.

The recommendations presented in Chapter 4 assume that all future expansions and construction projects are designed with core support service levels that meet or exceed the future design

Operational Stress

The concept of Operational Stress is an important one for older facilities where changes have been made incrementally over time and where crowding may be high. While a facility under stress can continue to serve the population, it requires daily operational accommodations – changes in schedule, movement, and space utilization.

Some signs of operational stress include:

- Faster breakdown than anticipated for system components or equipment
- Higher than normal level of incidents within the facility
- Volume-based problems such as humidity levels which the HVAC cannot mitigate
- Overlapping demands for multi-purpose spaces

The recommendations presented in Chapter 4 are intended to minimize operational stress by increasing core support services wherever practicable.

Operational Stress Index (OSI)

The Operational Stress Index is a ratio which summarizes the relationship between population levels and core support services to indicate the level of operational stress at a facility. The current OSI presented in this Chapter divides ADP by core support services. Chapter 4 estimates of the future operational stress index divide the future operational capacity by future core support service level. Sometimes operational stress accommodations include over-utilization of equipment, leading to reduced estimated useful life (EUL) of components, or tightly constrained schedules.

The following are some examples of operational stress within the NDCS which were noted during the facility tours and interviews, and which contribute to the Operational Stress Index:

- Inmates sleeping on moveable cots in dayrooms at DEC.
- Very long meal periods and/or very short meal shifts, or both - i.e. lunch which extends from 10:00 am to 2:00 pm or lunch shifts which only last 15 minutes per group.
- Shorter periods of short-term disciplinary housing due to a lack of RESd capacity.
- Converting GP housing units to RESd units due to lack of sufficient RESd space for the ADP of a facility.
- HVAC systems which cannot keep up with the air circulation required, so run continually or which maintain conditions at uncomfortable levels.
- Fans which run continually, such as the shower fan to exhaust humidity in Housing Unit K of OCC.
- Housing intake inmates long-term in infirmary or other special housing due to lack of appropriate GP options.
- Equipment which breaks down more frequently than anticipated (water heaters, dishwashers, ovens, etc.) due to excessive use or prematurely short Estimated Useful Life.
- Lack of available meeting or other group space due to overutilization of limited existing meeting spaces.

These operational stresses should be mitigated to ensure continued smooth and safe operations and future expansion opportunities. The following table summarizes the 2013 Operational Stress Index at each facility within the NDCS as well as two crowding metrics. These numbers will be explored in greater detail in the section on each facility.

Figure 2-1 2013 Condition (Crowding and Operational Stress)

				2013 Condition				
Facility	Population	Design Capacity (DC)	Est. Core Support Svcs (CSS)[1, 2]	ADP_{2013}	Recommended Operational $Capacity_{2013}$ (OC_{13})[3]	Current Crowding (ADP_{13}/DC)	Revised $Crowding_{2013}$ (ADP_{13}/OC_{13})[4]	Curent Operational Stress Index (ADP_{13}/CSS)
CCC-L	Adult M/Adult F	200	200	388	300	194%	129%	1.94
CCC-O	Adult M/Adult F	90	90	173	135	192%	128%	1.92
DEC	Adult M	160	160	501	275	313%	182%	3.13
LCC	Adult M	308	308	502	468	163%	107%	1.63
NCCW	Adult F	275	275	252	318	92%	79%	0.92
NCYF[5]	Juvenile M	76	152	67	70	88%	95%	0.44
NSP	Adult M	718	718	1283	1139	179%	113%	1.79
OCC	Adult M	396	396	598	666	151%	90%	1.51
TSCI[5]	Adult M	960	1344	963	906	100%	106%	0.72
WEC[5]	Adult M	100	200	125	200	125%	63%	0.63
System Total		**3283**	**3843**	**4852**	**4477**	**148%**	**108%**	**1.26**

1. The Estimated Core Support Services of each facility was determined based on the known history of design capacity for the core, plus any core improvements known to have occurred.
2. Estimated Core Support Services includes the assumption that the core was designed to support units/beds designed for general population at some facilities which are currently used for non-count functions, such as Unit 1 (P-upper) at DEC (32 beds) or B-Bay Mezzanine at NCCW (32 beds).
3. The 2013 Recommended Operational Capacity was developed to reflect the number of inmates that a facility can currently house and sustain indefinitely, given current conditions.
4. The 2013 Revised Crowding metric was developed to reflect the level of crowding that a facility currently experiences, after taking into account standard correctional practices and operational modifications that have been implemented to compensate for a lack of design beds. Population levels above 100% cannot be sustained indefinitely.
5. The core support services of NCYF, TSCI, and WEC were designed to support the construction of additional on-site housing unit expansions. It is important to note that while the OSI levels are below 1.00 for all of these facilities, their ADP levels still exceed their original design capacities. FY2013 population levels at NCYF and TSCI also exceeded their recommended operational capacities.

Source: NDCS

Graphics and Tables used for Facility Analysis

Each facility analysis includes certain graphics, measures, and tables which are used to describe the current condition at that facility. These include a table summarizing the Capacity/Utilization of the facility, the Operational Stress Index, and a graphical representation of core capacity called the Capacity Meter. Each of these analytical tools is described below, and they are included in the facility sections.

Capacity/Utilization Summary and Operational Stress Index – OCC Example

To provide detail on the various capacity numbers included in this study, a capacity/utilization summary table is included for each facility. This table lists various 2013 capacity and population levels, and the NDCS recommended bedspace and operational capacity levels as the facility exists with no structural changes.

The "Facility Design" section provides details about the design capacity, core support service levels, custody levels, and genders for which the facility was originally constructed. The following example illustrates that the

Omaha Correctional Center (OCC) was originally designed with beds and core support services to accommodate 396 male inmates classified as 2X (Medium) and/or 3A (Minimum A) custody.

The "Institutional Capacity 2013" section lists the recommended operational and bed capacities. These metrics provide an updated way to view crowding and sustainable population levels. The OC_{13} value indicates that although OCC was designed for 396 inmates, the facility can reasonably sustain 666 inmates indefinitely, given current institutional conditions and operational modifications. Recall from earlier sections that recommended bed capacity ($Beds_{13}$) will exceed the OC_{13} in secure institutions because a 10% classification factor reduction is applied to housing units with general population cells. While the OC_{13} is 666, $Beds_{13}$ is recommended to be 714. This will help facilitate efficient classification and separation of inmates by allowing for vacancies at various custody levels and locations. Because not all housing units at OCC are general population with cells, OCC has an overall institutional classification factor of 7%.[2]

"Population Levels 2013" gives information on the utilization of each facility during Fiscal Year 2013. The 2013 ADP level is provided to illustrate the number of inmates in the facility on an average day during the year; OCC's fiscal year ADP was 598. The highest and lowest population levels are also included to demonstrate the range of demand placed on an institution over the course of the year. Although OCC had a FY2013 ADP of 598, it had a low point of 548 inmates and a peak of 731.

Finally, the "Crowding and Stress Levels 2013" section includes the two crowding metrics described earlier in this chapter, as well as the Operational Stress Index (OSI_{13}). When population levels are compared to design capacity (ADP/Design Capacity), OCC had an average crowding level of 151% during FY2013. Under the new crowding metric that compares population levels to operational capacity (ADP/Operational Capacity), however, OCC's revised crowding level for FY2013 was 90%. Finally, the OSI_{13} divides the ADP by the core support services to assess the level of physical stress experienced by a facility. During FY2013, OCC had an OSI value of 1.51. Recall that anything over a 1.00 indicates that a facility is operating under stress.

The "Gap Analysis" section of the table includes calculations for Crowding and the Operational Stress Index. In this example from OCC, the ADP (2013) of 598 is divided by the design capacity of 396 to calculate average crowding (annual) of 151%. The ADP of 598 is divided by the Core Support Services (396) to yield the Operational Stress Index (OSI) of 1.51.

[2] See Appendix for more detailed information about the bed and operational capacities of all housing units within each facility.

OCC Future Capacity/Utilization Summary (7% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	396	0	396
	Core Support Services	396	393	789
	Custody	2X,3A	2X,3A	2X,3A
	Gender	M	M	M
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	666	0	666
	Recommended Bed Capacity ($Beds_{13}$)	714	0	714
	Current and Projected Average Daily Populations	598		666
Gap Analysis 2013	Estimated Crowding (Population/DC)	151%		168%
	Revised Crowding (Population/OC)	90%		100%
	Operational Stress Index (Population/Core Support)	1.51		0.84

*Numbers may not add up exactly, due to rounding.

Source: NDCS

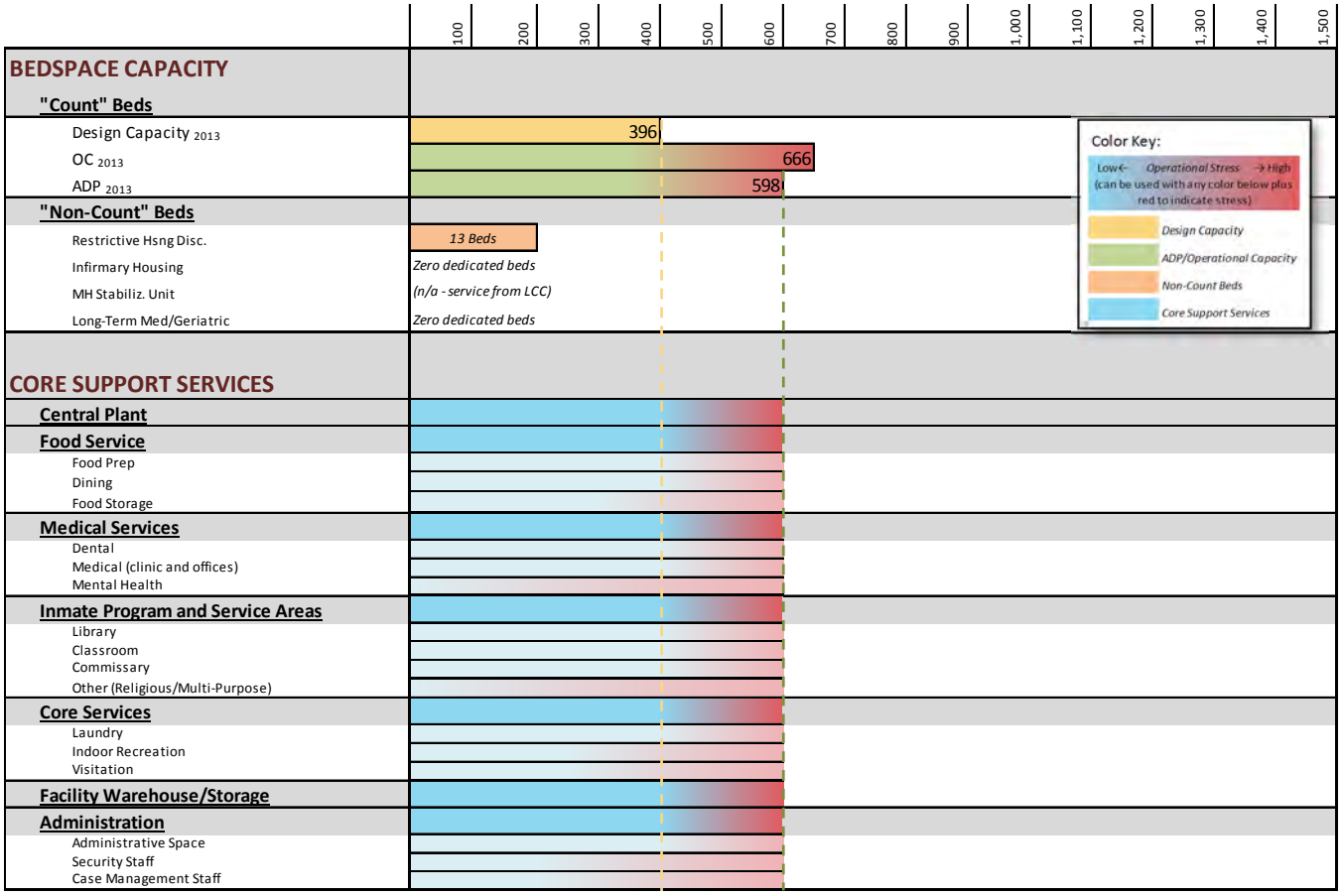
Capacity Meter – OCC Example

The Capacity Meter is a horizontal bar chart which shows the major components of a prison's existing core support services in the following areas: Central Plant, Food Service, Medical Services, Inmate Program and Service Areas, Core Services, Facility Warehouse/Storage, and Administration. This detailed breakdown is carried through into challenges and opportunities, which explore how improvements can be made to better match core support services to bedspace capacity.

This graphic was based on tours, plan reviews, scheduled capital improvements, interviews with staff at each facility, and past construction projects in conjunction with an analysis of the space required for each function, based on ACA standards, NDCS best practices, and industry best practices. Measures of space by function were analyzed for each facility, and were used in conjunction with the operational capacity and design capacity of each facility to determine the core support services level by space type at each facility.

The Capacity Meter is used to demonstrate on a general level which core areas are likely to require improvements going forward. Any program statements associated with these facilities will need to examine the core areas more closely to determine where operational adaptations are sufficient and where the necessary additions can be made.

OCC - EXISTING CONDITIONS



Source: Dewberry, NDCS

It is important to note that it is almost impossible to retrofit a facility, once built and operated for some years, to have core support services which will perfectly match bedspace capacity over time. What is possible, however, is managed core expansion, which would augment the physical space dedicated to core functions, but which may still require some operational compromises. This combination of increased core and operational practices represents the realistic solutions employed in older facilities to allow the core support services to support increased numbers of beds.

NDCS System and Facility Utilization

The Nebraska Department of Correctional Services has facilities clustered around the major centers of population in Lincoln and Omaha. There are also specialty facilities in York (Nebraska Correctional Center for Women, or NCCW), McCook (the Work Ethic Camp, or WEC), and Tecumseh (the Tecumseh State Correctional Institution, or TSCI), which serve unique roles in the NDCS system. Because the majority of inmates come from, and return to, the Lincoln and Omaha areas, some focus will be placed on providing a continuum of housing and programming options adequate to the demand in those cities.

The ADP Allocation 2013 diagram below shows inmates throughout the system at the time of this Master Plan, by custody level and by facility. Red indicates females, blue is for males, and green is used for Youthful Offenders. Intensity of shading indicates ADP concentration of inmates.

Because female inmates, new system intakes and youthful offenders are housed only at NCCW, DEC and NCYF respectively, these three facilities were separated into different columns.

Key Colors:	Female	Youth	Male
More Inmates:	Darker Color		
Fewer Inmates:	Lighter Color		

Figure 2-2 ADP Allocation – 2013

	Female	Youth	Male Intake	Western NE		Lincoln				Tecumseh	Omaha			Custody Level Total
	NCCW	NCYF	DEC	WEC		NSP	CCCL		LCC	TSCI	OCC	CCC-O		
Custody	Female	Male	Male	Male	Female	Male	Male	Female	Male	Male	Male	Male	Female	
1X [1]	71	36	394			347			246	608				1,702
2X	75	21	12			336			248	345	121			1,157
3A	73	10	20			581			1		447			1,131
3B	10		9	101	22				1					143
4A	9		30			1	193	56	2		8	65	13	377
4B	5		37				105	15	1		7	76	8	255
4W (WEC Probationer)				14	1									15
	NCCW	NCYF	DEC	WEC		NSP	CCCL		LCC	TSCI	OCC	CCC-O		
Facility Total	244	66	502	138		1,265	369		499	952	583	162		4,780
	Female	Youth	Male	Western NE		Lincoln				Tecumseh	Omaha			
Service Area Total	244	66	502	138		2,132				952	745			4,780

[1] Maximum (1X) custody counts at NCCW, NCYF, and DEC include intake inmates awaiting custody assignments in addition to inmates already classified as maximum custody.

1X – Maximum
2X - Medium
3A - Minimum, Constant supervision when outside the facility
3B – Minimum, Intermittent supervision when outside the facility
4A – Work Detail
4B – Work Release

Source: Dewberry (concept, execution), NDCS (data, format)

The discussion of Lincoln and Omaha will explore ways that the continuum of correctional options could be improved within those cities to create hubs for inmate services and programs.

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Lincoln, Nebraska Facilities

Lincoln is the capital of Nebraska and the headquarters of the NDCS. It is also the center of concentration for the largest number of NDCS inmates, housed in 4 different facilities – Diagnostic and Evaluation Center (DEC), Lincoln Correctional Center (LCC), Nebraska State Penitentiary (NSP), and the Community Corrections Center – Lincoln (CCC-L).

As indicated in the allocation of ADP in 2013, an average total of 2,674 inmates (over half of the system's 4,852 inmates) are housed in these four facilities. Of the system wide total of 1,515 inmates paroled in FY 2013, 24% paroled to Lancaster County.

Lincoln offers the full range of existing NDCS custody classifications, from 1X (Max) to 4B (Community, Work Release). The following inpatient treatment programs are offered in Lincoln:

Inmate Treatment Programs

Violence Reduction Program (VRP)

VRP is a residential program for the most instrumentally violent offenders in the system, and consists of a 9-month inpatient program with over 100 clinical sessions and approximately 200 hours of other services, per inmate. This program is administered by specially trained clinicians and is only available to inmates of custody classification 1X or 2X who are housed at NSP.

Residential Substance Abuse Treatment

In Lincoln, residential substance abuse treatment is offered at NSP to inmates of custody classification 3A. The program has a capacity of 100 and a duration of 6 months. Participants reside in a dedicated dormitory within Housing Unit 6 with treatment staff in the same building.

iHelp (SOi)

iHelp is a residential program for Sex Offenders which has a duration of two to three years. Candidacy is determined based on risk for re-offense. Participants work on individual projects and attend both group and individual therapy during the course of this program. The capacity is 52 and participants reside in a dedicated unit within LCC for the duration of the program. This program is only available to inmates of custody classification 2X who are housed at LCC.

Mental Health Stabilization/Inpatient Treatment

One unit (D-Unit) at LCC has been designated for inpatient mental health stabilization and treatment. This unit serves the whole NDCS and consists of 10 double-occupied and 43 single-occupied cells for a total occupancy of 63. This capacity is augmented by 12 single-occupied cells on C-Unit which are used for Restrictive Housing, but which can also be leveraged as needed for mental health stabilization housing. These 75 beds are included in the facility's GP count and in the overall bedspace capacity, although the C-Unit beds are utilized for function typically served by non-count beds. There are also three dedicated ADA-compliant mental health beds in the South Support area of LCC, which are not included in the count for the facility.

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1. Diagnostic and Evaluation Center (DEC)

3220 West Van Dorn Street, Lincoln, NE 68522

Facts:

Opened:	August, 1979
Design Custody	1X
Design Capacity:	160 Male
Core Support Svcs	160
ADP$_{13}$	160
Operational Custody$_{13}$:	1X
% Crowding$_{13}$:	313%
Revised % Crowding$_{13}$	182%
Operational Stress Index:	3.13

History/Mission:

This facility processes all adult male admissions to the Nebraska Department of Correctional Services and houses them during the initial intake and classification period. All inmates are classified 1X until evaluations are complete, at which time they are assigned an "initial classification," which determines the custody level of the facility and housing unit to which they will be transferred. The initial classification uses a point-based system, and movement out of DEC is dependent upon an appropriately classified bed being available. The fiscal year 2013 ADP was 501, with a high population level of 594 and a low of 424.

Program Inventory:

Mental Health Treatment	*Health Education Con't*
Crisis Intervention	TB
Outpatient Mental Health Clinic	HIV / AIDS
Physical Health Treatment	Hepatitis
Skilled Nursing Facility	MRSA
Medical Clinics	Hygiene
Chemotherapy	Dental Care
Dentistry	STIs
Optometry	Diabetes
Health Education	Medication Abuse
K - 2	Healthy Lifestyles
Emergency Preparedness	Men's Sexual Health
Nutrition	Smoking Awareness

Cots are utilized in almost all of the nine housing units to augment existing sleeping arrangements. Dayrooms, showers, indoor recreation, and other core facilities face high levels of operational stress to meet the additional demand. In addition to handling adult male admissions, this facility also receives and houses all safekeepers as well as any 90-Day Evaluators.

- Snapshot data and staff interviews showed the safekeepers comprise approximately 40-60 inmates at any given time.
- Together, these two populations require a disproportionate level of medical, mental health, and other services, and pose unique complexities in placement within the rest of the NDCS intake population (they frequently require protective custody or other special arrangements).This plan will explore separate housing options close to medical/MH resources for these populations.
- DEC houses one of NDCS's three Skilled Nursing Facilities (SNF) with 9 licensed beds as well as a cadre of medical, dental, and mental health staff as required for the intake process.

Capacity/Utilization Summary:

DEC Future Capacity/Utilization Summary (10% Institutional Classification Factor)*				
		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	160	192	352
	Core Support Services	160	352	512
	Custody	1X	1X	1X
	Gender	M	M	M
Institutional Capacity	Recommended Operational Capacity (OC_{13})	275	200	475
	Recommended Bed Capacity ($Beds_{13}$)	304	224	528
	Current and Projected Average Daily Populations	501		475
Crowding and Stress Levels	Estimated Crowding (Population/DC)	313%		135%
	Revised Crowding (Population/OC)	182%		100%
	Operational Stress Index (Population/Core Support)	3.13		0.93

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This two level facility was opened in 1979 and contains approximately 88,000 gross square feet. The superstructure is generally fire-resistive load bearing masonry with precast floors, mezzanine and roof framing. The lowest level is a slab on grade. The building envelope is high security. The main mechanical plant (chillers/boilers) is located at the neighboring LCC facility which supplies hot and cold water to mechanical equipment within the DEC building. Overhead and underfloor ducts are both utilized to distribute conditioned forced air throughout. Food service is prepared at LCC, then transported to DEC by cart for decentralized feeding on each housing unit.

Site Information:

The DEC is located on a 142 acre site which includes several Nebraska Department of Correctional Services structures; however, approximately 32 acres on the west side of the parcel are dedicated for the confined area for the co-located DEC and LCC facilities. A secure double perimeter fence with officer towers encloses most of the area and includes Cornhusker State Industries buildings, a baseball field, recycle building, dog kennel and other recreation yards. Public and staff parking (unsecured) is located between the DEC and LCC. The site is flat at the west end but slopes significantly north and east. An underground tunnel connects DEC and LCC.

Utilities are distributed underground throughout the site. The DEC includes shared utilities with the LCC including a 6” sanitary sewer and an 8” water line. Gas consists of a 1 ¼” diameter main from LCC. Power is 1200 amp, 480 volt. Emergency power generator is 420 Kw Capacity.

Physical Plant Issues:

This facility is 35 years old and has been highly stressed with significant overcrowding. Recently, new stair tower construction, intercom replacement, upgrades for shower vents, overhead garage door replacement, rooftop fencing, and more efficient lighting in some areas have been accomplished. The HVAC system is inadequate for the large number of inmates housed at double capacity. A new ADA-compliant entry structure is needed, with

enhanced security features. Cooling is especially inadequate. The following is the list of current budget requests to address acute deficiencies at the DEC:

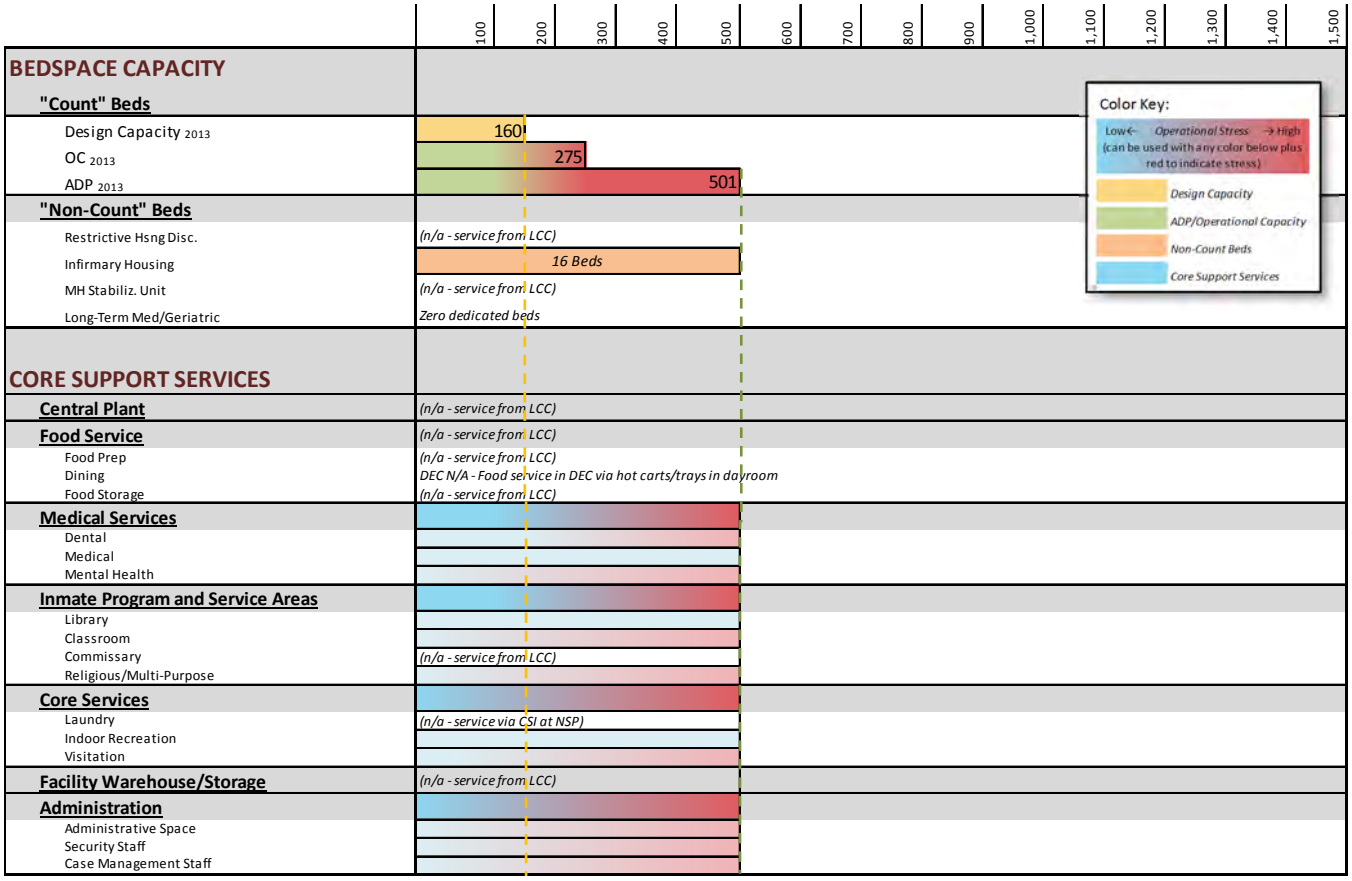
- Replace cell door locks
- Roof replacement
- Skylight replacement
- Replace domestic water heaters
- Replace variable air volume
- Replace front entry doors
- ADA power assists at entry
- Replace chilled water coil
- Replace toilet flush valves
- Exterior wall repair
- Fire alarm repairs / replacement
- Fire sprinklers in administrative areas

Expansion:

Available site area and utilities will accommodate significant future expansion. However, since a large amount of the DEC core support is provided by the neighboring LCC facility (connected by a tunnel), central plant, food service, etc. will need to be expanded in proportion to the DEC increased capacity. The current medical program including housing can be converted to space for added intake housing if a medical replacement facility is developed.

Capacity Meter:

DEC - EXISTING CONDITIONS



Source: Dewberry, NDCS

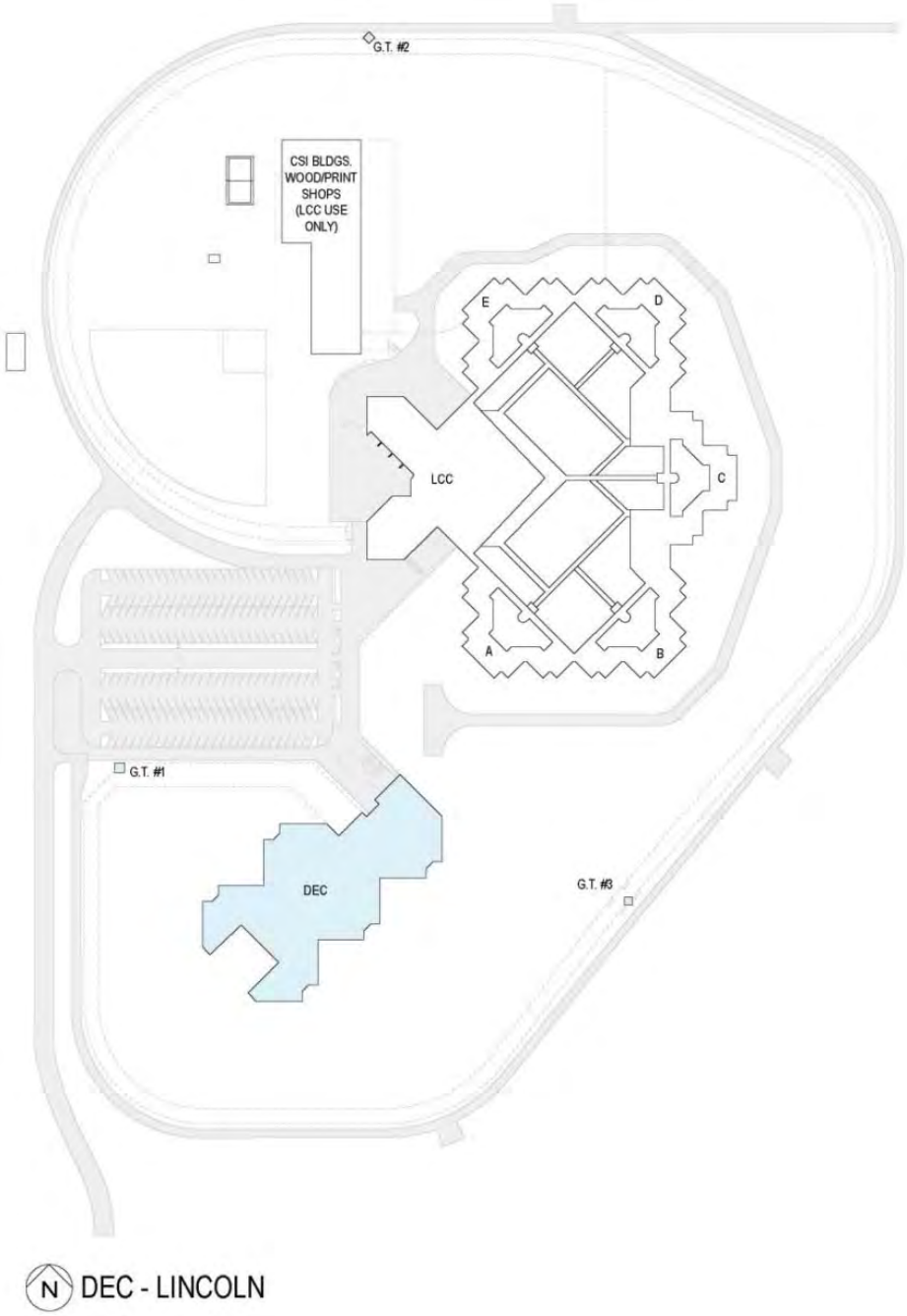
Shortfalls include the following core and bedspace needs:

- Increased medical/mental health services for both intake and NDCS populations
- Approximately 200-300 GP Intake beds to meet anticipated demand through 2033, with the associated dayroom, program, showers, toilets, and other essential living spaces that correlate to those beds.
- Approximately 100 beds for Safekeepers/90-Day Evaluators to meet anticipated demand through 2033, with the associated dayroom, program, showers, toilets, and other essentials.
- Increased food service capacity to meet a total anticipated combined campus population of 1,200 inmates (600 DEC + 600 LCC). This food service may be provided through expansion at LCC or through a new food service facility to serve the entire LCC/DEC campus.

Challenges and Opportunities:

Despite system-wide crowding, DEC is routinely processing inmates out into other facilities within 44-48 days. In 2013 the ADP reached 501, with more than 70 inmates on cots throughout the facility, and extreme operational stress on food service (provided through LCC), recreation, and other legally mandated inmate services.

Existing Site Plan:



Source: Dewberry, CWPA

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2. Lincoln Correctional Center (LCC)

3216 West Van Dorn Street, Lincoln, NE 68522

Facts:

Opened:	August, 1979
Design Custody	1X, 2X
Design Capacity:	308 Male
Core Support Services	308
ADP$_{13}$	502
Operational Capacity$_{13}$:	468
% Crowding$_{13}$:	163%
Revised % Crowding:	107%
Operational Stress Index:	1.63

History/Mission:

Lincoln Correctional Center (LCC) replaced the Men's Reformatory, previously located approximately ½ mile east. The 70 NSF[3] cells which comprise all five housing units have been double-occupied since 1980. Although LCC is ACA accredited and some waivers[4] have been received, the facility continues to fail non-mandatory physical plant standards due to crowding levels. The general population is

Program Inventory:

Mental Health Treatment
Anger Management
Anxiety Management
Mental Health Unit
Meteor Program
Crisis Intervention
Outpatient Mental Health Clinic

Sex Offender Services
iHelp
Continuing Care

Substance Abuse Treatment
Continuing Care

Physical Health Treatment
Medical Clinics
Dentistry
Optometry

Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
K-2
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health

General Education
ESL/ELL
ABE/ASE
High School
Math Basics

General Education Con't
Math Refresher
Fractions Refresher
Math Enrichment
Computer Literacy
Beginning Typing
Post-Secondary Education
Job Skills

Skilled Jobs
CSI
Wood
TEK Industries
Laundry
Printing
Food Service
Maintenance
Inmate Medical Porter

Programs
InsideOut Dads
Within My Reach
Common Sense Parenting
Transformation Project
Victim Impact
Dog Handler Program
Restrictive Housing Levels
ProStart Culinary Arts
Alternatives to Violence
Released and Restored
Living Well
Discharge Planning

Inmate Clubs
Harambee
Hobby
Mata
NASCA
Standing Together on Purpose
Alcoholics Anonymous

[3] NSF – Net Square Feet, typically used for individual rooms or spaces. Does not include walls or circulation.

[4] The most recent ACA audit (May 3-5 2013) notes the limitations to the following non-mandatory standards:

i. Standard #4-4132 - Cell size - A waiver was received because LCC cells do not meet 25 SF unencumbered per inmate, but they provide more than 9 hrs outside of cells);
ii. Standard #4-4133, #4-4141 - Single cells of 80+ SF/35 SF unencumbered for MH/MD are required for sexual predators, maximum custody, or known victims. A waiver was received for single cells of 73.5 SF and 75 SF.
iii. Standard #4-4135 – Dayrooms do not provide 35 NSF per inmate. A waiver was received because inmates spend so little time in the dayroom, and when they do there are typically fewer than 6-8 inmates in the dayroom. A Plan of Action waiver identified expansion of WEC and transfer of some inmates out of LCC as a relief factor.
iv. Standard #4 – 4139 - A ratio of 1:8 showers to inmates is recommended by ACA. A waiver received for adequate time/access to allow all inmates equal opportunity to use showers.
v. Standard #4 – 4150 – Noise levels should not exceed 70 DBA by day or 45 DBA at night. A waiver was received because a plan of action was in place to reduce noise at night by completing sound traps (and to adding frequency drive motors).

currently mixed 1X/2X, with separations for therapeutic housing requirements and conflicts.

This facility operates in tandem with the DEC to support intake and population management functions associated with both facilities. Most notably, LCC provides the following services to the entire LCC/DEC complex:

- Food Service (preparation and delivery)
- Canteen (including warehousing and bagging items for delivery)
- Disciplinary Mental Health Stabilization Unit (this unit serves the entire DCS system)
- Two "non-count" populations are held in "count" beds, reducing the efficiency of GP housing utilization.
- Hot water heating and chilled water (delivered from LCC's heating/cooling plant)
- Maintenance staffing
- Perimeter security system monitoring

As such, any capacity stress and the resulting operational pressure on DEC is also experienced throughout LCC.

Capacity/Utilization Summary:

The Capacity/Utilization summary for LCC is included below. The Design Capacity is 308 and the 2013 ADP was 502.

LCC Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	308	200	508
	Core Support Services	308	480	788
	Housing Type	GP, MH Stab.	GP	GP
	Custody	1X,2X	1X,2X	1X, 2X
Institutional Capacity	Recommended Operational Capacity (OC_{13})	468	263	730
	Recommended Bed Capacity ($Beds_{13}$)	498	306	804
	Current and Projected Average Daily Populations	502		730
Crowding and Stress Levels	Estimated Crowding (Population/DC)	163%		144%
	Revised Crowding (Population/OC)	107%		100%
	Operational Stress Index (Population/Core Support)	1.63		0.93

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This sprawling multi-level (3) facility opened in 1979. The main structure contains approximately 151,000 gross square feet. Out-buildings include gate building/ officer towers, a CSI facility and a recycle/ dog kennel structure. The main building superstructure is load bearing masonry and precast elements. The building envelope is high security. The mechanical plant includes boilers and chillers that provide hot and cold water to both the DEC and LCC. Decentralized HVAC units provide forced air through overhead and under floor ducts.

Site Information:

The LCC facility is located on a 142 acre site which includes several Nebraska Department of Correctional Services structures. However, approximately 32 acres on the west side of this parcel are dedicated for the confined area of the co-located DEC and LCC facilities. A secure double perimeter fence with officer towers

encloses most of the area and includes Cornhusker State Industries buildings, a baseball field, recycling building, dog kennel and other recreation yards. Public and staff parking (unsecured) is located between the DEC & LCC. The site is flat at the west end but slopes significantly north and east. Utilities are distributed underground throughout the site. A 10" water main/fire loop and 8" sanitary sewer with a sewage grinder are present. Power is 1200 amp, 480 volt. Emergency power generator is 420Kw capacity.

Physical Plant Issues:

This facility is 35 years old and is in need of significant repair and modernization work. Recently completed work includes about half of the exterior wall masonry veneer recoating due to water penetration/damage. The administration, officer tower and gymnasium membrane roofs have been replaced. New controls have been added to the HVAC systems. A window and door replacement project has been funded for Housing Unit B. A new vestibule/ ADA entrance/ security monitoring project was recently completed. Perimeter detection system has been upgraded, including a fence barrier above the front entrance. The two elevators were recently replaced.

Major issues remain to be addressed. These include the remaining roof replacements, interior wall settling, boiler replacement, emergency power problems with switch gear and inability for ADA compliance due to the original design layout and lack of sufficient parking. The following is the priority list of current budget requests to address deficiencies at the LCC:

- Roof replacement/ repair
- Door and window/ structural
- Replace/ modernize elevators
- Exterior wall repair
- Replace toilet flush valve
- Tunnel repair/ replace
- Replace cell door locks
- Replace boiler burners
- Replace exterior lighting
- Fire sprinklers in administrative areas
- Replace fire alarm system
- Increased parking area

Expansion:

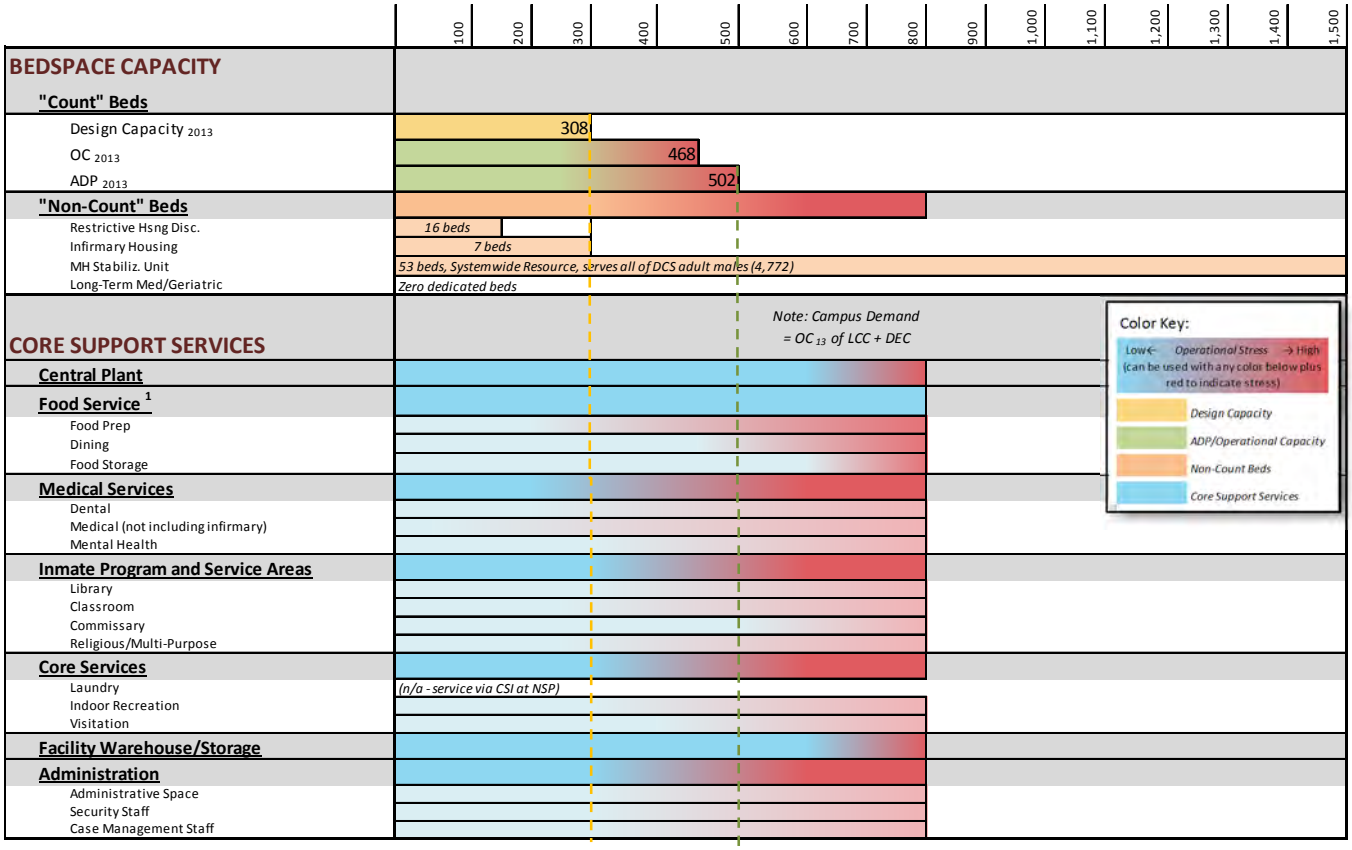
The site area and utility capacities will support an expansion. The building's layout is extremely inefficient, and features a lopped circulation enclosing multiple internal courtyards. Additions onto the "single loaded" corridors would increase efficiency; however, accessibility will remain a challenge.

Capacity Meter:

The Capacity Meter for LCC shows that the Core Support Services was designed to accommodate 308 inmates. Some core features at LCC were designed to meet a combined capacity of 468 (308 at LCC plus 160 at DEC). For this reason, LCC has been able to accommodate more inmates than its own original design. For instance, improvements to core support including centralized dining, additional chiller capacity, and laundry modifications have improved core infrastructure.

Increased levels of operational stress are experienced as the operational capacity moves further from the estimated core support services of 308. Key areas of operational stress include medical services, inmate programs and services, core services, and food service (primarily dining and food storage).

LCC - EXISTING CONDITIONS



[1] DEC food service is provided by LCC, but dining space is not needed because dining occurs in the dayrooms.

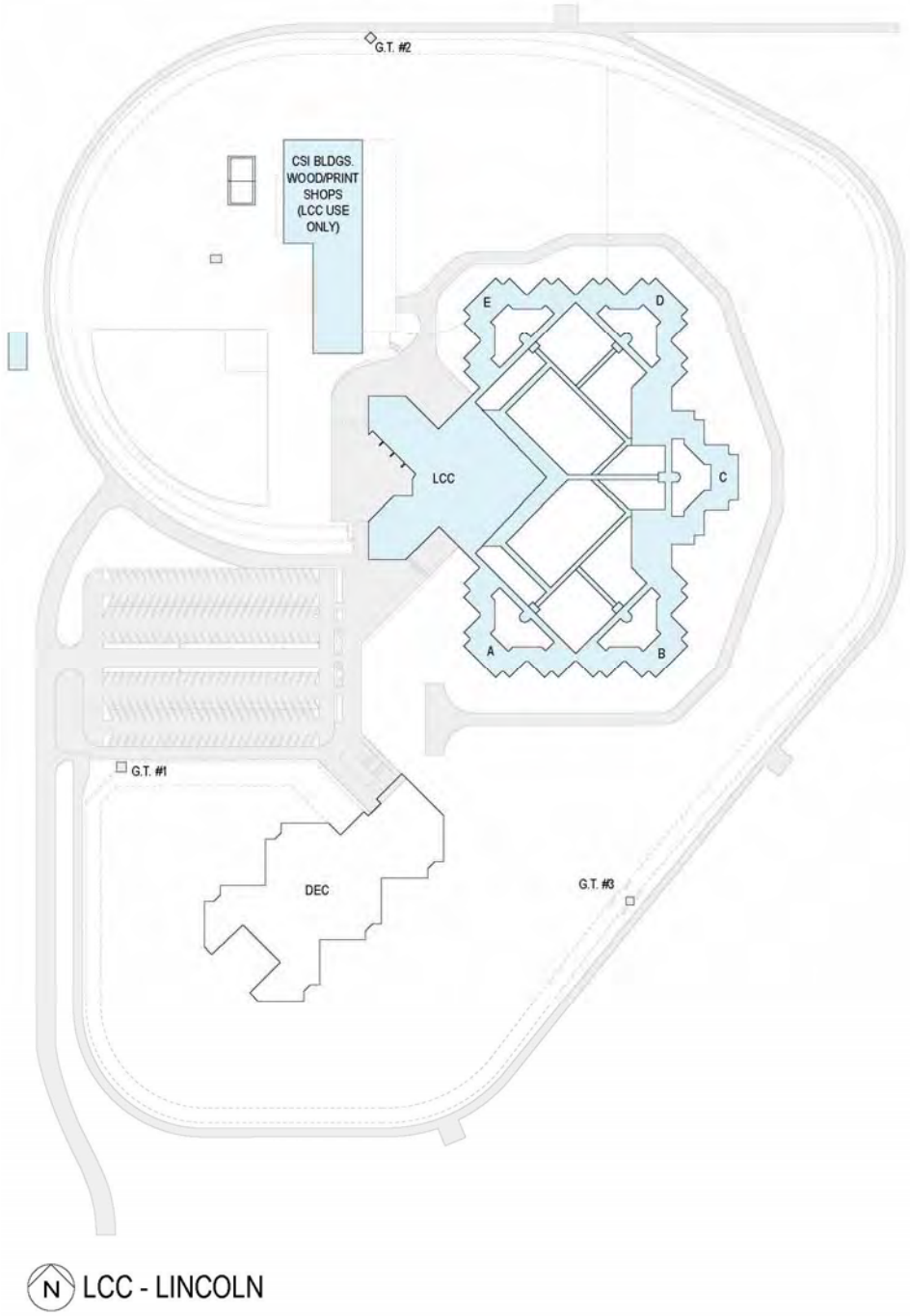
Source: Dewberry, NDCS

Challenges and Opportunities:

- The Food Service program requires approximately half of the CSI-qualified population, and relies on 50% dining service (LCC GP) and 50% tray or hot-cart delivery service (LCC SEG, LCC MH, and DEC).
- Having 16 dedicated non-count Disciplinary Restrictive Housing (RESd) beds for a population of 800 inmates (LCC/DEC) requires the dedication of one GP unit (61 beds) to serve this purpose. For 800 inmates, 80 RESd beds (approx. 10% of the total complex population) are required for everyday behavior management. If campus capacity is increased, even more RESd beds will be required.
- LCC faces a shortage of workers for areas like CSI, food service, and maintenance because of the number of inmates in specialized programs.

Over time, program space has been reconfigured to expand the dining and food service areas to accommodate increased populations at LCC/DEC. Cart delivery to DEC is insufficient and dining is modified to accommodate operational stress for the LCC population.

Existing Site Plan:



Source: Dewberry, CWPA

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3. Nebraska State Penitentiary (NSP)

4201 South 14th Street, Lincoln, NE 68502

Facts:

Opened:	1869
Design Custody	2X, 3A
Design Capacity:	718 Male
Core Capacity	718
ADP13	1,283
Operational Capacity13:	1,139 Male
%Crowding13:	179%
Revised %Crowding13:	113%
Operational Stress Index13:	1.79

History/Mission:

The Nebraska State Penitentiary (NSP) is the oldest correctional facility in Nebraska, and was for years the only correctional facility for adults in the state. Updated by numerous additions and renovations, NSP serves as the Nebraska Department of Correctional Services' largest facility. The old cell blocks and administrative buildings were replaced with new housing units and ancillary services in 1981.

NSP is also the largest single location for the Cornhusker State Industries program. Shops include carpentry and furniture production, metalwork, Braille book production, license plates and highway signs, soap making, and a laundry industry which serves both NDCS and outside (government and non-profit) clients. Approximately 19% of the general population at NSP is employed through CSI.

In addition to general population beds, NSP offers inpatient treatment and therapeutic housing for two programs. The inpatient substance abuse treatment program is for 3A inmates. This facility is the only system location for the inpatient Violence Reduction Program which is targeted treatment for offenders incarcerated for crimes of severe violence.

NSP houses one of the NDCS's three skilled nursing facilities (SNF), with 12 inpatient (non-count, long-term care) beds and a cadre of on-site medical, dental, and mental health staff. There is an on-site radiology lab with radiologists shared between DEC, LCC, and NSP. The size of this SNF allows it to serve 1% of the facility's population at any given time. There are also 18 non-count RESd beds at this facility.

Programs:

Mental Health Treatment
Violence Reduction Program
Crisis Invervention
Outpatient Mental Health Clinic
Sex Offender Services
oHelp
Continuing Care
Substance Abuse Treatment
Residential Treatment
Continuing Care
Physical Health Treatment
Skilled Nursing Facility
Dialysis
Chemotherapy
Dentistry
Optometry
Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
General Education
ESL/ELL
ABE/ASE
High School
Post-Secondary Education

Skilled Jobs
CSI
Sewing
Wood
Metals
Upholstery
Soap
Sign
Braille
License Plates
Laundry
TEK Industries
Administration
Food Service
Maintenance
Inmate Medical Porter
Programs
InsideOut Dads
Within My Reach
Common Sense Parenting
Transformation Project
Victim Impact
Dog Handler Program
Restrictive Housing Levels
Alternatives to Violence
Planning with a Purpose
Mentoring Program
Released and Restored
Living Well
Discharge Planning
Inmate Clubs
7th Step
Toastmasters
Harambee
Hobby
Stamp Collectors
Mata
NASCA
Veterans
Alcoholics Anonymous

Capacity/Utilization Summary:

The Capacity/Utilization summary for NSP shows the Design Capacity is 718, the ADP is 1,283, and the recommended operational capacity is 1,139. The facility's Operational Stress Index is 1.79.

NSP Future Capacity/Utilization Summary (5% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	718	166	884
	Core Support Services	718	843	1561
	Custody	1X,2X,3A	1X,2X,3A	1X,2X,3A
	Gender	M	M	M
Institutional Capacity 2013	Recommended Operational Capacity (OC)	1139	230	1369
	Recommended Bed Capacity (Beds)	1198	246	1444
	Current and Projected Average Daily Populations	1283		1370
Gap Analysis 2013	Estimated Crowding (Population/DC)	179%		155%
	Revised Crowding (Population/OC)	113%		100%
	Operational Stress Index (Population/Core Support)	1.79		0.88

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This campus consists of a variety of building types, functions, conditions and ages. Over two dozen buildings comprise the main campus. Some buildings were constructed over 80 years ago and the newest structure was built 16 years ago. Several buildings are not worth investing significant funds for renovation due to their age, condition and layout.

Site Information:

This large site of nearly 300 acres is subdivided by Beal's Slough (creek) and the Burlington Northern Railroad right-of-way. All relevant inmate spaces are located on the main campus, contained by a security perimeter comprised of tall masonry walls and a double security fence. This nearly 80 year old site contains many layers of active and abandoned below grade utilities. The main campus is flat and has been threatened by potential flooding. A major project to mitigate flooding along Beal's Slough has recently been completed. The main utilities consist of two 8" water lines, a 30" sanitary sewer line, multiple gas and electric services and two large (750 Kw) emergency generators. The central utility plant located across the railroad tracks to the west provides the NSP's chilled water, steam heat, and emergency power. The energy source is coal, which is increasingly problematic due to EPA requirements.

Physical Plant Issues:

The open campus design is difficult to manage with the different custody levels housed here. The Industries Programs for inmate workers is located within the secure perimeter and the service drive route to bring in new materials and exit with products is difficult. A dining area at Cornhusker State Industries would eliminate time consuming inmate transfer to dining hall at lunch and eliminate security checks.

ADA issues, building and fire code compliance and energy code updates are difficult and expensive to bring into compliance for the older structures present on campus. The following is the priority list of current budget requests to address deficiencies at the NSP:

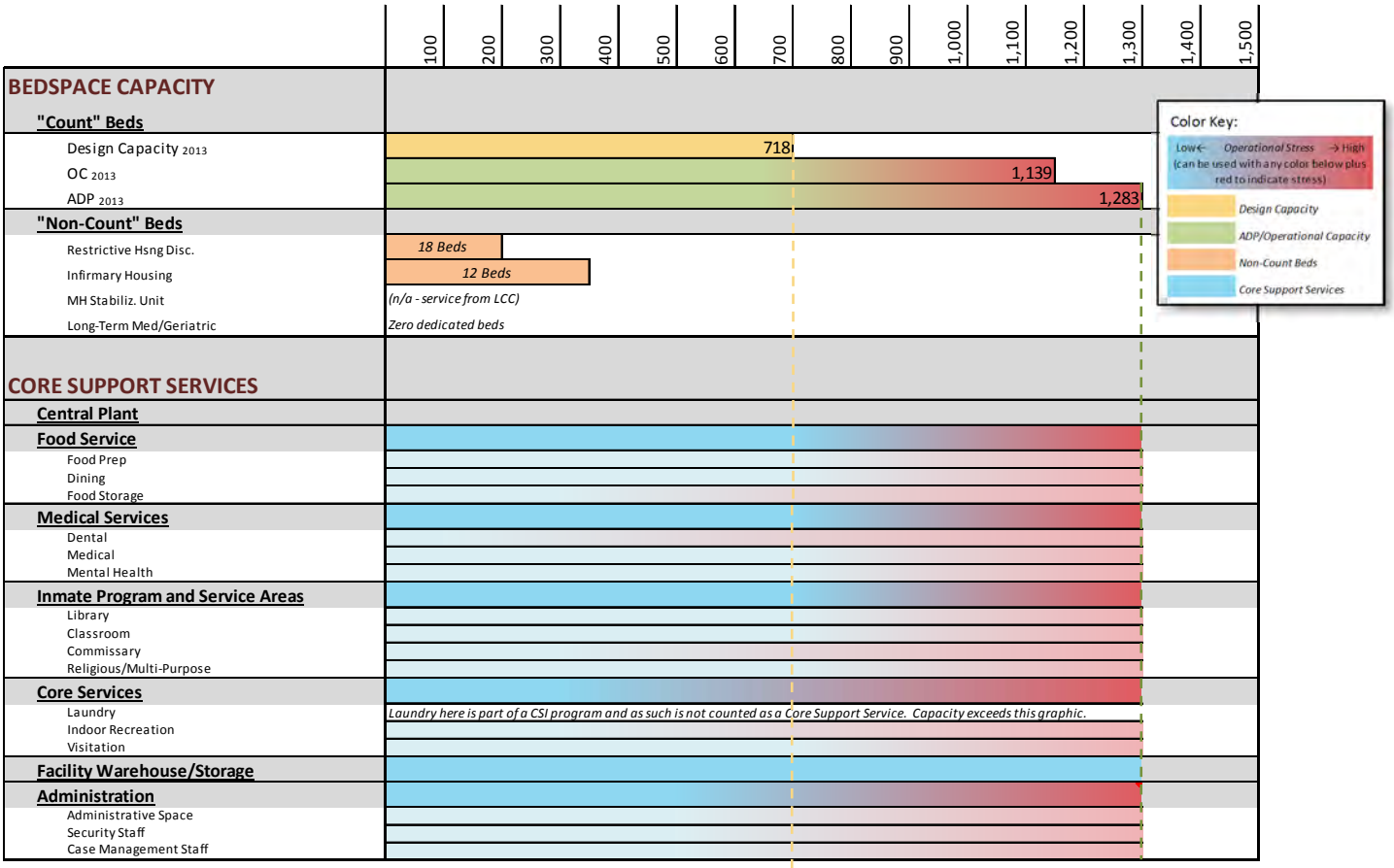
- Additional security fencing within the perimeter
- Replace HVAC system (Religious Center)
- Fuel study/ Emission control (Central Utility Plant)
- Replace chiller (absorption) (Central Utility Plant)
- Relocate electrical (Tower #2)
- ADA new restroom (Central Utility Plant)
- Steam drum transmitter (Central Utility Plant)
- ADA power assists at entry (Ancillary)

Expansion:

Site area within the enclosed main campus is extremely limited. Expansion opportunities exist within a few open areas between buildings or as additions to existing structures where land areas permit. Demolition of outdated or underutilized buildings can also provide expansion potions. The Central Utilities Plant can support new capacity demands.

Capacity Meter:

NSP - EXISTING CONDITIONS



[1] ROC (1,407) to be achieved through efficiencies by constructing dedicated SEGd beds and reverting Housing Unit 4 to (double occupied) General Population beds.

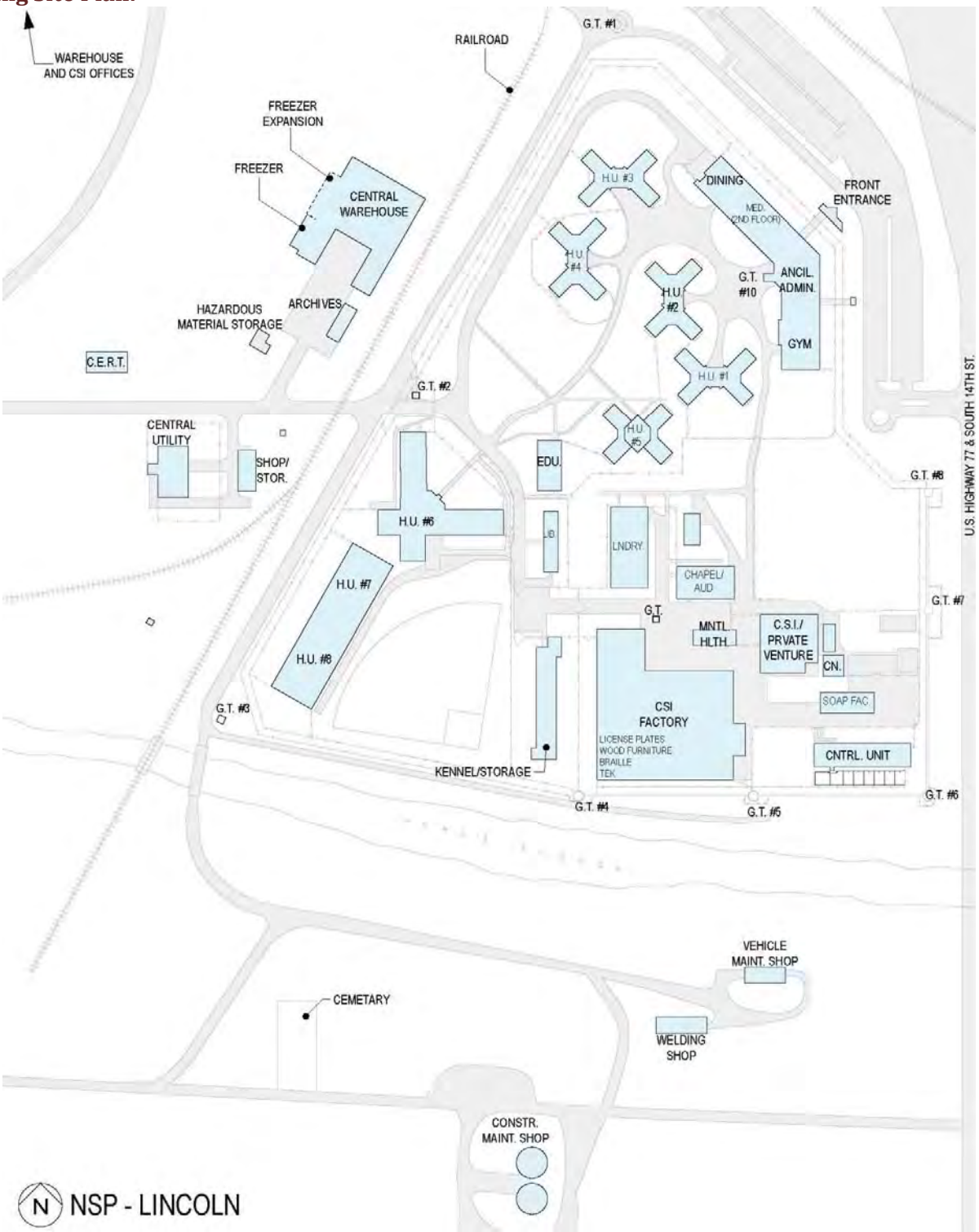
Source: Dewberry, NDCS

Challenges and Opportunities:

Renovation or improvements to this facility allow the opportunity for the following improvements:

- Construct dedicated dining area near CSI shops for workers, to reduce movement across campus during the day
- Provide purpose-built restrictive housing of a contemporary design and built to today's correctional standards in a central location, and to a capacity commensurate with the general population held at this facility (approximately 8-10%).
- Improve the amount and condition of program space available to reduce the demand for multi-use program space so that some free time is available for new programs or for occasional alternate use.

Existing Site Plan:



Source: Dewberry, CWPA

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4. Community Correctional Center–Lincoln (CCC-L)

2720 West Van Dorn Street, Lincoln, NE 68542

History/Mission:

Community Corrections Center – Lincoln (CCC-L) was built in July, 1993 as a direct result of Legislative Bill 569 and the Work Release Program of 1967. Designed to serve a population which goes out into the community to work each day, CCC-L also offers an increased level of personal responsibility through housing (in shared rooms, rather than cells), a higher level of personal care (laundry, for example), personal wardrobe, and focus on re-entry. Inmates are employed at competitive wages in the community and pay $12 per day to stay at CCC-L.

This facility serves as a re-entry portal for inmates classified as 4A and 4B (Work Detail and Work Release custody levels, respectively). Because inmates spend their days working and stays are relatively short in this facility, no inpatient or long-duration programming is offered. CCC-L and the Community Corrections Center in Omaha (CCC-O) are the only 4A/4B facilities in the NDCS system.

Facts:

Opened:	July, 1993
Design Custody	4A, 4B
Design Capacity:	200-(156 Male, 44 Female)
Core Support Services	200
ADP13	388
Operational Capacity13:	300
% Crowding13:	194%
Revised % Crowding13:	129%
Operational Stress Index13:	1.94

Program Inventory:

Mental Health Treatment
- Anger Management
- Crisis Intervention
- Outpatient Mental Health Clinic

Sex Offender Services
- oHelp
- bHelp
- Continuing Care

Substance Abuse Treatment
- Non-Residential Treatment
  - *Outpatient*
  - *Intensive Outpatient*
- Continuing Care

Physical Health Treatment
- Medical Clinics

Health Education
- Women's Health
- TB
- HIV/AIDS
- Hepatitis
- MRSA
- Hygiene
- Dental Care
- STIs
- K-2
- Emergency Preparedness
- Nutrition
- Smoking Awareness
- Diabetes

Health Education Con't
- Medication Abuse
- Healthy Lifestyles
- Men's Sexual Health
- Women's Sexual Health

General Education
- ABE/ASE
- Post-Secondary Education

Skilled Jobs
- CSI
  - *Administration*
  - *Warehouse*
  - *Prairie Gold*
  - *Cleaning Crew*
  - *Military Crew*
  - *NRD Crew*
  - *DOR Crew*
- Food Service
- Maintenance

Programs
- Financial Peace University
- Alternatives to Violence
- Released and Restored
- Living Well
- Discharge Planning

Inmate Clubs
- Alcoholics Anonymous
- Narcotics Anonymous

Capacity/Utilization Summary:

The Capacity/Utilization summary for CCC-L is included below. The Design Capacity is 200 and the OC $_{13}$ is 300.

CCC-L Future Capacity/Utilization Summary (0% Institutional Classification Factor)*				
		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	200	450	650
	Core Support Services	200	650	850
	Custody	4A,4B	3A, 3B, 4A, 4B	3A, 3B, 4A,4B
	Gender	M/F	M/F	M/F
Institutional Capacity	Recommended Operational Capacity (OC)	300	450	750
	Recommended Bed Capacity (Beds)	300	450	750
	Current and Projected Average Daily Populations	388		750
Crowding and Stress Levels	Estimated Crowding (Population/DC)	194%		115%
	Revised Crowding (Population/OC)	129%		100%
	Operational Stress Index (Population/Core Support)	1.94		0.88

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This 40,000 gross square foot building opened in 1993 and was constructed as light commercial with load bearing masonry, wood frame with brick, and EIFS veneer. The facility is in good condition despite being crowded. Core spaces are underequipped to sufficiently accommodate the doubled inmate population. Meeting spaces for staff conferences, food service, laundry, and public access spaces are also very limited. The mechanical system consists of a hot and cold water HVAC system. Domestic water heating was upgraded in 2013 due to crowding. The HVAC systems are stressed due to the need for more ventilation air and cooling.

Site Information:

CCC-L is situated on an 11 acre parcel located at the southeast corner of a state-owned 142 acre site, which also includes several Nebraska Department of Correctional Services buildings. This gentle sloping site is well landscaped and includes a fence, but without electronic detection due to the low custody level of inmates housed. Adequate water, power, gas and sewer lines are available from the two streets framing this corner site. An emergency generator is included on site.

Physical Plant Issues:

The existing facility systems and interior finishes are stressed due to the doubling of original capacity. Core spaces are inadequately sized to accommodate the larger inmate population. Meeting spaces for treatment, counseling and staff are lacking. Kitchen, laundry, toilets and showers all experience double usage. Similarly, sleeping rooms and living areas are undersized for the inmates served. The following is the priority list of current budget requests to address deficiencies at the CCC-L:

- Shingle roof repairs
- Roof repair/ replace
- Re-balance air flows and improve HVAC
- ADA power assists at entry
- Replace circulation door locks
- Replace exterior door locks

- Computerized energy management
- Install attic ventilation

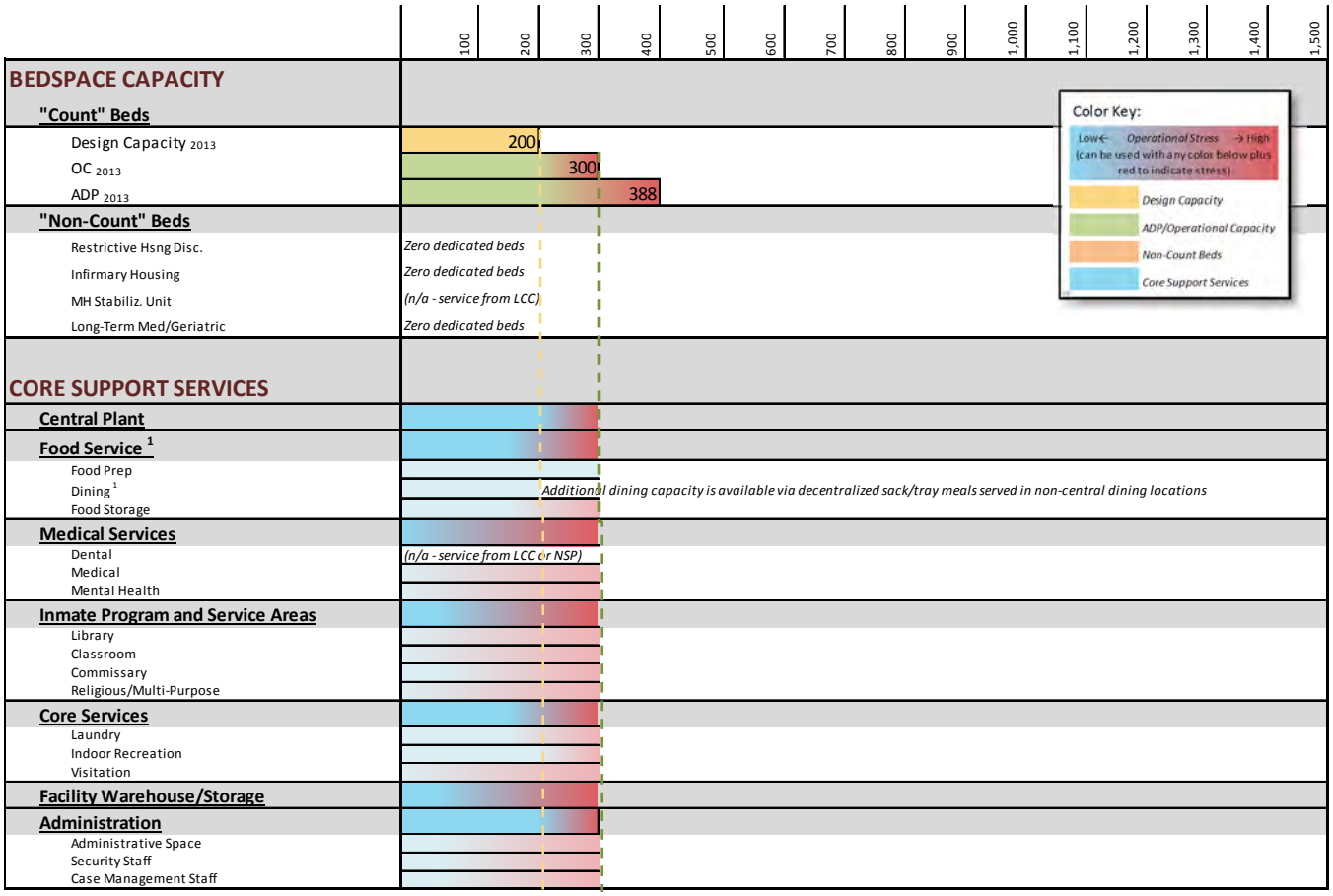
Expansion:

Expansion of this facility is available to the north and/ or west. The state controls a large parcel of land adjacent to this facility of which much is underdeveloped. Adequate utilities and street access area present.

Capacity Meter:

The Capacity Meter for this facility shows that the infrastructure and most core support services were designed for 200 inmates. Increasing levels of operational stress occur as the population rises above 200.

CCC-L - EXISTING CONDITIONS



[1] Food service and dining are able to meet additional demand because outside workers do not dine on premises while working.

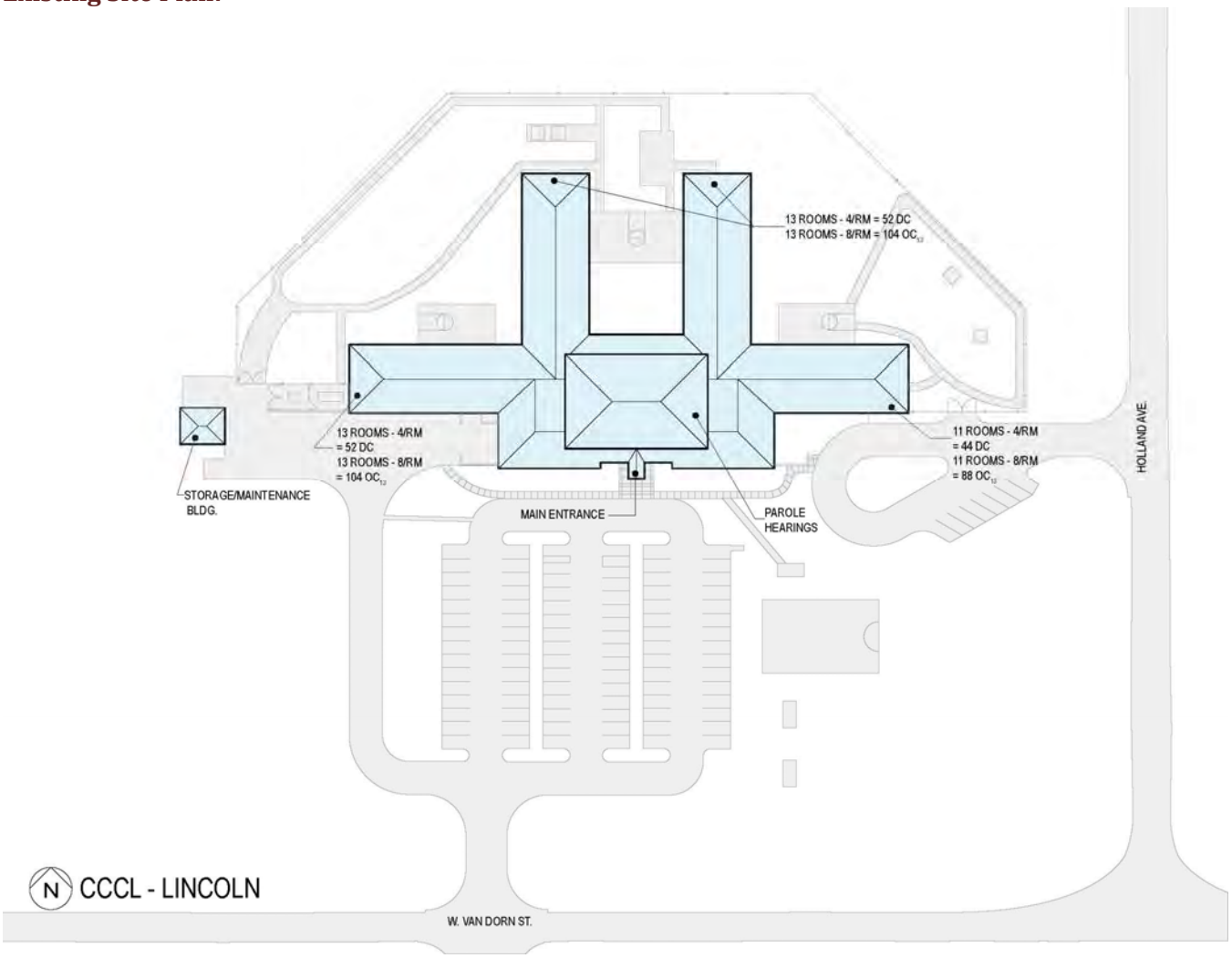
Source: Dewberry, NDCS

Challenges and Opportunities:

- Because this facility was designed for inmates working outside most of the day, the available program and core services space is insufficient for inmates who would not be working outside. As such, expansion at this facility would increase both core support services and housing, bringing them into line with one another.

- A large number of parole hearings occur at this facility. No space was originally planned or designed for this purpose. Renovation would offer the opportunity to create a room with the spaces and separations required for this purpose.
- The mixed gender population, combined with the freedom of movement, can be problematic. Sound correctional practices dictate that males and females be structurally separated to the greatest extent possible.

Existing Site Plan:



Source: Dewberry, CWPA

Omaha, Nebraska Facilities

Omaha is the largest city in Nebraska and houses the third largest population of inmates within the NDCS in three separate facilities – Omaha Correctional Center (OCC), Community Corrections Center – Omaha (CCC-O), and Nebraska Correctional Youth Facility (NCYF).

As indicated in the allocation of ADP in 2013, an average total of 838 inmates are housed in these three facilities each day, with approximately 76 males being of youthful offender age. Of the 1,585 inmates paroled in FY2013, 33% paroled to Douglas County.

Omaha offers the full range of existing NDCS custody classifications, from 1X (Max) to 4B (Community, Work Release). The following treatment programs are offered in Omaha:

Residential & Non-residential Substance Abuse Treatment
Although each facility offers treatment through substance abuse education, OCC has residential and non-residential substance abuse treatment available. Inmates assigned to Residential Programs have been identified as having serious substance abuse issues. These programs generally last about ten months. Non-residential Programs are available for offenders who are not eligible for the residential program due to lower level substance abuse issues. These programs typically last up to six months.

Sex Offender Treatment – offered at OCC
Outpatient Healthy Lives Program (oHeLP) is treatment offered at OCC to those inmates who are assessed to be at a relatively high risk to sexually reoffend. Participants in oHeLP work through materials and assignments in group therapy. oHeLP takes about one year to complete.

Bibliotherapy Healthy Lives Program (bHeLP) is treatment offered to inmates that are a low risk to reoffend. Participants in bHeLP work at their own pace on materials provided by the therapist and takes several months to complete.

Continuing care is for those individuals who have completed the recommended sex offender treatment program. People in the Continuing Care program work in a group setting with peers and therapists to address treatment needs as they arise.

Mental Health Treatment
All three Omaha facilities offer Mental Health Treatment programs. This wide range of services address the mental health needs of high risk offenders with an emphasis on those with major mental illness. The services include assessment and evaluation, residential and outpatient treatment programs, and crisis intervention.

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5. Omaha Correctional Center (OCC)

2323 J Avenue, Omaha, NE 68110-2766

Facts:

Opened:	April, 1984
Design Custody	2X, 3X
Design Capacity:	396 Male
Core Support Services	396
ADP13	598
Operational Capacity13:	666
% Crowding13:	151%
Revised % Crowding13:	90%
Operational Stress Index13:	1.51

History/Mission:

Omaha Correctional Center (OCC) was originally designed with a capacity of 240 minimum and medium custody male beds. In 1993, a new building comprised of 3 dormitory units (J3) was added to house 156 more inmates, bringing the design capacity to 396. J3 now houses 312 inmates, and the other units, each designed for 80, now house approximately 160 each, for a total of 304.

This facility has traditionally housed a large number of sex offenders and has two sex offender programs – one inpatient and one outpatient.

OCC has one inpatient treatment program for substance abuse with a capacity of 96 inmates in a dormitory setting (J3 A-Wing), and a duration of 6 months. There is also an educational program for GED and ESOL. There are CSI programs here for sewing, wood, furniture, and other industries.

Capacity/Utilization Summary:

The design capacity and core capacity of OCC are both 396, due to the fact that no major core improvements have occurred over the lifespan of this facility.

At the time of this Master Plan, OCC had a population level of 598 with a peak ADP of 731 and a low of 548. This large range is due primarily to the fact that housing unit J1 was closed in August of 2011 and re-opened midway through FY2013. Although the crowding and OSI were estimated at 151% and 1.51, respectively, it is important to note that when ADP reached 731, the OSI was 1.84.

Program Inventory:

Mental Health Treatment
Anger Management
Anxiety Management
Crisis Intervention
Mood Management
Outpatient Mental Health Clinic
Sex Offender Services
oHelp
bHelp
Continuing Care
Substance Abuse Treatment
Residential Treatment
Non-Residential Treatment
Outpatient
Intensive Outpatient
Continuing Care
Drug and Alcohol Education
Physical Health Treatment
Medical Clinics
Dentistry
Optometry
Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
K-2
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health
Women's Sexual Health
General Education
ESL/ELL
ABE/ASE
High School
Math Basics
Math Refresher
Fractions Refresher

General Education Con't
Math Enrichment
Computer Literacy
Beginning Typing
Post-Secondary Education
Job Skills
Skilled Jobs
CSI
Sewing
Wood
Upholstery
Laundry
Warehouse
Food Service
Maintenance
Inmate Medical Porter
Programs
InsideOut Dads
Within My Reach
Common Sense Parenting
Transformation Project
Financial Peace University
Victim Impact
Horticulture
Dog Handler Program
Communication Skills
Stress Management
ProStart Culinary Arts
Alternatives to Violence
Planning with a Purpose
Released and Restored
Living Well
Discharge Planning
Addicted Brain
Cognitive Thinking
Inmate Clubs
Fellowship
Harambee
Hobby
Mata
NASCA
Veterans
Alcoholics Anonymous
Narcotics Anonymous
Islamic

OCC Future Capacity/Utilization Summary (7% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	396	0	396
	Core Support Services	396	393	789
	Custody	2X,3A	2X,3A	2X,3A
	Gender	M	M	M
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	666	0	666
	Recommended Bed Capacity ($Beds_{13}$)	714	0	714
	Current and Projected Average Daily Populations	598		666
Gap Analysis 2013	Estimated Crowding (Population/DC)	151%		168%
	Revised Crowding (Population/OC)	90%		100%
	Operational Stress Index (Population/Core Support)	1.51		0.84

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

The campus includes numerous structures including storage buildings and tower. The majority of the buildings were completed in 1984. The Cornhusker State Industries addition is the newest building completed in 2010. The buildings are in generally good condition except for the deterioration of the exterior veneer due to moisture penetration issues. Total facility area is approximately 220,000 gross square feet. Mechanical equipment consists of hot and cold water HVAC system served by boilers and chillers located at the main building, and then distributed to each building via overhead mechanical tubes.

Site Information:

The OCC site is about 41 acres in size and is located in a flood prone area adjacent to the Missouri river. It is directly adjacent to the CCC-O facility. The site is enclosed by a double security fence and a perimeter paved road. Utilities at this site consist of an 8" water main, an 8" fire loop and a 12" sanitary sewer with grinder. Emergency power is provided by a 350Kw generator.

Physical Plant Issues:

A new building entry with ADA accessibility/ control is needed. Some of the exterior veneer with deteriorated windows and doors have been replaced. Work is needed to finish correcting this chronic problem on the remaining buildings. Core deficiencies include lack of adequate spaces for administration, visiting, medical/ intake, Restrictive Housing, and kitchen/ dining. The following is the priority list of current budgets requests to address deficiencies of the OCC:

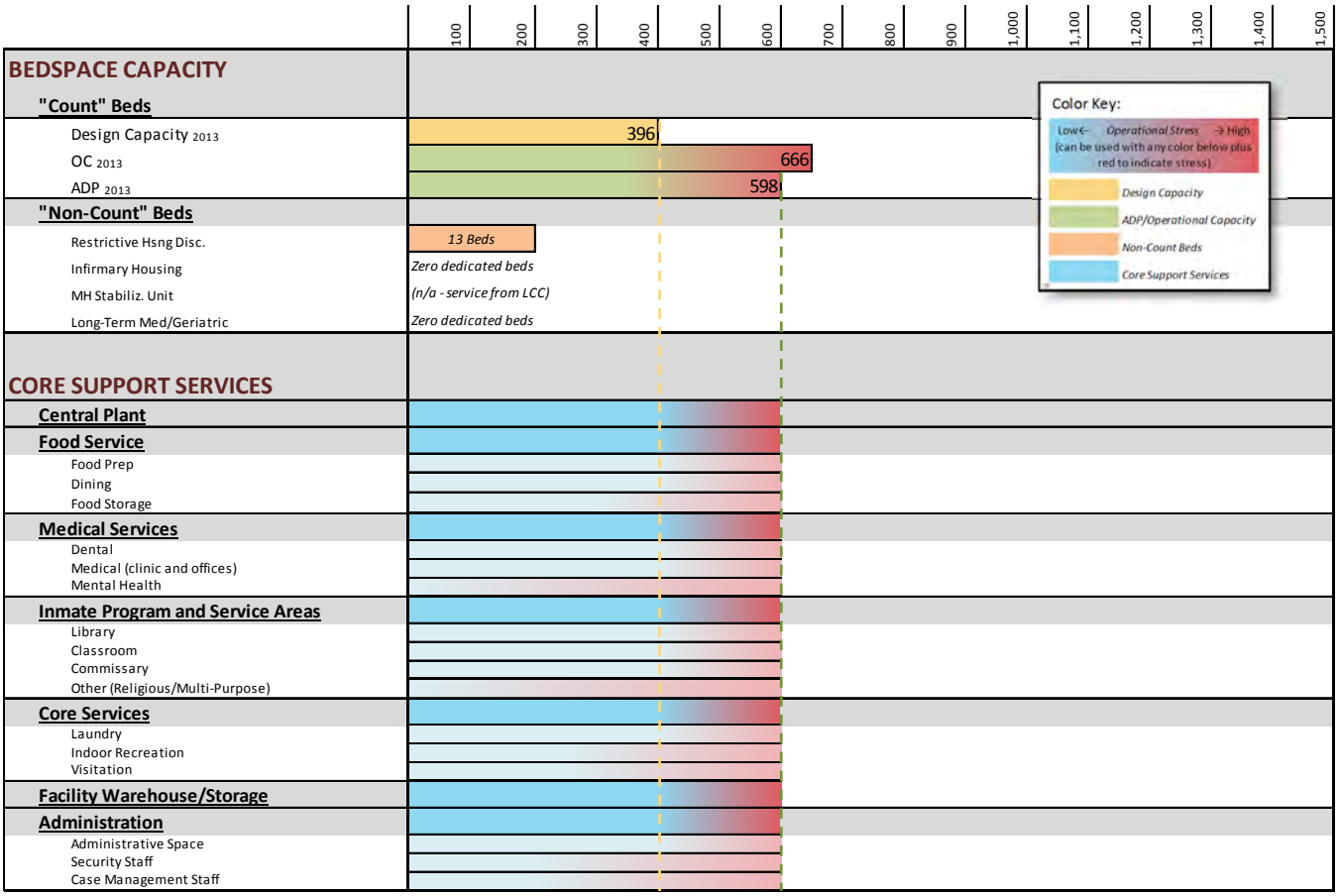
- Roof replacement (Gymnasium)
- Replace domestic water boiler (Central plant)
- Roof repair/ replace (Industries – wood furniture)
- Replace exterior windows and doors (J2 housing unit, administration building)
- Replace water softener (Central plant)
- Replace exterior door locks (J2 housing unit, Building K Housing Unit)
- Replace Restrictive Housing sewer
- Parking lot repairs and improvements

Expansion:

Modest expansions accommodated through renovations and additions to existing buildings are feasible. Large expansions with new buildings are very limited by the area enclosed by the perimeter fence. The existing main mechanical plant cannot service a large expansion without major upgrades or replacements.

Capacity Meter:

OCC - EXISTING CONDITIONS



Source: Dewberry, NDCS

The capacity meter shows that operational stress occurs at or beyond the 400 inmate level. Staff reported particular stress due to space/capacity issues in the kitchen, pill call, and disciplinary Restrictive Housing.

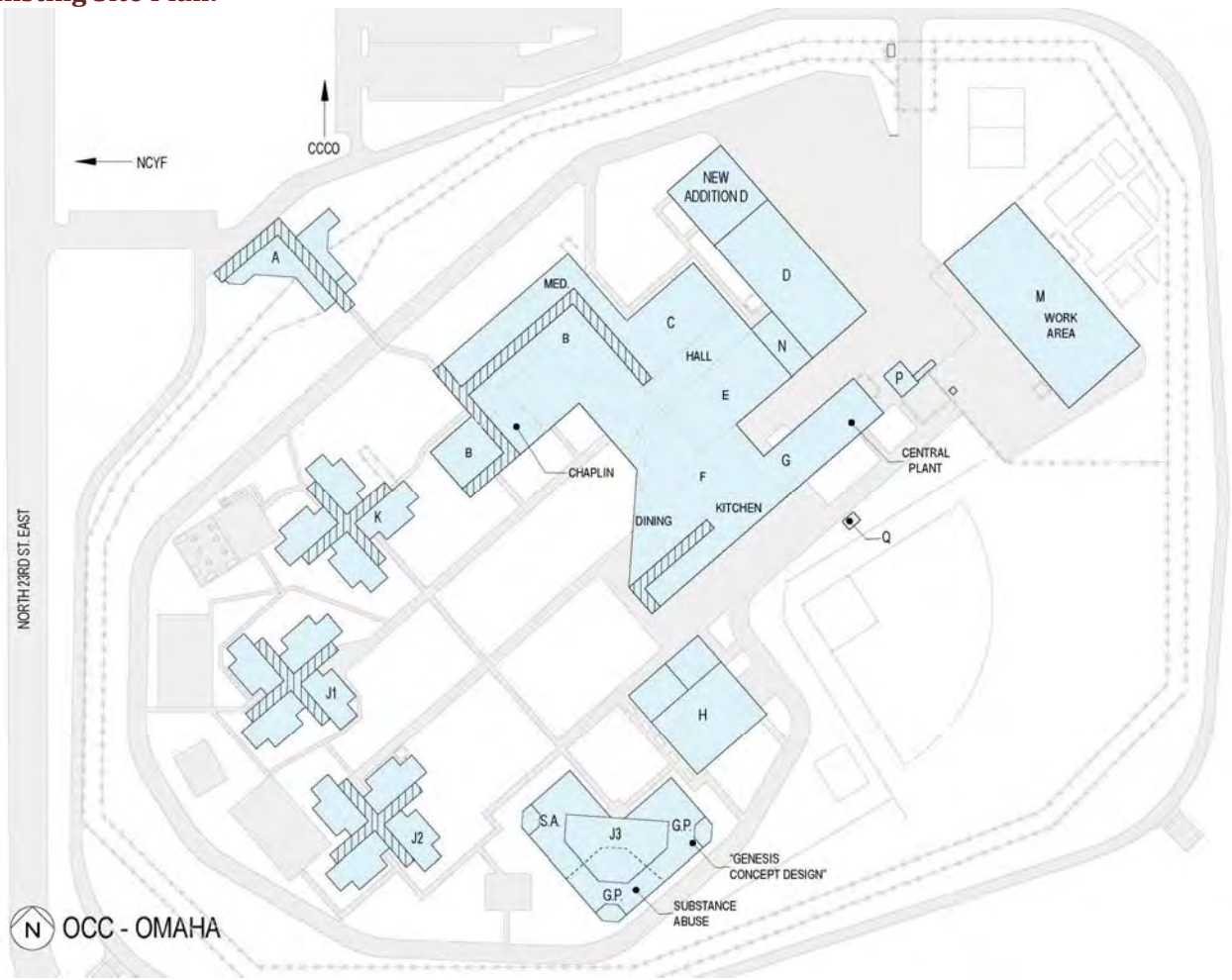
Challenges and Opportunities:

The following challenges should be taken into consideration on any work done at this facility:

- The population at this facility has a relatively short ALOS, which impacts programming.
- At the time of our visit, there were approximately 80 inmates waiting to transfer out who could not leave because of lack of capacity at the lower level facilities, and approximately 80 waiting elsewhere in the system to transfer in.

- There is limited RESd space at OCC (20 beds in the Control Unit). Some of this space is occupied by Omaha area parole violators, who can't be mixed with the GP. The RESd is also used for mental health stabilization and suicide watch.
- There are approximately 10 inmates who have medical conditions which make GP integration a challenge.
- The dining facility can only serve 140 at a time due to population levels, resulting in 15-20 minute meal times.
- There are only four rooms large enough for programs and group activities. These are the religious area, the visiting room, the Old Music Room, and the Programs Conference Room. Some activities (such as Protestant church service and Sunday Bible study) have over 100 participants. Most of the programs involve groups of 20-40 inmates. With over 29 scheduled groups in each week, these rooms are fully booked at almost all hours from early morning through the evening hours.

Existing Site Plan:



Source: Dewberry, CWPA

6. Community Corrections Center – Omaha (CCCO)

2320 J. Avenue, Omaha, NE 68110-2766

Facts:

Opened:	July, 1985
Design Custody	4A, 4B
Design Capacity:	90 (78 Male, 12 Female)
Core Support Services	90
ADP13	173
Operational Capacity13:	135
% Crowding13:	192%
Revised % Crowding13:	128%
Operational Stress Index13:	1.92

History/Mission:

Community Corrections Center Omaha (CCC-O), like CCC-L, was the outcome of Legislative Bill 569. It was constructed and opened in 1985 to serve 4A and 4B (work detail and work release, respectively) inmates.

As a work release facility, most inmates housed at this facility will spend a significant amount of time working outside the facility. Like CCC-L, this facility also offers an increased level of personal responsibility through housing in shared rooms, rather than cells, a higher level of personal care (laundry, for example), personal wardrobe, and a focus on re-entry. Inmates are employed at competitive wages in the community and pay $12 per day to stay at CCC-O.

Program Inventory:

Mental Health Treatment
Anger Management
Crisis Intervention
Outpatient Mental Health Clinic
Sex Offender Services
Continuing Care
Health Education
Women's Health
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
Emergency Preparedeness
K-2
Nutrition
Smoking Awareness
Health Education Con't
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health
Women's Sexual Health
General Education
ESL/ELL
ABE/ASE
High School
Post-Secondary Education
Skilled Jobs
CSI
Cleaning Crew
DOR Crew
Programs
Financial Peace University
Living Well
Discharge Planning

The Omaha community is active with the inmates at this facility, sponsoring programs and inmates, providing transportation to off-site programs, and coming into the facility to offer religious programs, GED education, AA/NA meetings, and other education, treatment, and aftercare services.

This facility serves a pre-release role in the NDCS for inmates pending release to the Omaha area; however, like CCC-L, the capacity of this facility is insufficient to meet the demand of pre-release inmates in the Omaha area. This facility and CCC-L are the only 4A/4B facilities in the NDCS system.

Capacity/Utilization Summary:

CCC-O Future Capacity/Utilization Summary (0% Institutional Classification Factor)*				
		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	90	300	390
	Core Support Services	90	390	480
	Custody	4A,4B	3A, 3B, 4A,4B	3A, 3B, 4A,4B
	Gender	M/F	M/F	M/F
Institutional Capacity	Recommended Operational Capacity (OC_{13})	135	300	435
	Recommended Bed Capacity ($Beds_{13}$)	135	300	435
	Current and Projected Average Daily Populations	173		435
Crowding and Stress Levels	Estimated Crowding (Population/DC)	192%		112%
	Revised Crowding (Population/OC)	128%		100%
	Operational Stress Index (Population/Core Support)	1.92		0.91

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This 23,000 gross square foot building opened in 1985. It was constructed as light commercial with load bearing masonry and wood framing. The facility is in fair condition. A separate garage and storage unit are in addition to the main building. Hot and cold water to this facility is supplied underground from the adjacent OCC facility. Forced air HVAC units serve the building with fan coil units at the housing areas.

Site Information:

This facility's site is approximately 6 acres adjacent to the much larger OCC site. This entire area is flood prone because of its location next to the Missouri river. The site is very flat and adequate utilities are available in the surrounding city streets' rights-of-way. The site is restricted due to a number of small and large privately owned property plots directly surrounding it on the west, north, and east. No security perimeter is present due to the inmates' low custody level.

Physical Plant Issues:

Program space is very inadequate in this facility that routinely accommodates double capacity. The common/ visitor and recreation spaces are too small. Core spaces such as kitchen and laundry are also inadequately sized and equipment is taxed due to double usage. Fan coil units at housing areas need replacement. Parking capacity is inadequate. The following is the priority list of current budget requests to address deficiencies at the CCC-O:

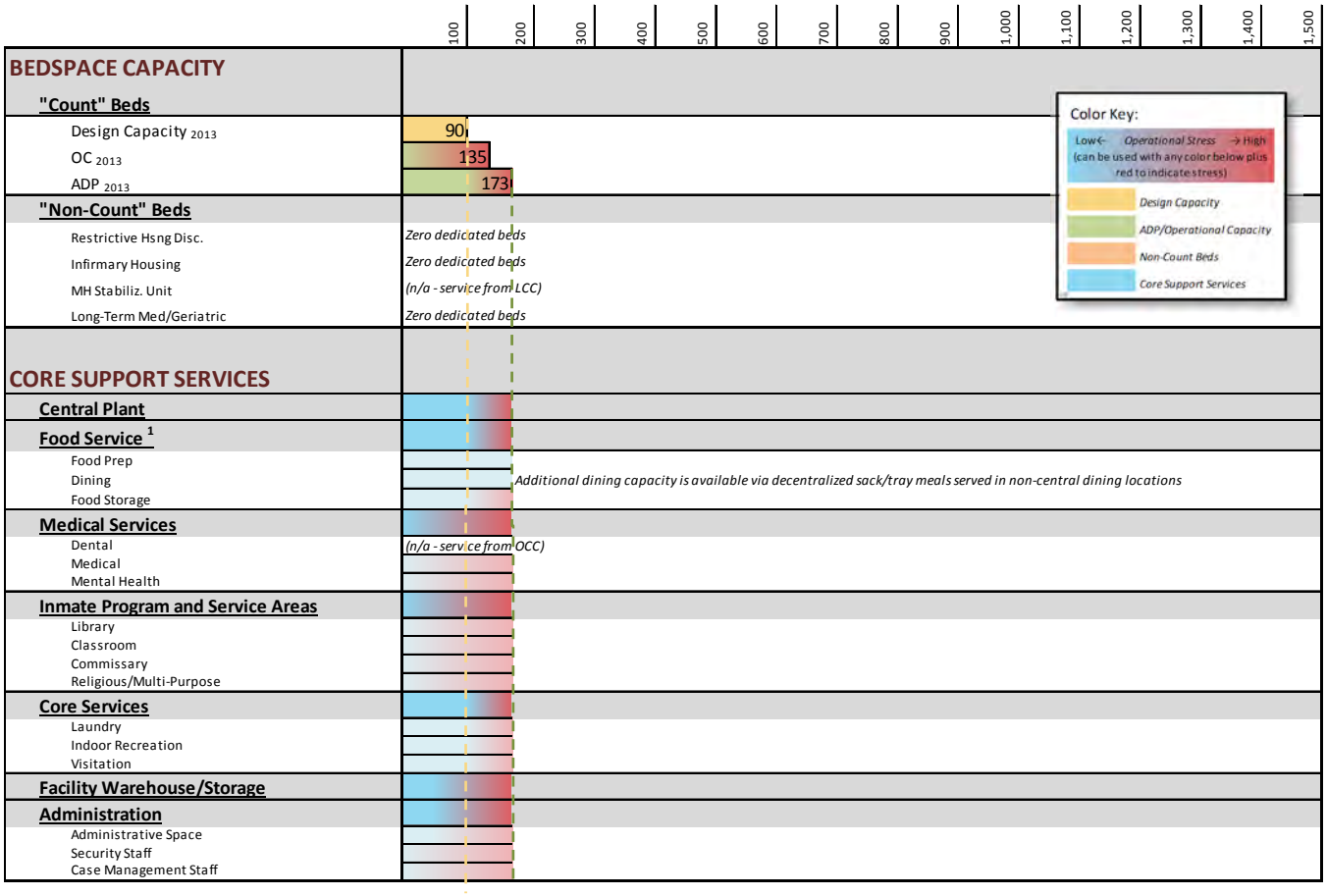
- Replace cell door locks
- Replace fan coil units
- Gutter/ downspouts
- Computerized energy management system

Expansion:

This immediate site is limited, however state owned land between this site and the OCC will provide for a significant expansion. Depending on an expansion space program size, an addition may need some two story elements in order to fit on available land. Proximity to the airport further restricts future expansion.

Capacity Meter:

CCC-O - EXISTING CONDITIONS



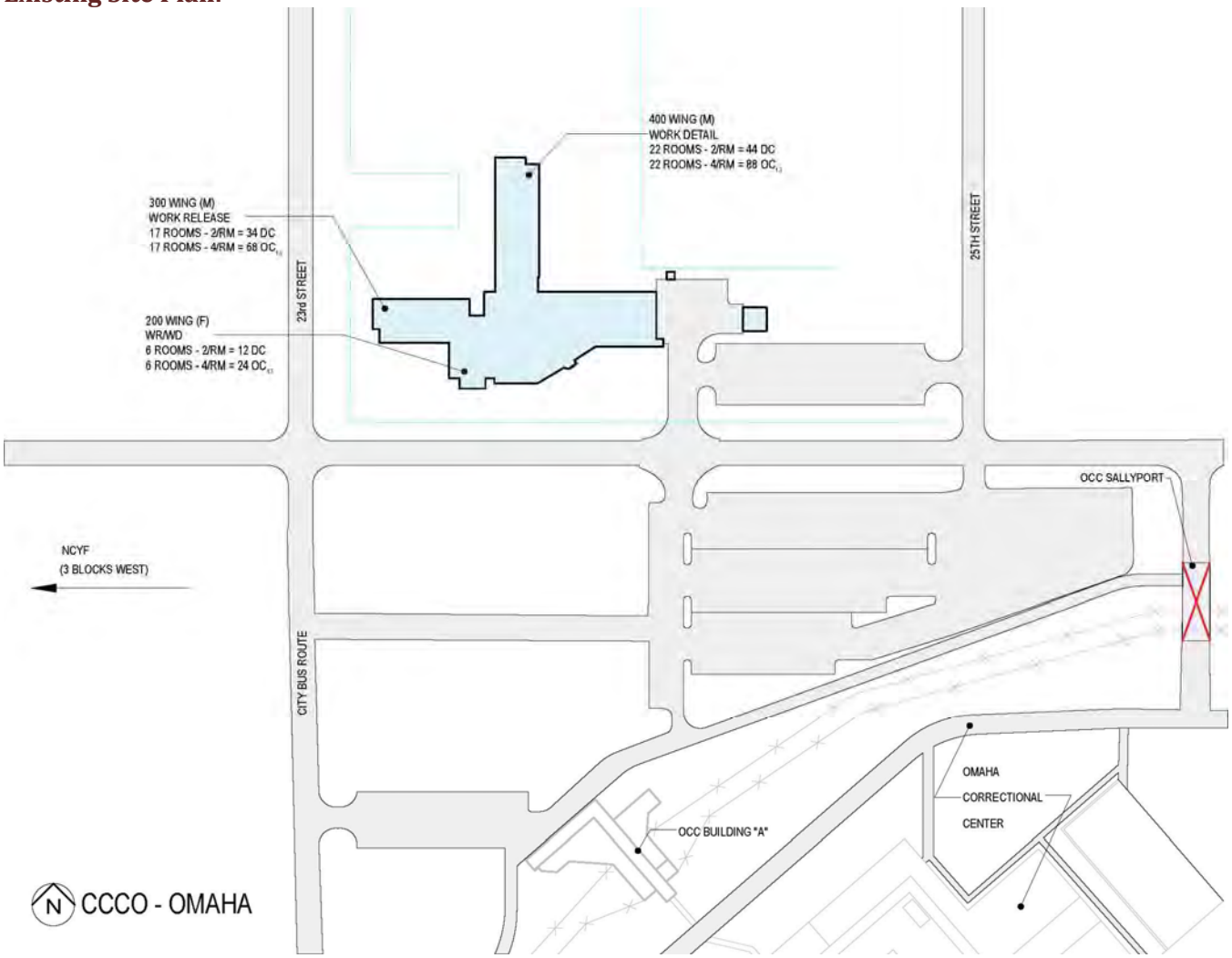
[1] Food service is able to meet additional demand because outside workers do not dine on premises.

Source: Dewberry, NDCS

Challenges and Opportunities:

- Because this facility was designed for inmates working outside most of the day, the available program and core services space is insufficient for inmates who would not be working outside. As such, the expansion at this facility would increase core support services and the number of inmates to be housed here.
- A large number of parole hearings occur at this facility. No space was originally planned or designed for this purpose.
- The mixed gender population, combined with the freedom of movement, can be problematic. Sound correctional practices dictate that males and females be structurally separated to the greatest extent possible.
- Long-term expansion at this location is limited due to a restricted site and proximity to the airport.

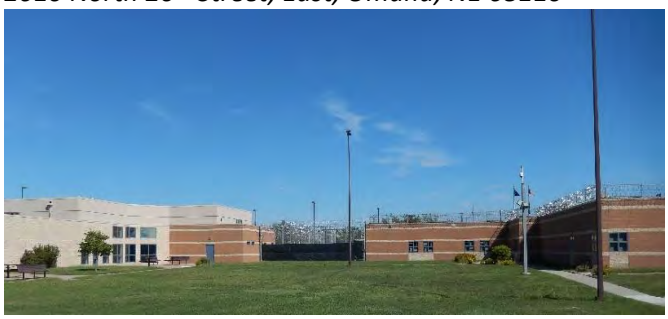
Existing Site Plan:



Source: Dewberry, CWPA

7. Nebraska Correctional Youth Facility (NCYF)

2610 North 20th Street, East, Omaha, NE 68110



Facts:

Opened:	August, 1998
Design Custody	1X, 2X, 3A
Design Capacity:	76 Male Youth
Core Support Services	152
ADP13	67
Operational Capacity13:	70
% Crowding13:	88%
Revised % Crowding13:	95%
Operational Stress Index13:	0.44

History/Mission:

Nebraska Correctional Youth Facility (NCYF) was created through Legislative Bill 988, which established the need for a NDCS facility dedicated to youth aged 14-19 who have been adjudicated by and sentenced to the adult system.

PREA and other federal laws mandate further sight and sound separation by age and/or victimization tendencies. The result is a facility which must be adaptable to a wide range of classification combinations at any given time. Housing units are designated by age rather than custody level.

Program Inventory:

Mental Health Treatment
Anger Management
Aggression Replacement Training
Grudge Reduction
Crisis Intervention
Outpatient Mental Health Clinic

Substance Abuse Treatment
Drug and Alcohol Education

Physical Health Treatment
Medical Clinics
Dentistry

Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
K-2
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health

General Education
ESL/ELL
ABE/ASE
High School
Math Basics
Math Refresher
Fractions Refresher
Math Enrichment
Computer Literacy
Beginning Typing
Post-Secondary Education
Job Skills

Skilled Jobs
None

Programs
InsideOut Dads
Transformation Project
7 Habits on the Inside
Victim Impact
Horticulture
Dog Handler Program
Restrictive Housing Levels
ProStart Culinary Arts
Mentoring Program
WaY Writing Program
Living Well
Discharge Planning
Thinking for a Change
Character Building thru Resp.Changes

Inmate Clubs
Alcoholics Anonymous

Capacity/Utilization Summary:

NCYF Future Capacity/Utilization Summary (9% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	76	100	176
	Core Support Services	152	24	176
	Custody	1X,2X,3A	3A, 3B	1X,2X,3A,3B
	Gender	M-Juveniles	M-Juveniles	M-Juveniles
Institutional Capacity 2013	Recommended Operational Capacity (OC)	70	90	160
	Recommended Bed Capacity (Beds)	76	100	176
	Current and Projected Average Daily Populations	67		160
Gap Analysis 2013	Estimated Crowding (Population/DC)	88%		91%
	Revised Crowding (Population/OC)	95%		100%
	Operational Stress Index (Population/Core Support)	0.44		0.91

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

The facility is 55,320 gross square feet with three main buildings within a secured campus. In addition, there is a storage building and a dog kennel. The facility opened in 1998 and is in good condition. The mechanical system consists of boilers and chillers providing hot and cold water piping to HVAC units within each of the three buildings.

Site Information:

This overall site size is 15 ½ acres, although just over 10 acres were developed for this facility. This site is located a few blocks from the CCC-O and OCC sites, and is also in a flood prone area. The site area is very flat. The campus is secured by a double fence system within a perimeter detection system. Utilities include an 8" sanitary sewer line connected to a grinder, gas and water connections from 20th street. Emergency power is provided by a 250 Kw emergency generator.

Physical Plant Issues:

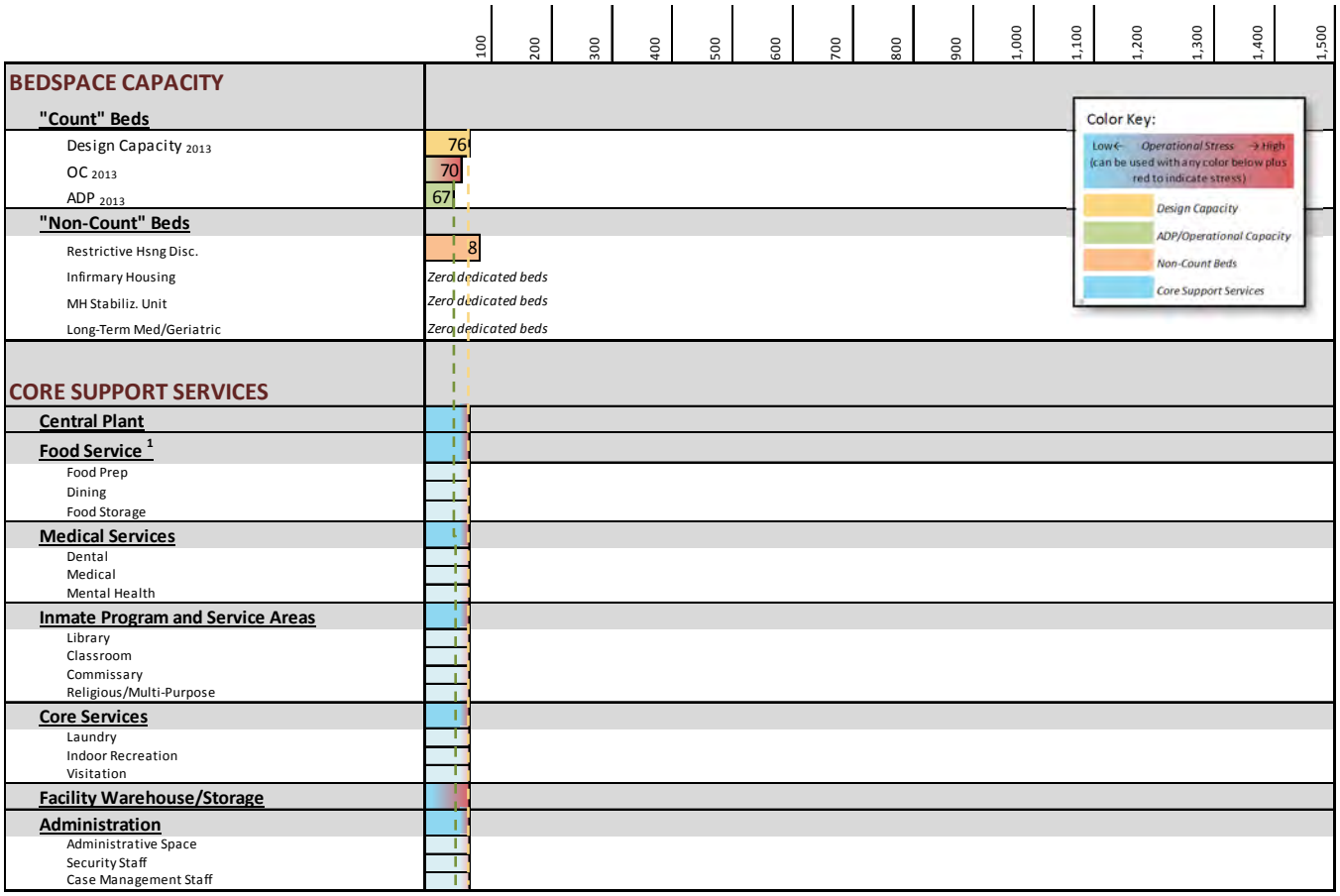
This facility is relatively new and the youth inmate capacity has been regularly below the planned maximum. Consequently, there is no significant issues with this facility. This facility is requesting funds for facility metering improvements, HVAC improvements, and door and window replacements.

Expansion:

The facility was originally designed to mirror (repeat) the entire housing building by expanding to the south on land owned by the state. Substantial land is also available on the west for expansion.

Capacity Meter:

NCYF - EXISTING CONDITIONS

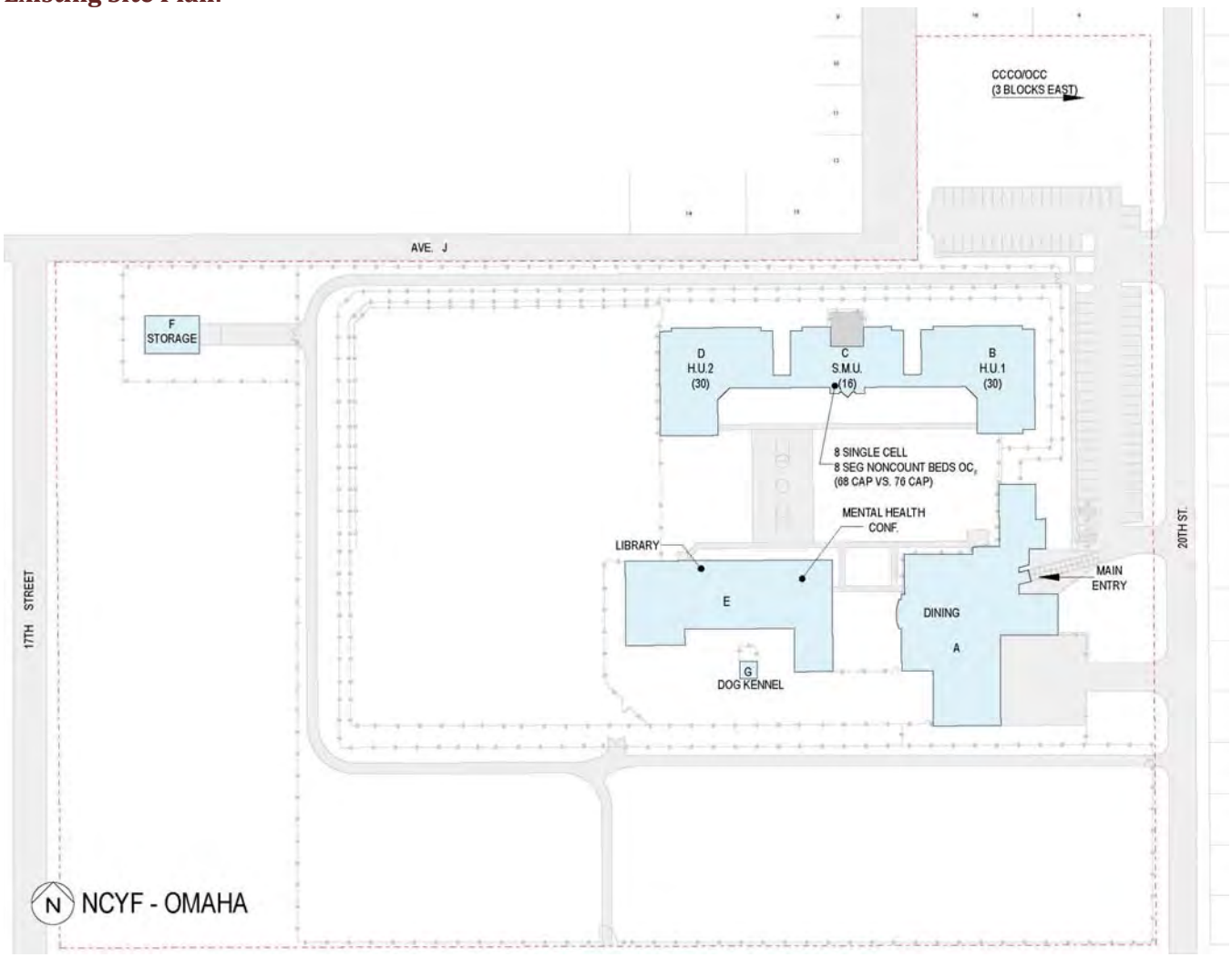


Source: Dewberry, NDCS

Challenges and Opportunities:

- It is desired to expand the half court gymnasium to a full court.
- The lack of short-term disciplinary restrictive housing and intake housing has resulted in part of Housing Unit (C) being designated as reception and the other side as Restrictive Housing. Three of the cells in this unit are considered “non-count” disciplinary Restrictive Housing.
- Lack of space for vocational or other programs beyond high school education and GED programming.

Existing Site Plan:

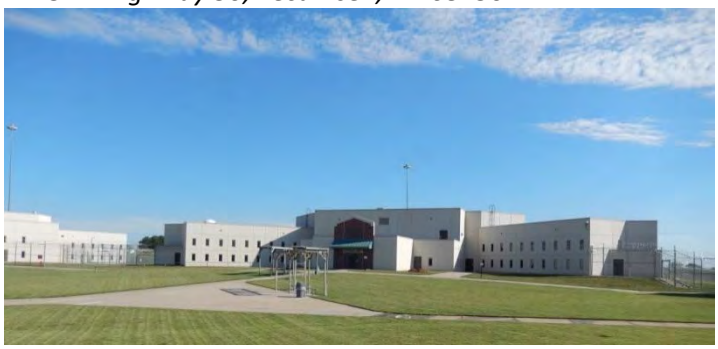


Source: Dewberry, CWPA

Tecumseh, Nebraska

8. Tecumseh State Correctional Institution (TSCI)

2725 N. Highway 50, Tecumseh, NE 68450



Facts:

Opened:	December, 2001
Design Custody	1X, 2X, Death Row, SMU
Design Capacity:	960 Male
Core Support Services	1,344
ADP13	963
Operational Capacity13:	906
% Crowding13:	100%
Revised % Crowding13:	106%
Operational Stress Index13:	0.72

History/Mission:

The Tecumseh State Correctional Institution was opened in 2001 and was designed specifically to house maximum and medium custody inmates (1X/2X). Among the special populations housed here are an inpatient substance abuse group, Death Row inmates, and the Special Management Unit (SMU, a type of long-term disciplinary restrictive housing).

This facility is located approximately one hour from both Lincoln and Omaha. Staffing has been a challenge. Community Corrections Center inmates working at this facility are brought in daily by bus from Lincoln. Discussions in 2006 and 2013 debated the merits of building a dedicated housing unit for Community Corrections Center Inmates on the campus, but complexities associated with separation of populations and appropriate staffing levels support current operations.

Housing Unit 1 has a design capacity based on single-occupancy of some of the cells. In 2013 and 2014, bunks were purchased to double-occupy all housing units except Death Row. The design capacity of TSCI was not altered, but the operational capacity of the housing unit increased by 80 beds.

Medical services at this facility are provided through a contract, but when specialty visits are required, two or more correctional officers must invest considerable time transporting inmates to private medical facilities in Lincoln

Programs:

Mental Health Treatment
ExPLORE
Meteor Program
Crisis Intervention
Outpatient Mental Health Clinic

Sex Offender Services
None

Substance Abuse Treatment
Residential Treatment
Non-Residential Treatment
Outpatient
Intensive Outpatient
Continuing Care

Physical Health Treatment
Skilled Nursing Facility
Dentistry
Optometry

Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Dental Care
STIs
K-2
Hygiene
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health

General Education
ESL/ELL
ABE/ASE
High School

General Education (Cont'd)
Computer Literacy
Post-Secondary Education
Inside-Out Program
(Peru State College)
Job Skills

Skilled Jobs
CSI
Sewing
Wood
Laundry
Administration
Warehouse
Cleaning Crew
Food Service
Maintenance
Inmate Medical Porter

Programs
InsideOut Dads
Within My Reach
Common Sense Parenting
Transformation Project
7 Habits on the Inside
Restrictive Housing Levels
Living Well
Nutrition

Inmate Clubs
7th Step
Toastmasters
Harambee
Hobby
Islamic
Mata
NASCA
Veterans
Alcoholics Anonymous
Narcotics Anonymous

or Omaha. TSCI houses one of NDCS's three skilled nursing facilities (SNF) with 10 licensed beds.

Capacity/Utilization Summary:

TSCI Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	960	356	1316
	Core Support Services	1344	100	1444
	Housing Type	GP, RHd, Rha	GP, RHd	GP, RHd, Rha
	Custody	1X,2X	1X, 2X	1X,2X
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	906	330	1236
	Recommended Bed Capacity ($Beds_{13}$)	960	356	1316
	Current and Projected Average Daily Populations	963		1236
Gap Analysis 2013	Estimated Crowding (Population/DC)	100%		94%
	Revised Crowding (Population/OC)	106%		100%
	Operational Stress Index (Population/Core Support)	0.72		0.86

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This high security facility opened in 2001 and has had two additions to the inmate industries programs, CSI. The size of all ten structures at this institution is nearly 400,000 gross square feet. This is the newest facility in the NDCS inventory and as such is the most directly aligned with current ACA standards. This facility has the least operational elasticity of the NDCS facility, but it also has a low level of operational stress and capacity for expansion of housing through construction. The campus core was designed for the future addition of one 256-bed housing unit.

Site Information:

This site, located in a rural community, is about 200 acres of which approximately one half has been developed. The developed portion of the site has been graded relatively flat on a high plateau plain adjacent to the highway, which is the only site access. A tunnel at the lower level connects the entry building (gate house) and parking lot to the complex above. A double security fence with a perimeter detection system and perimeter road contains the facility. Seven buildings comprise the facility. The three buildings outside of the fenced perimeter are the gate house, the energy center, and the warehouse/vehicle service center. Utilities for the majority of the complex consist of a hot and cold water HVAC system, which includes capacity for some expansion.

Physical Plant Issues:

This relatively new facility has not been stressed with overcapacity and is in good condition. Some mechanical and roof issues need to be addressed. The inmate Cornhusker State Industries program has had two expansions to the workshops. The following is the priority list of current budget requirements to address deficiencies at TSCI:

- Replace primary boiler (Energy center)
- Replace boiler and burner (Energy center)
- Modulating control flow (Housing units #1, #2, #3, SMU)
- Roof replacement (Admin., medical, religious area, SMU)

- Utility metering improvements (Entire TSCI campus)
- Repair roof drain (Admin., medical, religious area)

Expansion:

This site has a large tract of underdeveloped land available for expansion. The developed portion of the site, which is enclosed by a security perimeter, contains space for a planned future housing building. Some land is also available for modest expansion to most of the existing buildings on this campus.

Capacity Meter:

TSCI - EXISTING CONDITIONS

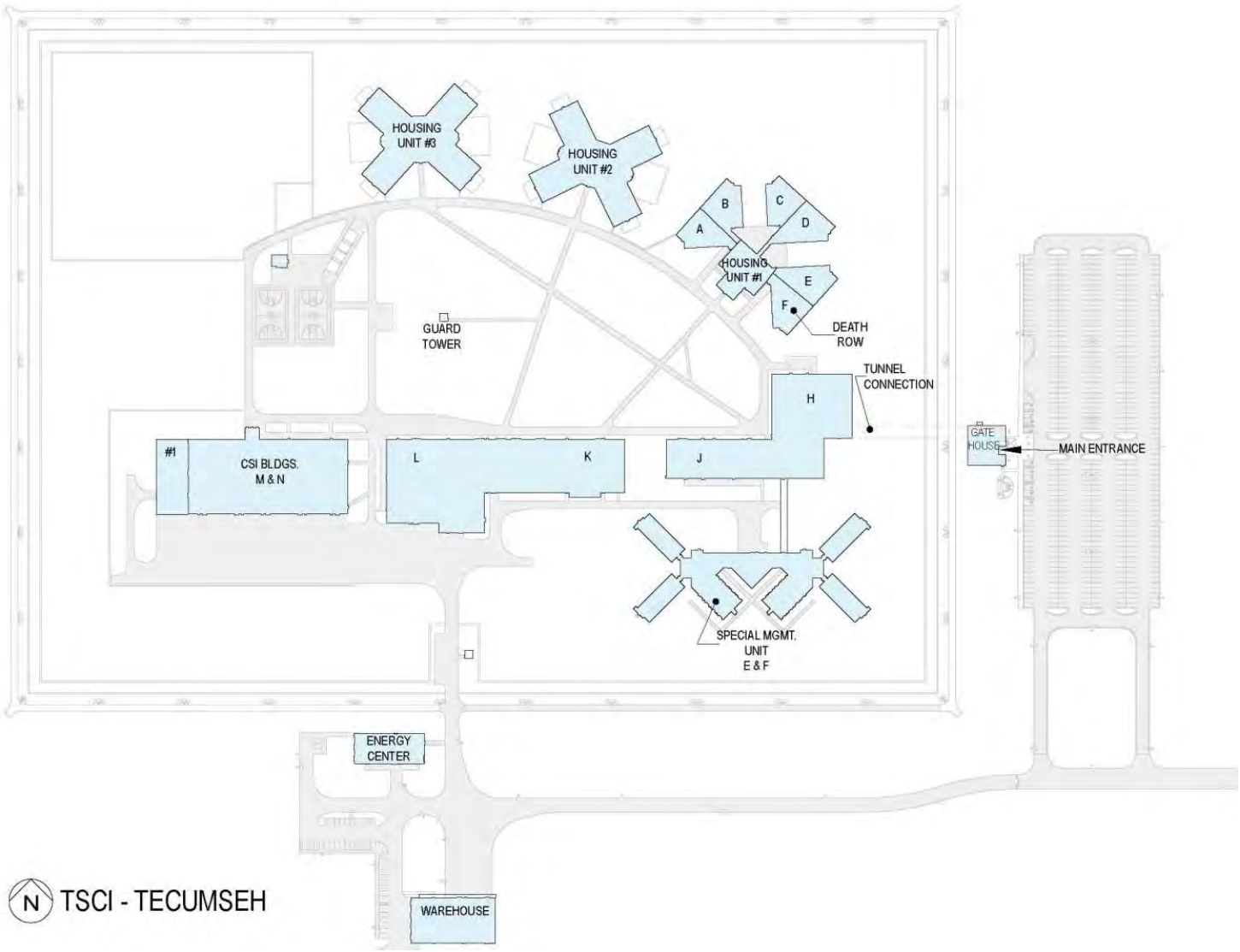
	100	200	300	400	500	600	700	800	900	1,000	1,100	1,200	1,300	1,400	1,500
BEDSPACE CAPACITY															
"Count" Beds															
Design Capacity 2013										960					
OC 2013									906						
ADP 2013										963					
"Non-Count" Beds															
Restrictive Hsng Disc.	*3 SMU Restraint Beds*														
Infirmary Housing	*10 Beds*														
MH Stabiliz. Unit	*n/a, SMU is an integral part of this facility's GP COUNT housing beds and serves this purpose.*														
Long-Term Med/Geriatric	*Zero dedicated beds*														
CORE SUPPORT SERVICES															
Central Plant															
Food Service															
Food Prep															
Dining															
Food Storage															
Medical Services															
Dental															
Medical															
Mental Health															
Inmate Program and Service Areas															
Library															
Classroom															
Commissary															
Religious/Multi-Purpose															
Core Services															
Laundry	*Laundry here is part of a CSI program and as such is not counted as a Core Support Service. Capacity exceeds this graphic.*														
Indoor Recreation															
Visitation															
Facility Warehouse/Storage															
Administration															
Administrative Space															
Security Staff															
Case Management Staff															

Source: Dewberry, NDCS

Challenges and Opportunities:

The biggest challenge faced by this facility is achieving full staffing. Under the current level of staffing, mandatory overtime is standard.

Existing Site Plan:



Source: Dewberry, CWPA

McCook, Nebraska

9. Work Ethic Camp (WEC)

Facts:

Opened:	April, 2001
Design Custody	Probationers
Design Capacity:	100-(75 Male, 25 Female)
Core Support Services	200
ADP13	125
Operational Capacity13:	200
% Crowding13:	125%
Revised % Crowding13:	63%
Operational Stress Index13:	0.63

History/Mission:

The Work Ethic Camp was designed and constructed to serve a probation population in need of a correctional solution. Since 2001, the facility has been used increasingly for minimum custody (3B) NDCS inmates who tend to be young, non-violent, first-time offenders. At the time of the on-site visit, only one probationer was in residence.

The facility has a strong relationship with the local community, including the community college. Inmates residing at WEC attend classes off campus at the community college. Long-term goals for this facility include the possibility of creating on-site space for expanded community college and vocational training.

Capacity/Utilization Summary:

The Capacity/Utilization summary for WEC shows the Design Capacity is 100, the ADP is 125, and the recommended operational capacity is 200. The facility's Operational Stress Index is 0.63.

Program Inventory:

Mental Health Treatment
Crisis Intervention
Outpatient Mental Health Clinic

Substance Abuse Treatment
Non-Residential Treatment
Outpatient
Intensive Outpatient

Physical Health Treatment
Medical Clinics

Health Education
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
K-2
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Men's Sexual Health

General Education
ABE/ASE
High School
Math Basics
Math Refresher
Fractions Refresher
Math Enrichment
Post-Secondary Education
Job Skills

Skilled Jobs
Food Service
Maintenance

Programs
InsideOut Dads
Transformation Project
7 Habits on the Inside
Victim Impact
Welding Training
Business Tech
Living Well
Discharge Planning
Cognitive Thinking

Inmate Clubs
Alcoholics Anonymous

WEC Future Capacity/Utilization Summary (0% Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	100	200	300
	Core Support Services	200	200	400
	Housing Type	GP Dorms	GP Dorms	GP Dorms
	Custody	3B	3B	3B
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	200	200	400
	Recommended Bed Capacity ($Beds_{13}$)	200	200	400
	Current and Projected Average Daily Populations	125		400
Gap Analysis 2013	Estimated Crowding (Population/DC)	125%		133%
	Revised Crowding (Population/OC)	63%		100%
	Operational Stress Index (Population/Core Support)	0.63		1.00

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

There are three buildings on this campus with a total size of just over 37,000 gross square feet. The two main buildings are steel framed with masonry wall infill and wood roof trusses. The warehouse/ laundry structure is a pre-engineered building. The core was designed for a future 200-bed expansion to occur on site. As such, the operational stress index is below a 1.0, at 0.63.

Site Information:

This site, in a rural setting outside of the city of McCook, is 45 ⅓ acres. Approximately thirteen acres is currently leased for cultivation. The site slopes to the east with a sharp drop off to a drainage ravine outside of the developed land portion. A single, non-secure fence encloses this facility. Utilities include a 6" water main, 6" sanitary sewer line, gas and electrical service with a 150 Kw emergency generator.

Physical Plant Issues:

The facility has been operating with a higher custody level than originally designed. This has caused problems with the integrity of finishes and ventilation. Program spaces are lacking to accommodate the increased inmate population. An expanded intake and holding cells, and additional storage are needed to serve the larger population. The fenced perimeter needs to be upgraded for enhanced security. The following is the priority list of current budget requirements to address deficiencies at the WEC:

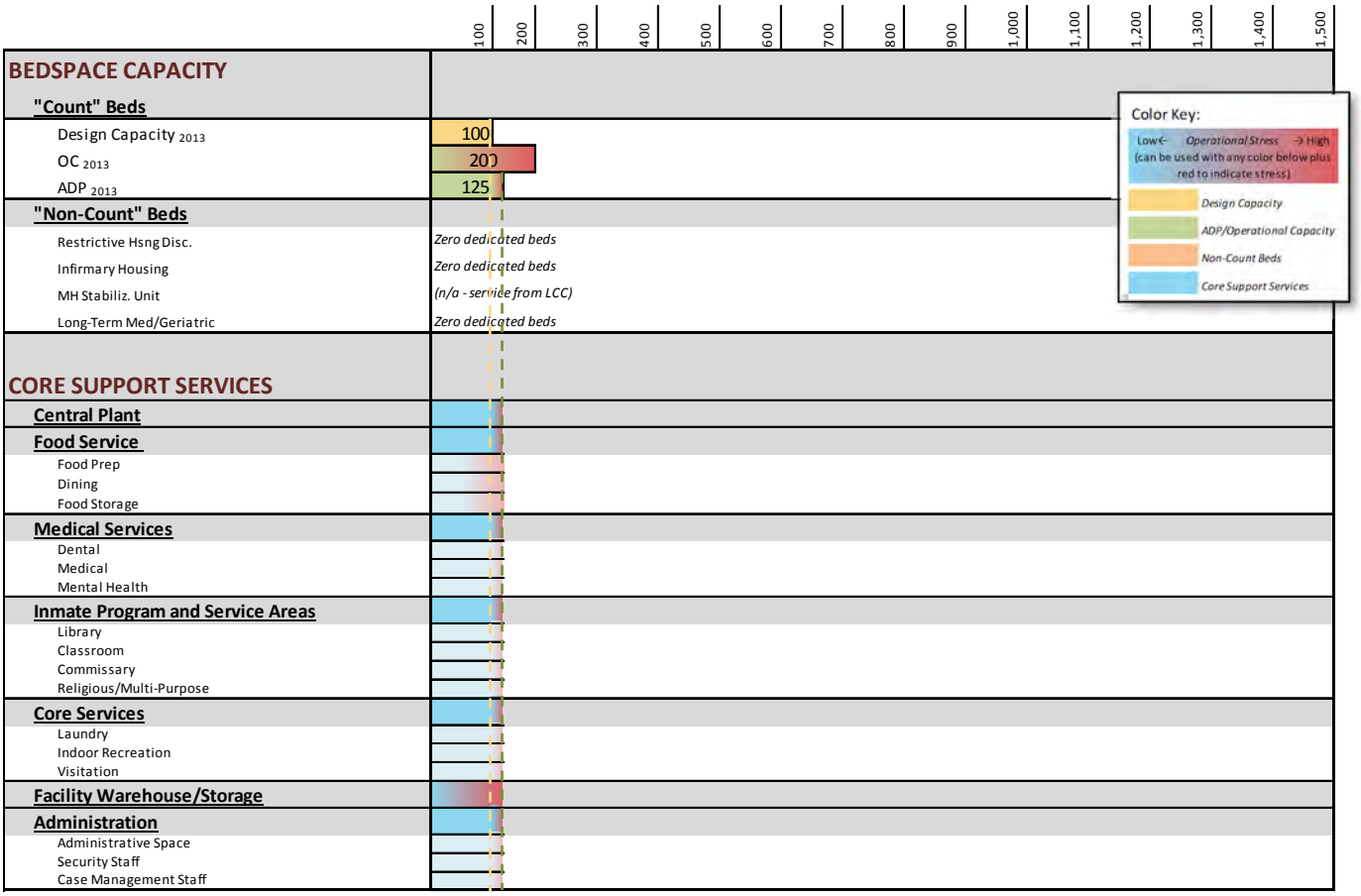
- Replace condensing unit (Building C)
- Replace heating boilers (Building A)
- ADA power assists at entry (WEC campus)
- Replace HVAC system (Building B)
- Vinyl siding replacement (WEC campus)
- Utility metering improvements (WEC campus)

Expansion:

This site has much potential for expansion due to the large area of underutilized land owned by the state. Expansion of the mechanical plant will be needed for added construction of new spaces.

Capacity Meter/Gap Analysis

WEC - EXISTING CONDITIONS

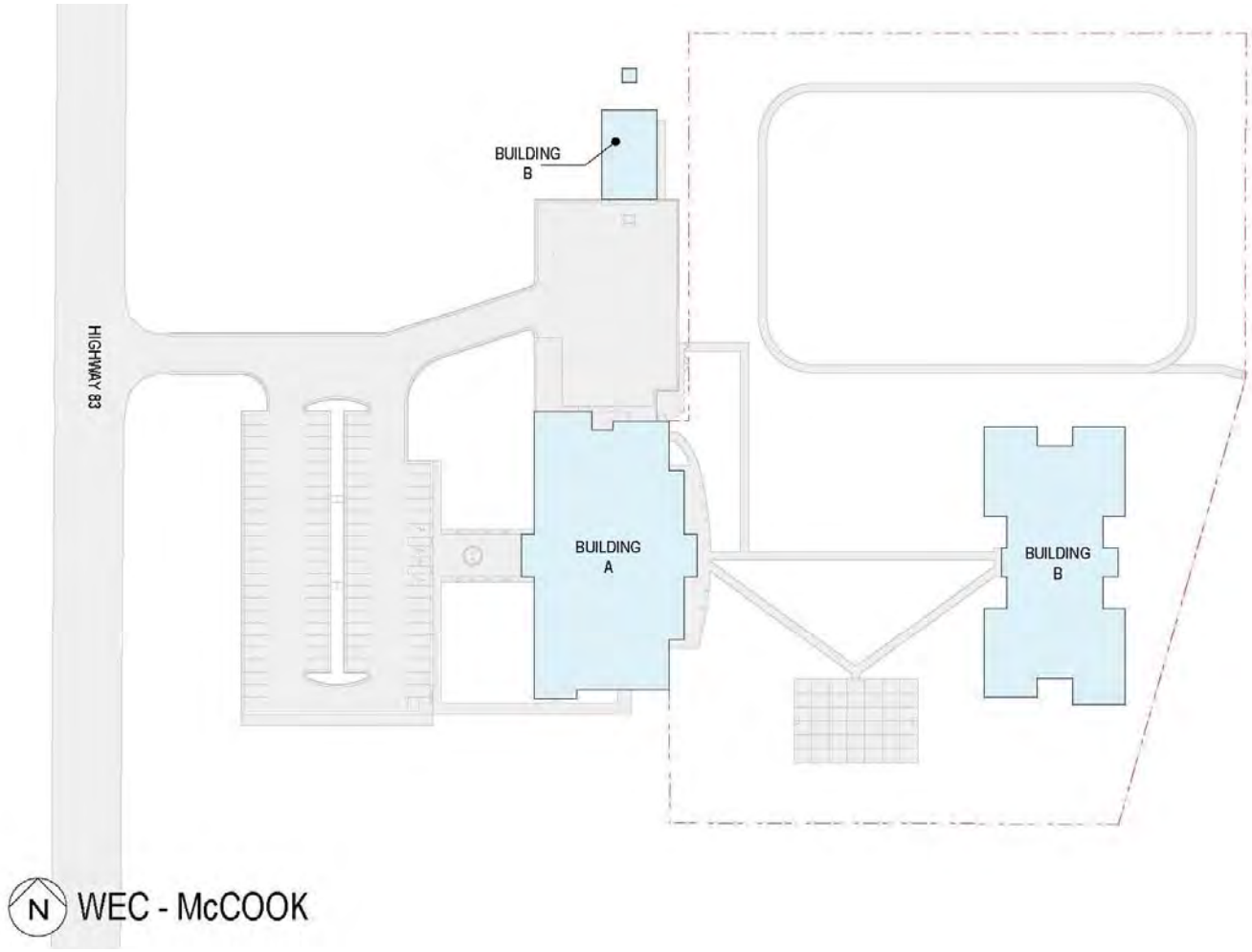


Source: Dewberry, NDCS

Challenges and Opportunities:

- A gymnasium is also desired since this facility has de-emphasized the work camp function which provided daily exercise.
- The kitchen of this facility was designed to handle 200 inmates, but some equipment was downsized in final design. This equipment is overly taxed by the current occupancy.
- There are no holding cells at this facility, so any inmates who pose disciplinary issues are transported to other facilities or the local jail as quickly as possible.
- The perimeter fence was designed for probationers and is not adequate for 3B inmates.

Existing Site Plan:

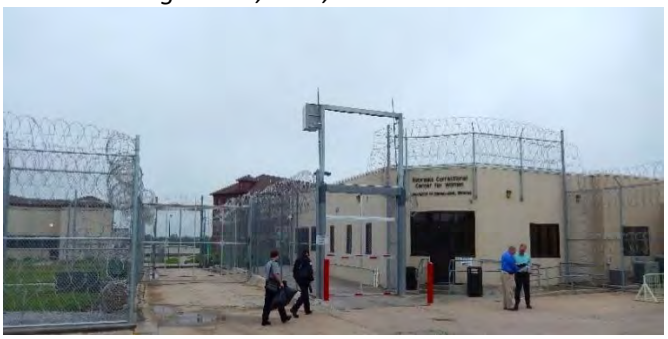


Source: Dewberry, CWPA

York, Nebraska

10. Nebraska Correctional Center for Women (NCCW)

1107 Recharge Road, York, NE 68467-8003



Facts:

Opened:	May, 1920
Design Custody	1X, 2X, 3A, 3B
Design Capacity:	275 Female
Core Support Services	275
ADP13	252
Operational Capacity13:	318
% Crowding13:	92%
Revised % Crowding13:	79%
Operational Stress Index13:	0.92

History/Mission:

The Nebraska Correctional Center for Women is the only secure prison for females within the NDCS. It houses only women, including youthful female offenders, handles female intake, and provides specialized housing for therapeutic communities, parenting, and medical/mental health treatment.

Programs provided include in- and outpatient substance abuse treatment, a domestic violence group, anger management, and a nationally recognized parenting program. Cornhusker State Industries operates several programs here, including a sewing program.

Program Inventory:

Mental Health Treatment
Mental Health Unit
Crisis Intervention
Outpatient Mental Health Clinic

Sex Offender Services
oHelp
bHelp
Continuing Care

Substance Abuse Treatment
Residential Treatment

Physical Health Treatment
Medical Clinics
Dentistry
Oprometery

Health Education
Women's Health
TB
HIV/AIDS
Hepatitis
MRSA
Hygiene
Dental Care
STIs
K-2
Emergency Preparedness
Nutrition
Smoking Awareness
Diabetes
Medication Abuse
Healthy Lifestyles
Women's Sexual Health

General Education
ESL/ELL
ABE/ASE
High School
Math Basics
Math Refresher
Fractions Refresher

General Education Con't
Math Enrichment
Computer Literacy
Beginning Typing
Post-Secondary Education
Job Skills

Skilled Jobs
CSI
Sewing
Laundry
Warehouse
Cleaning Crew
Food Service
Maintenance
Inmate Medical Porter

Programs
Within My Reach
Common Sense Parenting
Nursery
7 Habits on the Inside
Money Smart
Love and Logic
Victim Impact
Dog Handler Program
Restrictive Housing Levels
ProStart Culinary Arts
Released and Restored
Living Well
SISTA
Discharge Planning
Power of Peace

Inmate Clubs
Fellowship
Hobby
Alcoholics Anonymous
Narcotics Anonymous
Survivors

Capacity/Utilization Summary:

NCCW Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	275	85	360
	Core Support Services	275	164	439
	Housing Type	GP, MH Stab.	GP	GP, MH Stab.
	Custody	1X,2X,3A	1X,2X,3A	1X,2X,3A
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	318	77	394
	Recommended Bed Capacity ($Beds_{13}$)	337	85	422
	Current and Projected Average Daily Populations	252		394
Gap Analysis 2013	Estimated Crowding (Population/DC)	92%		109%
	Revised Crowding (Population/OC)	79%		100%
	Operational Stress Index (Population/Core Support)	0.92		0.90

*Numbers may not add up exactly, due to rounding.

Source: NDCS

Building Information:

This facility is the second oldest state prison and as such contains a mix of buildings of various ages and conditions. Of the 15 buildings on the campus, 10 provide inmate functions. The remainder are utility structures. The total gross square foot area of all structures is approximately 210,000 square feet. A capital improvement project in 2004 provided new housing, food service/ dining, central laundry/ warehouse and a new water tower and water well. A 2009 renovation project at several older buildings created improved spaces for admissions/ reception, visiting, health services, living skills, canteen, library and education. Currently, the facility is in good condition.

Site Information:

This facility is located on a rural site and is just over 24 acres. Approximately 18 acres are within the secure double fence perimeter. The site slopes to the east and south. Utilities consist of a 4" gas line, 12" sanitary sewer, 8" water main with water tower and several emergency power generators.

Physical Plant Issues:

HVAC systems at the North and West halls need replacement and a fire alarm replacement project is currently in progress. Building A recreation area is too small and needs an expansion in order to meet the desire to serve the entire campus population. The perimeter security needs updating including a perimeter security detection system. Video visitation is desired. Although at present there are not any juvenile females at the facility, there is a need to designate and consider the separation of adult and juvenile female inmates. In addition, program space is needed for educational opportunities relating to effective parenting programs.

The following is the priority list of current budget requests to address acute deficiencies at the NCCW:

- Replace HVAC system (North hall, North hall addition, West hall, classroom annex)
- Window repair/ replace (Diagnostic and reception)
- ADA power assists at entry (Activities/ kitchen)
- Install new transfer switch (West hall, North hall, East hall, Activities/Kitchen)

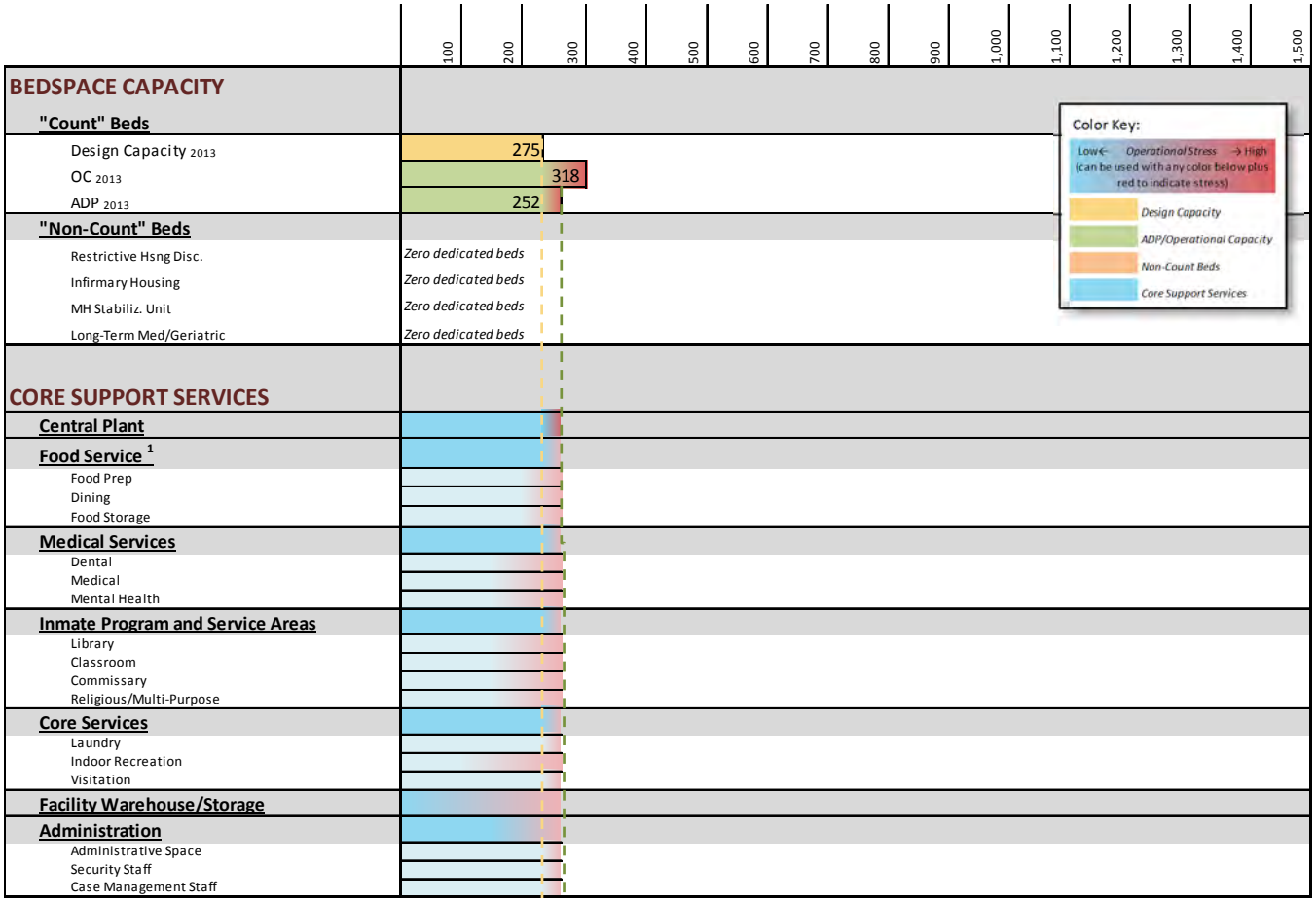
- Install new emergency circuit (Diagnostic and reception)
- Shower improvements (North hall)
- Creating a youthful offender unit in accordance with PREA standards
- Creation of program spaces for the parenting program

Expansion:

There is some space available for additional expansion in the south east corner of the secure campus. The southwest space is currently occupied by recreation and garden space which could also be utilized for expansion. Upgrades to electrical service and mechanical capacity would be required for major building additions to this campus.

Capacity Meter:

NCCW - EXISTING CONDITIONS

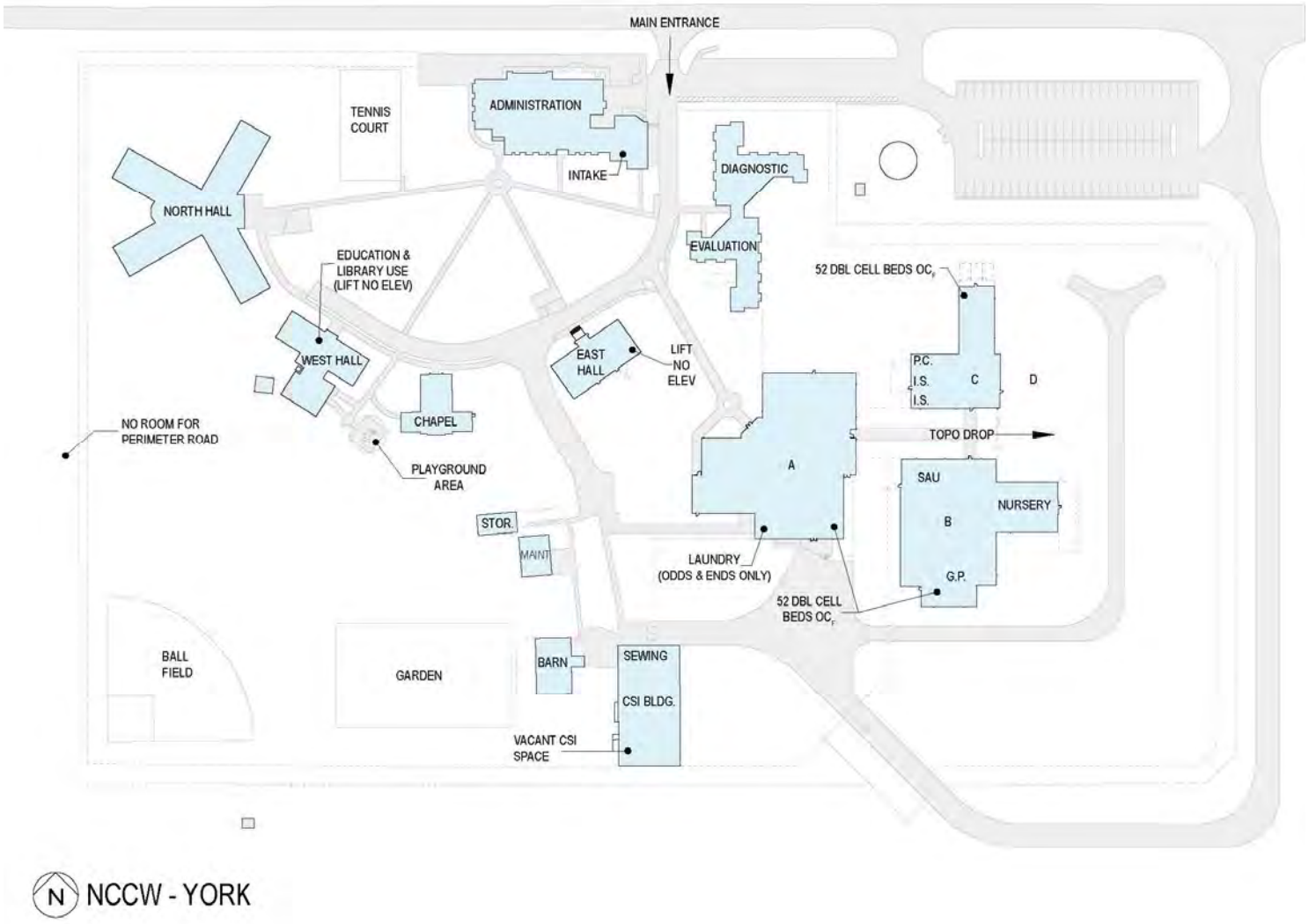


Source: Dewberry, NDCS

Challenges and Opportunities:

The biggest challenge facing this facility is finding a housing option for female youth. Regardless of the long-term options presented as part of this Master Plan, a short-term solution for female youth will be required at this facility.

Existing Site Plan:



Source: Dewberry, CWPA

Chapter 3

Demand Forecast

This chapter of the Master Plan examines the current and future **demand** for bedspace at the Nebraska Department of Corrections Services facilities. This section updates the 2006 Master Plan by Carter Goble Lee with an analysis of the current correctional population and bedspace demand.

1. The first section of this chapter lists and defines terms necessary for the discussion of the correctional population.
2. The second section discusses the current correctional population, trends in admissions, and estimates of length of stay.
3. The third section discusses three methods of forecasting the correctional population: the 2006 Master Plan Natural Growth model, JFA's 2012 Forecast model, and the Dewberry 2013 model.
4. The fourth section discusses the Dewberry 2013 model in more detail and reviews the performance of this model.
5. The final section provides forecasts of demand that serve as the estimate of future bedspace demand.

The size of the correctional population is determined by two factors: 1) the number of individuals admitted to NDCS custody and 2) the length of time that these individuals stay in NDCS custody. As such, the increase in ADP is a result of increases in admissions, increases in the length of stay, or a combination of both. The analysis which follows will explore each of these factors to determine which has contributed and to what degree over the recent past. The results will help to substantiate the logic for a forecasting approach.

Determining ALOS

Average length of stay (ALOS) cannot be interpreted directly as sentence length because factors such as credit for incarceration prior to conviction and good time reduce the time that an inmate is under NDCS custody.

There are two methods for estimating ALOS, each with its limitations. First, ALOS can be directly calculated from admissions and ADP using the following relationship (where ADM = Admissions):

$$(\text{ALOS}) = \left(365\ \text{days}_{yr}\right)\frac{\text{ADP(annual)}_{yr}}{\text{ADM(annual)}_{yr}}$$

This method is based on "Little's Law" for queuing distributions and is not always appropriate for finite time intervals where "customers" remain in the "queue" at the beginning and end of the time period under investigation.[1] Specifically in a correctional setting, inmates with very long sentences may be incarcerated at the beginning of the observational period and remain incarcerated at the end of the observational period.

The second method for estimating ALOS is to examine admission and release data for inmates of certain cohorts (such as sentence lengths) to determine the actual average time served. This second method for calculating

[1] See Kim, S-H & Whitt, W. 2013. Statistical analysis with Little's Law. Operations Research 61, 1030-1045.

ALOS is used in this chapter. The limitations associated with using estimated ALOS as the "expected length of stay" for inmates admitted into the NDCS system include the following:

- First, real ALOS (from actual data on time actually served) is always retrospective, as actual time served can only be based on elapsed time between intake and release of inmates who have left the system. This, in turn, implies that ALOS reflects practices and policies when inmates were admitted into the system. This backward look can result in discrepancies between the calculated ALOS (in the past) and expected future lengths of stay, particularly for inmates with longer sentences.
- Second, because ALOS is based on releases, it discounts any data related to inmates still in custody. This gap in the analysis results in an underestimation of expected length of stay for inmates whose sentences exceed the length of the study window (e.g., inmate cohorts with sentence lengths between 10-20 years may be under-represented in an analysis of only 10 years of data).
- Third, estimated ALOS can be distorted with low samples sizes. To mitigate this problem, it is often necessary to pool release data from several years to capture a representative sample of inmates with longer sentences. Despite pooling several years together, the number of inmates with long sentences released will still be considerably smaller than other categories of inmates and their corresponding ALOS is measured with less precision.
- Finally, ALOS may be affected by inmates discharged for atypical reasons, such as death or sentence commutation.

Directly estimating the ALOS is the only available method to derive estimates of ALOS independent from the ADP. The limitations to the current method described above only become very pronounced for inmates with very lengthy sentences (20+ years) and by dividing inmates into maximum sentence length cohorts (as done below), it is possible to mitigate the impact of these limitations.

Standard Admissions

For the purposes of this analysis, standard admissions are defined as those inmates who were sentenced directly to NDCS and interstate transfers. Interstate Transfers are also included in this category of admissions because they often involve a reciprocal exchange of inmates (i.e., an out-of-state inmate is transferred to NDCS custody on the condition that an inmate in NDCS custody is transferred to the other state).

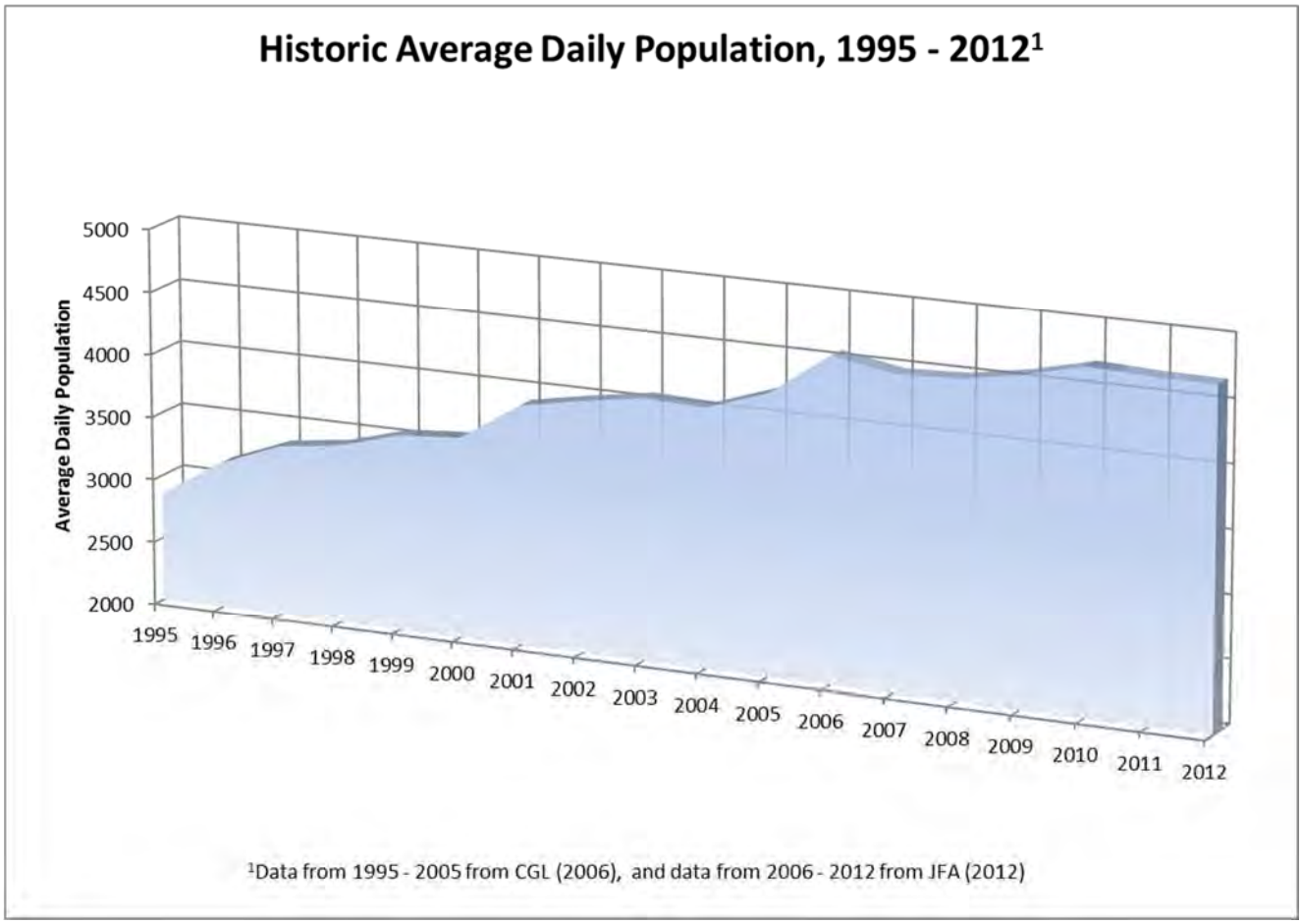
Non-Standard Admissions

Non-standard admissions for purposes of this analysis are those inmates for whom NDCS provides temporary housing on behalf of another Federal, State, or County agency, while that agency retains official custody of that inmate. Non-standard admissions include: INS Detainees, Work Ethic Camp (WEC) probationers, Federal and County Safekeepers, and 90 Day Evaluators. Because INS detainees and Work Ethic Camp probationers constitute negligible admission totals, the majority of non-standard admissions discussed in this analysis are either 90 Day Evaluators or Safekeepers.

1995-2012 Correctional Population – ADP

Figure 3-1 displays the ADP from 1995 to 2005 and the end of fiscal year population from 2006 - 2012. It reveals a trend of a steadily increasing population. For some periods, such as 2000 – 2001 and 2005 – 2006[2], the population increased at a more rapid pace than previous years; but the underlying trend appears to be one of steadily increasing growth over time with the population in recent years topping 4,500.

Figure 3-1 – Historic Average Daily Population of NDCS Facilities: FY 1995-2012



Source: Marc Swatt, JSS

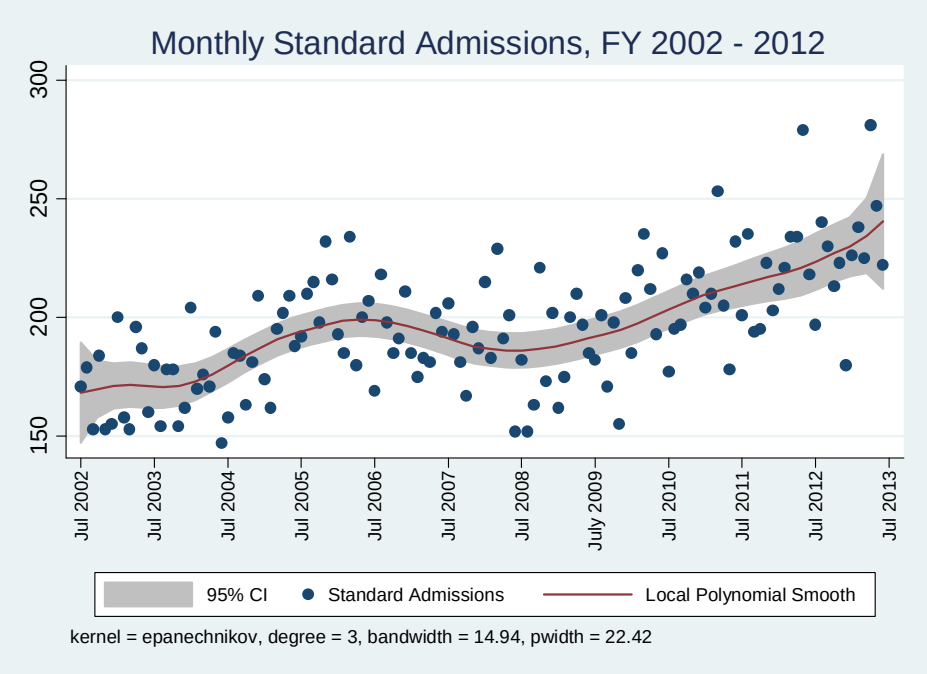
Admissions Analysis

A local polynomial scatterplot smoother was used to examine the trend in admissions over time. Local polynomial smoothers are often employed as a non-parametric method for examining the relationship between

[2] The difference between 2005 and 2006 ADP is in part a data artifact as this represents a change in the data used for the ADP (from the 2006 Master Plan) to the end of fiscal year counts (the 2012 Forecast Update); however, there still is evidence for an increasing rate of population change over that period of time.

two variables[3], here the number of admissions against time. This procedure generates a polynomial regression model to express the relationship between the two variables for a small weighted window around each point.[4] These local regressions are then aggregated across the data to produce a smoothed estimate and corresponding confidence interval.[5] The advantage of this technique is that the local cubic function has the flexibility to adapt to local features in the data. Despite this flexibility, the smoothed graph is not strongly affected by outliers.[6]

Figure 3-2a – Local Polynomial Trends for Monthly Standard Admissions, FY 2002-2012



Source: Marc Swatt, JSS

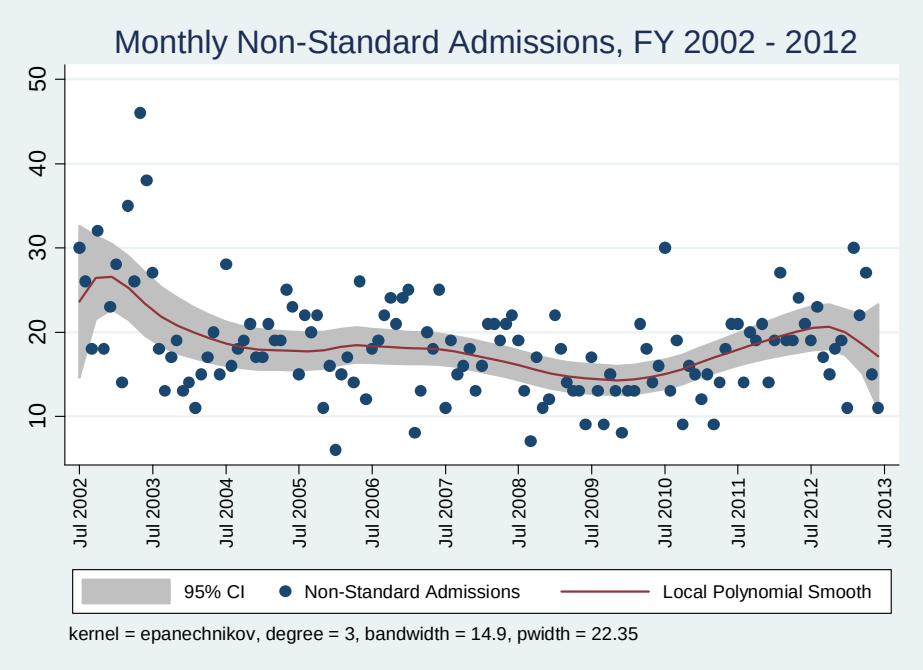
Figure 3-2a shows the trend in monthly male and female standard admissions from 2002 to 2012. The local polynomial smoother reveals a steady increase in admissions over time with a slight acceleration from 2005 – 2006. This trend mirrors the increase in ADP observed over this same time period.

A corresponding graph of monthly admissions for male and female 90 Day Evaluators and Safekeepers is displayed in Figure 3 – 2b. Interestingly, the trend in admissions for non-standard inmates appears remarkably flat across the time period considered. The increases observed at the beginning and end of this series may be a consequence of the limited data at the beginning and end of the observation period, as can be seen by the

[3] For example, see the discussion in Fox (2008) *Applied Regression Analysis and Generalized Linear Models, 2nd edition*. Thousand Oaks, CA: Sage.
[4] In these applications, we have used a cubic model with an Epanechnikov kernel. The default ROT estimator for bandwidth and normal approximation for confidence intervals were used (see Stata, 2012).
[5] A confidence interval is a measure of the uncertainty of an estimate. There is a 95% probability that the true population local polynomial curve lies within the shaded area presented here.
[6] Coincidentally, the local polynomial graphs also tend to smooth cyclical seasonality disturbances.

corresponding increase in the confidence interval. These results suggest that non-standard admissions represent, on average, a fairly stable subpopulation in NDCS custody.[7]

Figure 3-2b – Local Polynomial Trends for Monthly Non-Standard Admissions, FY 2002-2012



Source: Marc Swatt, JSS

ALOS Analysis

The other possible explanation for the increasing ADP over time is an increasing length of stay. In the 2006 Master Plan, the ALOS was analyzed and clustered into five cohorts: <1 year, 1-5 years, 5-10 years, 10-20 years, and 20+ years. In order to compare current ALOS to what was recorded in the 2006 Master Plan, the ALOS was re-calculated for two five year periods: the period 2000 – 2005 (retrospective) was calculated to correspond to the prior master plan and the period 2007 – 2012 was calculated to estimate change.

Table 3-1 presents the ALOS in years for male standard admissions over the two five-year periods (2000 – 2005 and 2007 – 2012). The final column presents the percentage change in the ALOS compared to the earlier time period. From this table, it is apparent that the ALOS for nearly all sentence length cohorts has decreased in the recent time period[8]. The only sentence cohort where ALOS did not decrease was the Over 20 Years maximum

[7] The contract with the Federal Government regarding the housing of Federal Safekeepers has expired. This will result in a decrease in the number of monthly non-standard admissions beyond 2013. This will be accounted for in discussions in Chapter 4, but are not addressed in this chapter as excluding Federal Safekeepers would distort the discussion of historical trends. Furthermore, it is difficult to estimate the impact that removing these inmates would have on the estimated ADP trends without observing several time periods with these inmates excluded.

[8] Provisions in Legislative Bill 191 (2011) increase the amount of sentence credits that can be awarded to incarcerated inmates and parolees. This may contribute to the apparent decrease in ALOS between 2000-2005 and 2007-2012.

sentence cohort. Importantly, this difference could be in part due to a limited sample size (only 180 inmates represented 2000-2005, and only 255 inmates 2007-2012). The row for the total ALOS illustrates that this difference had minimal impact on the ALOS for the entire population of male standard admissions with an ALOS of 1.79 years between 2007 – 2012.

Table 3-3 – Average Length of Stay for Male Standard Admissions: 2000-2005 vs. 2007-2012

Sentence Group	2000 - 2005 N	2000 - 2005 ALOS	2007 - 2012 N	2007 - 2012 ALOS	% Change
Less than 1 Year	976	0.337	1644	0.309	-8.30%
1 - 5 Years	5979	1.279	6540	1.062	-16.94%
5 - 10 Years	1403	3.145	1692	2.762	-12.17%
10 - 20 Years	530	6.365	682	6.060	-4.80%
Over 20 Years	180	9.211	255	12.280	33.32%
Total	9068	1.921	10813	1.793	-6.64%

Source: Marc Swatt, JSS

Table 3-2 presents this same ALOS comparison between various admission types. Importantly, for male and female standard admissions, the percentage change is negative indicating that the ALOS has decreased. Juveniles[9], Safekeepers, and 90 Day Evaluators all show slight increases in the ALOS, but these represent less than a one month increase in ALOS. The conclusion of the ALOS analysis is that ALOS is not the primary driver of ADP increases. As such, the increases in ADP since the previous Master Plan must be driven primarily by increases in admissions. This conclusion contributes to the need to develop a solid admissions-based forecasting model which assumes some continued increase in prison admissions moving forward.

Table 3-4 - Average Length of Stay for Various Admissions: 2000-2005 to 2007-2012

Sentence Group	2000 - 2005 N	2000 - 2005 ALOS	2007 - 2012 N	2007 - 2012 ALOS	% Change
Male Standard Admissions	9068	1.921	10813	1.793	-6.64%
Female Standard Admissions	1200	1.361	1711	1.234	-9.31%
Juveniles	190	0.359	155	0.380	5.84%
Safekeepers	987	0.141	973	0.149	5.79%
90 Day Evaluators	449	0.160	295	0.188	17.49%

Source: Marc Swatt, JSS

[9] The NDCS has the responsibility for housing juveniles who have been tried and sentenced within the adult court system. NDCS does not house juveniles tried and sentenced within the juvenile system.

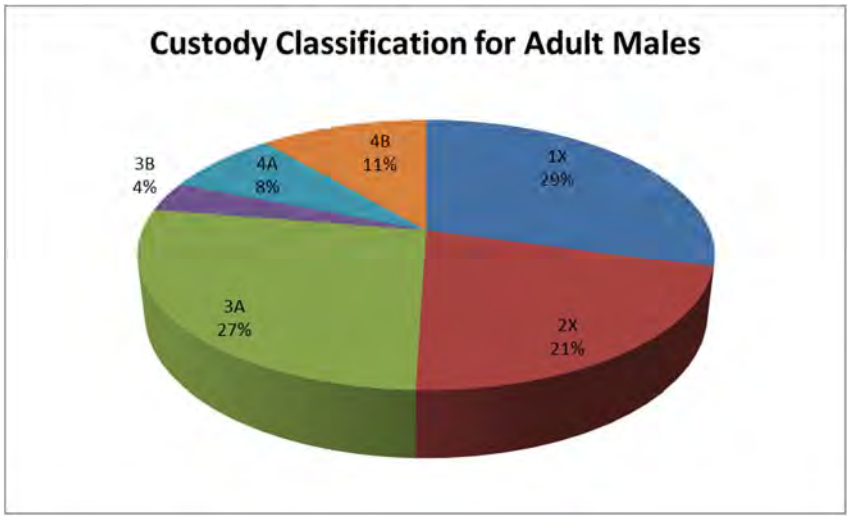
Assessing Current Custody Classification Distribution

In order to provide adequate bedspace, it is important to understand the **type** of correctional housing that is required. Since custody classification is intended to match inmates with the risk-appropriate level of housing the current distribution of custody classifications provides insight into the type of housing that exists. Further, because construction standards and cost differ by custody classification, it is sensible to examine the current custody classification distribution to guide future projections of bedspace demands.[10]

Custody Classification, Male and Female

For the current adult male population, the current custody classification distribution is illustrated in the figure below. The population is nearly evenly split between those inmates requiring a secure facility placement (classified as 1X or 2X) to those requiring a minimum or community placement (3A, 3B, 4A, and 4B).

Figure 3-5 – Current Custody Classification Distribution for Adult Males



Source: Marc Swatt, JSS

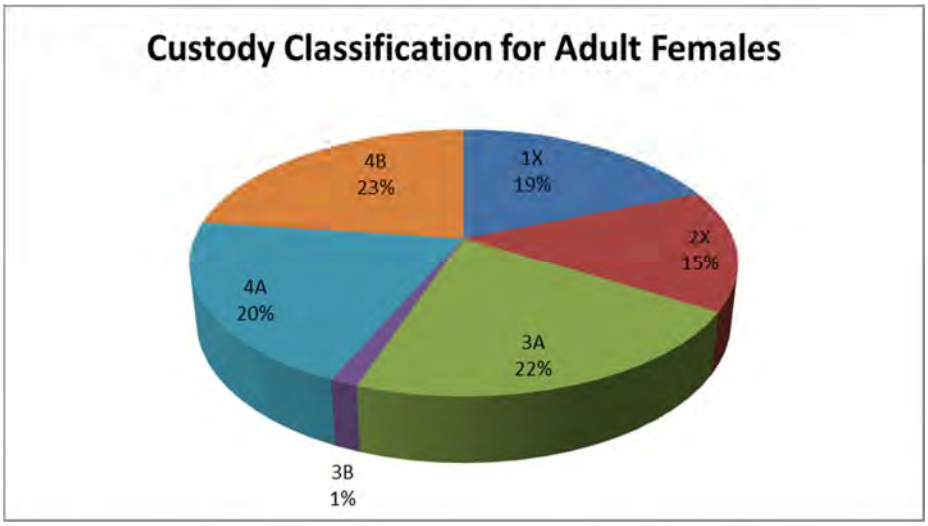
1X – Maximum	3A - Minimum	4A – Work Detail, Constant supervision when outside the facility
2X - Medium	3B – Minimum	4B – Work Release, Intermittent supervision when outside the facility

The current custody classification of adult females is displayed in the Figure 3 - 4. In contrast to the male population, there is a much greater need for lower secure custody beds (3A, 3B, 4A, and 4B) than higher custody beds (1X and 2X).

It is important to note that to some degree, custody classification represents current bedspace availability due to a shortage of beds. In accordance with sound correctional practices, inmates may be classified at a higher level than necessary when no beds are available at the appropriate level. Therefore, the future custody distribution of the population may change when additional beds are available.

[10] For general population beds the cost per bed decreases as custody classification decreases. Cost-effective plans for accommodating future populations should seek to provide for sufficient lower classification beds rather than to construct a larger than necessary number of beds at a higher classification level.

Figure 3-6 – Current Custody Classification Distribution for Adult Females



Source: Marc Swatt, JSS

1X – Maximum	3A - Minimum	4A – Work Detail, Constant supervision when outside the facility
2X - Medium	3B – Minimum	4B – Work Release, Intermittent supervision when outside the facility

Forecasting the Correctional Population

At the time of this analysis, three forecasts of the correctional population were available. The 2006 Master Plan[11] included the Natural Growth and the Accelerated Growth models and the 2012 Forecast Update[12] included one new model.

The Accelerated Growth model from the 2006 Master Plan was based on expected policy changes that would increase length of stay. These policy changes did not materialize, and the Accelerated Growth model substantially departed from the observed ADP shortly after the conclusion of the 2006 Master Plan report. For this reason, the Accelerated Growth model is not considered to be a viable forecast for this report.

The 2006 Master Plan's Natural Growth model used exponential smoothing to forecast admission numbers. The mathematically calculated ALOS was applied using the "days in inventory" formula to generate ADP estimates by sentence cohort. This model is considered to be valid and is included for comparison purposes.

The 2012 Forecast Update model was the most recently available forecast. This forecast extends through the year 2023, and gives estimated end of fiscal year counts for males and females. However, this forecast was grounded in questionable assumptions. Specifically, the 2012 Forecast Update model assumes that "new admissions are projected to remain flat over the forecast horizon. This forecast assumes that admissions will remain flat at the 2012 level: 3,045 for males and 431 for females," (p. 23) and, "male and female new court commitments will remain consistent at FY 2012 levels" (p. 24). Based on the earlier analysis of standard admissions, this assumption is inconsistent with the observed trend of steadily increasing admissions over time.

[11] Strategic Capital Facilities Master Plan, October 2006, prepared by Carter Goble Lee in association with DLR Group
[12] Nebraska Department of Correctional Services Ten-Year Prison Population Projections FY 2012-2022, prepared by The JFA Institute, March 2013

While the number of admissions for several months in 2012 represent the highest observable levels of admissions since the beginning of this data series, these admissions appear to represent a continuation of an upwards trend rather than a "high water mark" of admissions.

In order to determine the degree to which this flat admissions assumption impacted the correctional population projections, an additional projection, referred to as the Dewberry 2014 forecast, was created. This forecast employs a different methodology than the 2006 Master Plan or 2012 Forecast Update projections. Three discrete steps were used to create this forecast:

1. The vector error correction model (an extension of the vector autoregression model that corrects for co-integration), was used to forecast admissions for several distinct categories of inmates:
    a. Adult Male, Standard Admission, Maximum Sentence Less than 1 Year
    b. Adult Male, Standard Admission, Maximum Sentence 1 to 5 Years
    c. Adult Male, Standard Admission, Maximum Sentence 5 to 10 Years
    d. Adult Male, Standard Admission, Maximum Sentence 10 to 20 Years
    e. Adult Male, Standard Admission, Maximum Sentence Over 20 Years (includes Life)
    f. Adult Female, Standard Admission
    g. Adult Male and Female, Non-Standard Admission
    h. Juvenile, Any Admission

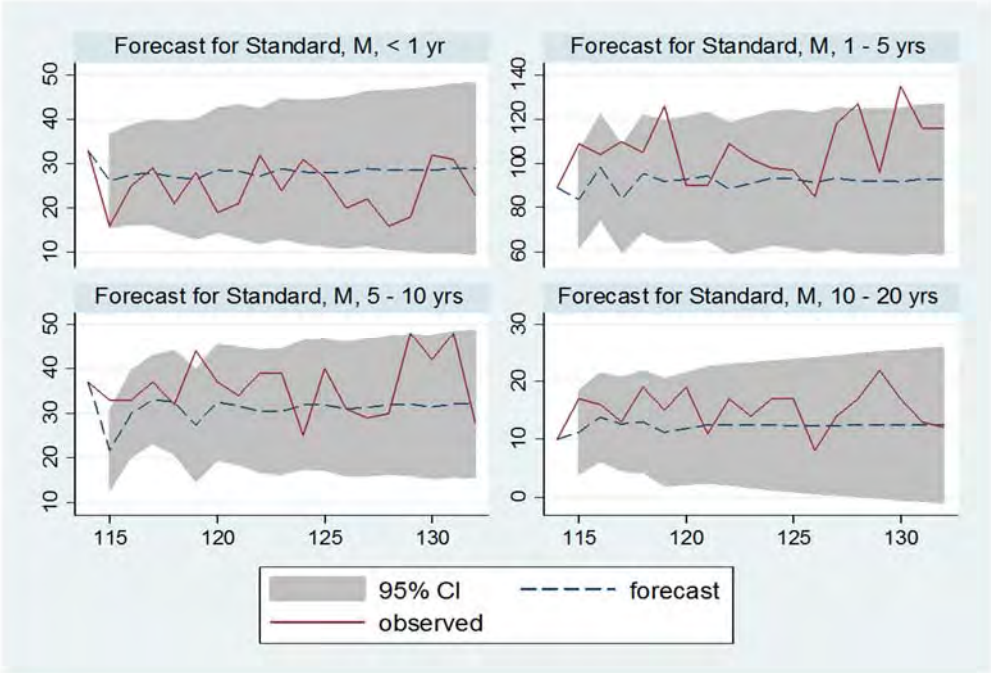
2. The Average Length of Stay was estimated from 2002 to 2013 for each of these groups and the result was incorporated in an exponential decay model that was calibrated against admissions and ADP data for 2012. These results were used to estimate the overall ADP for each month. Monthly ADP was averaged to produce yearly ADP estimates.

3. The current classification distribution for males and females was applied to the forecasted total ADP to generate estimates of need by custody classification.

Performance of the Dewberry 2014 Forecast Model

In order to assess the performance of the Dewberry 2014 forecast, retrospective forecasts for 2012 were created using data from 2002 to 2011. These forecasts (dotted lines) and corresponding confidence intervals (gray areas) were compared to the observed number of admissions in 2012 for each category of inmate (red lines) to test the validity of the model.

Figure 3-7a – Forecasted v Observed Admissions for 2012

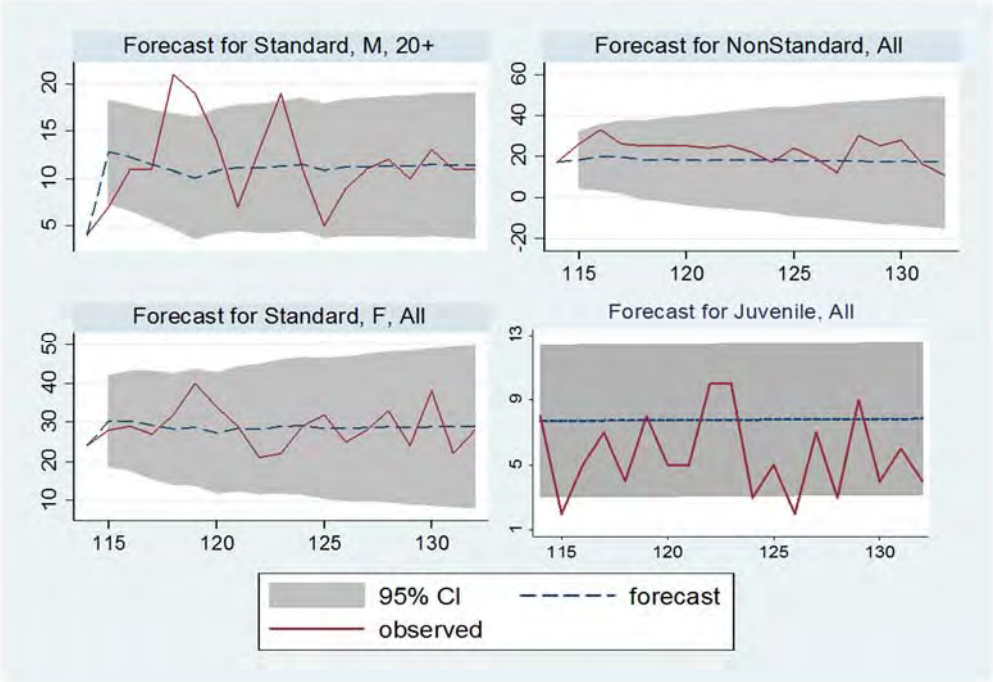


Source: Marc Swatt, JSS

The first set of comparisons was completed for four of the male sentencing cohorts (standard admissions with maximum sentences of less than one year, 1 – 5 years, 5 – 10 years, and 10 – 20 years). The results are presented in Figure 3 – 5a. Consistent with the previously observed trends, the solid lines representing the observed monthly admissions for each group, to a large extent, remain within the boundaries of the 95% confidence intervals for the forecasts. This outcome provides evidence that the forecast is valid.

A second set of comparisons were completed for the remaining adult male standard admissions with maximum sentences over 20 years; adult female standard admissions, non-standard admissions, and juvenile admissions. These comparisons are presented in Figure 3 – 5b.

Figure 3-7b – Forecasted v Observed Admissions for 2012



Source: Marc Swatt, JSS

For male standard admissions with 20+ year sentences and female standard admissions, the forecasted trend appears to be a slow, steady monthly increase in admissions over time. The trend for juvenile admissions is virtually flat and the non-standard admissions shows a slowly decreasing trend over time. Again, all observed admissions for 2012 generally fall within the 95% confidence interval, again providing evidence that the forecast is valid.

In further analyses, the trends for juvenile and non-standard admissions become problematic as they reach zero and negative numbers over the horizon of the forecast – an outcome which is not realistic. Upon further investigation, these trends were caused by slight, non-significant impacts of lagged variables and slight downward trends at the end of the series, which were compounded over the forecast horizon (20 years). Because these results were inconsistent with the flat trends that had been previously observed, the ADP numbers for these groups were set to fixed values across the forecast horizon.

Comparing the Forecasts of the Correctional Population

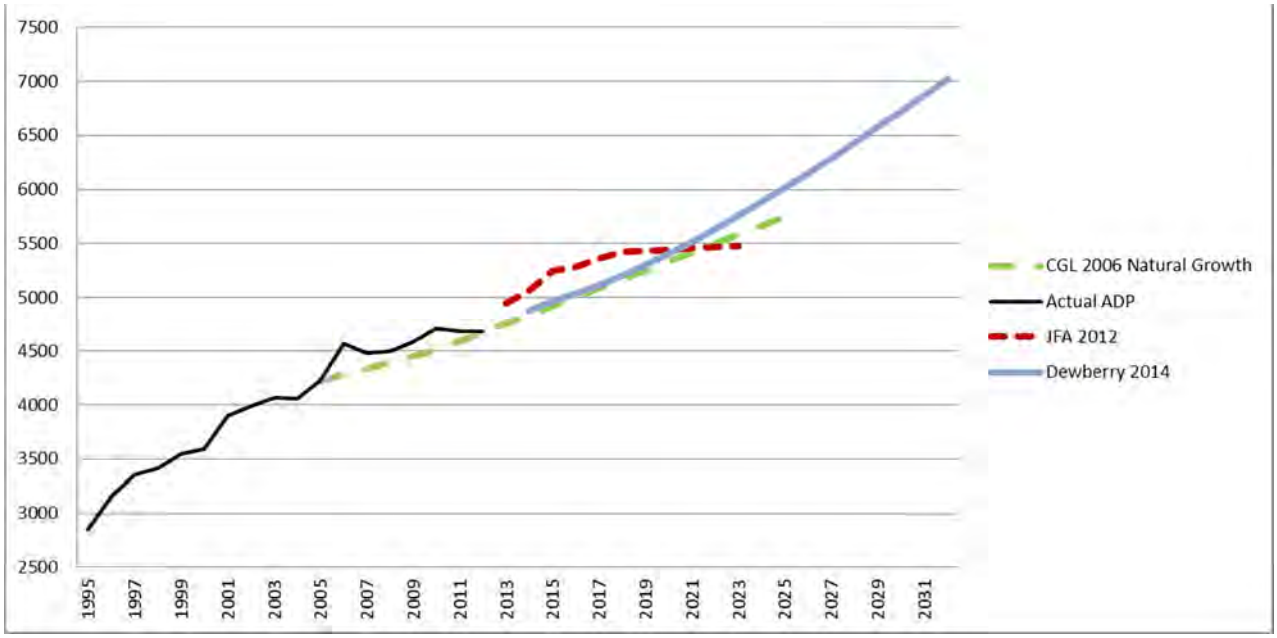
By the conclusion of the 2014 forecasting exercise, three separate projections were available to gauge bedspace demand. All three forecasts were graphed for comparison, and the result was analyzed with the following thoughts in mind:

- Areas of convergence between these projections indicate increased confidence of the estimates of bedspace demand.

- Areas of divergence indicate the extent to which the assumptions underlying the projections affect the conclusions. By comparing multiple projections, a more thorough understanding of bedspace demand is offered.
- Any projection relies on *ceteris paribus* [13]assumptions regarding static or complementary changes in trends and patterns in offending, criminal justice policy, and correctional practices. Changes in these factors would impact the reliability of any projections of the correctional population.

A comparison of the historic observed ADP and the three projections (the 2006 Master Plan Natural Growth model, the 2012 Forecast Update model, and the Dewberry 2014 model) is presented in Figure 3 - 6. The graph shows the observed ADP as the solid black line that extends from 1995 through 2012. The 2006 Master Plan Natural Growth model was used to produce projections through 2025 and is illustrated by the dashed green line. The 2012 Forecast Update model was used to produce projections through 2023 and is illustrated by the dashed red line. Finally, the Dewberry 2014 model described above was used to produce projections through 2032 and is illustrated by the solid blue line.

Figure 3-8 – Actual and Projected ADP, 1995-2032



Source: Marc Swatt, JSS

This graph shows a high degree of congruence between the three available projections. Both the 2006 Master Plan and Dewberry 2014 projections align closely through the end of 2025. There appears to be some departure between the two projections starting around 2021, where the projected ADP from the Dewberry 2014 model increases at a faster rate. While there are some differences between the Dewberry 2014 model and the 2012 Forecast Update model, there is also a high degree of similarity. The 2012 Forecast Update model projects a higher initial ADP than the Dewberry 2014 model, but then the trend flattens out in 2018. The models then

[13] Ceteris paribus or caeteris paribus is a Latin phrase meaning "with other things the same" or "all other things being equal or held constant."

converge around 2020 and 2021 and after this, the ADP from the Dewberry 2014 model begins increasing at a faster rate. This illustrates that the assumption of a flat rate of admissions in the 2012 JFA Forecast Update does not seriously affect the estimated ADP until after this point of convergence.

This graph illustrates several important conclusions regarding future estimated bedspace demand. First, although there are differences in the rate of increase among the models, they all reach the same bedspace need around 2021. Second, although the various forecasting methods reach the same projected ADP near the conclusion of the planning window, the 2012 Forecast Update projections arrive there at a faster rate. In order to address both the current shortage in bedspace and the possibility that demand rapidly increases at the beginning of the planning period, it is recommended that high priority projects that add the most bedspace should be initiated and completed near the beginning of the planning window.

It is much easier to plan for higher demand and scale back, delay, or cancel capital improvements than it is to identify new capital improvement projects to add additional bedspace in the middle of the planning period. Near the conclusion of the planning period, it would be sensible to retroactively compare observed ADP to each of the forecasting models and their assumptions to ascertain which method better projected the actual ADP. The Capital Improvements Plan will be based on two five-year phases to occur between 2014 – 2024, and a third phase for any projects which are deferred beyond the initial 10-year window.

Final Forecast, by Year and Population Grouping

Table 3 – 3 provides the forecasted bedspace demand for FY 2014, 2019, 2024, and 2029 which define the current population estimates and the endpoints for the first, second, and third improvement phases respectively. The estimated demand by custody classification for standard male admissions was obtained by applying the current custody distribution of males to the final ADP numbers. While there are inevitable discrepancies in bedspace demand due to influence of available bedspace on the current classification distribution, this approximation is still useful for the purposes of assessing bedspace demand and enabling further discussions regarding a strategy to meet the projected demand.

Table 3-9 – Forecasted Bedspace Demand for 2014, 2019, 2024, and 2029.

YEAR	Total ADP	Non Standard*	Juvenile*	Standard Female	Standard Male 1X	2X	3A	3B	4A	4B	Male Total
2014	4881	60	48	366	1304	928	1194	155	336	491	4407
2019	5325	60	48	402	1425	1014	1304	169	367	536	4816
2024	5913	60	48	442	1588	1131	1454	189	409	598	5368
2029	6617	60	48	482	1785	1271	1634	212	459	671	6032

*Non-Standard Admissions held constant at 15 per month and Juvenile Admissions held constant at 6.67 per month for all years
Source: Marc Swatt, JSS

1X – Maximum
2X - Medium
3A - Minimum
3B – Minimum
4A – Work Detail, Constant supervision when outside the facility
4B – Work Release, Intermittent supervision when outside the facility

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ADDENDUM - Re-examining the Forecast

During the completion of the 2014 Master Plan, there were two major policy changes that may alter the estimated ADP. The first policy change was the expiration and non-renewal of the contract to house Federal Safekeepers. It is anticipated that the net impact of this policy is to decrease the ADP. The second policy change was a correction to the method used to calculate the tentative release dates for inmates with mandatory minimum sentences. It was discovered that for 786 inmates that are either currently in NDCS custody or were previously in NDCS custody, their tentative release dates were calculated incorrectly. It is anticipated that corrections to the tentative release dates will result in an increase to the ADP relative to the initial forecast.[14] Because of the importance of these changes, NDCS has requested a re-examination of the forecast to estimate the impact of these policy changes. It is important to emphasize that because the direct impact of these changes will not be realized for a number of years, the resulting analysis remains limited as a "best-guess" of the impact of these policies. As before, it is recommended that updates of these forecasts are conducted to determine the actual impact of these changes and make adjustments accordingly.

1. The first section of this addendum considers the impact of the decision to not renew the contract for Federal Safekeepers
2. The second section of this addendum considers the impact of the fixed calculation of the tentative release date.
3. The final section provides updates of the forecasts of demand that serve as the estimate of future bedspace demand.

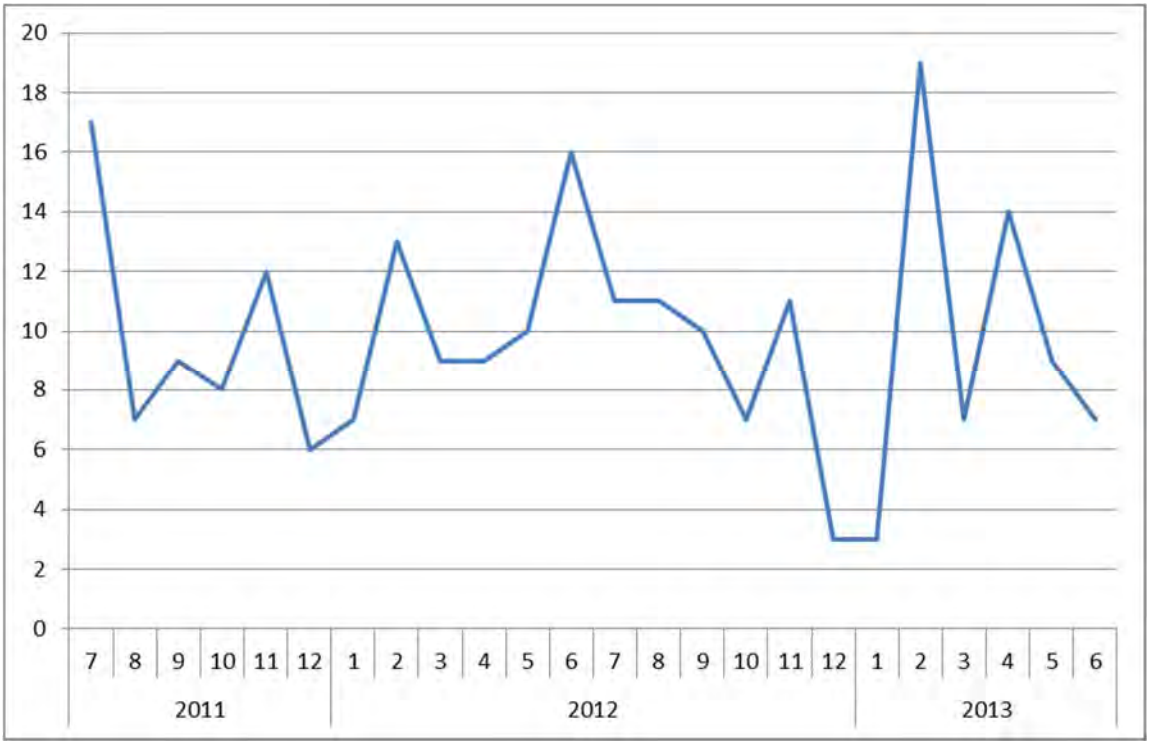
Removal of the Federal Safekeepers

As of April, 2014 the contract with the Federal Government to house Federal inmates referred to as Federal Safekeepers has expired. This contract will not be renewed at the current time. Since this decision was made during the estimation of the forecasts and the impact of this policy change would specifically confined to the Non-Standard Admission population, it was decided to note this policy change but not adjust the original forecasts. Now that the forecasts must be re-examined, it is sensible to adjust for this policy change.

Figure 3A – 1 below provides the monthly admissions for Federal Safekeepers for two fiscal years - from July 2011 to June 2013. Prior to this time, very few Federal Safekeepers were admitted into the system and there is a virtual absence of Federal Safekeepers prior to May, 2011. An average of 9.79 Federal Safekeepers was admitted each month over the prior two fiscal years.

[14] The tentative release date captures the policy related to the accrual of good-time while incarcerated in the NDCS system as well as credit earned for incarceration pre-trial or incarceration awaiting transfer. A recent investigation discovered that inmates had been incorrectly been receiving credit for good time during time served on sentences with mandatory minimums.

Figure 3A - 1 – Monthly Admissions of Federal Safekeepers, July 2011 to June 2013



Source: Marc Swatt, JSS

As a whole, the Non-Standard Admissions population (County and Federal Safekeepers and 90 Day Evaluators) was anticipated to remain static for the foreseeable future. For this reason, an ADP 60 was selected as the "high water mark" to use in projections of the Non-Standard Admissions population across all years in the forecast. Because Safekeepers have a very short average length of stay, it can be assumed that Little's Law can be applied. The formula presented in Chapter 3 can be re-written simply to be:

$$ADP_{yrs} = ALOS_{yrs}(ADM_{year})$$

The ALOS for Safekeepers is 0.149 years and the expected yearly number of Federal Safekeeper admissions is 117.48 providing an ADP of approximately 18 Federal Safekeepers. Therefore, new the high water mark for Safekeepers and 90 Day Evaluators is 42 per year for each year of the forecast.

Correction of the Tentative Release Date

An investigation revealed that the tentative release date for a number of inmates was calculated incorrectly due to an error in the way that good time credit was earned for inmates with mandatory minimum sentences. According to data provided by the NDCS Department of Planning and Accreditation, a total of 903 inmates either currently or previously in NDCS custody had sentences that included mandatory minimums. Of these, the sentences for 119 inmates were calculated correctly as they had flat sentences that could not be reduced through good time credits or sentences that were dismissed or vacated.

The methodology used to produce the forecasts relied on a retrospective assessment of the average length of stay and the decay functions were calibrated based on this retrospective assessment. It is difficult, therefore, to incorporate *prospective* changes in the ALOS into this model. However, since this error was undetected for a number of years, it is possible to determine the impact that the miscalculations had on the estimated ALOS for the inmates that were previously released and to use this information to refine the projections.

When considering the impact on the previously estimated ALOS, inmates can be separated into three main groups: 1) Inmates who are currently incarcerated; 2) Inmates who were released early and will not be returned to NDCS custody; and 3) Inmates who were released early but will be returned to NDCS custody.

The first group of inmates includes 567 inmates that currently remain in NDCS custody on their original charge. These inmates were never released and did not distort the estimated ALOS estimates. Their main impact on the ADP will only be felt prospectively as they will remain in NDCS custody longer than anticipated. However, the changes to the tentative release date may result in these inmates moving into a different maximum sentence group. An additional 7 inmates died prior to their initial release date and did not affect the estimated ALOS or ADP. A total of 38 inmates would have parole extended. Of these, 30 inmates owed no institutional time and do not impact ALOS or ADP. Finally, two inmates were deported but owed no institutional time and do not affect ALOS or ADP.

A number of inmates were released from NDCS custody and will not be returned to NDCS custody to serve the remainder of their sentence. For various reasons, 146 former inmates not previously discussed will not be returning to NDCS custody to serve the remaining time on their sentence. Since this group of inmates was prematurely released, they have a direct impact on the estimated ALOS. Eight inmates that had parole extended had institutional time remaining and impact the estimated ALOS due to their early release.

The final group of inmates consists of inmates who were prematurely released but will be returning to NDCS custody. A total of 28 inmates have been returned to NDCS custody to serve their remaining time and 4 inmates are currently serving time in NDCS custody for new charges. For these inmates, the strategy will be to treat them as though they never left. First, their release times will be removed from the ALOS estimates. Second, these inmates will be added to starting ADP as of 2014 to adjust the ADP for their re-incarceration.

Inmates Not Previously Released

A total of 567 inmates that require recalculation of their tentative release dates are currently held in NDCS custody under their original charges. As previously discussed, since these inmates have not been released, they can only impact the forecast when the recalculation places them in a different maximum sentence category. Table 3A – 1 presents the cross tabulation of the original maximum sentence group (rows) and the new sentence group (columns). From this chart it can be seen that a substantial number of these inmates have been moved into different maximum sentence groups. To accommodate this, the starting populations of groups in FY 2014 will be adjusted. Specifically, for Females and Males Less than 1 Year, no adjustments are needed. Males 1 to 5

years will decrease by 77 inmates. Males 5 to 10 years will increase by 13 inmates. Males 10 to 20 years will increase by 13 inmates. Males with 20+ years will increase by 51 inmates.[15]

Table 3A - 2 –Cross-tabulation of Original and New Sentence Groups for Inmates with Adjusted Tentative Release Dates that Remain in NDCS Custody.

Original Max Sentence Group	New Max Sentence Group					
	Female	1-5 Years	5-10 Years	10-20 Years	20+ Years	**Total**
Female	12	0	0	0	0	12
1-5 Years	0	55	77	0	0	132
5-10 Years	0	0	63	64	0	127
10-20 Years	0	0	0	115	51	166
20+ Years	0	0	0	0	130	130
Total	12	55	140	179	181	567

Source: Marc Swatt, JSS

Inmates Released but Not Returned

There are a total of 153 inmates that were released from NDCS custody and will not be returning to serve any time remaining on their sentence. Ten of these inmates are deceased. Of these, seven died prior to their initial tentative release date and do not impact the ALOS estimate. The remaining three inmates will be treated similar to other inmates that will not return. Of the 143 remaining inmates, 129 will not be returning to NDCS custody as the adjusted tentative release date has passed. Two inmates are incarcerated at facilities in other states and four have been deported. In addition to these inmates, there are eight inmates who will have their parole extended. While these inmates remain under NDCS supervision, they will not be returning to a facility. It is necessary to adjust the ALOS for the corrected tentative release dates for these 146 inmates.

For 91 of these 146 inmates, the Maximum Sentence group does not change, so the necessary adjustment to the ALOS is simply to incorporate the average difference in ALOS under the new tentative release date to the existing ALOS averages. Table 3A – 2 presents these average differences.

Table 3A - 3 – Average Difference in Days between Original TRD and Recalculated TRD for Inmates Not Returned to NDCS Custody and Remain in the Same Maximum Sentence Groups

Max Sentence Group	Mean	N
Female	481.33	6
Less than 1 Yr	89.29	7
1-5 Years	319.19	54
5-10 Years	640.12	17
10-20 Years	557.00	7
Total	390.44	91

Source: Marc Swatt, JSS

[15] Interestingly, 113 of the original 130 inmates in the Male 20+ year maximum sentence group had original tentative release dates that exceed the timeframe of this forecast. Increases in their tentative release date will have no discernable impact on the correctional population in the next 30 years.

For the remaining 55 inmates who are not returning to NDCS custody, the maximum sentence group changes. These inmates must be removed from their original group and the new length of stay must be added to the new group. Table 3A – 3 summarizes the necessary changes that result from this group of inmates.

Table 3A - 4 – Original and New ALOS by Old and New Sentence Groups for Inmates not returned to NDCS Custody and Do Not Remain in the Same Maximum Sentence Group

Original Group	Original Mean	New Group	New Mean	N
Less than 1 Yr	292.09	1-5 Years	474.36	11
1-5 Years	1543.38	5-10 Years	2197.27	26
5-10 Years	3258.24	10-20 Years	4364.82	17
10-20 Years	6402.00	20+ Years	8228.00	1

Source: Marc Swatt, JSS

Inmates Released and Returned to NDCS Custody

There are 28 inmates who will be returned to NDCS custody and will remain incarcerated for the remainder of their sentence under the recalculated tentative release dates. There are four additional inmates that are currently in NDCS custody under new sentences. These inmates will be treated as though they were never released from NDCS custody. Specifically, the information that contributes to the ALOS will be removed from the computation and they will be added back into the ADP according to their new maximum sentence category at the beginning of FY 2014.[16] Table 3A – 4 presents the adjustments to the ALOS and Table 3A – 5 presents the adjustments to the ADP respectively.

Table 3A - 5 – Mean ALOS by Old Sentence Groups for Inmates Released and Returned to NDCS Custody

Max Sentence Group	Mean	N
Female	3258.00	3
Less than 1 Yr	304.00	1
1-5 Years	1592.71	17
5-10 Years	4615.80	10
10-20 Years	3655.00	1
Total	2717.72	32

Source: Marc Swatt, JSS

Table 3A - 6 – ADP Increased by Sentence Groups for Inmates Released and Returned to NDCS Custody

Max Sentence Group	N
Female	2
Less than 1 Yr	1
1-5 Years	14
5-10 Years	4
10-20 Years	7
Total	28

Source: Marc Swatt, JSS

[16] To avoid double counting inmates, the four currently in NDCS custody under new charges will not be added back into the ADP in 2014.

Updating the Forecasts

Information from the preceding section was incorporated into the original model to obtain updated forecasts. Table 3A – 6 presents the adjustments for the average length of stay. Not surprisingly, the changes to the ALOS appear very slight. This is not surprising given the large number of inmates that were used to calculate the average length of stay.

Table 3A - 7 – Original and Revised ALOS by Maximum Sentence Group

Type of Inmate	Original		Revised	
	ALOS in Yrs	ALOS in Mos	ALOS in Yrs	ALOS in Mos
Male, Standard, Less Than 1 yr	0.318	3.822	0.317	3.803
Male, Standard, 1 to 5 yr	1.163	13.960	1.157	13.878
Male, Standard, 5 to 10 yr	2.949	35.383	2.920	35.038
Male, Standard, 10 to 20 yr	6.220	74.639	6.296	75.550
Male, Standard, Over 20 yr	10.990	131.882	11.017	132.200
Female Standard All	1.278	15.331	1.272	15.269
Juvenile All	0.363	4.352	0.363	4.352
Non-Standard Admission	0.167	2.008	0.167	2.008

Source: Marc Swatt, JSS

Table 3A-7 presents the net adjustments to the FY 2014 ADP. The number of inmates in the 1 to 5 year sentence group decreases, while the number of inmates in the Over 20 year maximum sentence category increases. This will likely yield the biggest impact on the forecasts as these inmates have a considerably longer stay and will remain in the NDCS system much longer as a result of adjusting the tentative release dates.

Table 3A - 8 – Net Adjustment to FY 2014 Inmates by Maximum Sentence Group

Type of Inmate	FY 2014 ADP Adj
Male, Standard, Less Than 1 yr	1
Male, Standard, 1 to 5 yr	-63
Male, Standard, 5 to 10 yr	17
Male, Standard, 10 to 20 yr	20
Male, Standard, Over 20 yr	51
Female Standard All	2
Juvenile All	0
Non-Standard Admission	-18

Source: Marc Swatt, JSS

Table 3A – 8 presents the revised 20 year ADP forecasts (through FY 2033) based on the prior adjustments to the models. By FY 2033 the total ADP difference is approximately 300 inmates.

Finally, Table 3A - 9 applies the current classification distribution to the adjusted forecasted ADP.

Table 3A - 9 – Revised ADP Forecasts through FY 2023

YEAR	Male Standard ADP	Female Standard ADP	Non Standard ADP	Juvenile ADP	Total ADP
FY 2015	4501	357	42	48	4949
FY 2016	4610	358	42	48	5059
FY 2017	4706	364	42	48	5159
FY 2018	4807	371	42	48	5268
FY 2019	4916	378	42	48	5384
FY 2020	5032	385	42	48	5507
FY 2021	5153	393	42	48	5636
FY 2022	5279	401	42	48	5770
FY 2023	5410	408	42	48	5908
FY 2024	5544	416	42	48	6050
FY 2025	5682	424	42	48	6196
FY 2026	5823	431	42	48	6344
FY 2027	5967	439	42	48	6496
FY 2028	6113	447	42	48	6649
FY 2029	6261	454	42	48	6805
FY 2030	6411	462	42	48	6963
FY 2031	6563	470	42	48	7122
FY 2032	6717	477	42	48	7284
FY 2033	6872	485	42	48	7446

Source: Marc Swatt, JSS

Table 3A - 10 – Revised Forecasted Bedspace Demand for 2019, 2024, and 2029.

YEAR	Total ADP	Non Standard*	Juvenile*	Standard Female	Standard Male 1X	2X	3A	3B	4A	4B	Male Total
2019	5384	42	48	378	1454	1035	1331	173	374	547	4915
2024	6050	42	48	416	1640	1168	1502	195	422	617	5544
2029	6805	42	48	454	1852	1319	1695	220	477	697	6260

*Non-Standard ADP held constant at 42 per month and Juvenile ADP held constant at 48 per month for all months

Source: Marc Swatt, JSS

1X – Maximum
2X - Medium
3A - Minimum
3B – Minimum
4A – Work Detail, Constant supervision when outside the facility
4B – Work Release, Intermittent supervision when outside the facility

It is important to emphasize the caveat to these results that the methodology that was used to produce the forecasts is not designed for testing the impact of policy changes. Since this approach relies on retrospective information, it is likely that the true impact of not renewing the contract to house Federal Safekeepers or the revised method for calculating tentative release date will be understated to some extent. While the elimination of the Federal Safekeepers will provide some immediate relief to the NDCS correctional population, the extent of this ADP relief will likely require several quarters of data to estimate. The changes to the tentative release dates will manifest over a longer period. The full effect of these changes will be felt several years from now when the inmates with the longer sentences discharge at lower rates than previously expected creating a "stacking effect" in the ADP. Again, it is recommended that this forecast should be revised in the future to more accurately capture the results of these policy changes.

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Chapter 4

Master Plan – Recommendations

This section of the Master Plan report describes the recommended strategies for the Nebraska Department of Correctional Services to meet the forecasted bedspace demand over the 20-year Master Plan period. Solutions were crafted through a workshop process, in conjunction with a series of weekly staff and Executive Committee meetings at which materials and decisions were reviewed and approved.

Governing principles and broad goals for the Master Plan include a preference for the following:

- Solutions which explore every and all alternatives to construction of a new prison facility;
- Projects which prolong the useful life of existing facilities by improving critical infrastructure;
- Initiatives which will reduce both crowding and operational stress at a given facility;
- Opportunities to improve housing options for special population groupings; and
- Strategies which will enhance the existing continuum of housing and programming options for all inmates.

The Master Plan Recommendations are divided into three phases – Phase 1 - Years 0-5; Phase 2 - Years 6-10, and Phase 3 - Years 10+. Each phase will be discussed separately. Summary materials, including proposed costs, are included at the end of this chapter.

Overview of Master Plan Recommendations

Moving into the first five years of this Master Plan, the NDCS has several immediate and short-term issues which must be addressed:

- A 2013 system wide crowding level in excess of 148% capacity, and the goal of reducing that level through the addition of “count beds” to the design capacity;
- A range of facilities with diverse infrastructure conditions and ages, levels of core support services, and elasticity to accommodate additional housing, resulting in a need for core improvements to complement any bedspace addition; and
- The identified system-wide accumulation of special needs (medical/mental health, disciplinary restrictive housing) populations, for whom specialized housing is required, and for whom a cost-saving/service enhancing centralized strategy is sought.

Urgency and Timing of Demand Forecast

The Revised Forecast completed in August 2014 produced the following projected inmates by gender and custody level for the planning years 2019, 2024, and 2029.

Figure 4-1 – Revised Forecasted Bedspace Demand for 2019, 2024, and 2029.

YEAR	Total ADP	Non Standard*	Juvenile*	Standard Female	Standard Male 1X	2X	3A	3B	4A	4B	Male Total
2019	5384	42	48	378	1454	1035	1331	173	374	547	4916
2024	6050	42	48	416	1640	1168	1502	195	422	617	5544
2029	6805	42	48	454	1852	1319	1695	220	477	697	6261

*Non-Standard ADP held constant at 42 per month and Juvenile ADP held constant at 48 per month for all months
Source: Marc Swatt, JSS

1X – Maximum
2X - Medium
3A - Minimum, Constant supervision when outside the facility
3B – Minimum, Intermittent supervision when outside the facility
4A – Work Detail
4B – Work Release

Placing this forecast in the context of design capacity and future capacity needs produces a scenario where, over the next 10 years, there is a greater urgency for certain beds at certain points in the timeframe.

Also indicated is the divergence of the forecasts beyond the 10-year window, after the end of Phase 2. This divergence, which starts at approximately 2021/ 2022, becomes more pronounced at the end of Phase 2. This is the point in time beyond which the forecasts disagree on what is likely to occur. The JFA forecast indicates a slowing in the rate of ADP growth, indicated by the flattening of the red line. The JSS forecast, completed for this master plan and described in Chapter 3, anticipates a continued increase in admissions, as indicated by the green line. Either way, the Phase 1 and Phase 2 recommendations will help the system meet anticipated demands for at least the next ten years.

Reading the Chart - History

The left side of the chart shows the history of Design Capacity and ADP in the NDCS system between 1995 and 2013. The right side shows the future.

This chart uses dark purple areas to indicate design capacity, which only changes if new design beds are constructed. Details are given for changes in the "count" of design beds between 1995 and 2013.

A yellow line shows the historical ADP. The dark orange area between the design capacity and the yellow line indicates the historical level of crowding in the system.

Reading the Chart - Future

The right side of the chart also shows design capacity in green, but with shaded areas to indicate the Phase 1 and Phase 2 recommended additions of design beds. Details of the projects which will create those beds are shown in the footnotes.

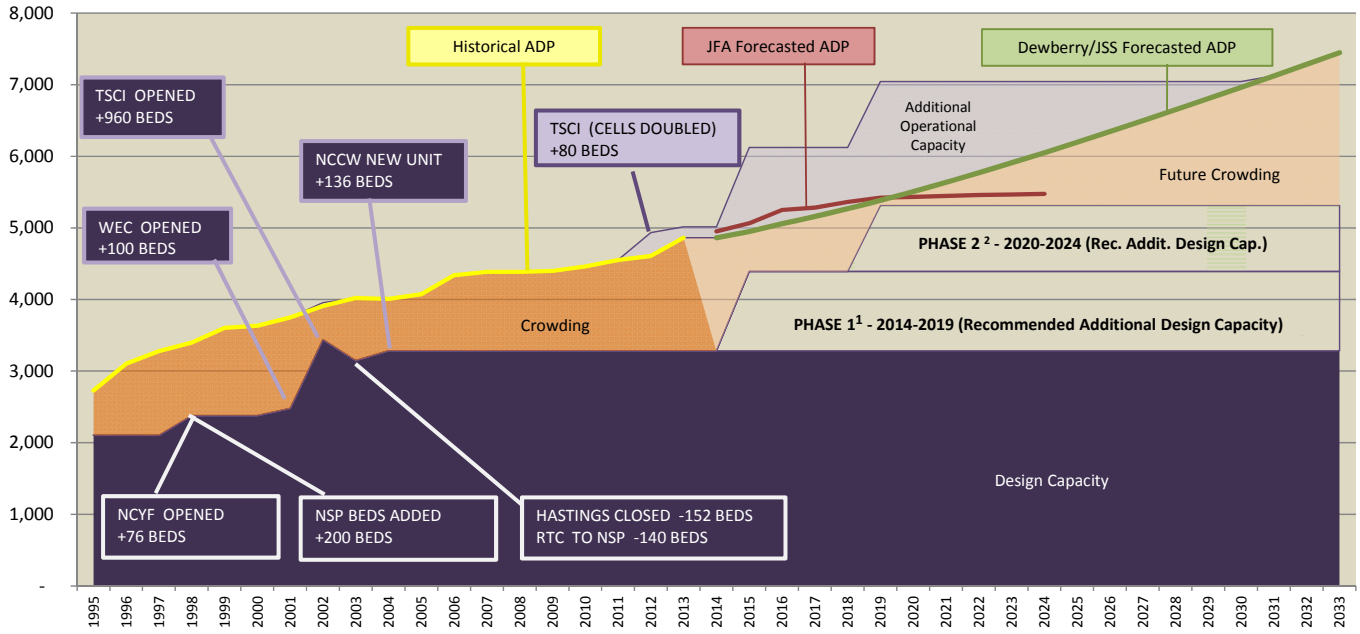
The JFA forecast completed as part of this Master Plan (and both previous forecasts) indicates a period of growth over the next 10 years which requires approximately 2,000 more design beds to meet demand.

Also indicated is the divergence of the forecasts beyond the 10-year window, after the end of Phase 2. This divergence, which starts at the point at which the red and green lines cross, begins at approximately 8 years from now and become more pronounced at the end of Phase 2. This is the point in time beyond which the forecasts disagree on what is likely to occur. The JSS forecast indicates a slowing in the increase rate of ADP

growth, indicated by the flattening of the red line. The JFA forecast, completed for this master plan and described in Chapter 3, anticipates a continued increase in admissions, as indicated by the green line.

In any case, the Phase 2 recommendations will help the system meet anticipated demands for at least the next ten years. Additional system capacity (called "operational capacity," see Chapter 2 for definition) is depicted in the lighter purple areas which show above the forecasting line. As long as these areas show above the light orange "crowding," system capacity (operational capacity) will be sufficient to house the forecasted ADP.

Figure 4-2 – Shortfall Chart 1995 – 2033, with Phase 1 and 2 Expansion



[1] Phase 1 – CCC-L Expansion (+450 GP beds), CCC-O Expansion (+300 GP beds), MIFS opens (+358 GP beds)
[2] Phase 2 – DEC Expansion (+192 intake beds), NSP Expansion (+166 SMU beds), NCCW Expansion (+8 juvenile beds), TSCI Expansion (+356 GP/SMU beds), WEC Expansion (+200 GP beds)
Source: Historical information, prior forecasts– NDCS; Dewberry/JSS Forecast – Marc Swatt, JSS; Phase 1 and Phase 2 Increases, future crowding calculation – Dewberry. Chart Assembly - Dewberry

Final Anticipated Facility Utilization

Each facility within the Nebraska Department of Correctional Services inventory was evaluated during the course of this study through a series of tasks, including tours, interviews with facility and Department staff, plan reviews, and comparisons to Best Practices and ACA standards. The discussions of each facility in Chapter 2 included a summary of existing conditions, which highlighted original design features, current facility utilization levels, inmate programs, an assessment of Core Support Services and issues that may contribute to operational stress, a summary of major challenges, and an analysis of on-site opportunities moving forward.

The analyses of current facility needs, as well as the expansion possibilities available on each site provide a basis for the expansion and final anticipated operational capacity (OC_F) recommendations that are included in this chapter. In most expansions, the new construction will add housing and will alter the design capacity of the facility; in a few expansions, it adds non-count housing, which will not affect the design capacity but will improve operations. In most cases where operational stress is high, a combination of new housing and additional Core Support Services is recommended to lower the future operational stress index.

It is important to note that while an Operational Stress Index (OSI) of 1.0 or lower would be appropriate in a new facility, it is not necessary or realistic to expect an existing facility to reach an OSI of 1.0. In many cases, operational accommodations are able to sustain increased population levels without increasing design capacity. Although a review of the core capacity was completed for each facility in this Master Plan (e.g., by SF and design capacity, compared against ideal standards, et al.), these were done on an aggregate basis. Specifics regarding the details of which core spaces should be enhanced to develop a final acceptable OSI for each facility should be determined during the Program Statement phase of each project.

Figure 4-3 – 2013 and Future Condition (Crowding and Operational Stress)

		Original Design		Future Design				Future Condition			
Facility	Population	Current Design Capacity (DC_{13})	Current Est. Core Support Svcs (CSS_{13})[1, 2]	Design Capacity to be Added	Core Support Svcs to be Added	Future Total Design Capacity (DC_F)	Future Est. Core Support Svcs (CSS_F)	Recommended Operational Capacity$_{Future}$ (OC_F)[3]	Future Crowding (OC_F/DC_F)	Revised Crowding$_{Future}$ (OC_F/OC_F)[4]	Future Operational Stress Index (OC_F/CSS_F)
CCC-L	Adult M/Adult F	200	200	450	650	650	850	750	115%	100%	0.88
CCC-O	Adult M/Adult F	90	90	300	390	390	480	435	112%	100%	0.91
DEC	Adult M	160	160	192	352	352	512	475	135%	100%	0.93
MIFS	Adult M - Medical	-	-	358	358	358	358	358	100%	100%	1.00
LCC	Adult M	308	308	200	480	508	788	730	144%	100%	0.93
NCCW	Adult F	275	275	85	164	360	439	394	109%	100%	0.90
NCYF	Juvenile M	76	152	100	24	176	176	160	91%	100%	0.91
NSP	Adult M	718	718	166	843	884	1561	1370	155%	100%	0.88
OCC	Adult M	396	396	0	393	396	789	666	168%	100%	0.84
TSCI	Adult M	960	1344	356	100	1316	1444	1236	94%	100%	0.86
WEC	Adult M	100	200	200	200	300	400	400	133%	100%	1.00
System Total		**3283**	**3843**	**2407**	**3954**	**5690**	**7797**	**6975**	**123%**	**100%**	**0.89**

1. The Estimated Core Support Services of each facility was determined based on the known history of design capacity for the core, plus any core improvements known to have occurred.
2. Estimated Core Support Services includes the assumption that the core was designed to support units/beds designed for general population at some facilities which are currently used for non-count functions, such as Unit 1 (P-upper) at DEC (32 beds) or B-Bay Mezzanine at NCCW (32 beds).
3. The Future Recommended Operational Capacity was developed to reflect the number of inmates that a facility will be able to house and sustain indefinitely, given recommended improvements.
4. The Future Revised Crowding metric was developed to reflect the level of crowding that a facility will experience in the future, after taking into account standard correctional practices, additions to design capacity, and operational modifications that will continue to be implemented to compensate for a lack of design beds. Population levels above 100% cannot be sustained indefinitely.

Source: NDCS

Prioritizing the Need

The shortfall table below shows the existing facilities, their design capacities and operational capacities in the 10-year forecasted need. The forecast, broken down by gender and custody classification, is indicated at the top. For ease of visual tracking, blue shading indicates male beds, pink shading indicates female beds (including juvenile females, who comprise an extremely small portion of the total population and who are co-located at the same facility as adult females), and green shading indicates juvenile male beds.

After undertaking an exercise to review each facility and identify its highest and best bedspace assignment, the allocation indicated in the center of the chart was determined. Subtraction was used to determine the resulting bedspace shortfall.

The total bedspace shortfall between 2014 and 2024 (shown in the shortfall calculation table below) is comprised primarily of adult male beds[1], divided into four distinct groups, due to the type of housing they require.

(1) 225 intake beds
(2) 166 SMU beds
(3) 287 1X/2X beds (maximum/medium custody)
(4) 944 3A/4A/4B beds (pre-release/work release/work detail and minimum custody)

Figure 4-4 – 2013 Shortfall by Gender and Bedspace Type

											2024 FORECAST BY CUSTODY LEVEL/FACILITY (DEMAND FOR BEDS)								2024 FORECAST
											INTAKE[1]	SMU	1X	2X	3A	3B	4A/4B M |	4A/4B F	**6,050**
										MALE[1]	500	376	806	1168	1502	195	1039	n/a	5,586
										FEMALE	24	10	64	59	86	4	n/a	169	416
		OC[13] BY CUSTODY LEVEL/FACILITY (SUPPLY)								JUVENILE	48								48
FACILITY	DESIGN CAPACITY	Intake	SMU	1X	2X	3A	3B	4A	4B	TOTAL	RECOMMENDED UTILIZATION OF EXISTING BEDS								
DEC	160	275								275	275								275
LCC	308			468						468			138		330				468
CCCL[2]	200							300		300							240	60	300
CCCO	90							135		135							75	60	135
NSP	718			1,139						1,139		18	109	500	512				1,139
OCC	396				666					666				226	440				666
TSCI	960		192	714						906		192	459	255					906
WEC	100						200			200						200			200
NCCW	275	24		279		15				318	24	10	64	59	86	4		71	318
NCYF	76	70								70		70							70
	3,283							MALE		3,969	**275**	**210**	**706**	**981**	**1,282**	**200**	**315**	-	**3,969**
								FEMALE		438	**24**	**10**	**64**	**59**	**86**	**4**	-	**191**	**438**
								JUVENILE		70	**70**								**70**
										4,477									**4,477**

BEDSPACE SHORTFALL BY GENDER/CUSTODY LEVEL (2014-2024)

MALE	225	166	100	187	220	(5)	724	n/a	**1,617**
FEMALE	-					-	n/a	(22)	**(22)**
JUVENILE	(22)								**(22)**

Source: Capacities – NDCS; Forecast and allocation – Marc Swatt, JSS; Recommended Utilization – MP Executive Committee

Based on the facility limitations and operational stress factors identified in Chapter 2 – Existing Conditions, several projects were identified as long-term solutions to the issues listed above. These improvements are recommended to occur in three stages and are listed below in order of priority:

[1] There is an operational need for juvenile female beds, which is not able to be captured in this table, due to the historically insignificant size of that population and the resulting lack of separation of that population in historical and forecasted data. That addition and the associated project are included in Phase 2.

Phase 1 (0-5 Years)

1.1. Community Corrections Center – Lincoln (CCC-L) Expansion – Increase the re-entry/pre-release beds in Lincoln by expanding the CCC-L facility.
1.2. Community Corrections Center – Omaha (CCC-O) Expansion – Increase the re-entry/pre-release beds in Omaha by expanding the CCC-O facility.
1.3. Medical, Mental Health, Intake, and Food Service (MIFS) Expansion at the Diagnostic and Evaluation Center (DEC) – Increase dedicated housing areas for inmates with chronic and acute medical and mental health needs, expand capacity for intake processing, and increase food service capacity to support the DEC/MIFS/LCC campus.

Phase 2 (6-10 Years)

2.1. Lincoln Correctional Center (LCC) Restrictive Housing Expansion – Increase disciplinary restrictive housing capacity and core support services on the DEC/LCC campus.
2.2. Nebraska State Penitentiary (NSP) Expansion – Increase disciplinary restrictive housing to allow one general population housing unit to be used for its intended population. Core support services will also be expanded to reduce the operational stress index at this facility.
2.3. Diagnostic and Evaluation Center (DEC) Expansion – Increase intake housing through the addition of a 192-bed housing unit.
2.4. Omaha Correctional Center (OCC) – Add restrictive disciplinary housing and core support services spaces to reduce operational stress.
2.5. Nebraska Correctional Center for Women (NCCW) – Develop an operational or structural solution to house youthful females in compliance with PREA and ACA standards, as well as add space for the NCCW parenting program.
2.6. Tecumseh State Correctional Institution (TSCI) – Add 100 beds to the Secure Management Unit (SMU) and construct the additional 256-bed general population housing unit, per original design plans.
2.7. Work Ethic Camp (WEC) – Construct a 200-bed housing unit and formally establish the mission of this facility as a correctional facility.

As previously mentioned, the demands beyond 2024 are much less specific with regards to quantity and custody level/bedspace type. Because of this, the projects proposed for Phase 3 are less defined and are left open to the demands which will undoubtedly emerge more clearly during the next decade. Phase 3 projects are also described in this Chapter, but with less urgency and much less detail.

Phase 3 (10+ Years)

3.1. Nebraska Correctional Youth Facility (NCYF) Expansion – Add a 100-bed housing unit and increase capacity for educational and vocational training.
3.2. Re-Entry Service Center (RSC) Development – Construct facilities to provide dedicated re-entry services tailored to the needs of medium and maximum custody inmates who are nearing discharge.
3.3. New Prison Construction – Build a 600-bed prison for male offenders.

Each of these projects will be discussed in the order in which it was prioritized by the Master Plan Executive Committee, by phase of effort.

In addition to developing the recommended projects consisting of improvements to existing facilities and construction of new facilities, NDCS should also consider other viable opportunities from outside entities.

To reduce overcrowding in the future and potentially reduce new development costs, NDCS should analyze potential solutions from non-traditional sources for their cost/benefit to the department. These sources may include leasing of county detention facilities, re-developing underutilized state owned properties or the re-purposing of available properties from other government entities or private developers.

Phase 1 - Years 0-5

The Phase 1 projects were prioritized as the most urgent based on their ability to meet more than one of the most urgent system needs, defined by:

- Bedspace type (Intake, SMU, 1X/2X, or 3A/3B/4A/4B)
- Program Needs (pre-release, medical, mental health)
- Core Support Service Needs (by facility, based on the Operational Stress Index)

The three projects identified for Phase 1 are each capable of meeting more than one of these needs.

The projects identified for prioritization in the first five years, by priority level are as follows:

1.1. CCC-L - Renovation and Expansion of CCC-L to Minimum/Community Custody re-entry facility
1.2. CCC-O - Renovation and Expansion of CCC-O to Minimum/Community Custody re-entry facility
1.3. MIFS - Construction of a centralized medical/mental health/intake/food service (MIFS) expansion on the DEC/LCC campus. The former food service and dining will be repurposed to increase core support services for LCC.

These projects will add 1,108[2] design beds to the NDCS system (over the next 10 years, per the Master Plan projections), as follows:

- 450 new community/ minimum custody beds at CCC-L
- 300 new community/ minimum custody beds at CCC-O
- 358 new beds at the DEC/LCC campus through addition of a new MIFS (Medical, Intake, Food Service) facility on the same campus, as follows:
    - 150 new Mental Health Stabilization beds at the new MIFS
    - 80 new 90 day evaluator and safekeeper beds at the new MIFS
    - 40 new skilled nursing beds (licensed) at MIFS
    - 88 new unlicensed medical beds at MIFS

In addition, 80 beds will be added to the system by repurposing the following housing units:

- DEC Unit 8K: 16 general population beds gained after inmates moved to MIFS
- DEC Unit 1P: 32 general population beds gained after inmates moved to MIFS
- LCC Unit D: 32 general population beds gained after inmates moved to MIFS

The overall effect of adding approximately 1,108 design beds to the system will increase the operational capacity of the NDCS system from 4,477 to 5,665[3] because of the ability to repurpose existing housing units at DEC and LCC.[4]

[2] This number is an estimate based on the analyses conducted for this Master Plan. The actual number of design beds for each facility will be identified during the Program Statement phase, as more rigorous studies are conducted to develop refined space programs.
[3] Surplus juvenile and female beds are included here, but are not subtracted from the male need.
[4] Operational capacity will increase by 16 in HU-8 at DEC, by 32 in HU-P at DEC, and by 32 in the Mental Health Unit at LCC.

Community Corrections Center Expansions

This master plan identified the two Community Corrections facilities (Community Corrections Center – Lincoln and Community Corrections Center – Omaha) as the primary re-entry portals in the system for inmates classified as minimum or community custody. These facilities have a total design capacity of 290 beds (200 at CCC-L and 90 at CCC-O), and a total operational capacity of 435. Each facility is currently used to house approximately double their number of inmates (388 at CCC-L and 173 at CCC-O), which is not sustainable over time.

The CCC-L and CCC-O projects are the highest priority projects because of the needs identified by the population projections in Chapter 3, coupled with the programmatic need for increased re-entry capacity and combating recidivism. The forecast estimates long-term bedspace needs at the 4A/4B (Work Release/Work Detail, respectively) custody levels at a total of 1,149 4A/4B beds (1,039 male and 110 female), or an approximately 724 bed shortfall over the next 10 years (see Figure 4-1). There is reason to believe that the demand will be reached earlier in the ten-year projection period covered, because the current waiting lists for admission to CCC-O and CCC-L which suggest a pent-up demand for pre-release capacity.

In addition to the limited capacities at CCC-O and CCC-L, several factors complicate pre-release preparations:

- Admission to the CCC facilities is restricted to inmates who are classified as 4A/4B,
- The relatively short lengths of stay and time commitments associated with work release and work detail, and
- Varied pre-release offerings throughout the NDCS facilities

Few inmates are sent directly from intake to the CCC facilities. If their behavior is appropriate and capacity permits, inmates may be re-classified as 4A or 4B and then transferred to one of the community corrections facilities for the final portion of their sentence. This "step-down" process allows inmates to prepare for the time when they will be released, to re-engage with the community through work and community activities, and to re-establish closer ties with family and friends who will provide support post-release. If capacity is not available at the CCCs, inmates are placed on a waiting list for transfer, pending an available bed.

<u>The Roles of CCC-L and CCC-O in Combating Recidivism in Nebraska</u>

A 2011 study of recidivism by state, conducted by the Pew Center, found that Nebraska's success rate (percentage of offenders not returned to prison within three years) was 71% in 1999 and 68% in 2004. The Nebraska recidivism rate for the years 2004-2007 was 32.3%, up from 28.8% over the period 1999-2002[5]. Yet, only nine states in the 41-state study were reported to have a lower recidivism rates than Nebraska. Michigan, at 31.0% (2004-2007), had engaged in concerted anti-recidivism efforts, and had accomplished a significant reduction from the previously measured rate of 38% (1999-2002)[6]. Nebraska's increased focus on substance abuse treatment in prison, as well as an increase in post-release day reporting centers with a range of treatment

[5] The increase was attributed by prior NDCS director Bob Houston as pertaining to the inclusion of technical parole violations in the study, rather than limiting recidivism to new criminal activity and/or incarceration. http://journalstar.com/news/local/crime-and-courts/nebraska-s-recidivism-rate-lower-than-national-average/article_ce3ecb3e-2851-5c86-8241-9e1745571028.html

[6] The other states with lower recidivism rates at the end of the study were Oregon (22.8%), Wyoming (24.8%), Oklahoma (26.4%), West Virginia (26.8%), Virginia (28.3%), Rhode Island (30.8%), South Carolina (31.8%), and Texas (31.9%).

options for parolees, was credited with contributing to the low rate of recidivism, and changes in data collected were estimated to account for the increase from the first interval to the second, and yet – with the lowest recidivism rate logged at 22.8% (Oregon), it is clear there are still opportunities for improvement, even in a jurisdiction like Nebraska where recidivism is already quite low.

In a section which delves more deeply into the factors contributing to success post-release, the Pew Center study cites the manner in which communities address technical violations and the duration and quality of post-release parole supervision as factors affecting recidivism. The state's parole policy (which determines whether inmates will be released on parole or released with no supervision at sentence expiration), was also found to have a significant impact on an inmate's probability of re-offending/re-incarceration. Offering a wide range of non-incarceration sanctions to parole technical violators was also found to be important in keeping those violators from returning to prison. These are important findings; however, the NDCS has limited control over sentencing policies and parole release decisions. There was one factor, however, over which the NDCS can have complete control, which was found to have been effective in two of the three states with the most significant reduction in recidivism:

- Intensive pre-release transition preparation, starting with assessment of risk at intake and continuing with varying content and intensity throughout the period of incarceration, with an increased focus on the 6-12 month period prior to release.

In fact, one of the study's conclusions was that "Research shows that the largest reductions in recidivism are realized when evidence-based programs and practices are implemented in prisons and govern the supervision of probationers and parolees in the community post-release."[7]

NDCS has within its power to implement evidence-based programs in the prisons and to solidify the pre-release preparation and smooth the transition back to non-institutional life. The Pew Center study cites several evidence-based resources which can help in developing program content. The National Governors Association published an article in 2005 which summarizes "strategic policy innovations" which can improve prisoner re-entry. Again, some suggested strategies lie outside of the purview of NDCS. The strategies over which corrections has control include "Improving the process by which prisoners exit prisons so that key supports are in place during the initial transition," and "Developing re-entry initiatives that build on key social relationships such as family, friends, and the faith community – and improve access to other community-based supports and services." [8]

Demand for Pre-Release Capacity in Omaha and Lincoln

Successful strengthening of key social relationships in Nebraska requires pre-release inmates to be housed in one of the two main centers for release – Lincoln or Omaha – where strong community involvement in corrections can be used to help ease the transition. Providing supports during initial transition back into the community also requires pre-release preparation which has a dual focus. These programs should provide content-based material (job readiness, life skills, etc.) but should also be designed to transition inmates from institutionalized behaviors and decision-making models into a new culture which supports independent and self-generated decisions, which will ultimately lead to successful re-integration into society. As such, the need for a

[7] Pew Recidivism Study 2011, page 26
[8] http://www.nga.org/cms/home/nga-center-for-best-practices/center-publications/page-hsps-publications/col2-content/main-content-list/improving-prisoner-reentry-throu.html

dedicated pre-release "therapeutic community" type of program for inmates within 6-12 months of release is very much needed within the NDCS. These programs are a natural enhancement to the existing Community Corrections Center programs currently in place at Community Corrections Center – Lincoln (CCC-L) and Community Corrections Center – Omaha (CCC-O), which offer inmates a work-release/work-detail opportunity (classification 4A/4B in the NDCS system), typically in the last six to twelve months prior to release.

The need for a more robust pre-release capacity is supported by the forecasts completed in the Master Plan, which identified a demand for approximately 1,149 4A/4B beds (1,039 male and 110 female, see Figure 4-1). In the NDCS, 4A/4B inmates are predominantly re-entry or pre-release offenders who have been "pushed down" from higher custody classifications elsewhere in the system (usually 2X, 3A, or 3B) as they near their anticipated release date. With a total of only 290 design beds for 4A/4B inmates at these two facilities in the system (200 design beds at CCC-L in Lincoln and 90 design beds at CCC-O in Omaha), and both facilities housing close to double those numbers (388 at CCC-L and 173 at CCC-O), there is a potential ten-year system wide shortfall of between 588 and 859 4A/4B beds[9] There is reason to believe that the demand will be reached earlier in the ten-year projection period covered, because the current waiting lists for admission to CCC-O and CCC-L suggest a pent-up demand for pre-release capacity.

Expansion to Minimum Custody Inmates

The length of stay at the CCC facilities is typically less than one year, during which time inmates spend most of each day working, either in the facility or in the community. There is little time available for programs or education once inmates reach 4A/4B status. Many of these inmates could be moved to a pre-release facility prior to being classified as 4A/4B, allowing time for other pre-release programming to be completed. In order to provide the evidence-based programming shown to be most effective in reducing recidivism, any re-entry programs must be provided at higher classification levels when inmates will still have available time to spend in the recommended programs.

The NDCS policy and the re-classification process used to assign pre-release inmates to the CCC facilities consists of identifying inmates at a period of approximately 24 months before they may first be parole-eligible, and conducting individual assessments to determine candidacy for the CCC programs. These inmates are then transferred to other nearby facilities to remain until capacity becomes available at the desired CCC facility. Staff report that these inmates are typically classified as minimum custody (3A or 3B), and occasionally medium (2X). With waiting lists for admission to both CCC-O and CCC-L, and inmates staged nearby at other Omaha/Lincoln facilities, there is currently a pent-up demand for pre-release capacity at these higher (3A, 2X) custody levels, with inmates identified and relocated to the desired jurisdiction, but without the physical space required to implement the optimal pre-release program to impact recidivism.

The best possible pre-release program must include inmates who are of higher custody levels than 4A/4B, in order to allow time for programs to occur. The staging of pre-release inmates earlier in the system will also allow a longer duration of transition, which can offer longer time for inmates to make the necessary changes, find the community resources they will need, and establish ties in the communities to which they will return – all of which help to support success post-release.

[9] The 859-bed shortfall is based on a combined design capacity of 290 (200 at CCC-L and 90 at CCC-O); the 714-bed shortfall is based on a combined operational capacity of 435 (388 at CCC-L and 173 at CCC-O).

Options exist for NDCS to increase the capacity for 4A/4B (community custody) and 3A/3b (minimum custody) inmates at other NDCS correctional facilities. These alternatives were considered and discarded for the following reasons:

- DEC - this facility is appropriate for intake only, with limited programs and inmate services. It serves as the entry point to the system and should not be used for general population housing or for inmates who are ready to reenter the community.
- LCC - this facility has a high level of operational stress due to limited core capacity, and the adjacent land has a higher and better use as the site of the recommended Medical/Mental Health/Intake/Food Service expansion to serve the DEC/LCC complex.
- NSP - this facility has a high level of operational stress due to limited core capacity, and serves as one of the system's high-security facilities. This makes it inappropriate for housing community custody inmates. The minimum custody population at this facility (approximately 600 individuals) serves as inmates, and no increase at this custody level is needed. The limited land at this facility has a higher and better use in providing expanded core services and/or temporary restrictive housing, as identified in the master plan.
- OCC - Omaha is an ideal location for re-entry housing, but this facility does not have sufficient expansion capabilities beyond the 40 restrictive disciplinary housing beds and increased core recommended in this Master Plan.
- CCC-O - While Omaha is an ideal location for re-entry housing, the existing CCC-O campus is limited by physical site constraints. This Master Plan recommends expansion for minimum and community custody inmates at this facility, but recognizes that the existing site is not large enough to accommodate housing and services for more than 300 inmates.
- NCYF – this facility serves a youthful offender population. Expansion is possible on this site, but expansion for minimum/re-entry custody males was discarded due to the low volume of youthful inmates that are processed through the system.
- NCCW - this facility is female-only and is located in York, NE; therefore it is not an optimal location for reentry preparation nor is it appropriate for male inmates.
- TSCI - this facility was designed for high-security inmates and is located in Tecumseh, NE. Original plans called for a cadre of minimum or community custody inmates to serve as inmates. The master plan explored this option and concluded that adequate staffing poses a continual challenge; therefore it is not a recommended priority location for expansion, nor is it the optimal location for minimum custody housing or for re-entry preparation for lower custody levels.
- WEC - the Work Ethic Camp was created to serve probationers and is located in McCook, NE. Recent changes have populated this facility with minimum custody inmates. Although land and expansion is possible, McCook is not an optimal location for re-entry preparation, as it is far from the two locations to which most inmates return (Omaha and Lincoln). Expansion of WEC was not recommended as a high priority in the Master Plan.

Ultimately, CCC-O and CCC-L's current sites were determined to be the best locations for expansion of the NDCS's re-entry/pre-release capacity, with 450 new beds at CCC-L and 300 new beds at CCC-O. The available land at CCC-L will allow for a campus-style facility. The CCC-O site is limited, so the expansion there will be a mid-rise structure. Both facilities will meet current ACA standards and will offer treatment, vocational, and program opportunities focused on preparing inmates for returning to the community.

Medical/Mental Health/Intake/Food Service Expansion

The MIFS project will provide much-needed specialty beds for inmates requiring ongoing mental health or medical treatment and separation from the general population. This project will also relieve strain on critical core support services on the DEC/LCC campus (food service and intake processing) and increase efficiencies by repurposing existing housing units to expand general population (GP) housing. This project will also provide dedicated housing for County Safekeepers and 90 day Evaluators. Populations to be served by this facility and their housing are described here.

Mental Health Housing

The Acute Mental Health Needs population consists of inmates who either suffer from situational crises, serious depression with suicidal ideation, or serious mental illnesses. Generally inmates requiring acute care stabilize sufficiently within a few weeks to few months to move to sub-acute care. In the current LCC mental health unit, they would remain in the same unit. Therefore, the length of stay was used to identify those who were acute versus sub-acute. This subpopulation of inmates were identified again primarily through the location history information and consists of inmates who resided on the LCC Mental Health Unit for less than six months in FY2013.[10]

There is a continuum of sub-acute populations. The first type of sub-acute population is in transition from acute care toward general population. Generally these are inmates who were seriously symptomatic, in acute crisis, or acutely decompensated due to a psychotic illness. In most situations, these inmates respond well to treatment while in acute care and transition to sub-acute care. Depending on their individual needs the length of stay in sub-acute care will vary but will seldom be longer than 4-6 months and frequently stabilize in a matter of weeks.

Another sub-acute population is the Chronic Mental Health Needs population, also referred to as chronically persistently mentally ill (CPMI) or seriously persistently mentally ill (SPMI), who often struggle with severe mental health symptomatology and have a much more difficult time integrating within the general population. As such, this subpopulation of inmates tends to require longer term specialized mental health housing. While some of these inmates may stay in subacute mental health housing for the majority of their sentence, it is preferable to provide some mechanism for "step down" housing to allow them to transition to general population beds often referred to as Special Needs Unit (SNU) that are dedicated to a more vulnerable populations with access to general population activities.

Within the continuum of mental health care are inmates with severe mental health are inmates with severe mental health issues, who may experience severe psychotic episodes or other episodes that make it difficult to manage them within a standard mental health unit. When possible, these inmates may be housed in a more secure mental health housing unit that can manage unstable, disruptive, and aggressive behavior. These inmates have acute symptoms that may be refractive to treatment or they may be refusing treatment. When there is availability for acute care, they may have been in the acute care unit for a number of weeks to months without reaching stabilization that would allow them to step down to a typical sub-acute unit. Therefore, there is a need

[10] The choice of six months was an arbitrary threshold to distinguish between the acute and subacute populations If a different threshold were used, the number of inmates comprising this population and the characteristics of this population may change, since the methods for identifying this population were limited by the available data, this remains a limitation of the current analysis.

for intensive mental health care in small, specialized sub-acute care unit that meets their individual treatment needs and safety.

Medical Housing

A number of inmates in the NDCS system would benefit from a specialized housing unit due to serious medical problems. These inmates require assistance with activities of daily living including "personal care, meals, transportation and medication administration."[11] This housing unit would also serve to accommodate those inmates who require specialized accommodation under the Americans with Disabilities Act.

The level of care was refined into Critical, High, Moderate, or Monitoring. Inmates requiring high level of care require extensive assistance with activities of daily life, but less than inmates requiring critical care. Inmates requiring medium level of care require moderate assistance with activities of daily life and require less care than inmates requiring critical or high care. Finally, inmates requiring monitoring range from inmates that are fairly independent to inmates that require continual supervision but are capable of managing many of the activities of daily life.

Aging inmates are a growing population in corrections. Inmates with dementia pose distinct challenges for housing and management. While the underlying cause of dementia could be traumatic brain injury, mental illness, or a deteriorating medical condition (such as Alzheimer's disease), these inmates often suffer from serious functional deficits and for many of these inmates their level of functioning deteriorates over time. Due to the significant and unique challenges that managing these inmates pose, it is often desirable to house them in a specialized unit. If sufficient need does not exist, it may also be preferable to house them in a distinct subunit within a medically supported housing unit.

The intake processing space is not sufficient for the system's current volume of intakes, which includes youthful male offenders[12] who are required to have sight and sound separation from the adult inmates in accordance with PREA, ACA, and other standards. As a result, youthful males only come to DEC for initial processing and are transferred to NCYF as soon as practicable.

The approximately 5,000 SF kitchen at LCC was designed to serve 468 inmates on the combined DEC/LCC campus (160 at DEC, 308 at LCC). The same kitchen is now serving a campus with an inmate population of nearly 1,000 inmates. LCC inmates are served in a 4,500 SF central dining room via cafeteria style serving line, and DEC inmates are served via hot carts transported through an underground tunnel connector to DEC. The LCC kitchen is not located on the same level as the LCC dining room or the tunnel connecting to the DEC, meaning all food must be moved on elevators. Food storage is limited to 2,300 SF for the entire campus. The Food Service program is the largest employer of inmate workers at LCC, and as such an adequate kitchen benefits the system in direct and indirect ways.

Refer to Project 1.3 MIFS for further discussion.

[11] Language was taken from a memorandum from Dr. Randy T. Kohl - Deputy Director, Health Services.

[12] Youthful female offenders are processed through intake at NCCW. Issues regarding sight and sound separation between juveniles and adults in this facility will be discussed in later sections.

Project 1.1 – Community Corrections Center – Lincoln (CCC-L) Expansion

CCC-L GOALS

The CCC-L expansion is intended to:

- Increase system-wide capacity at the 3A, 3B, 4A, and 4B classification levels to help reach the 1,149 total beds that are recommended by the forecast in Chapter 3;
- Increase the re-entry capacity in Lincoln, which has the State's second largest concentration of returning inmates;
- Create a multi-custody re-entry preparation program that augments the existing work detail/work release program with additional pre-release/re-entry preparation programming for minimum custody (3A/3B) inmates;
- Convert the existing CCC-L single-building facility to a campus-style prison with perimeter fence (security for minimum custody inmates) and dedicated buildings for various inmate services;
- Increase opportunities for collaboration with public, faith-based, and private non-profit partners to create a robust network of pre- and post-release services;
- Decrease crowding levels in the existing housing units by reducing occupancy from eight (8) inmates per room to six (6) inmates per room;
- Increase the requisite dayroom and other support areas to ensure the core capacity matches the operational capacity, per 2014 ACA standards and industry best practices;
- Allow centralized services to be leveraged for male community custody inmates, female community custody inmates, and male minimum custody inmates, while maintaining security and separation through physical barriers and schedule-based occupancy; and
- Relocate the Parole and Behavioral Health staff from Trabert Hall to the expanded CCC-L facility to eliminate annual lease costs and provide better and more convenient services for inmates, staff, and the public who use Trabert Hall. Additionally, the future of Trabert Hall is in question as Lancaster County may opt to vacate and sell this property.

At the end of the expansion project, the CCC-L facility will have a total operational capacity for 750 inmates, divided as follows[13]:

- 300 beds for Community Custody Males (in existing housing with modifications)
- 150 beds for Community Custody Females
- 300 beds for Minimum Custody Males, with re-entry focus and programs

The net increase of 450[14] beds at CCC-L, coupled with the recommended increase of 300 beds at CCC-O, will meet a majority of the forecasted beds needed at the minimum and community custody levels during the next 20 years.

[13] Note that these numbers are approximate and will need to be defined through the Program Statement and facility design stages.

[14] Based on operational capacity, the increase is 450 design beds as follows: 750 future operational capacity – 300 current operational capacity = 450 new beds. Note that the future design capacity of the expanded CCC-L campus will be 650 because no physical additions are being made to increase the design capacity at the existing CCC-L building. Dewberry recommends that the design capacity of the existing CCC-L building be increased through legislative action to match the updated core of 300.

CCC-L LOCATION (FACILITY ANALYSIS)

The proposed site for this project is an existing NDCS-owned site on which the existing Community Corrections Center - Lincoln is located. This current site in Lincoln, NE is owned by NDCS and offers ample adjacent undeveloped land mass for the proposed facility expansion. The existing CCC-L facility will undergo renovation and expansion to serve its program. A new Central Energy Plant (CEP) will serve the expanded campus.

CCC-L ACTIVITY ANALYSIS

HOUSING EXPANSION

CCC-L was designed to house 200 work release/work detail inmates in Lincoln, Nebraska. With population levels nearly doubled, this facility, together with CCC-O (in Omaha), has become one of the system's primary re-entry portals bridging inmates from higher custody levels back into the community. There is a waiting list for admission, suggesting a high level of pent up demand for community correction center services.

The Master Plan recommends:

- Construction of a new 300-bed re-entry housing expansion for male inmates, with commensurate quantity of standard program, recreation, visitation, and classroom areas adequate to serve a typical minimum custody population or lower, with flexibility of on-unit treatment.
- Construction of a new 150-bed 4A/4B female unit, with recommended level of services and programs.
- Renovation of the existing 200-bed housing units to serve 4A/4B male inmates, with the recommended level of services and programs to serve 300 4A/ 4B male inmates.

CCC-L CORE EXPANSION

CCC-L was designed to house 200 inmates who are out of the facility for the majority of the day. These inmates typically do not engage in programming because the bulk of their day is spent at work. The existing core support services were not designed to accommodate in-custody inmates who remain onsite nearly 24-hours per day. The operational stress index is currently at 1.94, but could increase if population levels increase and/or if inmates remain on site all day.

Core expansion is necessary to increase the kitchen/dining capacity to meet a future population of 750, as indicated in the Final Anticipated Facility Utilization table. Programs, visitation, recreation, and all other services required for minimum custody inmates must also be provided. Attention should be given to the physical, operational, and schedule-based barriers that will ensure separation between the male and female inmates, as well as the minimum and community custody populations. Future plans may consider a CSI program at this facility for the minimum custody population, perhaps as part of a pre-release job skills program.

CCC-L SITE IMPROVEMENTS

This project will require a major expansion to the north of the existing CCC-L facility on land owned by the state. The land slopes to the north from the high point where the existing building is situated. The expanded campus will include multiple buildings set on flattened plateaus, which will be connected by pedestrian ramps.

As the facility is converted to a campus, the perimeter will be enclosed by a single security fence with access through a service sallyport and gatehouse. A warehouse/ maintenance building will be located outside of the security perimeter. A Central Energy Plant will be located approximately 250 feet west of this campus, which may be expanded in the future to serve other nearby NDCS facilities.

More specifically, the Central Energy Plant could provide hot and chilled water, and emergency power for the new CCC-L expansion, proposed DEC/ MIFS expansion, and the existing DEC and LCC facilities (the DEC and LCC energy plants are approximately 35 years old). Having a Central Energy Plant could reduce staffing and maintenance costs and improve efficiencies. NDCS should consider participating with Lincoln's District Energy Corporation for the Central Energy Plant operations, if considered feasible.

The existing parking lot directly south of the current facility will be enlarged to accommodate the expanded campus. A new Parole/ Treatment building is to be located on the southeast corner of the site. Significant new infrastructure including site utilities, site lighting and site security systems will be provided.

CCC-L FINAL ANTICIPATED FACILITY UTILIZATION

The final recommended facility utilization includes constructing new housing with a design and operational capacity of 450. This housing will be equipped to accommodate a wider range of inmates by providing beds and services for inmates classified as minimum custody. Furthermore, core support services will be increased by 650 to provide support for the expanded housing and to compensate for deficiencies in existing core service areas. At the end of construction, this campus will have a final design capacity of 650 and an operational capacity of 750. In line with best practices and ACA standards, this consultant does not recommend that any new facility expansions house inmates in excess of the OC_F value.

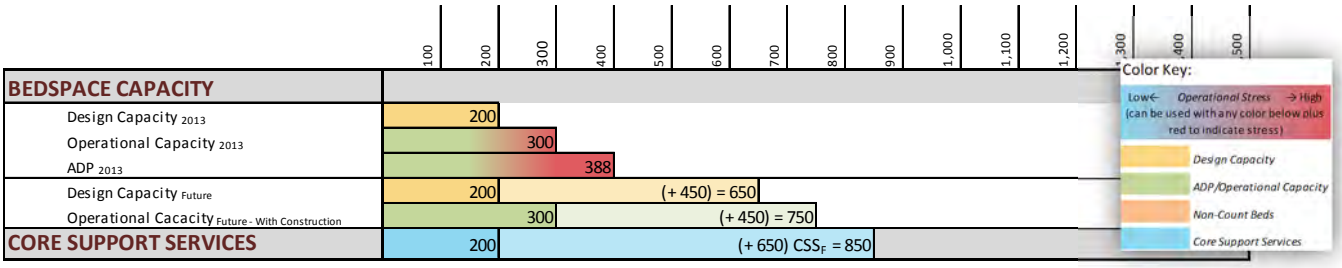
Although population levels are expected to exceed design capacity, recall from discussions in Chapter 2 that stress levels can be mitigated through operational modifications and enhancements to core support services. Because of this, the future Operational Stress Index at CCC-L is expected to be reduced from 1.94 to 0.88.

CCC-L Future Capacity/Utilization Summary (0% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	200	450	650
	Core Support Services	200	650	850
	Custody	4A,4B	3A, 3B, 4A, 4B	3A, 3B, 4A,4B
	Gender	M/F	M/F	M/F
Institutional Capacity	Recommended Operational Capacity (OC)	300	450	750
	Recommended Bed Capacity (Beds)	300	450	750
	Current and Projected Average Daily Populations	388		750
Crowding and Stress Levels	Estimated Crowding (Population/DC)	194%		115%
	Revised Crowding (Population/OC)	129%		100%
	Operational Stress Index (Population/Core Support)	1.94		0.88

*Numbers may not add up exactly, due to rounding.

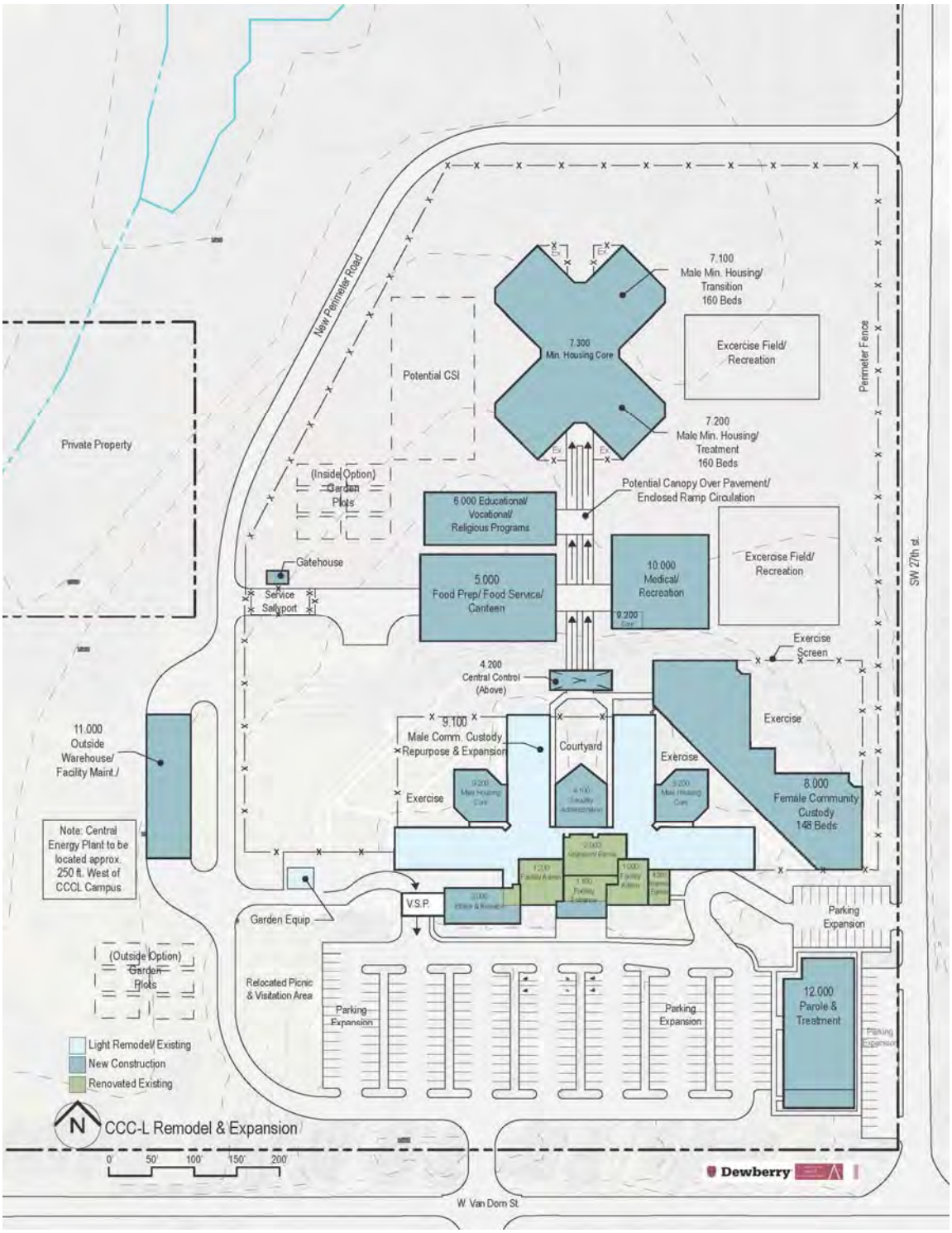
Source: NDCS

CCC-L - RECOMMENDED



Source: Dewberry

CCC-L EXPANSION SITE PLAN



Source: CWPA and Dewberry

Project 1.2 – CCC-O Expansion

CCC-O GOALS

The construction of the expanded CCC-O is intended to:

- Increase system-wide capacity at the 3A, 3B, 4A, and 4B classification levels to help reach the 1,149 total beds that are recommended by the forecast in Chapter 3;
- Increase the re-entry capacity in Omaha, which has the State's largest concentration of returning inmates;
- Create a multi-custody re-entry preparation program that augments the existing work detail/work release program with additional pre-release/re-entry preparation programming for minimum custody (3A/3B) inmates;
- Convert the existing CCC-O single-building facility to a campus-style prison with perimeter fence (security for minimum custody inmates) and dedicated buildings for various inmate services;
- Increase opportunities for collaboration with public, faith-based, and private non-profit partners to create a robust network of pre- and post-release services;
- Decrease crowding levels in the existing housing units by reducing occupancy from four (4) inmates per room to three (3) inmates per room;
- Increase the requisite dayroom and other support areas to ensure the core capacity matches the operational capacity, per 2014 ACA standards and industry best practices;
- Allow centralized services to be leveraged for male community custody inmates, female community custody inmates, and male minimum custody inmates, while maintaining security and separation through physical barriers and schedule-based occupancy; and
- Relocate the Parole and Behavioral Health staff from the Nebraska State Office Building in Omaha to the expanded CCC-O facility. This would eliminate annual lease expenses and provide better and more convenient services for inmates, staff and visitors.

CCC-O LOCATION (FACILITY ANALYSIS)

A parcel of land is available adjacent to the existing facility. J Street would need to be closed for construction to be contiguous. The test-fit (included at the end of this section) replicates the existing housing style only to illustrate that the needed housing and service areas are able to fit on the existing site. Core expansion will need to be further refined and addressed in the program statement phase of effort. The site is able to accommodate a two-story combination of housing and/or core on the footprint identified.

CCC-O ACTIVITY ANALYSIS

CCC-O HOUSING EXPANSION

CCC-O was designed to house 90 work release/work detail inmates in Omaha, Nebraska. With the operational capacity now approximately doubled to 180, this facility, together with CCC-L (in Lincoln), has become one of the system's re-entry portals bridging inmates from higher custody levels back into the community. There is a waiting list for admission, with most in nearby OCC pending qualification for the program or availability in the facility.

The Master Plan recommends:

- A 250-bed Level 3A/B custody housing unit for male inmates will provide CCC-O with much needed additional bed capacity and also flexibility as these beds can be utilized by lower classified (Level 4A/B) inmates depending on current needs. Decentralized program functions, located close to the housing will offer a setting that will allow the staff to manage and provide treatment for the various population groups within the facility, in a setting where resources can be effectively shared.
- A 50-bed Level 4A/B custody housing unit for female inmates will better separate the female population from the males, alleviating some of the operational problems associated with the current mixing of populations. Similar to the male housing unit, decentralized program functions, located close to the housing will offer a setting that will allow the staff to manage and provide treatment for the various population groups within the facility, in a setting where resources can be effectively shared.
- Renovations to the existing CCC-O facility to bring the current occupancy of existing rooms from 4 per room to 3 per room. This would effectively provide for an occupational capacity in existing rooms of 135-beds for Level 4A/4B custody male inmates.

CCC-O CORE EXPANSION

CCC-O was designed to house 90 inmates who are on work release or work detail, out of the facility for the majority of the day. These inmates typically do not engage in programming because the bulk of their day is spent at work. The existing core support services were not designed to accommodate inmates who would remain onsite nearly 24-hours per day. The operational stress index is currently 1.92, but could increase if population levels increase and/or if inmates remain on site all day.

Projects to lower operational stress include:

a. Two new separate inmate transfer areas will facilitate the daily processing of work release inmates and transfer of secure custody inmates in a more efficient and secure manner. These enhanced procedures will decrease the opportunity for contraband entering the facility and give staff the ability to secure an inmate that needs to gain control of themselves prior to joining the general population.
b. Construction of new programming space will provide greatly increased programming opportunities in the facility. The additional space will allow for the facility to offer much needed additional treatment and re-entry focused programming for inmates who are near the point where they will return to everyday life as productive citizens.
c. The planned new administrative spaces will provide for housing of the administrative functions in appropriate spaces, separating this function from that of the inmates. By consolidating certain functions with the Omaha Correctional Center (OCC), space will be freed up inside OCC. It should allow for a more efficient execution of these functions as well as reducing the number of duplicated efforts between the two facilities.
d. Constructing new space for support functions will provide efficient space designed to handle present and future requirements for food service, inmate medical needs, and material handling and storage. Future extension capabilities should be included in any final design to allow for growth.

e. By moving the functions of Parole Services and Behavioral Health to new spaces, these programs will no longer be required to lease space in the Nebraska State Office Building in downtown Omaha. Having these functions located at CCC-O will allow much better access to the population they serve.

CCC-O SITE IMPROVEMENTS

The site area available is limited and adjacent to mixed use neighbors. A compact, vertical architectural solution to include new additions and a new warehouse building will be required. Vacated streets, alley-ways and the purchase of a non-state owned property will allow for needed expansions. Utilities will need to be modified / upgraded. Expanded parking on land shared with OCC will be needed to serve this expanded campus.

CCC-O FINAL ANTICIPATED FACILITY UTILIZATION

The final recommended facility utilization includes constructing new housing with a design capacity of 390. This housing will be equipped to accommodate a wider range of inmates by providing beds and services for inmates classified as minimum custody. Furthermore, core support services will be increased to provide support for the expanded housing and to compensate for deficiencies in existing core service areas. The proposed facilities and improvements, will increase the facility's rated design capacity from 90 to 390 beds and provide for an operational capacity of 435 beds.

Although population levels are expected to exceed design capacity, recall from discussions in Chapter 2 that stress levels can be mitigated through operational modifications and enhancements to core support services. Because of this, the future Operational Stress Index at CCC-O is expected to be reduced from 1.92 to 0.91.

CCC-O Future Capacity/Utilization Summary (0% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	90	300	390
	Core Support Services	90	390	480
	Custody	4A,4B	3A, 3B, 4A,4B	3A, 3B, 4A,4B
	Gender	M/F	M/F	M/F
Institutional Capacity	Recommended Operational Capacity (OC_{13})	135	300	435
	Recommended Bed Capacity ($Beds_{13}$)	135	300	435
	Current and Projected Average Daily Populations	173		435
Crowding and Stress Levels	Estimated Crowding (Population/DC)	192%		112%
	Revised Crowding (Population/OC)	128%		100%
	Operational Stress Index (Population/Core Support)	1.92		0.91

*Numbers may not add up exactly, due to rounding.

Source: NDCS

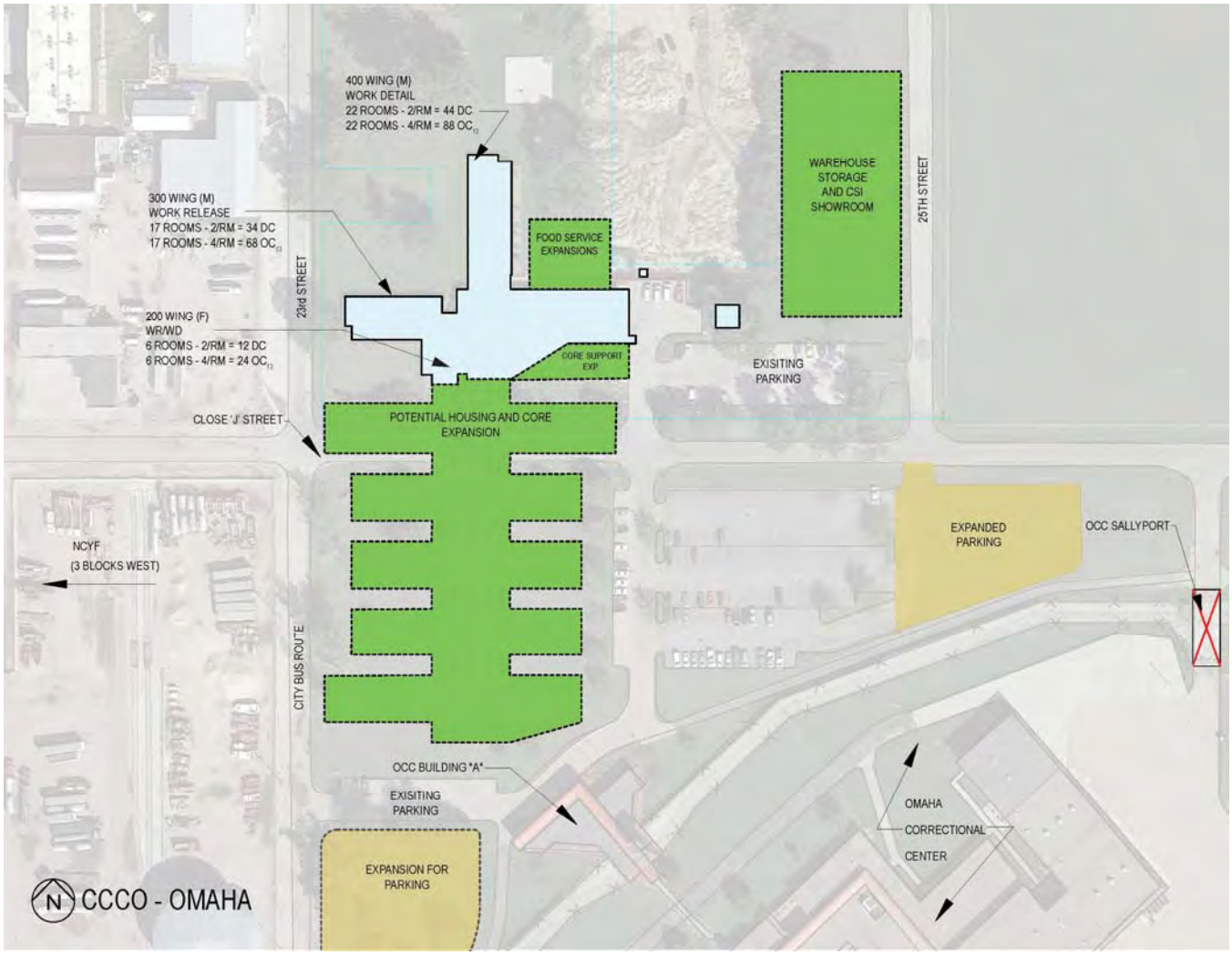
CCC-O - RECOMMENDED

	100	200	300	400	500	600	700	800	900	1,000	1,100	1,200	1,300	1,400	1,500
BEDSPACE CAPACITY															
Design Capacity 2013	90														
Operational Capacity 2013	135														
ADP 2013	173														
Design Capacity Future	90	(+ 300) = 390													
Operational Capacity Future-With Construction	135	(+ 300) = 435													
CORE SUPPORT SERVICES	90	(+ 390) = CSSF 480													

Color Key:
Low← Operational Stress →High (can be used with any color below plus red to indicate stress)
Design Capacity
ADP/Operational Capacity
Non-Count Beds
Core Support Services

Source: Dewberry

CCC-O EXPANSION SITE PLAN



Source: CWPA and Dewberry

Project 1.3 – Medical/Mental Health/Intake/Food Service (MIFS) Addition to DEC/LCC Campus

MIFS GOALS

The project recommended at the DEC/LCC campus consists of a combination of specialty housing and core support areas to create a facility that will house inmates with significant medical and/or mental health needs, increase efficiencies in the intake process, and enhance the food services on this campus to better serve population demands.

This project is intended to:

- Improve the intake process by creating a larger area that is better equipped to manage the volume of inmate admissions and that will increase efficiencies in processing procedures;
- Allow greater collaborative case management of complex patients by a co-located team of medical and mental health professionals;
- Repurpose beds in LCC, DEC, and NSP to serve general population inmates, as originally intended, by constructing specialized beds to relocate inmates with significant medical and/or mental health needs;
- Provide a better continuity of care for inmates with co-occurring medical and mental health issues;
- Reduce the operational stress index (OSI) at LCC and DEC by increasing core support services space to match their recommended future operational capacity;
- Construct a new larger capacity kitchen with ample food preparation, food storage, and cart storage space, along with a new central dining area, for enhanced food service and inmate training and employment opportunities; and,
- Reduce and/ or eliminate DEC's reliance on LCC for hot water, chilled water and emergency power with the construction of a new Central Energy Plant for DEC MIFS, CCC-L expansion, DEC and LCC.

MIFS LOCATION (FACILITY ANALYSIS)

The DEC/LCC campus has available land located between the two facilities near the tunnel connecting DEC to LCC, which could be used to develop the MIFS program as indicated on the site plan (see end of this section). The program test fit illustrates that the site is sufficient to allow expansion as suggested in this Master Plan, although actual shape and footprint will need to be developed through further efforts. Preliminary site test fit exercises also indicate that this land is well-suited to serve the purpose of the MIFS and to provide an internal physical connection between the facilities other than the tunnel.

MIFS ACTIVITY ANALYSIS

INTAKE EXPANSION

The DEC was opened in 1979 and was designed to house an ADP of 160 intake inmates, when admissions were less than 600 per year. It now has an ADP of over 500, and processes more than 2,900 male inmates per year in an area of approximately 2,500 SF. Standard male admissions are forecasted to reach just nearly 3,600 per year by 2023. The intake processing space is not sufficient for the system's current volume of intakes, which includes youthful male offenders [15] who are required to have sight and sound separation from the adult inmates in

[15] Youthful female offenders are processed through intake at NCCW. Issues regarding sight and sound separation between juveniles and adults will be discussed in later sections.

accordance with PREA, ACA, and other standards. As a result, youthful males only come to DEC for initial processing and are transferred to NCYF as soon as practicable

Approximately 4-5% of adult male admissions are "non-standard" – these include 90-day evaluators and county safekeepers, who typically require a high level of evaluative services and continued monitoring by medical and MH staff and who are mixed in with the NDCS intakes, but who will not be transferred to other NDCS facilities.

The Master Plan recommends:

- Construction of a new 20,000 SF (estimated) intake area to be located adjacent to, and operated in conjunction with, the new medical/mental health treatment area;
- Construction of a new 60-bed unit for county safekeepers and 90-Day Evaluators to be located adjacent to, and in conjunction with, the new medical/mental health treatment area; and
- Renovation of the existing intake area for other program services in support of the DEC population.

MEDICAL/DENTAL EXPANSION

The DEC's combined medical/dental area occupies approximately 5,000 SF and is used for intake evaluations and for inmate care. This area, originally designed to serve a population of 160 inmates now serves around 500 inmates per day. The increasing volume of inmates with specialized medical needs, as well as the increased complexity of treatments and services required, has increased the amount of dedicated space needed for medical care. The demand for skilled nursing beds at this campus has also well exceeded the 16-bed unit in which it is currently located.

The Master Plan recommends:

- Construction of a 20,000 SF (estimated) area for dedicated medical and mental health evaluation and treatment;
- Construction of one 40-bed, custom-designed skilled nursing facility;
- Construction of one 20-bed unlicensed nursing facility; and
- Repurposing Housing Unit P at DEC to serve as a general population housing unit. This will not increase design capacity, but will increase the operational capacity of DEC by 32.

MENTAL HEALTH STABILIZATION AND CARE EXPANSION

NDCS has recognized the need for a housing unit that can serve as a centralized location for dedicated mental health care and housing. This unit would provide long-term housing for inmates with chronic mental health conditions, as well as short-term care for inmates with acute or sub-acute needs who would benefit from periods of stabilization followed by careful transitioning back into the general population. Housing Units D and C2 at LCC are currently used for this purpose and house approximately 75-80 inmates at any given time. Inmates who may benefit from placement in this unit are served in other facilities until appropriate space is available for them. With the MIFS project, LCC housing units D and C2 would be returned to general population housing units, as originally designed.

The Master Plan recommends:

- Construction of two 60-bed mental health stabilization units, connected to, and operated in conjunction with, medical housing and the new medical and mental health evaluation and treatment area; and,

- Repurposing Housing Unit D at LCC to serve as a general population housing unit. This will not increase design capacity, but will increase the operational capacity of LCC by 32.

FOOD SERVICE EXPANSION

The approximately 5,000 SF kitchen at LCC was designed to serve 468 inmates on the combined DEC/LCC campus (160 at DEC, 308 at LCC). The same kitchen is now serving a campus with an inmate population of nearly 1,000 inmates. LCC inmates are served in a 4,500 SF central dining room via cafeteria style serving line, and DEC inmates are served via hot carts transported through a tunnel connector to DEC. The LCC kitchen is not located on the same level as the LCC dining room or the tunnel connecting to the DEC, meaning all food must be moved on elevators. Food storage is limited to 2,300 SF for the entire campus.

The Master Plan recommends:

- Construction of a new, centrally-located 15,000-20,000 SF (estimated) kitchen, with ample on-site and warehouse bulk food storage, to serve the DEC, LCC, and MIFS inmates; and
- Renovation of the existing LCC kitchen and dining areas for other program services required to serve that population.

CORE EXPANSION

The DEC and LCC facilities were both designed with core support services to serve fewer inmates than the facilities house today. The disparity between operational capacity and core support services means that the DEC and LCC are operating with operational stress indices of 3.13 and 1.63, respectively. The bulk of the core space shortfall is at LCC, because inmates are typically cycled through the intake process at DEC within 45 days. DEC has a higher level of operational stress, however, due to the extreme levels of crowding at that institution.

The Master Plan recommends:

- Renovation or construction of core areas to bring the core support services in line with the recommended future operational capacity for the entire campus (1,367); and
- Renovation or construction of core areas to bring the core support services in line with the future recommended operational capacity for DEC and LCC.

LCC provides critical utilities (i.e. heating hot water, and chilled water) to DEC and these systems are over 35 years of age. The existing systems do not have the capacity for the proposed expansions. The Master Plan recommends the construction of a new Central Energy Plant (CEP) to provide hot and chilled water and emergency power for the DEC MIFS project, the CCC-L expansion project and the existing LCC and DEC energy plant. Having a Central Energy Plant could reduce staffing and maintenance costs and improve efficiencies. NDCS should also consider participating with Lincoln's District Energy Corporation for the Central Energy Plant operations, if feasible.

At the end of this project, the MIFS facility will offer the following specialized bedspaces to the NDCS system (numbers approximate, to be refined and finalized in Program Statement):

- 150 new Mental Health Stabilization beds at the new MIFS
- 80 new 90 day evaluator and safekeeper beds at the new MIFS
- 40 new skilled nursing beds (licensed) at MIFS
- 88 new unlicensed medical beds at MIFS

Adding these specialty beds will free up a total of 88 additional beds for general population use in DEC and LCC in units where cells are currently single-occupied.

In addition to providing specialized housing, the MIFS project will take advantage of the available land between DEC and LCC to fill in and complete that campus in the following ways, intended to mitigate the Operational Stress at both of those facilities:

- The construction of new housing and infrastructure, as recommended, will vacate some internal spaces (e.g., food service and dining at LCC, intake at DEC, existing medical area at DEC, existing mental health housing at LCC), leaving them available for repurposing as general housing or for expansion of core support services. This repurposing will reduce the operational stress levels at both DEC and LCC.
- 16 beds in Unit P have been converted into a skilled nursing facility. The increasing complexity of the evaluation process for standard intakes (for medical/dental equipment, intake specialists, medical/MH examinations and professional staff areas) has increased the amount of space required. The demand for skilled nursing beds at this campus has also well exceeded the current 16 beds, which were not originally designed as nursing beds, and which will have a higher and better use if returned to a 32-bed general population housing unit.
- Beyond the DEC needs, the NDCS system recognizes the increased need for centralized skilled and unskilled nursing beds for elderly or chronically ill inmates with deteriorating conditions, leading to a need for adaptive housing and/or ongoing care.
- NDCS has recognized the need for a centrally located, system wide mental health housing and care unit, to be used for short-term stabilization of inmates for temporary isolation followed by careful transitioning back into the general population.
- The DEC and LCC facilities were both designed with core support services to serve fewer inmates than the facilities house today. The disparity between operational capacity and core support services means that the DEC and LCC are operating with an operational stress indices of 3.13 and 1.63, respectively. The core space shortfall at both facilities totals approximately 213,000 SF (based on ideal space standards) made up of a combination of program, indoor recreation, visitation, and classroom space. The bulk of this shortfall is at LCC, because DEC is primarily an intake facility with LOS of only 45 days (or less). The campus warehouse storage is also short an estimated 16,000 SF, for food, commissary, and other sundries. The program statement should examine these areas, as well as administrative and security functions, to determine the precise quantity and nature of the shortfalls.

The Master Plan recommends:

- The core space shortfall at both facilities totals approximately 213,000 SF (based on Best Practice space standards) made up of a combination of program, indoor recreation, visitation, and classroom space. The campus warehouse storage is also short an estimated 16,000 SF, for food, commissary, and other sundries. **The program statement should examine these areas, as well as administrative and security functions, to determine the precise quantity and nature of the shortfalls.**
- The core support services space required is estimated to range between 43,000-213,000 SF, to be refined in the program statement phase based on final determination of highest and best use of available spaces, and any viable operational solutions to new construction. Every effort should be made to make the core addition as efficient as possible.

MIFS SITE IMPROVEMENTS

Site improvements are desired to reduce the significant congestion between public, staff and service vehicles at the west end of the campus. A new service road and vehicle service sallyport will directly access the new MIFS and improve the existing conditions. Expanded parking to the West of the existing parking lot will more adequately serve the combined DEC/LCC/MIFS campus. A new Central Energy Plant located remotely on adjacent state owned land is also under consideration to serve this multiple-use correctional complex.

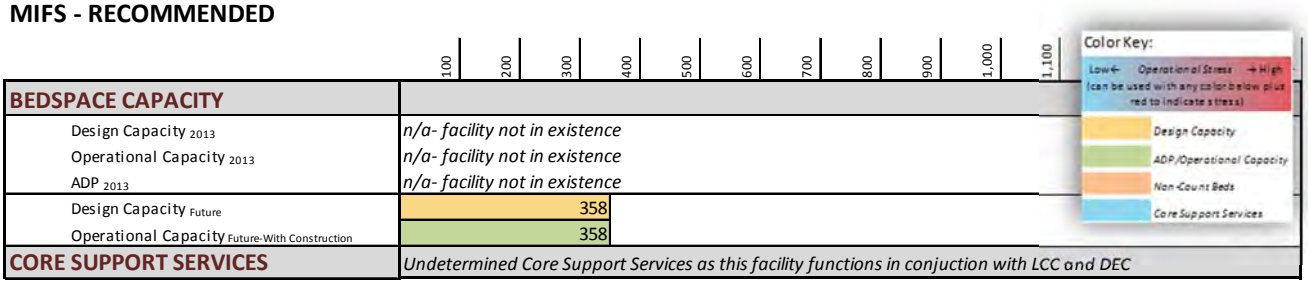
MIFS FINAL ANTICIPATED FACILITY UTILIZATION

MIFS Future Capacity/Utilization Summary (0% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	-	358	358
	Core Support Services	-	358	358
	Housing Type	-	MH, Med, SK	MH, Med, SK
	Custody	-	1X, 2X, 3A	1X, 2X, 3A
	Gender	-	M	M
Institutional Capacity	Recommended Operational Capacity (OC_{13})	-	358	358
	Recommended Bed Capacity ($Beds_{13}$)	-	358	358
	Current and Projected Average Daily Populations	-		358
Crowding and Stress Levels	Estimated Crowding (Population/DC)	-		100%
	Revised Crowding (Population/OC)	-		100%
	Operational Stress Index (Population/Core Support)	-		1.00

*Numbers may not add up exactly, due to rounding.

Source: NDCS

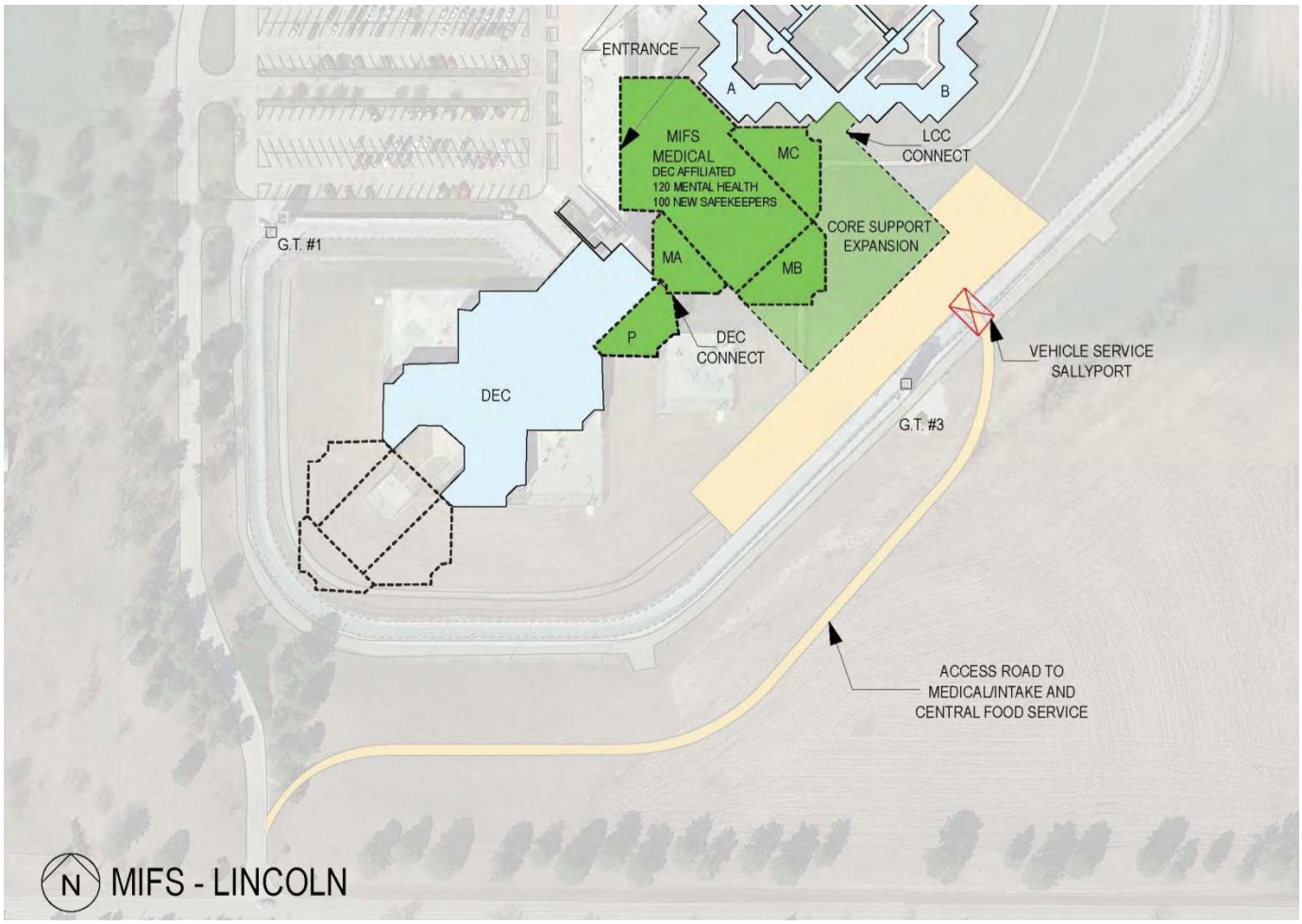
MIFS - RECOMMENDED



BEDSPACE CAPACITY	
Design Capacity 2013	*n/a- facility not in existence*
Operational Capacity 2013	*n/a- facility not in existence*
ADP 2013	*n/a- facility not in existence*
Design Capacity Future	358
Operational Capacity Future-With Construction	358
CORE SUPPORT SERVICES	*Undetermined Core Support Services as this facility functions in conjuction with LCC and DEC*

Source: Dewberry

MIFS SITE PLAN



Source: CWPA and Dewberry

Summary Phase 1

At the conclusion of Phase 1, if all projects have been implemented as recommended, the following goals will have been achieved:

- System-wide design capacity will increase by 1,108 design beds (from 3,283 to 4,391);
- System-wide operational capacity will increase by 1,188[16] (from 4,477 to 5,605);
- System-wide crowding levels based on design capacity will be reduced from 148% to approximately 138% (crowding levels based on operational capacity will be reduced from 108% to 107%);[17]
- Facilities with the highest Operational Stress Indices (DEC, CCC-L, CCC-O, and LCC) will experience relief from improvements to core support services, which will allow for more efficient operations and a prolonged facility life;
- NDCS will be better suited to address the special housing and programming needs of the aging and/or chronically ill populations and provide a greater continuity of care for special needs cases;
- Intake capacity will increase to more efficiently accommodate the demands of an increased volume of intakes; and
- Capacity for pre-release preparation and staging in Lincoln and Omaha will increase nearly four-fold, from 290 design beds to 1,040 design beds (+450 design beds at CCC-L and +300 design beds at CCC-O), thereby devoting 18% of total system beds (operational) to pre-release programming and preparation.

Figure 4-5 Buildout Chart for Phase 1

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F		TOTAL BEDS
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)								
Phase 1 - Years 1-5	1	CCC-L EXPANSION					*100*		*200*	*150*	450
	2	CCC-O EXPANSION					*50*		*200*	*50*	300
	3	DEC MIFS INCLUDING:									0
	3	DEC MHStab			*50*	*50*	*50*				150
	3	DEC SafeK	*80*								80
	3	DEC SNF (LICENSED BEDS)			*10*	*10*	*10*	*10*			40
	3	DEC SNF (UNLICENSED BEDS)			*22*	*22*	*22*	*22*			88
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT 8)*	16								16
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT P)*	32								32
	3	*GP BEDS GAINED (REPURPOSING LCC UNIT D)*			32						32
			POST PHASES 1 - TOTAL BEDS BY GENDER/CUSTODY LEVEL								
		MALE	403	210	820	1,063	1,514	232	715		4,957
		FEMALE	24	10	64	59	86	4	-	331	578
		JUVENILE	70								70
			427	**220**	**884**	**1,122**	**1,670**	**236**	**715**	**331**	**5,605**

Source: CCC-L Expansion/CCC-O Expansion – MP Executive Committee; DEC MIFS Needs – interim forecast of needs, MIFS program Statement, Pulitzer-Bogard Associates+Marc Swatt, JSS (numbers may be refined in final program statement)

[16] Includes the 80-bed increase in operational capacity noted in Note 11, from repurposing existing beds, some not in the design capacity.
[17] Crowding calculated by NDCS

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Cost Basis of Projections

This section of the Master Plan defines recommended work over time, segmented into three phases based upon priority needs. Operational and capital cost estimate projections will become less reliable the further out in time anticipated projects will be developed. It needs to be emphasized that all costs presented herein are based upon midyear 2014 dollars. Therefore, projects presented for consideration will require adjustments for inflation. This will be defined and estimated more precisely in each project's program statement. The purpose of the budget estimates presented in this planning effort reflects the value of each proposed project in the current cost environment.

The project budgets for recommended expansions and / or improvements consist of construction costs, project support costs, and annual staffing cost and operating budgets.

Construction cost estimates must consider the different types of construction required within the recommended expansions and / or improvements. These include new, renovated or remodeled spaces. Additionally for correctional facilities costs are further categorized for housing spaces and core / support spaces. Similarly, sizes of housing and core / support spaces per inmate are calculated separately due to their relative efficiencies of net to gross areas.

Project support costs include testing, Architectural / Engineering fees, bidding costs, fixtures / furniture / equipment (FFE) and a project contingency for unforeseen issues. A 30% - 35% cost allowance is added to construction costs to determine total project costs.

The following table provides cost projections for the recommended Phase 1 projects. Currently, these projects are in the process of developing program statements and preliminary information has been included in the detail of the Project Budgets. The CCC-L and CCC-O projects are further along in the process at this time than the MIFS project and information presented in Figure 4-6 is more accurate for these projects.

Cost Summary Phase 1

Figure 4-6 Phase 1 Project Cost Projections

Facility	Project	# of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
Expansion - Project Budgets									
EXISTING and PROPOSED NEW FACILITIES									
PHASE 1 (2014 - 2019)									
1.1 CCC-L: Renovation and Expansion									
	Central Energy Plant [1]	-	-	10,455	$ 1,336	$ 13,965	$ 18,480	3	
	Parole and Treatment Building	-	-	24,921	$ 202	$ 5,047	$ 6,679	11.5	
	Core Support (programs, visitation, rec., etc.)	-	-	71,113	$ 256	$ 18,196	$ 24,079	114	
	[Renovated Community Custody Beds]	-	-	26,848	$ 136	$ 3,666	$ 4,851	-	
	Community Custody Beds	150	153	22,875	$ 266	$ 6,094	$ 8,064	12.5	
	Minimum Custody Beds	300	156	46,734	$ 289	$ 13,487	$ 17,847	30	
	Subtotal:	450	-	202,946	-	$ 60,455	$ 80,000	171	$ 9,168
1.2 CCC-O: Renovation and Expansion									
	Core Support (programs, visitation, rec., etc.)	-	-	82,856	$ 206	$ 17,041	$ 23,005	123	
	[Renovated Spaces]	-	-	46,300	$ 76	$ 3,522	$ 4,755	-	
	Community Custody Beds (Female)	50	281	14,076	$ 317	$ 4,456	$ 6,016	5.5	
	Flexible Custody Beds (Male)	250	142	42,588	$ 317	$ 13,481	$ 18,224	25	
	Subtotal:	300	-	185,820	-	$ 38,500	$ 52,000	153.5	$ 7,809
1.3 MIFS: Renovation and Expansion on the DEC/LCC Campus									
	Central Energy Plant [1]	-	-	10,455	$ 1,336	$ 13,965	$ 18,480	3	
	New Intake Area	-	-	4,850	$ 475	$ 2,304	$ 2,995	10	
	New Food Service Area [2]	-	-	19,550	$ 562	$ 10,987	$ 13,184	4	
	Renovated Existing DEC Intake for repurpose	-	-	2,540	$ 220	$ 559	$ 727	10	
	Medical / Mental Health eval. & treatment [2]	358	532	190,456	$ 365	$ 69,516	$ 90,371	179	
	[Renovated DEC/ LCC Housing Units for Repurpose]			13,400	$ 105	$ 1,407	$ 1,829		
	Renovated Core Support (programs, visitation, rec., etc.)	-	-	6,000	$ 260	$ 1,560	$ 2,028	40	
	Subtotal:	358	-	247,251	-	$ 100,298	$ 129,614	246	$ 14,500
	PHASE 1 TOTAL:	1,108	-	636,017	-	$ 199,253	$ 261,614	571	$ 31,477

Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.

[1] A new Central Energy Plant is included in both Phase 1.1 and 1.3 to provide more cost effective operational costs for these expanded campuses.

[2] Medical/Mental Health evaluation and treatments areas and cost per sf have been interpolated from the areas/costs from the recently completed Health Care and Food Service Facilities for the Iowa Department of Corrections in Michellville,Iowa

Source: CWPA

Phase 2 - Years 6-10

Phase 2 is dedicated to continuing to increase design capacity to meet the forecasted increases in admissions and completing projects that will reduce operational stress at OCC and NSP, the two facilities with an Operational Stress Index higher than 1.0 (currently estimated at a 1.8 at OCC and 1.59 at NSP). With Phase 1 having taken care of capacity needs at the lower end (3A/3B/4A/4B) of the custody continuum, as well as intake/medical/mental health and relief for DEC (through the creation of a new unit for Safekeepers/90-Day Evaluators and a new intake center), Phase 2 is focused on adding beds at the higher end of the system and improving core support services at the facilities not included in Phase 1.

Remaining shortfall in the first ten years which was not addressed in Phase 1 identified the following count beds, system wide, targeted for the locations indicated:

- 97 intake beds (DEC, approximately 80 beds were provided in Phase 1, plus approximately 48 efficiency beds were gained by repurposing Unit P and Unit 8 at DEC)
- 166 SMU beds (NSP, TSCI)
- 287 1X/2X beds (LCC, NSP, TSCI, to be met by a combination of new and efficiency beds)

Additionally, several facilities were identified in Chapter 2 as having significant shortages in non-count short-term restricted housing (disciplinary) beds compared to their ADPs, or no such beds on campus. The following non-count beds were recommended for addition at the specific facilities noted, based on 10% of the ADP requiring short-term restricted housing at any given time:

- 100 short-term male restricted housing (RHD) beds (LCC/DEC)
- 40 short-term male restricted housing (RHD) beds (OCC)
- 100 short-term male restricted housing (RHD) beds (NSP)

Two other operationally driven projects were included in Phase 2, either due to legal requirements or to opportunities available at those specific facilities. These are:

- 8 youthful offender (female) beds (NCCW)
- 200 pre-release (vocational, short-term sentences, 3A/3B) beds (WEC)

The majority of urgent system-wide needs are prioritized for Phase 1.

2.1. Lincoln Correctional Center (LCC) Restrictive Housing Expansion – Increase disciplinary restrictive housing capacity and core support services on the LCC campus.
2.2. Nebraska State Penitentiary (NSP) Expansion – Increase disciplinary restrictive housing to allow one general population housing unit to be used for its intended population. Core support services will also be expanded to reduce the operational stress index at this facility.
2.3. Diagnostic and Evaluation Center (DEC) Expansion – Increase intake housing through the addition of a 192-bed housing unit.
2.4. Omaha Correctional Center (OCC) – Add restrictive disciplinary housing and core support services spaces to reduce operational stress.

2.5. Nebraska Correctional Center for Women (NCCW) – Develop an operational or structural solution to house youthful females in compliance with PREA and ACA standards, as well as add space for the NCCW parenting program.
2.6. Tecumseh State Correctional Institution (TSCI) – Add 100 beds to the Secure Management Unit (SMU) and construct the additional 256-bed general population housing unit, per original design plans.
2.7. Work Ethic Camp (WEC) – Construct a 200-bed housing unit and formally establish the mission of this facility as a correctional facility.

Completing these projects will add approximately 722 design beds (859 operational beds) to the system (166 at NSP, 356 at TSCI, 192 at DEC and 8 at NCCW), and will reduce the OSI at NSP to 0.88, the OSI at OCC to 0.84, and the OSI at DEC to 0.93.

Project 2.1 – LCC/ DEC Campus Core and Restricted Housing Expansion LCC/DEC GOALS

The LCC/DEC campus will be much improved by the addition of the MIFS, however, there are some other improvements which are recommended beyond the MIFS. These changes are lower priority, so were separated into a separate project for Phase 2. The goals of this project include increasing long-term capacity at both DEC and LCC to meet the 20-year forecast, and enhancing core support services.

LCC/DEC LOCATION (FACILITY ANALYSIS)

This project is specific to the needs of LCC/DEC, so no alternate location was considered.

LCC/DEC ACTIVITY ANALYSIS

LCC/DEC DISCIPLINARY RESTRICTIVE HOUSING

This campus has 16 beds designed for short-term restrictive housing at LCC's North Support unit. Approximately 32-48 beds in C-Unit are also assigned and function as short-term restrictive housing, long-term restrictive housing, and overflow mental health stabilization. The construction of this housing unit, its placement in the facility, and the inmate mix are not ideal for short-term behaviorally based restrictive housing, nor is the capacity sufficient to serve the needs of the LCC/DEC campus. These beds have a higher and better use as double-occupied general population (count) beds.

The Master Plan recommends:

- Construction of a new 100-bed purpose-built short-term disciplinary restrictive housing unit. (+100 non-count beds)
- The LCC D-Unit (49 non-count beds) will be returned to use as double-occupied general population housing (89 beds). (+89 count beds, with no construction required)
- The LCC North Support unit can be used as administrative restrictive housing or for additional disciplinary restrictive housing.

LCC/DEC CORE EXPANSION

- Add the appropriate core to support the increased population. The addition of increased beds on this campus would require an addition of some core areas, which should be planned to serve the new beds and the additional capacity gained by double-occupying C and D units. A Program Statement analysis should be conducted to ensure that only the required core areas are added.

LCC/DEC POTENTIAL FUTURE PROJECTS NOT RECOMMENDED AT THIS TIME

Several future expansion opportunities were identified, but are not recommended at this time (they are not needed). These projects should be preserved for future growth, if needed, beyond the purview of this Master Plan. Consideration should be given to whether core should be provided now to allow for that future growth.

- LCC – infill of courtyards/housing units to provide approximately 200 additional GP beds within the existing structure. This project is only advised if the capacity is needed at this location.

LCC/DEC SITE IMPROVEMENTS

This portion of the campus contains adequate site area for a housing addition as indicated graphically.

The site grades at this portion of the campus are generally flat. An existing outdoor paved area will need relocation. Depending on the final configuration the perimeter fence may be required to be modified. A new Central Energy Plant (CEP) located remotely on adjacent state owned land is also under consideration to serve this facility. Further site requirements will be identified and defined in the program statement.

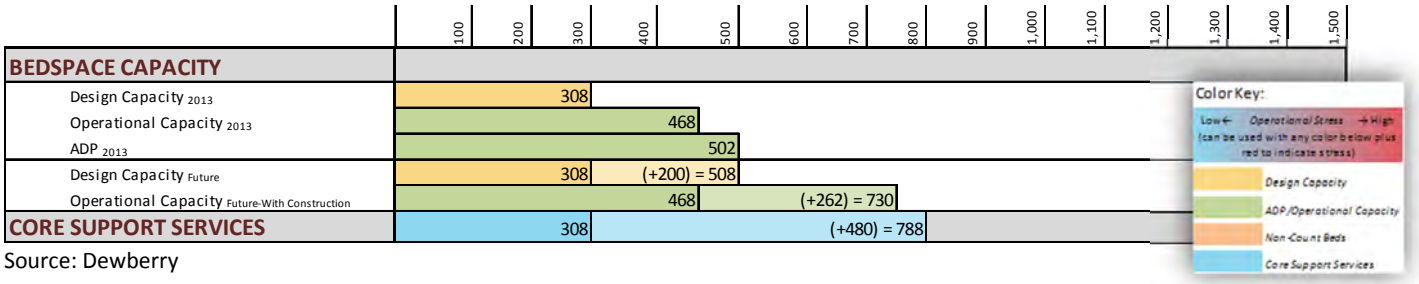
LCC/DEC FINAL ANTICIPATED FACILITY UTILIZATION

LCC Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	308	200	508
	Core Support Services	308	480	788
	Housing Type	GP, MH Stab.	GP	GP
	Custody	1X,2X	1X,2X	1X, 2X
Institutional Capacity	Recommended Operational Capacity (OC_{13})	468	263	730
	Recommended Bed Capacity ($Beds_{13}$)	498	306	804
	Current and Projected Average Daily Populations	502		730
Crowding and Stress Levels	Estimated Crowding (Population/DC)	163%		144%
	Revised Crowding (Population/OC)	107%		100%
	Operational Stress Index (Population/Core Support)	1.63		0.93

*Numbers may not add up exactly, due to rounding.

Source: NDCS

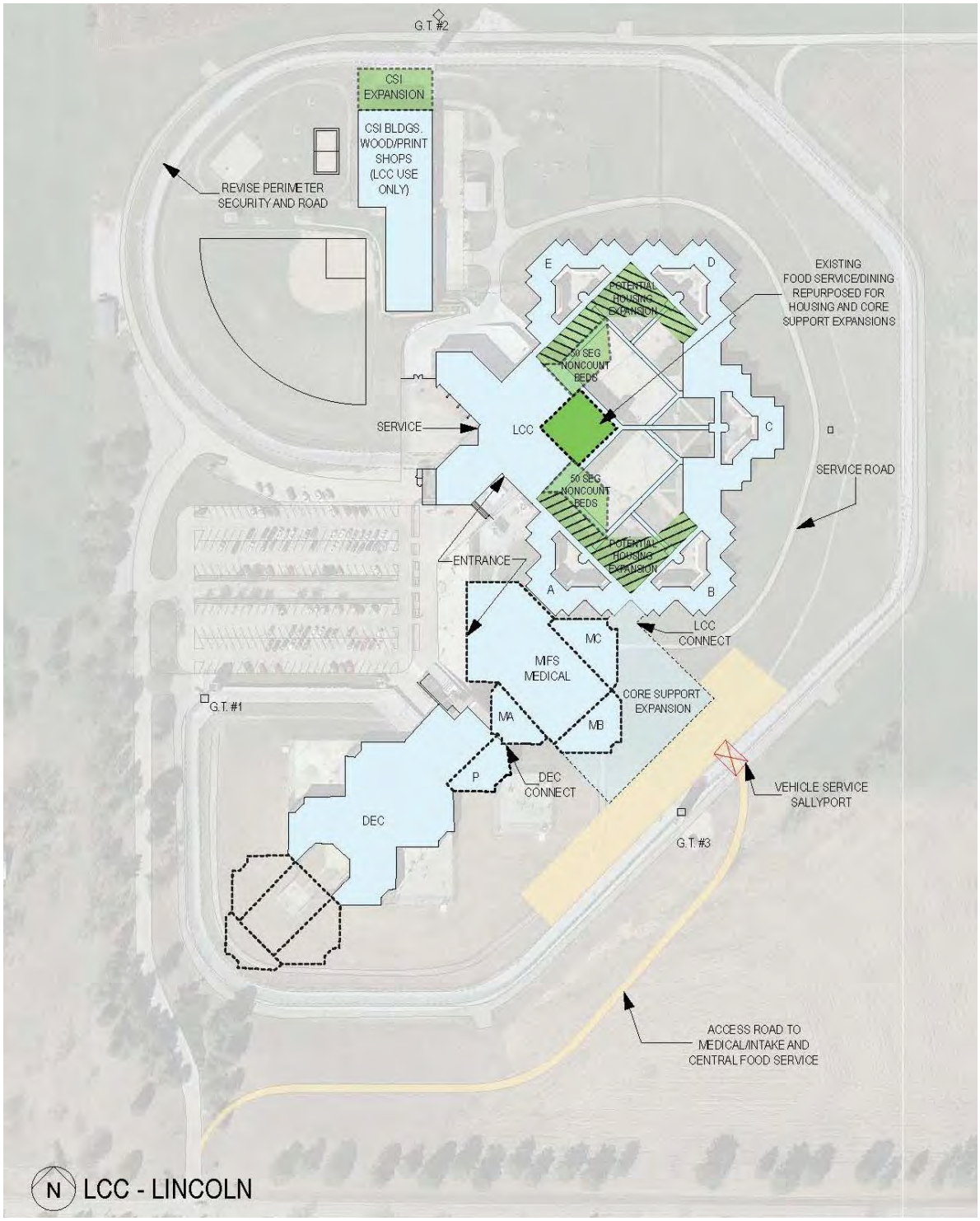
LCC - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following LCC site plan.

LCC SITE PLAN



Source: CWPA and Dewberry

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Project 2.2 – NSP Restrictive Housing and Core Support Services Enhancements

NSP GOALS

NSP is the oldest facility in the NDCS system, and also the largest in terms of population housed, with an FY2013 ADP of 1283 inmates on any typical day. NSP has experienced a number of structural additions over the years, most of them to add housing (not core). As a result of minimal core spaces, the campus serves a high level of population under tremendous operational stress. Chapter 2 – Existing Conditions recorded the crowding at 179% and the Operational Stress Index at 1.79.

The goal of any project at NSP must be focused on reducing Operational Stress, rather than adding more general population housing. Two main sources of stress were identified in Chapter 2:

- Insufficient temporary restrictive (disciplinary) and SMU housing, some located far from administration and other services required by that population, others in a housing unit designed for General Population use (Housing Unit 4).
- A demand for core support service space which exceeds the space available, and results in frequent scheduling challenges and complex inmate movement schedules.

To resolve these issues, the goals of expansion/renovation at NSP involve constructing a purpose-built, larger temporary restrictive housing/SMU unit and further study to determine the highest and best application of new core areas to lower operational stress. The construction of dedicated restrictive housing beds will allow NSP to reclaim general population beds.

NSP LOCATION (FACILITY ANALYSIS)

Because the recommended improvements are specific to NSP and are intended to mitigate the operational stress at that facility, no other location was considered for these improvements.

NSP ACTIVITY ANALYSIS

NSP SMU Housing Replacement

The SMU at NSP serves as the disciplinary housing of last resort for inmates at NSP. A replacement unit with 166 beds is recommended for construction near the administration buildings at the front of the campus, where the services are concentrated which will serve those inmates. This new housing will allow Housing Unit #4 to revert to double occupancy general population housing, which will, in turn, expand the facility's operational capacity another 80 beds (from 80 single occupied to 80 double occupied cells).

NSP Core Support Services

An estimate of the core shortage indicates that there is a need for almost double the existing core to meet operational demands of such a large population. This assessment is based on standards for new construction, and cannot be applied perfectly in a renovation situation, therefore it is recommended that a closer study (Program Statement) be conducted to analyze each and every service provided on campus to determine where operational accommodations are appropriate and satisfactory, and where additional space could reduce inmate movement and overlapping demands on space. The Program Statement should identify the core support services needs in detail.

NSP SITE IMPROVEMENTS

This site, housing the oldest correctional facility in the state's inventory, has layers of old, new and abandoned utilities. The major core expansion desired will result in several new buildings and/ or additions due to a lack of large site areas for a consolidated expansion. The multiple custody population's ability to circulate on an open campus will require improved circulation paths and security checkpoints. The route for service vehicles through the campus also needs to be improved. The coal-fired, off campus Central Utility Plant is problematic due to EPA restrictions. Future major improvements will need to include resolution of the facilities energy generation which may require major adjustments to site utilities.

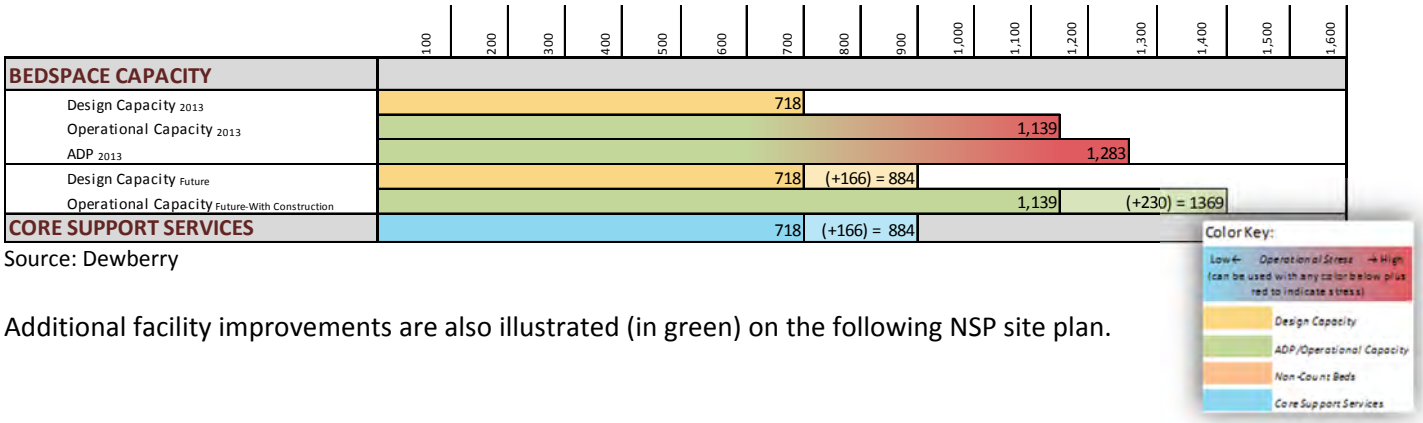
NSP FINAL ANTICIPATED FACILITY UTILIZATION

NSP Future Capacity/Utilization Summary (5% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	718	166	884
	Core Support Services	718	843	1561
	Custody	1X,2X,3A	1X,2X,3A	1X,2X,3A
	Gender	M	M	M
Institutional Capacity 2013	Recommended Operational Capacity (OC)	1139	230	1369
	Recommended Bed Capacity (Beds)	1198	246	1444
	Current and Projected Average Daily Populations	1283		1370
Gap Analysis 2013	Estimated Crowding (Population/DC)	179%		155%
	Revised Crowding (Population/OC)	113%		100%
	Operational Stress Index (Population/Core Support)	1.79		0.88

*Numbers may not add up exactly, due to rounding.

Source: NDCS

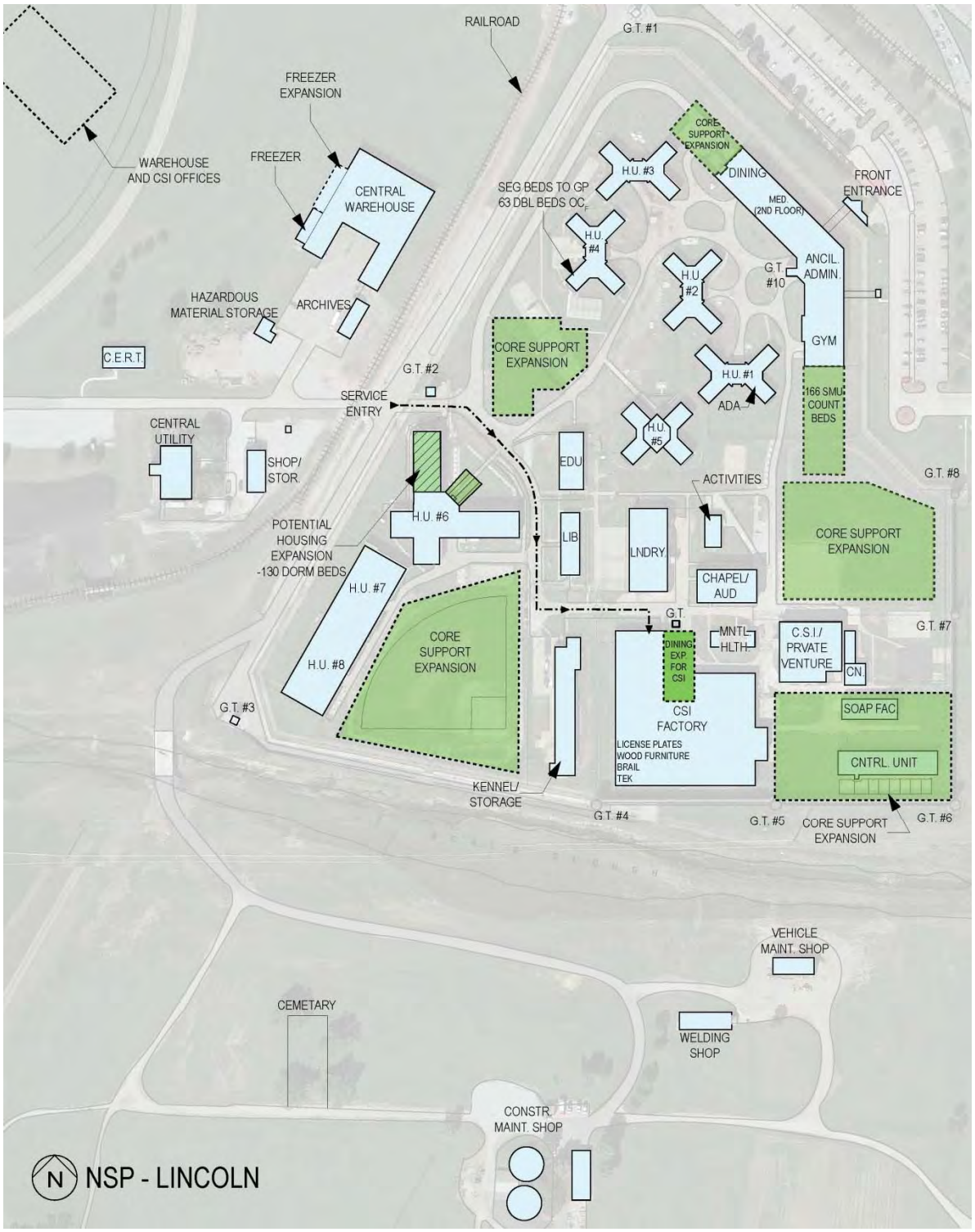
NSP - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following NSP site plan.

NSP SITE PLAN



Source: CWPA and Dewberry

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Project 2.3 – DEC Intake Housing Expansion

DEC GOALS

The primary goal of this project is to increase intake housing at the DEC. This project will include the addition of three 64-bed housing units for intake expansion. This future expansion and the land required for it should be preserved against future need beyond this phase of effort.

DEC LOCATION (FACILITY ANALYSIS)

Because DEC is the only intake facility in the NDCS system, no other location was considered for this project.

DEC ACTIVITY ANALYSIS

HOUSING EXPANSION

Construction of a new housing unit, attached onto the existing DEC, is the main activity for this project. Since little core is required for intake inmates, and the prior MIFS project will have enhanced the intake, medical, mental health, food service and Central Energy Plant resources required for this expansion, no major core increases should be required at this time.

DEC SITE IMPROVEMENTS

As an integral part of this campus in Phase 1, a service road, vehicle sally port (for delivery and inmate transport vehicles), and supplemental staff parking is recommended at what is now the rear of the campus. This service entry will facilitate movement of inmates during the intake process and will also provide a dedicated entry/unloading zone for food service delivery vehicles. Staff parking is in short supply; supplemental parking for medical/mental health staff and other select administrative staff should be included here. A new Central Energy Plant located remotely on adjacent state owned land is also under consideration to serve this facility. Further site requirements will be identified and defined in the program statement.

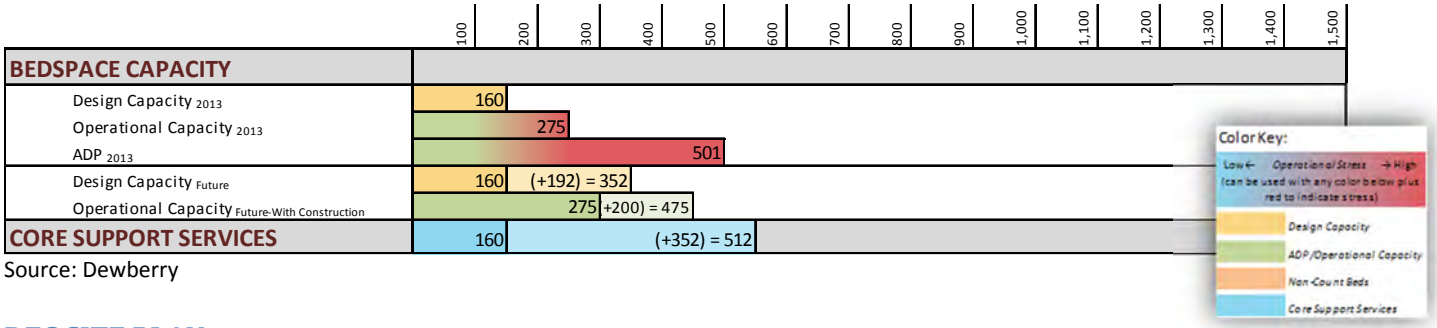
DEC FINAL ANTICIPATED FACILITY UTILIZATION

DEC Future Capacity/Utilization Summary (10% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	160	192	352
	Core Support Services	160	352	512
	Custody	1X	1X	1X
	Gender	M	M	M
Institutional Capacity	Recommended Operational Capacity (OC_{13})	275	200	475
	Recommended Bed Capacity ($Beds_{13}$)	304	224	528
	Current and Projected Average Daily Populations	501		475
Crowding and Stress Levels	Estimated Crowding (Population/DC)	313%		135%
	Revised Crowding (Population/OC)	182%		100%
	Operational Stress Index (Population/Core Support)	3.13		0.93

*Numbers may not add up exactly, due to rounding.

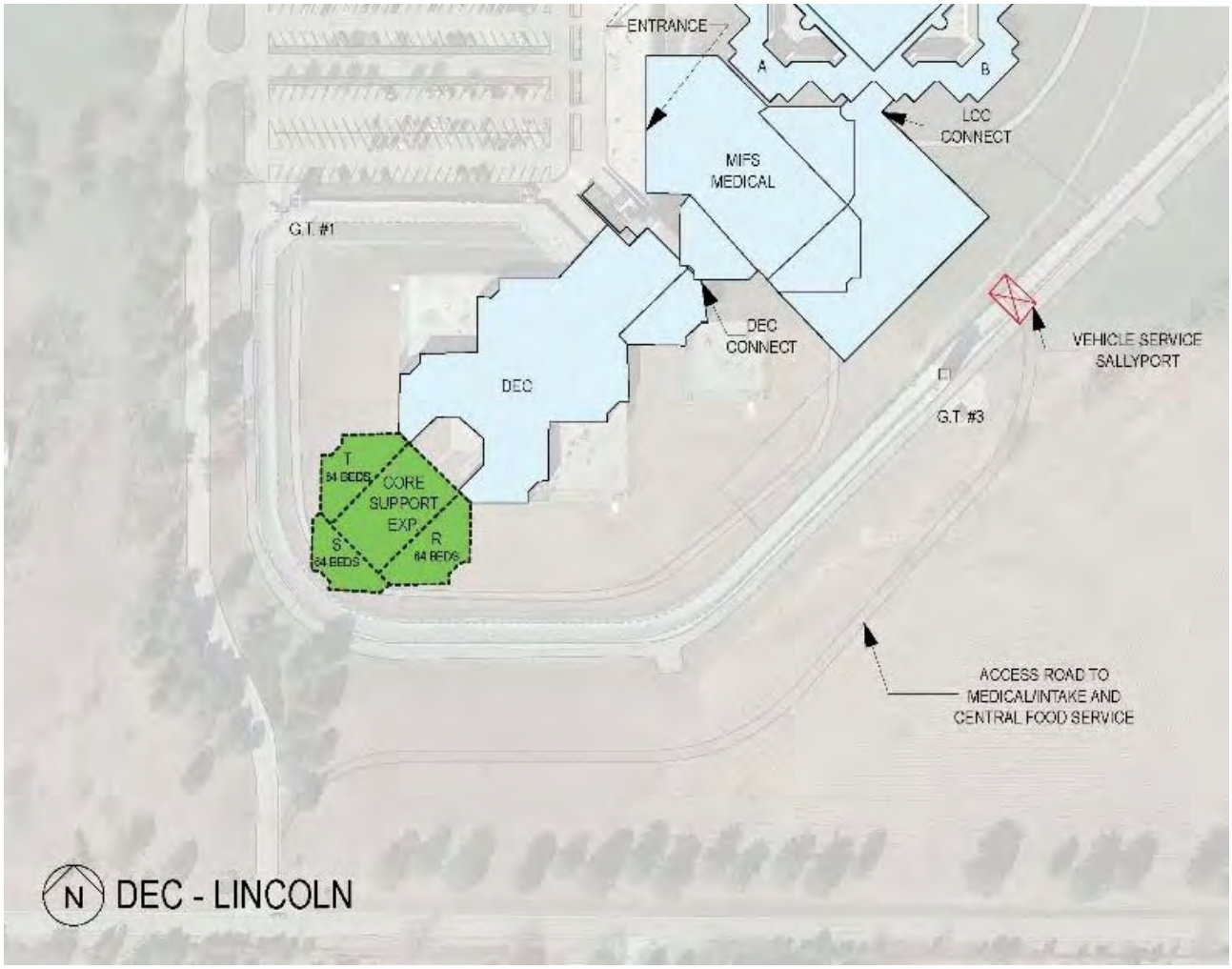
Source: NDCS

DEC - RECOMMENDED



Source: Dewberry

DEC SITE PLAN



Source: CWPA and Dewberry

Project 2.4 – OCC Expansion and Operational Stress Reduction

OCC GOALS

OCC, like many of the NDCS facilities, has expanded beyond the restrictive housing capacity which was part of the original construction. Because restrictive beds are non-count beds, capacity at a facility does not increase when this type of bed is constructed. The population at this facility fluctuates, but hovers in the 700-800 inmate range. Providing restrictive housing up to 5% of the peak ADP (800) indicates a need for 40 beds. CCC-O also utilizes OCC's restrictive housing for parole violators and/ or other disruptive CCC-O inmates. With the CCC-O expansion project (project 1.2), the inmate population in the area will increase by 300 design beds, providing more justification for additional restrictive housing beds at OCC.

Core support is also taxed at OCC, having not been increased significantly since the facility was opened. Further study of the specifics of core support to help relieve an Operational Stress Index of 1.68 is recommended in the Program Statement phase of effort.

OCC LOCATION (FACILITY ANALYSIS)

Because the needs of this facility are specific to the facility itself, no other location was considered.

OCC ACTIVITY ANALYSIS

RESTRICTIVE HOUSING

An estimated 40 disciplinary restrictive housing will provide this facility with 5% of the total facility capacity, which is the minimal recommended level for any facility. These are non-count beds so will not add to the design capacity of the facility or of the NDCS system, but they will reduce operational stress.

CORE EXPANSION

The OCC facility has a high level of operational stress. Few increases in core capacity have occurred since this facility opened with a design capacity of 396, despite serving almost double that population now. An increase in core capacity is recommended to bring the core capacity up to reduce operational stress. Further study in the Program Statement phase of effort should define the specifics of the core improvements needed. Some areas noted for possible expansion include:

- Food Preparation/Dining
- Mental Health/Medical
- Multi-Purpose program space
- Indoor Recreation
- Visitation
- Administration

Whole core support analysis will need to be analyzed in a future program statement. The construction of the CCC-O expansion project (project 1.2) will enhance OCC's core support with the separation of some of the utilities (e.g. emergency power), shared support service facilities (for business offices, records, and human services), and warehouse facilities.

OCC SITE IMPROVEMENTS

This facility is located on a large flat site that also contains the CCC-O facility. The site is periodically threatened by flooding concerns by being adjacent to the Missouri river. The proposed improvements include relatively small additions to existing buildings on campus which should have minimal site impact. Utilities will be upgraded to serve the significant expansion to the adjacent CCC-O facility from an expanded OCC Central Plant.

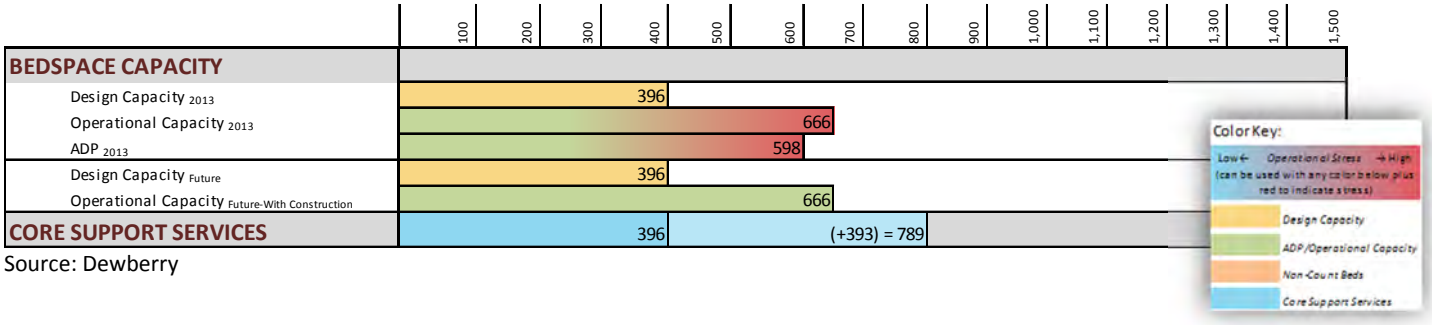
OCC FINAL ANTICIPATED FACILITY UTILIZATION

OCC Future Capacity/Utilization Summary (7% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	396	0	396
	Core Support Services	396	393	789
	Custody	2X,3A	2X,3A	2X,3A
	Gender	M	M	M
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	666	0	666
	Recommended Bed Capacity ($Beds_{13}$)	714	0	714
	Current and Projected Average Daily Populations	598		666
Gap Analysis 2013	Estimated Crowding (Population/DC)	151%		168%
	Revised Crowding (Population/OC)	90%		100%
	Operational Stress Index (Population/Core Support)	1.51		0.84

*Numbers may not add up exactly, due to rounding.

Source: NDCS

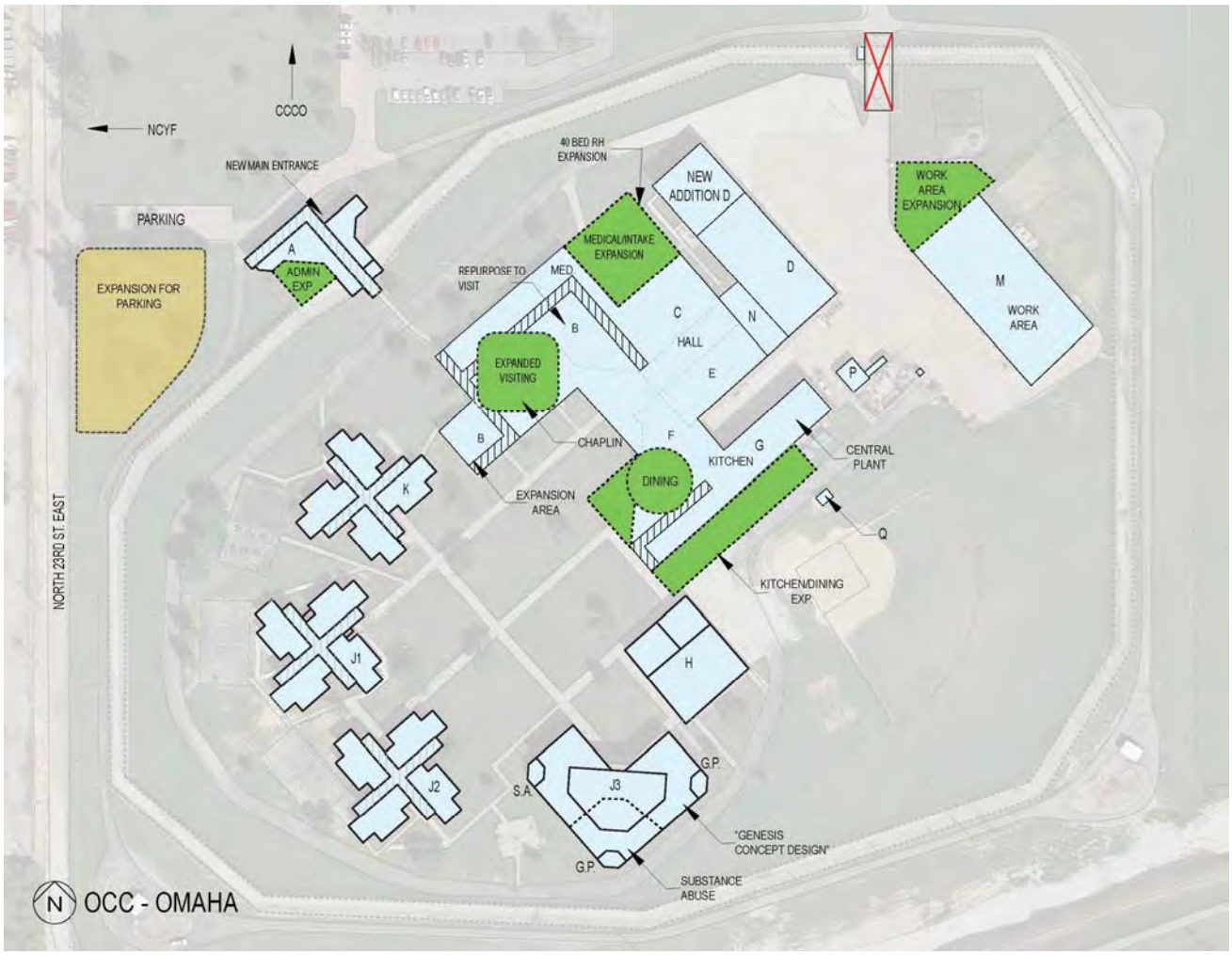
OCC - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following OCC site plan.

OCC SITE PLAN



Source: CWPA and Dewberry

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Project 2.5 – NCCW – Operational or Structural Solution for Youthful Females

NCCW GOALS

The goal of this project is to develop an operational or structural plan to address long-term housing of youthful females, and to provide additional program space for the Parenting Program. Federal PREA laws and current ACA standards require a separate housing unit for youthful offenders. The living unit must have sight and sound separation from adult offenders during specific activities. This project description will outline a proposal that will accommodate those needs through new construction near a current NCCW housing unit using existing staff for supervision.

Current housing for female Youthful offenders is the Diagnostic and Reception Unit C intake which also houses newly committed, safekeeper, and returning adult female inmates. This unit will continued to be used to house adult female newly committed to the NCCW.

The addition of the new youthful offender unit contiguous to intake would allow NCCW to accommodate the special needs of youthful offenders in the most economical and efficient manner without the immediate need of additional staff. Current staff in intake could supervise both units with staggered scheduled use of lobbies. If the rated capacity of the unit is consistently exceeded, then additional staff may need to be requested through the NDCS budget process.

The ongoing costs to the facility would be additional HVAC utility costs, institutional supplies and the normal maintenance related upkeep as no additional staff would be initially requested.

NCCW LOCATION (FACILITY ANALYSIS)

As the only secure female facility in the NDCS system, NCCW is the most appropriate location for this solution to be developed.

NCCW ACTIVITY ANALYSIS

Youthful Offenders

In the short term, the occasional youthful female can be housed in Building C (C-1) Unit, a unit normally used to house general population females. For the duration of the time the youthful female is housed there, no adult women can be housed in this unit. C-Unit is an important housing option in the continuum of housing offered at NCCW for adult women; therefore this is not recommended as a long-term solution for housing youthful female offenders.

The design capacity of a youthful offender unit is 8 beds. In the long term, an additional living wing would be added to the existing NCCW Diagnostic and Reception Center building on the east side where the current outdoor recreation area is located.

The addition would include:

- Four (4) inmate rooms approximately 100 sq. ft. that would house two youthful inmates each. Design capacity would be 8 beds. Each room would have a toilet, sink and exterior window per ACA

standards. Doors would be electronically locked and controlled by the staff control center. Doors would be maximum security steel doors with hatches similar to the existing doors in DEC.
- Shower area of sufficient size to accommodate three showers and three sinks.
- Storage area of approximately 60 sq. ft. for excess property storage and supplies.
- Janitor closet with mop sink.
- Lobby sufficient in size to accommodate a TV viewing area and up to 4 tables with chairs.
- Two emergency exits would be required, electronically controlled by the staff control center.
- HVAC units would be installed in an existing furnace room in the intake building which is adjacent to the proposed wing.
- Utility needs such as electrical power, water, sewer and fire alarm system would be supplied from the existing building with some modifications.
- Current staff control center would be expanded into the unit so that existing staff could observe both the intake lobby *I* rooms and the youthful offender lobby *I* rooms.
- Both the intake and Youthful unit would have a surveillance camera system installed and monitored by the unit's control center and duplicated in Master Control.
- Construction would be concrete block with finish to match current building exterior. Roof lines would need to match or be compatible with existing structure. Some tree removal would be required as well as some retaining wall installation to account for ground slope variations.

Parenting

NCCW's Parenting Program provides classes through in-house instructors and community experts to improve the parenting skills of incarcerated inmate mothers. Inmate parents will return to their communities with the knowledge, skills, and motivation to appropriately care for their children, which statistics have shown to reduce recidivism and break the cycle of incarceration within families. At NCCW, space is very limited for the Parenting Program and construction of a program building is recommended.

NCCW SITE IMPROVEMENTS

Potential expansion areas within the campus site perimeter generally are available on the open areas to the East and South. These areas have more slope than the older main campus, which is relatively flat. The potential housing expansion will require earthwork and utility extensions, and possibly the fencing/surveillance equipment indicated above, if a new exterior yard were to be included in the project. It is noted these expansion areas outside of the existing secure perimeter are not state-owned, and land purchases would be required.

Other improvements and additions:

- As NCCW's inmate population grows, space on the east side of the campus within the existing secure perimeter is available for additional housing expansions.
- Although a small indoor recreation space exists in Building A, the area should be enlarged to accommodate a larger inmate population.
- Expansions to the medical area and CSI areas.

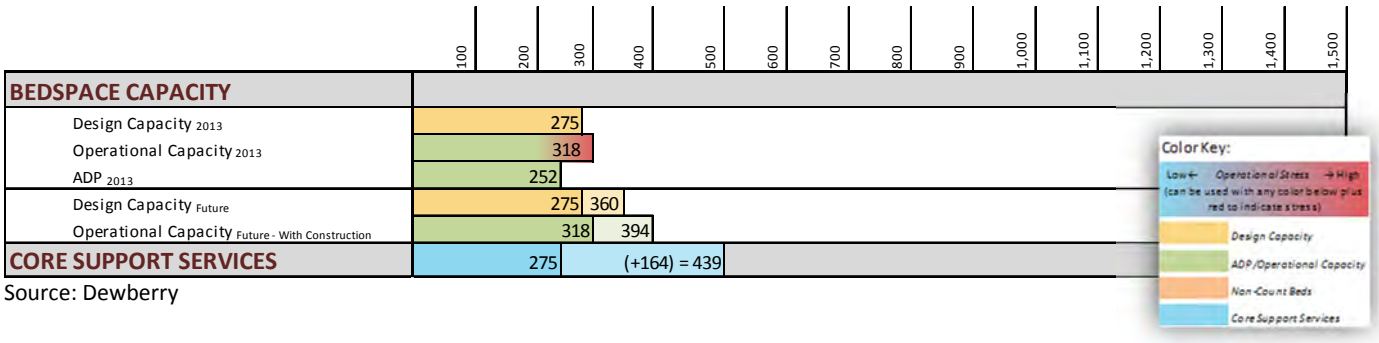
NCCW FINAL ANTICIPATED FACILITY UTILIZATION

NCCW Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	275	8	283
	Core Support Services	275	87	362
	Housing Type	GP, MH Stab.	GP	GP, MH Stab.
	Custody	1X,2X,3A	1X,2X,3A	1X,2X,3A
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	318	8	326
	Recommended Bed Capacity ($Beds_{13}$)	337	8	345
	Current and Projected Average Daily Populations	252		326
Gap Analysis 2013	Estimated Crowding (Population/DC)	92%		115%
	Revised Crowding (Population/OC)	79%		100%
	Operational Stress Index (Population/Core Support)	0.92		0.90

*Numbers may not add up exactly, due to rounding.

Source: NDCS

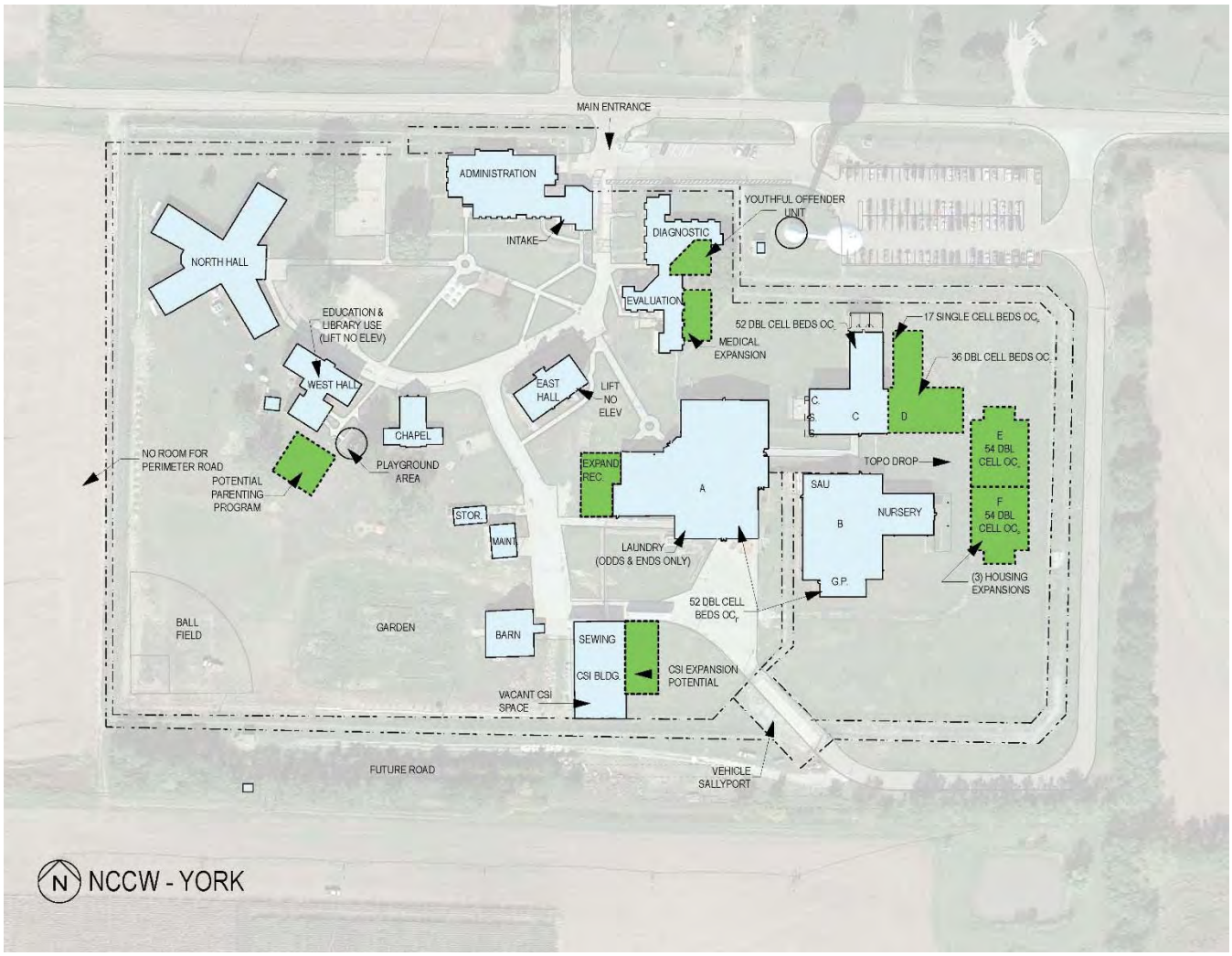
NCCW - RECOMMENDED



Source: Dewberry

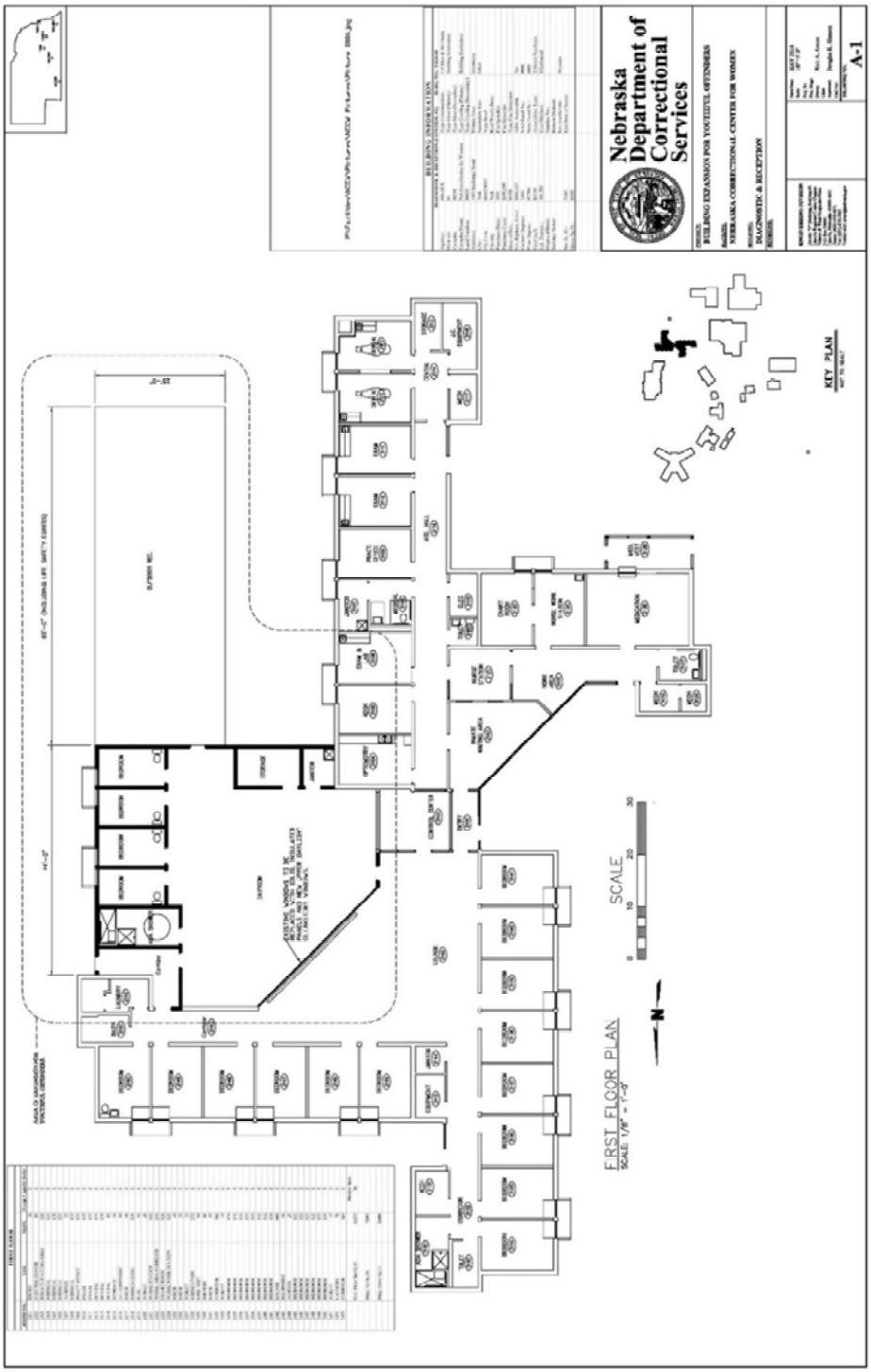
Additional facility improvements are also illustrated (in green) on the following NDCS site plan.
Note: Potential buildout areas are also shown, but not recommended at this time.

NCCW SITE PLAN



Source: CWPA and Dewberry

NCCW Diagnostic and Reception



Source: NDCS

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Project 2.6– TSCI Expansion

TSCI GOALS

The goals of this expansion will be to:

1. Fulfill the forecasted demand for SMU beds, system wide; and,
2. Increase capacity at the 1X/2X end of the classification continuum to complete the forecasted needs for higher custody beds.

This project is placed toward the end of the prioritization because the demand for higher custody beds appeared less urgent than the demand for re-entry preparation and lower custody beds at the time this report was completed. Also, there is hope that over the next 10 years the staffing situation at TSCI will level out, so that staffing this expansion in the future will not burden the system with mandatory overtime the way it would if it were completed now.

Delaying this project also allows time for the forecasted SMU needs (which are the most expensive bed type to construct) to be verified over time to ensure construction matches demand.

TSCI LOCATION (FACILITY ANALYSIS)

The expansion at TSCI is specifically intended to add to the SMU (already located at TSCI) and to add the future housing unit which was included in the original facility design, therefore no other location for these additions was considered.

TSCI ACTIVITY ANALYSIS

SMU HOUSING EXPANSION

Expansion of the SMU involves adding one 50-bed "arm" to each end of the existing SMU. Some additional core (staff offices, food staging, and on-unit program space) will be required, and should be defined in the Program Statement phase of work.

GENERAL POPULATION HOUSING EXPANSION

The original facility design included a footprint on the site identified for placement of another 256-bed general population housing unit. Core areas have already been designed to accommodate the increased general population on this campus, so no additional core support should be needed; however, this should be verified at the time of the addition in the Program Statement phase of work.

In addition to housing additions, the Cornhusker State Industry (CSI) program has available adjacent land space for future CSI additions.

If needed, NDCS land is available to the south of TSCI for a future weapons training facility and community custody building.

SITE IMPROVEMENTS

This site will require minor improvements for anticipated expansions. These include relocation of the baseball field to the center of the open campus to accommodate a new housing unit. The three expansions within the

secure campus will require utility extensions and in the case of the SMU additions, a revised internal perimeter fence.

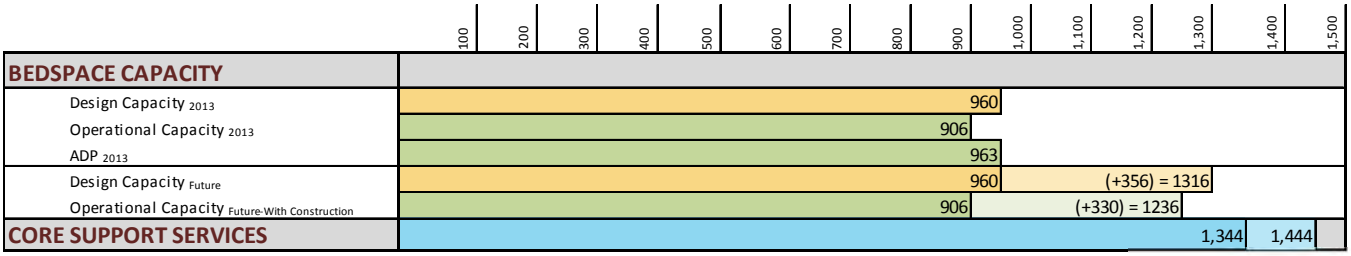
FINAL ANTICIPATED FACILITY UTILIZATION

TSCI Future Capacity/Utilization Summary (6% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	960	356	1316
	Core Support Services	1344	100	1444
	Housing Type	GP, RHd, Rha	GP, RHd	GP, RHd, Rha
	Custody	1X,2X	1X, 2X	1X,2X
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	906	330	1236
	Recommended Bed Capacity ($Beds_{13}$)	960	356	1316
	Current and Projected Average Daily Populations	963		1236
Gap Analysis 2013	Estimated Crowding (Population/DC)	100%		94%
	Revised Crowding (Population/OC)	106%		100%
	Operational Stress Index (Population/Core Support)	0.72		0.86

*Numbers may not add up exactly, due to rounding.

Source: NDCS

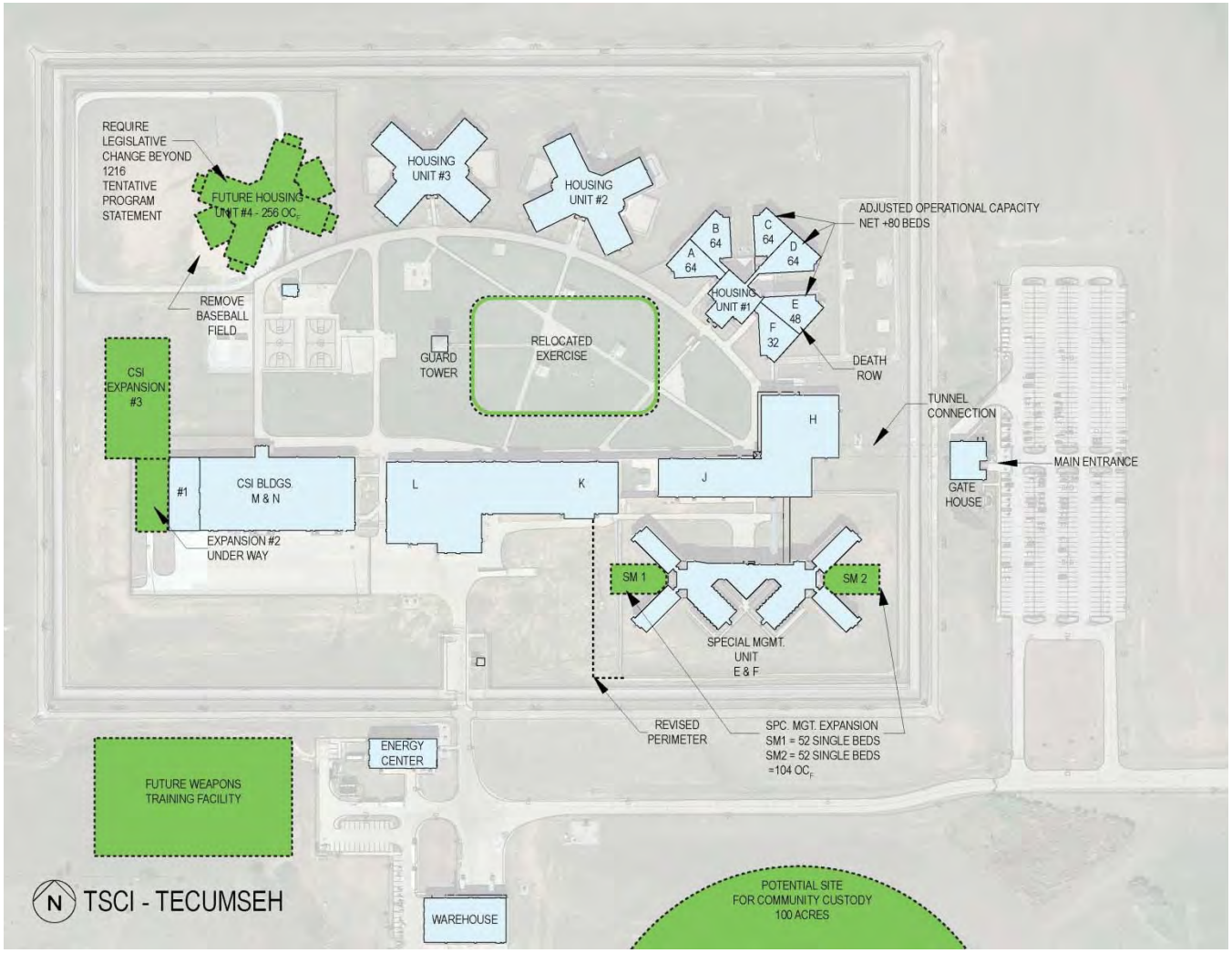
TSCI - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following TSCI site plan.

TSCI SITE PLAN



Source: CWPA and Dewberry

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Project 2.7 – WEC Expansion and Mission Change (to Pre-Release Facility)

WEC GOALS

The main goals of the expansion of WEC are:

1. Expanding capacity for community custody / minimum security beds,
2. Establishing this facility as a correctional (rather than probation) facility,
3. Adding program space to enhance the educational/vocational/pre-release preparation aspect of this facility.

WEC LOCATION (FACILITY ANALYSIS)

The planned 200-bed expansion is specific to this facility, as are the community ties that will make the pre-release program here successful, therefore no other site was considered for this particular expansion. Because demand for pre-release capacity is more urgent in Omaha and Lincoln, this expansion is reserved for the end of Phase 2.

WEC ACTIVITY ANALYSIS

WEC HOUSING EXPANSION

The original WEC facility was designed with core to support 200 beds in two 100-bed housing units. Although the existing housing unit was designed for 100 beds, the dormitory style accommodates a larger population of up to 200 inmates. The footprint of a new 200-bed dorm is shown on the site plan in the approximate location it was planned to occupy.

WEC CORE EXPANSION

The core at WEC was designed to accommodate a total population of 200 inmates, therefore infrastructure improvements required will be:

- Upgrades to aging systems and perimeter fencing for minimum custody facilities;
- Improvements to on-campus educational/vocational spaces to shift what are now off-site services to on-site services, as part of a more robust pre-release preparation program;
- Addition of holding cells (which do not exist) for disruptive inmates that require transfer to other NDCS facilities or the local jail;
- Expansion of the intake and medical areas as required for a larger population;
- Additional space for the Correctional Emergency Response Team (CERT);
- Additional storage and warehouse space. Currently, storage space is very limited at WEC; and,
- Enhancements to the food service area to accommodate the larger population.

WEC SITE IMPROVEMENTS

The existing perimeter fence will require an upgrade to accommodate the upgraded custody level. This will also include a service yard sallyport. Site slope and drainage will need to be addressed at areas of new building expansion. Expanded parking and expanded secure campus will occur to the South on the undeveloped portion of the campus.

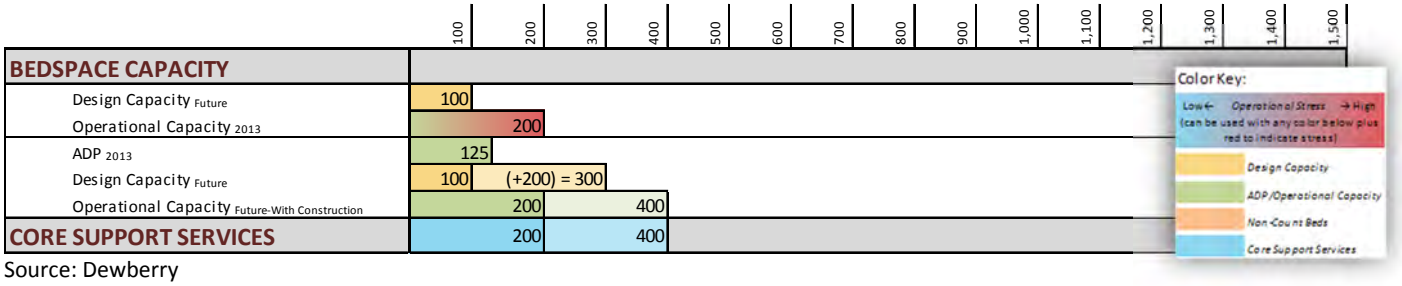
WEC FINAL ANTICIPATED FACILITY UTILIZATION

WEC Future Capacity/Utilization Summary (0% Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	100	200	300
	Core Support Services	200	200	400
	Housing Type	GP Dorms	GP Dorms	GP Dorms
	Custody	3B	3B	3B
Institutional Capacity 2013	Recommended Operational Capacity (OC_{13})	200	200	400
	Recommended Bed Capacity ($Beds_{13}$)	200	200	400
	Current and Projected Average Daily Populations	125		400
Gap Analysis 2013	Estimated Crowding (Population/DC)	125%		133%
	Revised Crowding (Population/OC)	63%		100%
	Operational Stress Index (Population/Core Support)	0.63		1.00

*Numbers may not add up exactly, due to rounding.

Source: NDCS

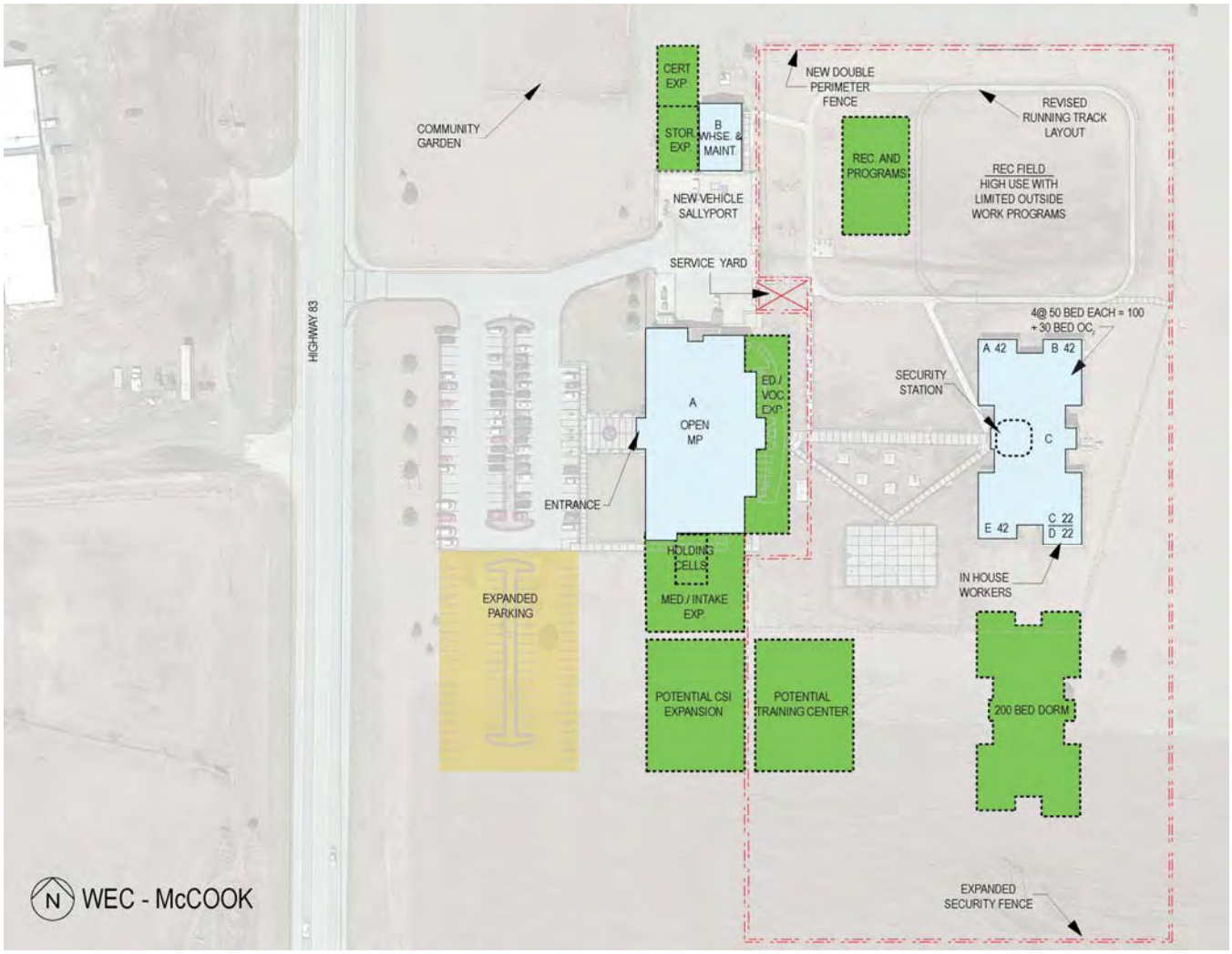
WEC - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following WEC site plan.

WEC SITE PLAN



Source: CWPA and Dewberry

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Summary Phase 2

By the end of Phase 2, an additional 859 system beds will be added, as follows:

- 246 beds at NSP (80 beds due to construction of a new SMU and repurposing HU#4 back to general population, and 166 SMU beds), bringing the facility's operational capacity from 1,198 to 1,444.
- 106 GP beds at LCC from efficiencies from construction of new restrictive housing (100 non-count beds), bringing LCC's operational capacity from 498 to 604.
- 192 intake beds at DEC
- 8 youthful female offender beds at NCCW
- 356 beds at TSCI (256 GP and 100 SMU beds)

Non-Count beds will also be added. At OCC a total of 40 non-count beds will be added, and at LCC a total of 100 non-count beds will be added, which will reduce operational stress due to a more appropriate amount of temporary restrictive housing at both facilities. Beyond capacity increases, the following core changes will have been implemented:

- OCC - Core will be added to bring the OSI down to as close to 1.0 as is deemed possible.
- LCC – Core will be added to bring the OSI down as close to 1.0 as is deemed possible.
- NSP – Core will be added to bring the OSI down as close to 1.0 as is deemed possible.

Final NDCS design capacity at the end of Phase 2 will be 5,113 (operational capacity of 6,524) and operational stress will have been mitigated at all facilities in need of increased core support services[18]. With ADP forecasted to reach 6,068, the revised crowding will be lowered to 93% by the end of the Phase.

Cost Summary Phase 2

The following table provides the guideline assumptions utilized to develop the estimated project budgets for Phase 2 and 3 recommended projects illustrated herein:

Figure 4-7 Cost Assumptions

Custody Level	Area/Bed		Construction $/SF		Staffing Ratio/Bed		Operational $/Inmate
	Housing	Facility	Housing	Facility	Housing	Facility	
Maximum	200	400	$455	$325	1:4.5	1:2.0	$42,600
Medium	225	450	$325	$260	1:8	1:3.0	$34,800
Minimum	185	350	$225	$195	1:10	1:5.0	$31,800
Community	185	250	$175	$160	1:12	1:5.5	$21,000
Youth	250	600	$390	$305	1:3.5	1:1.0	$63,000

Source: CWPA

Notes:

1. Construction costs include site development based upon an average of 8% of total costs. Site acquisition costs are not included.
2. Facility costs include the operation's core spaces. Facilities with non-typical program needs will affect the facility area/ costs accordingly.
3. Construction costs per square foot and operational costs per inmate are based upon recent Dewberry/ CWPA experiences. Areas per bed and staffing ratio per bed are averages transferred from the 2006 Master Plan and confirmed through recent

[18] Future design capacity is based on current design of 3,283 plus Phase 1 at 1,108 plus Phase 2 at 722. Future operational capacity is based on current operational capacity at 4,477 plus Phase 1 at 1,188 plus Phase 2 at 859.

analysis of NDCS facility plans and recent and projected NDCS staffing patterns. Variations from these numbers do exist in the system due to the age and layout of each of the ten facilities and the programs available within.

The following table provides information on cost projections for the recommended Phase 2 projects:

Figure 4-8 Phase 2 Project Cost Projections

Expansion - Project Budgets									
Facility	Project	No. of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
PHASE 2 (2019 - 2024)									
2.1 DEC/LCC: Core and Restricted Housing Expansion									
	Restrictive Housing Beds (non-count) (seg.)	100	200	20,000	$ 455	$ 9,100	$ 11,830	22	$ 4,260
	[Lt.Remodel LCC Unit C Cells for Maximum Housing Beds]			14,750	$ 50	$ 738	$ 959		$ 2,002
	Core Support (programs, visitation, rec., etc.)	-	400	75,600	$ 325	$ 24,570	$ 31,941	95	-
	Subtotal:	100	-	110,350	-	$ 34,408	$ 44,730	117	$ 6,262
2.2 NSP: Core and Restriced Housing Expansion									
	Core Support (programs, visitation, rec., etc.)	-	700	172,200	$ 260	$ 44,772	$ 58,204	59	-
	[Renovated Existing NSP Housing Unit #4 to Maximum Beds	80	200	16,000	$ 220	$ 3,520	$ 4,576	18	$ 3,408
	SMU Beds (count)	166	150	24,900	$ 510	$ 12,699	$ 16,509	42	$ 7,072
	Subtotal:	246	-	213,100	-	$ 60,991	$ 79,289	119	$ 10,480
2.3 DEC: Intake Housing Expansion									
	Core Support (programs, visitation, rec., etc.)	-	400	90,000	$ 325	$ 29,250	$ 38,025	113	-
	Intake Beds	192	200	45,000	$ 455	$ 20,475	$ 26,618	50	$ 9,585
	Subtotal:	192	-	135,000	-	$ 49,725	$ 64,643	163	$ 9,585
2.4 OCC: Expansion									
	Core Support (programs, visitation, rec., etc.)	-	350	14,000	$ 195	$ 2,730	$ 3,549	8	-
	Restrictive Housing Beds (non-count)	40	200	8,000	$ 455	$ 3,640	$ 4,732	9	$ 1,704
	Subtotal:	40	-	22,000	-	$ 6,370	$ 8,281	17	$ 1,704
2.5 NCCW: Operational or Structural Solution for Youthful Females									
	PREA & ACA compliant updates - Juvenile Housing	8	250	7,500	$ 390	$ 2,925	$ 3,803	0	$ 1,890
	Subtotal:	8	-	7,500	-	$ 2,925	$ 3,803	0	$ 1,890
2.6 TSCI: Expansion									
	SMU Beds	100	150	15,000	$ 510	$ 7,650	$ 9,945	25	$ 1,065
	Maximum Custody Beds	256	200	51,200	$ 455	$ 23,296	$ 30,285	57	$ 2,428
	Subtotal:	356	-	66,200	-	$ 30,946	$ 40,230	82	$ 3,493
2.7 WEC: Expansion and Mission Change									
	Core Support (programs, visitation, rec., etc.)	-	250	50,000	$ 160	$ 8,000	$ 10,400	36	-
	Community Custody / Minimum Security Beds	200	185	37,000	$ 225	$ 8,325	$ 10,823	17	$ 3,500
	Subtotal:	200	-	87,000	-	$ 16,325	$ 21,223	53	$ 3,500
	PHASE 2 TOTAL:	1,142	-	641,150	-	$ 201,690	$ 262,199	551	$ 36,914

Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.

Source: CWPA

Ten Year Summary – Years 2014-2024

The table below summarizes the projects planned for Phases 1 and 2, which comprise the first ten years of the Master Plan. These projects will increase capacity (both design and operational) to a level which will reduce crowding and accommodate the anticipated increase, as well as adding necessary core support services to reduce operational stress and prolong the estimated usable life of each facility within the system.

Figure 4-9 Cumulative Buildout Chart for Phases 1 and 2

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F		TOTAL BEDS
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)								
Phase 1 - Years 1-5	1	CCC-L EXPANSION					*100*		*200*	*150*	450
	2	CCC-O EXPANSION					*50*		*200*	*50*	300
	3	DEC MIFS INCLUDING:									0
	3	DEC MHStab			*50*	*50*	*50*				150
	3	DEC SafeK	*80*								80
	3	DEC SNF (LICENSED BEDS)			*10*	*10*	*10*	*10*			40
	3	DEC SNF (UNLICENSED BEDS)			*22*	*22*	*22*	*22*			88
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT 8)*	16								16
	3	*GP BEDS GAINED (REPURPOSING DEC UNIT P)*	32								32
	3	*GP BEDS GAINED (REPURPOSING LCC UNIT D)*			32						32
Phase 2 - Years 6-10	4	LCC/DEC SEGD BEDS + CORE									0
	4	*GP BEDS GAINED (REPURPOSING LCC UNIT C 2)*			43						43
	4	*GP BEDS GAINED (REPURPOSING LCC UNIT C 1)*			14						14
	5	NSP EXPANSION - CORE + SMU/SEGD BEDS		166							166
	5	*GP BEDS GAINED (REPURPOSING NSP HU #4)*			80						80
	6	DEC EXPANSION - INTAKE BEDS	*192*								192
	7	OCC EXPANSION - CORE + SEGD BEDS									0
	8	NCCW - YOUTH				8					8
	9	TSCI SMU + HOUSING EXPANSION		*100*	*128*	*128*					356
	10	WEC EXP./CHG IN MISSION (200 BEDS)			*project not recommended at this time*						0

POST PHASES 1 AND 2 - TOTAL BEDS BY GENDER/CUSTODY LEVEL									
MALE	595	484	1,085	1,191	1,414	232	715	-	5,716
FEMALE	24	10	64	67	86	4	-	331	586
JUVENILE	70								70
	619	**494**	**1,149**	**1,258**	**1,570**	**236**	**715**	**331**	**6,372**

Source: Source: Dewberry; DEC MIFS Needs – interim forecast of needs, MIFS program Statement, Pulitzer-Bogard Associates/Marc Swatt, JSS (numbers may be refined in final program statement)

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Phase 3 - Years 10+

The years 10+ years out from the forecast are the most uncertain in this master plan. The forecast completed as part of this master plan indicates a possible increase of 1,466 more inmates, from 6,050 (2024) to 6,805 (2029) and 7,466 (2033).

Figure 4-10 Revised ADP Forecasts through FY 2023

YEAR	Male Standard ADP	Female Standard ADP	Non Standard ADP	Juvenile ADP	Total ADP
FY 2015	4501	357	42	48	4948
FY 2016	4610	358	42	48	5058
FY 2017	4706	364	42	48	5160
FY 2018	4807	371	42	48	5268
FY 2019	4916	378	42	48	5384
FY 2020	5032	385	42	48	5507
FY 2021	5153	393	42	48	5636
FY 2022	5279	401	42	48	5770
FY 2023	5410	408	42	48	5908
FY 2024	5544	416	42	48	6050
FY 2025	5682	424	42	48	6196
FY 2026	5823	431	42	48	6344
FY 2027	5967	439	42	48	6496
FY 2028	6113	447	42	48	6650
FY 2029	6261	454	42	48	6805
FY 2030	6411	462	42	48	6963
FY 2031	6563	470	42	48	7123
FY 2032	6717	477	42	48	7284
FY 2033	6871	485	42	48	7446

Source: Marc Swatt, JSS

At the same time, previous forecasts have suggested a much slower rate of increase,

As such, the projects recommended for this phase are noted as placeholders, with the additional recommendation that a revised forecast be completed to determine the accuracy of these projects to meet demands at that time.

If it should occur that increases in female or youthful offenders should be more rapid than the forecasts indicate, any of these projects can be advanced into the Phase 2 period.

Projects in Phase 3 include:

3.1. NCYF - Expansion of the NCYF facility to accommodate increased numbers of youthful male offenders, plus vocational capacity for job skills training beyond high school.
3.2. Lincoln/Omaha Service Centers – creation of re-entry/pre-release capacity in Lincoln and Omaha to accommodate inmates pending release, and perhaps provide a “halfway back” alternative.
3.3. New Prison – construction of a new 600-bed prison on an as-yet undefined site, at the custody level deemed most needed at the time.

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Project 3.1 – NCYF Expansion

NCYF GOALS

The primary goal of this project will be to expand the NCYF to accommodate up to 176 youthful male offenders.

NCYF LOCATION (FACILITY ANALYSIS)

Because the expansion is intended to serve youthful male offenders, the NCYF was the only location within the NDCS that was considered for this expansion.

NCYF ACTIVITY ANALYSIS

NCYF HOUSING EXPANSION

The NCYF was originally designed with expansion capacity on site for a 76-bed unit. The recommended new 100 bed capacity unit could be used for any sub-set of the youthful male population, such as re-entry preparation or PREA sub-classification groupings. If it were determined that the existing SMU beds had another higher and better use, the new construction could include some purpose-built SMU beds.

NCYF CORE EXPANSION

The only part of the core which was not designed for the ultimate buildout was the gymnasium. It is recommended that the existing half court gym be expanded at the time of housing expansion, and that the kitchen be reviewed and enhanced as deemed necessary in the Program Statement phase of effort. Additional areas to be reviewed and enhanced would be programming/ educational spaces, visiting, storage, energy plant, and other core support areas.

NCYF SITE IMPROVEMENTS

This site was originally planned for an expansion of 76 beds of housing to the south on undeveloped land. Current planning is to place up to a 100 bed capacity housing unit directly west on an area within the security perimeter that currently contains a baseball field. This outdoor recreation field would be moved southward and the security perimeter expanded to accommodate it. Planned additions to the indoor gymnasium and the kitchen are accommodated within existing open space on campus.

The site areas for the proposed expansions have had major site improvements accomplished in the initial construction including substantial earthwork and utility infrastructure.

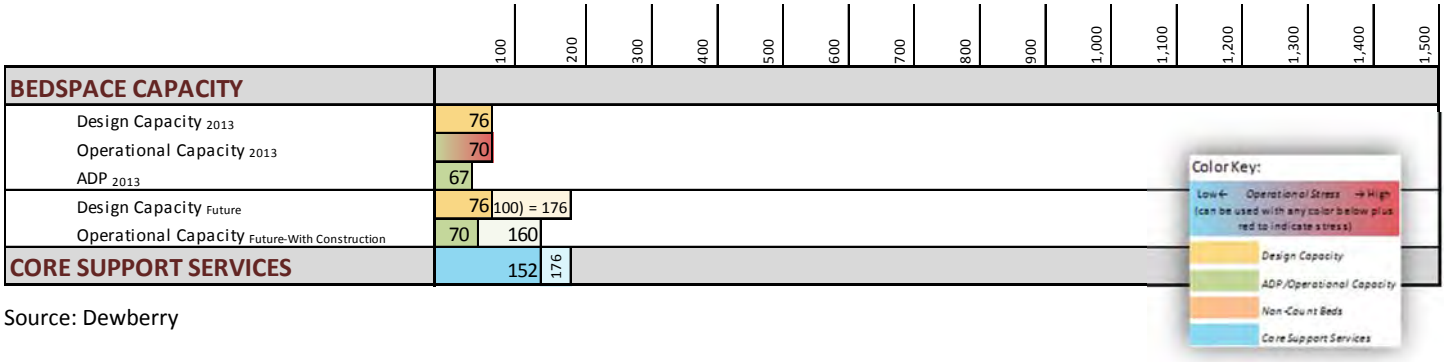
NCYF FINAL ANTICIPATED FACILITY UTILIZATION

NCYF Future Capacity/Utilization Summary (9% Institutional Classification Factor)*		2013 Condition	Future Addition	Future Total
Facility Design	Design Capacity	76	100	176
	Core Support Services	152	24	176
	Custody	1X,2X,3A	3A, 3B	1X,2X,3A,3B
	Gender	M-Juveniles	M-Juveniles	M-Juveniles
Institutional Capacity 2013	Recommended Operational Capacity (OC)	70	90	160
	Recommended Bed Capacity (Beds)	76	100	176
	Current and Projected Average Daily Populations	67		160
Gap Analysis 2013	Estimated Crowding (Population/DC)	88%		91%
	Revised Crowding (Population/OC)	95%		100%
	Operational Stress Index (Population/Core Support)	0.44		0.91

*Numbers may not add up exactly, due to rounding.

Source: NDCS

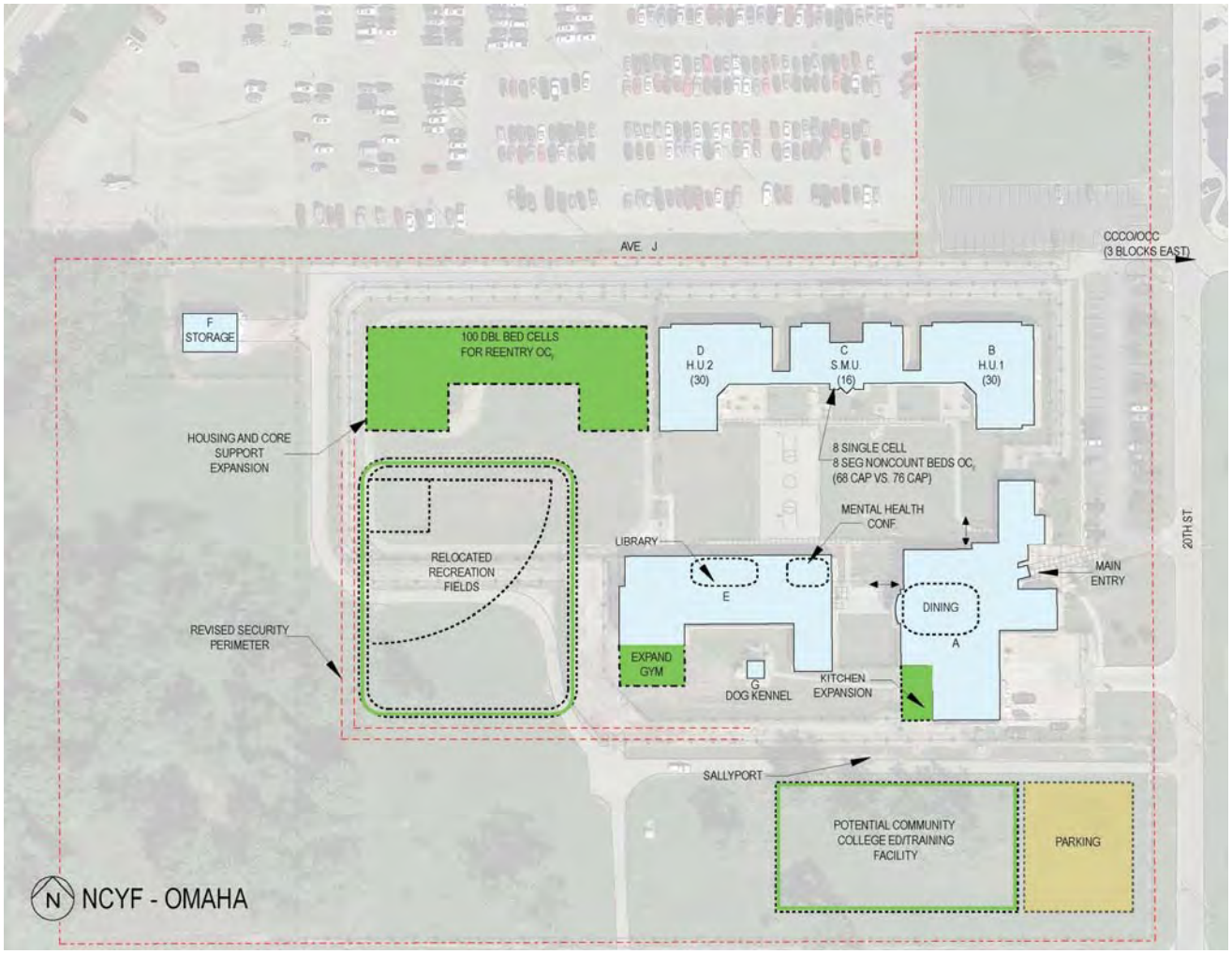
NCYF - RECOMMENDED



Source: Dewberry

Additional facility improvements are also illustrated (in green) on the following NCYF site plan.

NCYF SITE PLAN



Source: CWPA and Dewberry

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Project 3.2 – Construction of Lincoln/Omaha Re-Entry Service Centers (RSC)

RSC GOALS

The goals of the Re-entry Service Centers are to provide a central location for program services, vocational training, and other pre-release preparation for higher custody inmates. Where the CCC facilities serve 4A/4B (and soon 3A/3B) inmates, these service centers would be tailored to the needs of pre-release inmates with custody classification 1x or 2x.

As discussed on Projects 1-1 and 1-2, re-entry is a focus nationwide, and incorporating evidence-based pre-release programs and strategies has been shown effective in reducing recidivism. If it is determined that additional pre-release capacity is needed (as is expected in the final 10 years of the forecast), it is recommended that the increased capacity be provided through custom-designed pre-release facilities with a focus on re-entry and success post-release.

RSC LOCATION

Since these would be new facilities, the location is undetermined at this time; however, because Lincoln and Omaha are the hubs to which most inmates return upon release, and because they each contain robust community resources to support these service centers, it is recommended that they be located in the Lincoln and Omaha areas.

RSC ACTIVITY ANALYSIS

The RSC facilities would need to include the following housing and core components:

RSC HOUSING

The housing at each RSC facility must offer flexibility so that various sizes/configurations of treatment or educational populations are possible. Residential treatment communities within the pre-release general population must be able to be implemented, with inmates then "stepping down" to outpatient treatment prior to release. Because of the intent to bridge from traditional incarceration to pre-release, this facility should have a length of stay of 2+ years, and transfer to this facility should be timed to occur within 3 years of anticipated release.

RSC CORE

The core areas of the RSC should be planned so that "normalized" matriculation between daily activities can occur, placing increasing levels of responsibility on inmates to govern their own movements and complete activities of daily living (laundry, simple food preparation, arriving on a timely basis to employment/school) independently as they move closer to the release date.

Core areas must include spaces with can be used for a variety of treatment in various places on the campus, including on the housing unit (for residential populations), in the housing building within a shared core, and elsewhere on the campus. Educational and vocational programs should be offered to include community college programs which can be continued post-release, vocational training which can bridge to known community employers, and training for jobs known to pay a "living wage" upon release.

RSC SITE IMPROVEMENTS

The site improvements necessary for a new RSC would depend on the site selected and the size/type/design of the facility to be constructed there.

RSC FINAL ANTICIPATED FACILITY UTILIZATION

A new RSC facility in either Omaha or Lincoln or both, would be expected to house the number of 1x or 2x pre-release inmates existing in the system, who are not eligible for transfer to CCC-L or CCC-O, and who are within 3 years of anticipated release. Further analysis would be required to determine the number of inmates who meet these requirements, particularly once the CCC-O and CCC-L expansions are completed.

This facility would be expected to give a physical location for the existing pre-release programs currently occurring at all NDCS facilities, where pre-release preparation can become the single goal of the facility's culture, and where supportive pre- and post-release mentoring can occur, particularly for inmates who have served longer sentences.

Project 3.3 – Construction of New 600-Bed Prison

NEW PRISON GOALS

The main purpose of this new prison facility would be to provide an additional 600 design beds for male offenders in the system. This project is not recommended at this time because the forecasted system needs can be addressed through strategic additions and core reinforcement at existing facilities, which will improve and prolong the anticipated lives of those facilities without adding the ongoing cost burden of another facility to the NDCS system.

A new prison would be recommended if the demand for beds accelerated or exceeded the forecast in ways which resulted in a higher demand for beds than the Phase 1 and Phase 2 projects are able to provide.

NEW PRISON LOCATION

The location of a new prison would need to be determined through a valid site selection process at a later time.

NEW PRISON ACTIVITY ANALYSIS

The new prison's precise makeup and role would need to be determined based on the system needs at the time such a facility would be deemed necessary.

NEW PRISON SITE IMPROVEMENTS

The site improvements necessary for a new 600-bed prison would depend on the site selected and the size/type/design of the facility to be constructed there.

NEW PRISON FINAL ANTICIPATED FACILITY UTILIZATION

A new 600-bed prison would be expected to house 600 general population male inmates of undetermined classification, and to have the commensurate core support services, including non-count housing for disciplinary restriction and mental health/medical treatment, as required based on proximity to supporting services of the same type.

Summary Phase 3

At the conclusion of Phase 3, significant increases are possible at all levels within the NDCS system. Notably, construction of a new prison (with the associated ongoing operational and administrative costs) may have been held off for up to 20 years, and perhaps longer, by reinforcing the core support services at existing facilities and prolonging their useful lives.

This phase is also ambiguous enough to allow it to be customized to the needs required, as future needs become more clear.

Figure 4-11 Phase 3 Summary of Building Plans

	PROJECT	POSSIBLE NEW CONSTRUCTION	INTAKE	SMU	1X	2X	3A	3B	4A/4B M | 4A/4B F
			CONSTRUCTION TO MEET SHORTFALL (SHADED = BEDS GAINED THROUGH EFFICIENCY)						
Phase 3 - Years 10+	11	NCYF EXPANSION			*project not recommended at this time*				
	12	LINCOLN/OMAHA SVC CTR			*project not recommended at this time*				
	13	NEW PRISON (+/- 600 BEDS)			*project not recommended at this time*				

Source: Dewberry

Cost Summary Phase 3

Cost Project Assumptions

The following table provides the guideline assumptions utilized to develop the estimated project budgets for Phase 2 and 3 recommended projects illustrated herein:

Figure 4-12 Cost Assumptions

	Area/Bed		Construction $/SF		Staffing Ratio/Bed		Operational $/Inmate
Custody Level	Housing	Facility	Housing	Facility	Housing	Facility	
Maximum	200	400	$455	$325	1:4.5	1:2.0	$42,600
Medium	225	450	$325	$260	1:8	1:3.0	$34,800
Minimum	185	350	$225	$195	1:10	1:5.0	$31,800
Community	185	250	$175	$160	1:12	1:5.5	$21,000
Youth	250	600	$390	$305	1:3.5	1:1.0	$63,000

Source: CWPA

Notes:

1. Construction costs include site development based upon an average of 8% of total costs. Site acquisition costs are not included.
2. Facility costs include the operation's core spaces. Facilities with non-typical program needs will affect the facility area/ costs accordingly.
3. Construction costs per square foot and operational costs per inmate are based upon recent Dewberry/ CWPA experiences. Areas per bed and staffing ratio per bed are averages transferred from the 2006 Master Plan and confirmed through recent analysis of NDCS facility plans and recent and projected NDCS staffing patterns. Variations from these numbers do exist in the system due to the age and layout of each of the ten facilities and the programs available within.

The following table provides information on cost projections for the recommended Phase 3 projects:

Figure 4-13 Phase 3 Project Cost Projections

Expansion - Project Budgets									
Facility	Project	No. of New Beds	Area per Bed (sf)	Total Area (SF)	Cost per SF ($)	Constr. Cost (000's)	Project Costs (000's)	Add'l. Staff Req'd.	Add'l. Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
PHASE 3 (2024+)									
3.1 NCYF: Expansion									
	Core Support (kitchen & gym expansion)	-	-	3,700	$ 320	$ 1,184	$ 1,539	-	-
	New Beds	100	250	25,000	$ 390	$ 9,750	$ 12,675	29	$ 5,250
	Subtotal:	100	-	28,700	-	$ 10,934	$ 14,214	29	$ 5,250
3.2 RSC: Construction of Lincoln / Omaha Re-Entry Service Center (RSC)[1]									
	Core Support (programs, visitation, rec., etc.)	-	-	-	-	-	-	-	-
	New Beds	-	-	-	-	-	-	-	-
	Subtotal:	0	-	0	-	$ -	$ -	0	$ -
3.3 New Prison[2]									
	Core Support (programs, visitation, rec., etc.)	-	450	270,000	$ 260	$ 70,200	$ 91,260	200	-
	New Beds (Medium Custody)	600	225	135,000	$ 325	$ 43,875	$ 57,038	75	$ 20,880
	Subtotal:	600	675	405,000	$ 585	$ 114,075	$ 148,298	275	$ 20,880
	PHASE 3 TOTAL:	700	-	433,700	-	$ 125,009	$ 162,512	304	$ 26,130
Note: Cost above are based upon mid-year 2014 dollars. Adjustments for future inflation are required.									
	TOTAL EXPANSION	2,950	-	1,710,867	-	$ 525,952	$ 686,325	1,426	$ 94,521

[1] Unknown scope to be clarified as Phase 1 & 2 are completed and system is re-evaluated.

[2] Does not include any site acquisition costs. A site selection process will determine the location.

Source: CWPA

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Appendix A

Facility Capacity Inventory

The following tables were created to summarize the facility utilization and plans, both in 2013 and into the future. Each table includes a list of housing units, wings, or other designation used to identify physical space within the facility. For each unit, wing, or other housing designation, numbers indicate the design capacity, core support services, housing type, custody, and gender.

The top of the table gives a summary of the utilization of those units or beds, with 2013 numbers in a teal section to the top right. These numbers give the Recommended Bed Capacity (Beds $_{13}$), a classification factor, and the final Recommended Operational Capacity (OC_{13}). A classification factor is typically added to population forecasts to allow for the inefficiencies which result when inmates are grouped into categories which cannot be mixed. Increasing separations result in more housing types and greater inefficiencies. In this case, the classification factor targets a lower capacity level than the total beds would allow, in order to leave vacancies for inmate movement.

A final column tallies the population count in each unit on a typical day (09/10/2013) when the consultant group toured many of the NDCS facilities.

The middle section of the table summarizes the same information for non-count beds.

The bottom section of each table designates details on final design capacity, core support services, bed capacity, and operational capacity numbers. These numbers show the recommended system changes to occur on the schedule indicated in this study.

DEC

DEC Housing Inventory (10% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
1P (Mezzanine)	32	32	Intake	1X	M	64	6	58	64
Subtotal	*32*	*32*				*64*	*6*	*58*	*64*
2M	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
3Q	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
4F	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
5G	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
6H	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
7J	16	16	Intake	1X	M	32	3	29	32
8K	16	16	Intake	1X	M	16	2	14	16
Subtotal	*32*	*32*				*48*	*5*	*43*	*48*
9	16	16	Intake	1X	M	32	3	29	32
Subtotal	*16*	*16*				*32*	*3*	*29*	*32*
Total Count:	**160**	**160**				**304**	**29**	**275**	**304**
						Estimated Crowding (ADP_{13}/DC_{13}):		**313%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**182%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**3.13**	
						Average Daily Population:		*501*	
						Lowest Population Level (8/28/2012):		*424*	
						Highest Population Level (4/17/2013):		*594*	
Non-Count Housing									
1P (Hospital)*	16	32	Medical	All	M/F	16	0	16	16
Subtotal	*16*	*32*				*16*	*0*	*16*	*16*
Total Non-Count:	**16**	**32**				**16**	**0**	**16**	**16**

*Although DEC's infirmary is used primarily by men, it is available to male and female inmates of all custody levels within NDCS.

Recommended Expansion						Future Institutional Capacity			
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)	
New Core Areas		160							
New Intake Unit	192	192	Intake	1X	M	192	19	173	
Beds Repurposed in HU8	0	0	Intake	1X	M	16	2	14	
Beds Repurposed in HUP	0	0	Intake	1X	M	16	3	13	
Count Subtotal	*192*	*352*				*224*	*24*	*200*	
Total Future Count:	**352**	**512**				**528**	**53**	**475**	
Total Future Non-Count:	**16**	**32**				**16**	**0**	**16**	
						Estimated Crowding (OC_F/DC_F):		**135%**	
						Operational Stress Index (OC_F/CSS_F):		**0.93**	

Source: NDCS

LCC

LCC Housing Inventory (6% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
A1	16	16	PC	1X/2X	M	32	0	32	32
A2	48	48	PC	1X/2X	M	96	0	96	96
Subtotal	*64*	*64*				*128*	*0*	128	*128*
B1	32	32	GP	1X/2X	M	64	6	58	64
B2	32	32	GP	1X/2X	M	64	6	58	64
Subtotal	*64*	*64*				*128*	*12*	116	*128*
C1	31	31	RHa	1X/2X	M	31	0	31	32
C2	16	16	RHd	1X/2X	M	16	0	16	16
Subtotal	*47*	*47*				*47*	*12*	35	*48*
D1	26	26	MHs	1X/2X	M	26	0	26	26
D2	27	27	MHs	1X/2X	M	37	0	37	37
Subtotal	*53*	*53*				*63*	*0*	63	*63*
E1	32	32	SOi	1X/2X	M	52	0	52	52
E2	32	32	GP	1X/2X	M	64	6	58	64
Subtotal	*64*	*64*				*116*	*6*	110	*116*
North Support 1 CU	16	16	RHd	1X/2X	M	16	0	16	16
Subtotal	*16*	*16*				*16*	*0*	*16*	*16*
Total Count:	**308**	**308**				**498**	**30**	**468**	**499**
						Estimated Crowding (ADP_{13}/DC_{13}):		**163%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**107%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**1.63**	
						Average Daily Population:		*502*	
						Lowest Population Level (1/28/2013):		*488*	
						Highest Population Level (5/16/2013):		*515*	
Non-Count Housing									
C2 CU	16	16	RHd	1X/2X	M	16	0	16	0
North Support 2 (Medical)	7	7	Medical	1X/2X	M	7	0	7	7
South Support 2 (Mental Health)	3	3	MH	1X/2X	M	3	0	3	3
Subtotal	*26*	*26*				*26*	*0*	*26*	*10*
Total Non-Count:	**26**	**26**				**26**	**0**	**26**	**10**
Recommended Expansion						**Future Institutional Capacity**			
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)	
New Core Areas		280							
Beds Repurposed in C1-unit	0	0	GP	1X/2X	M	31	6	25	
Beds Repurposed in C2-unit	0	0	GP	1X/2X	M	32	6	26	
Beds Repurposed in D-unit	0	0	GP	1X/2X	M	43	11	32	
Infill Housing Unit Renovation (+12 beds per unit)	200	200	GP	1X/2X	M	200	20	180	
Count Subtotal	*200*	*480*				*306*	*43*	*263*	
New Restrictive Housing Unit	100	100	RHd	1X	M	100	0	100	
Non-Count Subtotal	*100*	*100*				*100*	*0*	*100*	
Total Future Count:	**508**	**788**				**804**	**74**	**730**	
Total Future Non-Count:	**126**	**126**				**126**	**0**	**126**	
						Estimated Crowding (OC_F/DC_F):		**144%**	
						Operational Stress Index (OC_F/CSS_F):		**0.93**	

Source: NDCS

NSP

NSP Housing Inventory (5% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013								Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)		Classification Factor		Recommended Operational Capacity (OC_{13})				9/10/2013 Beds
1a	20	20	GP	1X/2X	M	40	2	4		36	2			40
1b	20	20	GP	1X/2X	M	40	2	4		36	2			40
1c	20	20	GP	1X/2X	M	40	2	4		36	2			40
1d	20	20	GP	1X/2X	M	25	21	3		22	21			25
Subtotal	*80*	*80*				*145*	*27*	*15*		*130*	*27*			*145*
2a	20	20	GP	1X/2X	M	40		4		36				40
2b	20	20	GP	1X/2X	M	40		4		36				40
2c	20	20	GP	1X/2X	M	40		4		36				40
2d	20	20	GP	1X/2X	M	40		4		36				40
Subtotal	*80*	*80*				*160*		*16*		*144*				*160*
3a	20	20	PC	1X/2X	M	40		0		40				40
3b	20	20	GP	1X/2X	M	40		4		36				40
3c	20	20	GP	1X/2X	M	40		4		36				40
3d	20	20	GP	1X/2X	M	40		4		36				40
Subtotal	*80*	*80*				*160*		*12*		*148*				*160*
4a	20	20	RH	1X/2X	M	20		0		20				40
4b	20	20	RH	1X/2X	M	20		0		20				40
4c	20	20	RH	1X/2X	M	20		0		20				40
4d	20	20	RHa	1X/2X	M	20		0		20				40
Subtotal	*80*	*80*				*80*		*0*		*80*				*160*
5a	20	20	GP	1X/2X	M	40		4		36				40
5b	20	20	GP	1X/2X	M	40		4		36				40
5c	20	20	GP	1X/2X	M	40		4		36				40
5d	20	20	GP	1X/2X	M	40		4		36				40
Subtotal	*80*	*80*				*160*		*16*		*144*				*160*
6a	Originally designed for 50 inmates; After the relocation of RTC to NSP, Unit 6A was converted to treatment staff offices and is no longer designed for housing.													
6b	50	50	SAi	3A	M	100		0		100				100
6c	50	50	GP	3A	M	75		0		75				100
Subtotal	*100*	*100*				*175*		*0*		*175*				*200*
7a	50	50	GP	3A	M	75		0		75				98
7b	50	50	GP	3A	M	75		0		75				98
8a	50	50	GP	3A	M	75		0		75				98
8b	50	50	GP	3A	M	75		0		75				98
Subtotal	*200*	*200*				*300*		*0*		*300*				*392*
CUa	18	18	RHa	1X/2X/3A	M	18		0		18				18
Subtotal	*18*	*18*				*18*		*0*		*18*				*18*
Total Count:	**718**	**718**				**1198**	**27**	**59**		**1139**	**27**			**1395**
						Estimated Crowding (ADP_{13}/DC_{13}):				**179%**				
						Revised Crowding (ADP_{13}/OC_{13}):				**113%**				
						Operational Stress Index (ADP_{13}/CSS_{13}):				**1.79**				
						Average Daily Population:				*1283*				
						Lowest Population Level (7/17/2012):				*1217*				
						Highest Population Level (3/18/2013):				*1318*				
Non-Count Housing														
Infirmary	11	10	Medical	1X/2X/3A	M	11		0		11				10
CUb	18	18	RHd	1X/2X/3A	M	18		0		18				18
Subtotal	*29*	*28*				*29*		*0*		*29*				*28*
Total Non-Count:	**29**	**28**				**29**		**0**		**29**				**28**

NSP Con't

Recommended Expansion						Future Institutional Capacity		
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)
New Core Areas		677						
Replace SMU Housing	166	166	RH	1X/2X/3A	M	166	0	166
Beds Repurposed in HU4	0	0	GP	1X/2X/3A	F	80	16	64
Count Subtotal	*166*	*843*				*246*	*16*	*230*
Total Future Count:	**884**	**1561**				**1444** [27]	**75**	**1370** [27]
Total Future Non-Count:	**29**	**28**				**29**	**0**	**29**
						Estimated Crowding (OC_F/DC_F):		**155%**
						Operational Stress Index (OC_F/CSS_F):		**0.88**

Source: NDCS

CCCL

CCC-L Housing Inventory (0% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building Wing	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
B	52	52	GP	4A/4B	M	78	0	78	104
C	52	52	GP	4A/4B	M	78	0	78	104
D	52	52	GP	4A/4B	M	78	0	78	104
Subtotal	*156*	*156*				*234*	*0*	*234*	*312*
E	44	44	GP	4A/4B	F	66	0	66	88
Subtotal	*44*	*44*				*66*	*0*	*66*	*88*
Total Count:	**200**	**200**				**300**	**0**	**300**	**400**
						Estimated Crowding (ADP_{13}/DC_{13}):		**194%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**129%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**1.94**	
						Average Daily Population:		*388*	
						Lowest Population Level (7/1/2012):		*348*	
						Highest Population Level (3/6/2013):		*410*	
Non-Count Housing									
Holding Area	1	1				1	0	1	1
Subtotal	*1*	*1*				*1*	*0*	*1*	*1*
Total Non-Count:	**1**	**1**				**1**	**0**	**1**	**1**

Recommended Expansion						Future Institutional Capacity		
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)
New Core Areas		200						
New Re-Entry Housing	150	150	GP	4A/4B	F	150	0	150
New Re-Entry Housing	150	150	GP	4A/4B	M	150	0	150
New Re-Entry Housing	150	150	GP	3A/3B	M	150	0	150
Subtotal	*450*	*650*				*450*	0	*450*
Total Future Count:	**650**	**850**				**750**	**0**	**750**
Total Future Non-Count:	**1**	**1**				**1**	**0**	**1**
						Estimated Crowding (OC_F/DC_F):		**115%**
						Operational Stress Index (OC_F/CSS_F):		**0.88**

Source: NDCS

OCC

OCC Housing Inventory (7% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
NOTE: Housing Unit J1 was closed between August 2011 and April 22, 2013. This accounts for the large fluctuations in population levels at OCC and its relatively low ADP during FY2013.									
J1A	20	20	GP	2X/3A	M	40	4	36	40
J1B	20	20	GP	2X/3A	M	40 [1]	4	36 [1]	39
J1C	20	20	GP	2X/3A	M	40	4	36	40
J1D	20	20	GP	2X/3A	M	40 [1]	4	36 [1]	39
Subtotal	*80*	*80*				*160* [2]	*16*	*144* [2]	*158*
J2A	20	20	GP	2X/3A	M	40	4	36	40
J2B	20	20	GP	2X/3A	M	40	4	36	40
J2C	20	20	GP	2X/3A	M	40	4	36	40
J2D	20	20	GP	2X/3A	M	40	4	36	40
Subtotal	*80*	*80*				*160*	*16*	*144*	*160*
J3 (A)	52	52	SAi	3A	M	78	0	78	104
J3 (B)	52	52	GP	3A	M	78 [2]	0	78 [2]	104
J3 (C)	52	52	GP	3A	M	78 [2]	0	78 [2]	104
Subtotal	*156*	*156*				*234* [4]	*0*	*234* [4]	*312*
KA	20	20	GP	2X/3A	M	40	4	36	40
KB	20	20	GP	2X/3A	M	40	4	36	40
KC	20	20	GP	2X/3A	M	40 [1]	4	36 [1]	39
KD	20	20	GP	2X/3A	M	40	4	36	40
Subtotal	*80*	*80*				*160* [1]	*16*	*144* [1]	*159*
Total Count:	**396**	**396**				**714** [7]	**48**	**666** [7]	**789**
						Estimated Crowding (ADP_{13}/DC_{13}):		**151%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**90%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**1.51**	
						Average Daily Population:		*598*	
						Lowest Population Level (7/30/2012):		*548*	
						Highest Population Level (6/19/2013):		*731*	
Non-Count Housing									
Building B	13	12	RH	2X	M	13	0	13	12
Subtotal	*13*	*12*				*13*	*0*	*13*	*12*
Total Non-Count:	**13**	**12**				**13**	**0**	**13**	**12**

Source: NDCS

OCC Con't

Recommended Expansion						Future Institutional Capacity		
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)
New Core Areas		393						
Count Subtotal	*0*	*393*				*0*	*0*	*0*
New Restrictive Housing Unit	40	40	RHd	1X/2X	M	40	0	40
Non-Count Subtotal	*40*	*40*				*40*	*0*	*40*
Total Future Count:	**396**	**789**				**714** [7]	**48**	**666** [7]
Total Future Non-Count:	**53**	**52**				**53**	**0**	**53**
						Estimated Crowding (OC_F/DC_F):		**168%**
						Operational Stress Index (OC_F/CSS_F):		**0.84**

Source: NDCS

CCCO

CCC-O Housing Inventory (0% Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
300	34	34	GP	4A/4B	M	51	0	51	68
400	44	44	GP	4A/4B	M	66 [1]	0	66 [1]	87
Subtotal	*78*	*78*				*117* [1]	*0*	*117* [1]	*155*
200	12	12	GP	4A/4B	F	18 [1]	0	18 [1]	24
Subtotal	*12*	*12*				*18* [1]	*0*	*18* [1]	*24*
Total Count:	**90**	**90**				**135** [2]	**0**	**135** [2]	**179**
						Estimated Crowding (ADP_{13}/DC_{13}):		**192%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**128%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**1.92**	
						Average Daily Population:		*173*	
						Lowest Population Level (7/25/2012):		*145*	
						Highest Population Level (2/7/2013):		*188*	
Non-Count Housing									
N/A									
Subtotal	*0*	*0*				*0*	*0*	*0*	*0*
Total Non-Count:	**0**	**0**				**0**	**0**	**0**	**0**
Recommended Expansion						Future Institutional Capacity			
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)	
New Core Areas		90							
New Re-Entry Housing	300	300	GP	4A/4B	F	300	0	300	
Subtotal	*300*	*390*				*300*	0	*300*	
Total Future Count:	**390**	**480**				**435** [2]	**0**	**435** [2]	
Total Future Non-Count:	**0**	**0**				**0**	**0**	**0**	
						Estimated Crowding (OC_F/DC_F):		**112%**	
						Operational Stress Index (OC_F/CSS_F):		**0.91**	

Source: NDCS

NCYF

NCYF Housing Inventory (9% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013					Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)		Classification Factor	Recommended Operational Capacity (OC_{13})		9/10/2013 Beds
Ba	10	10	PC	≤ 17	M	10	1	0	10	1	10
Bb	10	10	GP	≤ 17	M	10	1	1	9	1	10
Bc	10	10	GP	18	M	10	1	1	9	1	10
Subtotal	*30*	*30*				*30*	3	*2*	*28*	3	*30*
C1a*	8	8	RHd	all	M	8	1	0	8	1	8
C2b	8	8	GP	≥ 19	M	8	1	1	7	1	8
Subtotal	*16*	*16*				*16*	2	*1*	*15*	2	*16*
Da	10	10	GP	≥ 19	M	10	1	1	9	1	10
Db	10	10	GP	≥ 19	M	10	1	1	9	1	10
Dc	10	10	GP	≥ 19	M	10	1	1	9	1	10
Subtotal	*30*	*30*				*30*	3	*3*	*27*	3	*30*
Future Unit Expansion Capability	0	76									
Subtotal	*0*	*76*									
Total Count:	**76**	**152**				**76**	8	**6**	**70**	8	**76**

*Unit C1a beds are used for temporary, non-count restrictive housing.

Estimated Crowding (ADP_{13}/DC_{13}):	**88%**
Revised Crowding (ADP_{13}/OC_{13}):	**95%**
Operational Stress Index (ADP_{13}/CSS_{13}):	**0.44**
Average Daily Population:	*67*
Lowest Population Level (5/13/2013):	*61*
Highest Population Level (2/24/2013):	*73*

Non-Count Housing											
N/A											
Subtotal	*0*	*0*				*0*		*0*	*0*		*0*
Total Non-Count:	**0**	**0**				**0**		**0**	**0**		**0**

Recommended Expansion						Future Institutional Capacity					
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)		Classification Factor	Recommended Operational Capacity (OC_F)		
New Housing Unit	100	24	GP	Re-Entry	M	100		10	90		
Count Subtotal	*100*	*24*				*100*		*10*	*90*		
Total Future Count:	**176**	**176**				**176**	8	**16**	**160**	8	
Total Future Non-Count:	**0**	**0**				**0**		**0**	**0**		

Estimated Crowding (OC_F/DC_F):	**91%**
Operational Stress Index (OC_F/CSS_F):	**0.91**

Source: NDCS

TSCI

TSCI Housing Inventory (6% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
1a	64	64	GP	2X	M	64	6	58	64
1b	64	64	GP	2X	M	64	6	58	64
1c	32	64	GP Med	2X	M	32	0	30	64
1d	32	64	GP Med	2X	M	32	0	32	64
1e	32	64	SAi	2X	M	32	0	32	64
1f	32	64	Death	2X	M	32	0	32	32
Subtotal	*256*	*384*				*256*	*12*	*244*	*352*
2a	64	64	GP	2X	M	64	6	58	64
2b	64	64	GP	2X	M	64	6	58	64
2c	64	64	PC	2X	M	64	0	64	64
2d	64	64	GP	2X	M	64	6	58	64
Subtotal	*256*	*256*				*256*	*18*	*238*	*256*
3A	64	64	GP	2X	M	64	6	58	64
3B	64	64	GP	2X	M	64	6	58	64
3C	64	64	GP	2X	M	64	6	58	64
3D	64	64	GP	2X	M	64	6	58	64
Subtotal	*256*	*256*				*256*	*24*	*232*	*256*
SMUA2	30	21	RHd	1X	M	30	0	30	21
SMUA1	10	22	RHd	1X	M	10	0	10	22
SMUB2	30	14	RHd	1X	M	30	0	30	14
SMUB1	10	21	RHd	1X	M	10	0	10	21
SMUC	16	16	RHd+	1X	M	16	0	16	16
SMUD	16	16	RHd+	1X	M	16	0	16	16
SMUE2	30	20	RHd	1X	M	30	0	30	20
SMUE1	10	22	RHd	1X	M	10	0	10	22
SMUF2	30	20	RHd	1X	M	30	0	30	20
SMUF1	10	20	RHd	1X	M	10	0	10	20
Subtotal	*192*	*192*				*192*	*0*	*192*	*192*
Future Unit Expansion Capability	0	256							
Subtotal	*0*	*256*							
Total Count:	**960**	**1344**				**960**	**54**	**906**	**1056**
						Estimated Crowding (ADP_{13}/DC_{13}):		**100%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**106%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**0.72**	
						Average Daily Population:		*963*	
						Lowest Population Level (8/7/2012):		*922*	
						Highest Population Level (6/28/2013):		*983*	

Source: NDCS

TSCI Con't

Non-Count Housing						Future Institutional Capacity			
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
Infirmary	10	10	Medical	1X/2X	M	10 [9]	0	10 [9]	10
SMU Restraint	3	3	RH	1X	M	3	0	3	3
Subtotal	*13*	*13*				*13* [9]	*0* [0]	*13* [9]	*13*
Total Non-Count:	**13**	**13**				**13** [9]	**0**	**13** [9]	**13**
Recommended Expansion									
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)	
New Housing Unit	256	0	GP	1X/2X	M	256	26	230	
New Restrictive Housing Unit	100	100	RHd	1X/2X	M	100	0	100	
Count Subtotal	*356*	*100*				*356*	*26*	*330*	
Total Future Count:	**1316**	**1444**				**1316**	**80**	**1236**	
Total Future Non-Count:	**13**	**13**				**13** [5]	**0**	**13** [5]	
						Estimated Crowding (OC_F/DC_F):		**94%**	
						Operational Stress Index (OC_F/CSS_F):		**0.86**	

Source: NDCS

WEC

WEC Housing Inventory (0% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013			Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)	Classification Factor	Recommended Operational Capacity (OC_{13})	9/10/2013 Beds
CA	25	50	GP	3B	M	50	0	50	50
CB	25	50	GP	3B	M	50	0	50	50
CC	12	24	GP	3B	M	24	0	24	22
CD	13	26	GP	3B	M	26	0	26	22
CE	25	50	GP	3B	M	*50*	*0*	50	*42*
Subtotal	*100*	*200*				*200*	*0*	*200*	*186*
Total Count:	**100**	**200**				**200**	**0**	**200**	**186**
						Estimated Crowding (ADP_{13}/DC_{13}):		**125%**	
						Revised Crowding (ADP_{13}/OC_{13}):		**63%**	
						Operational Stress Index (ADP_{13}/CSS_{13}):		**0.63**	
						Average Daily Population:		*125*	
						Lowest Population Level (7/29/2012):		*90*	
						Highest Population Level (3/13/2013):		*155*	
Non-Count Housing									
Transportation Holding	4	4	Temp	3B	M	4	0	4	4
Subtotal	*4*	*4*				*4*	*0*	*4*	*4*
Total Non-Count:	**4**	**4**				**4**	**0**	**4**	**4**

Recommended Expansion						Future Institutional Capacity			
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)	
New Housing Unit	100	100	GP	3B	M	100 [8]	0	100 [8]	
New Housing Unit	100	100	GP	3B	M	100	0	100	
Count Subtotal	*200*	*200*				*200* [8]	*0*	*200* [8]	
Total Future Count:	**300**	**400**				**400** [8]	**0**	**400** [8]	
Total Future Non-Count:	**4**	**4**				**4**	**0**	**4**	
						Estimated Crowding (OC_F/DC_F):		**133%**	
						Operational Stress Index (OC_F/CSS_F):		**1.00**	

Source: NDCS

NCCW

NCCW Housing Inventory (6% Institutional Classification Factor)

Count Housing						Institutional Capacity 2013						Snapshot 2013
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_{13}$)		Classification Factor		Recommended Operational Capacity (OC_{13})		9/10/2013 Beds
A1	24	24	Intake	1X/2X	F	24	1	0		24	1	40
Subtotal	*24*	*24*				*24*	*1*	*0*		*24*	*1*	*40*
B1	13	13	Parents	3A	F	13	13	0		13	13	13
B1	4	4	Parents	1X/2X/3A	F	4	3	0		4	3	2
B2	76	76	GP	1X/2X/3A	F	114		11		103		114
B3	32	32	SAi	1X/2X/3A	F	48		0		48		48
Subtotal	*125*	*125*				*179*	*16*	*11*		*168*	*16*	*177*
C1 - North	9	9	RH	1X/2X	F	9	2	0		9	2	7
C1 - South	7	7	MH	1X/2X/3A	F	7		0		7		0
C1 - South	20	20	Star	1X/2X/3A	F	28		0		28		28
Subtotal	*36*	*36*				*44*	*2*	*0*		*44*	*2*	*35*
North Hall - A	22	22	GP	1X/2X/3A	F	22	1	2		20	1	22
North Hall - B	20	20	GP	1X/2X/3A	F	20	1	2		18	1	20
North Hall - C	24	24	GP	1X/2X/3A	F	24		2		22		22
North Hall - D	24	24	GP	1X/2X/3A	F	24		2		22		24
Subtotal	*90*	*90*				*90*	*2*	*8*		*82*	*2*	*88*
Total Count:	**275**	**275**				**337**	*21*	**19**		**318**	*21*	**340**
						Estimated Crowding (ADP_{13}/DC_{13}):				**92%**		
						Revised Crowding (ADP_{13}/OC_{13}):				**79%**		
						Operational Stress Index (ADP_{13}/CSS_{13}):				**0.92**		
						Average Daily Population:				*252*		
						Lowest Population Level (1/22/2013):				*235*		
						Highest Population Level (6/30/2013):				*276*		
Non-Count Housing												
D&E (Med)	1	1	Med	1X/2X/3A	F	1		0		1		0
C1	6	6	Obs	1X/2X/3A	F	6		0		6		4
C1	1	1	Holding	1X/2X/3A	F	1		0		1		1
C1	0	0	MH	1X/2X/3A	F	0		0		0		3
North Hall C	0	0	Holding	1X/2X/3A	F	0		0		0		1
Subtotal	*8*	*8*				*8*		*0*		*8*		*9*
Total Non-Count:	**8**	**8**				**8**		**0**		**8**		**9**

Source: NDCS

NCCW Con't

Recommended Expansion						Future Institutional Capacity		
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)	Classification Factor	Recommended Operational Capacity (OC_F)
New Core Areas		79						
New Juvenile Housing Unit	8	8	GP	1X/2X/3A	F	8	0	8
Count Subtotal	*8*	*87*				*8*	*0*	*8*
Total Future Count:	**283**	**362**				**345** [21]	**19**	**326** [21]
Total Future Non-Count:	**8**	**8**				**8**	**0**	**8**
						Estimated Crowding (OC_F/DC_F):		**115%**
						Operational Stress Index (OC_F/CSS_F):		**0.90**

Source: NDCS

MIFS

MIFS Housing Inventory (0% Institutional Classification Factor)

Recommended Expansion						Future Institutional Capacity					
Building	Design Capacity	Core Support Services	Housing Type	Custody	Gender	Recommended Bed Capacity ($Beds_F$)		Classification Factor		Recommended Operational Capacity (OC_F)	
New Licensed Nursing Facility	40	40	Hosp	1X/2X	M/F	40	40	0		40	40
New Unlicensed Nursing Facility	88	88	Hosp	1X/2X	M/F	88	88	0		88	88
New Safekeepers Unit	80	80	SK/90	1X	M	80		0		80	
New Mental Health Stabilization Unit	150	150	MH	1X/2X	M/F	150	150	0		150	150
Count Subtotal	*358*	*358*				*358*	*278*	*0*		*358*	*278*
Total Future Count:	**358**	**358**				**358**	**278**	**0**		**358**	**278**
Total Future Non-Count:	**0**	**0**				**0**		**0**		**0**	
						Estimated Crowding (OC_F/DC_F):				**100%**	
						Operational Stress Index (OC_F/CSS_F):				**1.00**	

Source: NDCS

Appendix B

Correctional Programs Matrix (by facility)

	CCC-L	CCC-O	DEC	LCC	NCCW	NCYF	NSP	OCC	TSCI	WEC
Mental Health Treatment										
Anger Management	x	x		x		x		x		x
Violence Reduction Program							x			
Aggression Replacement Training (ART)						x				
Anxiety Management				x				x		
Mental Health Unit				x	x					
Meteor Program				x					x	
Crisis Invervention							x			
Mood Management								x		
Outpatient Mental Health Clinic	x	x	x	x	x	x	x	x	x	x
Sex Offender Services										
iHelp				x						
oHelp	x				x		x	x		
bHelp	x							x		
Continuing Care	x						x	x		
Substance Abuse Treatment										
Residential Treatment					x		x	x	x	
Non-Residential Treatment	x							x	x	x
Outpatient	*x*							*x*	*x*	*x*
Intensive Outpatient	*x*							*x*	*x*	*x*
Continuing Care	x			x			x	x	x	
Drug and Alcohol Education						x		x		
Physical Health Treatment										
Skilled Nursing Facility			x				x		x	
Non-skilled Nursing Facility	x				x			x		
Dialysis							x			
Chemotherapy							x			
Dentistry				x	x		x	x	x	
Opthamology					x		x		x	
Optometry								x		
Health Education										
Women's Health	x	x		x	x			x		
TB	x	x		x	x		x	x	x	
HIV/AIDS	x	x		x	x		x	x	x	x
Hepatitis	x	x		x	x		x	x	x	x
MRSA	x	x		x	x		x	x	x	x
Hygiene	x	x		x	x		x	x		x
Dental Care	x	x		x	x		x	x	x	x
STIs	x	x		x	x		x	x		x
K-2	x	x		x	x			x		x
Emergency Preparedness	x			x	x					
Nutrition	x	x		x	x		x	x		x
Smoking Awareness	x			x	x		x	x		x
Diabetes	x			x	x		x	x		x
Medication Abuse	x			x	x		x	x		x

Source: NDCS

	CCC-L	CCC-O	DEC	LCC	NCCW	NCYF	NSP	OCC	TSCI	WEC
General Education										
ESL/ELL		x		x	x	x	x	x	x	
ABE/ASE	x	x		x	x	x	x	x	x	x
High School		x		x	x	x	x	x	x	x
Math Basics				x	x	x		x		x
Math Refresher				x	x	x		x		x
Fractions Refresher				x	x	x		x		x
Math Enrichment				x	x	x		x		x
Computer Literacy				x	x	x		x	x	
Beginning Typing				x	x	x		x		
Access to Post-Secondary Education Programs	x	x		x	x	x	x	x	x	x
Job Skills				x	x	x		x	x	x
Skilled Jobs										
CSI	x	x		x	x		x	x	x	
Sewing					x			x	x	
Wood				x			x	x	x	
Metals							x			
Upholstery							x	x		
Soap							x			
Sign							x			
Braille							x			
License Plates							x			
Laundry				x	x		x	x	x	
TEK Industries							x			
Printing				x						
Administration	x						x		x	
Warehouse	x				x			x	x	
Prairie Gold	x									
Cleaning Crew	x	x			x				x	
Military Crew	x									
NRD Crew	x									
DOR Crew	x	x								
Food Service	x			x	x		x	x	x	x
Maintenance	x			x	x		x	x	x	x
Inmate Medical Porter (CNA)				x	x		x	x	x	
Programs										
InsideOut Dads				x		x	x	x	x	x
Within My Reach (Relationships)				x	x		x	x	x	
Common Sense Parenting				x	x		x	x	x	
Nursery					x					
Transformation Project (GP)						x		x		x
Transformation Project (Rest. Housing)				x			x		x	
7 Habits on the Inside					x	x			x	x
Money Smart					x					
Love and Logic					x					
Financial Peace University	x	x						x		
Healthy Lifestyles							x			
Victim Impact				x	x	x	x	x		x
Horticulture						x		x		
Dog Handler Program				x	x	x	x	x		
Communication Skills								x		
Stress Management							x	x		

Source: NDCS

	CCC-L	CCC-O	DEC	LCC	NCCW	NCYF	NSP	OCC	TSCI	WEC
Programs										
Restrictive Housing Levels Program				x	x	x	x		x	
Welding Training										x
Business Tech										x
ProStart Culinary Arts				x	x	x		x		
Alternatives to Violence	x			x			x	x		
Planning with a Purpose							x	x		
Mentoring Program						x	x			
WaY Writing Program						x				
Released and Restored	x			x	x		x	x		
Living Well				x			x		x	
SISTA					x					
Nutrition								x	x	
Men's Sexual Health								x		
Women's Sexual Health								x		
Discharge Planning				x	x	x	x	x		x
Domestic Violence					x			x		
Addicted Brain								x		
Cognitive Thinking								x		x
PreRelease						x				
Grudge Reduction						x				
Thinking for a Change						x				
Character Building through Responsible Changes						x				
Power of Peace					x					
Inmate Clubs										
7th Step							x		x	
Toastmasters							x		x	
Fellowship					x			x		
Harambee				x			x	x	x	
Hobby				x	x		x	x	x	
Stamp Collectors							*x*		*x*	
Islamic								x		
Mata				x			x	x	x	
NASCA				x			x	x	x	
Standing Together on Purpoose				x						
Veterans							x	x	x	
Alcoholics Anonymous	x			x	x	x	x	x	x	x
Narcotics Anonymous	x				x			x		
Survivors					x					

Source: NDCS

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