

STRATEGIC CAPITAL FACILITIES MASTER PLAN

UPDATE

FINAL REPORT

PREPARED FOR THE

State of Nebraska
Department of Correctional Services
Executive Steering Council

OCTOBER 2006



Carter Goble Lee
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Introduction

This study is an update to the 1997 Master Plan for the Nebraska Department of Correctional Services (NDCS) and was prompted by the need to revisit and update the answer to two questions:

1. Is there a need for additional high security beds for violent offenders, and
2. Is there a need for additional minimum or community level beds to free up high security beds for violent offenders?

This study not only answers these two questions, but also provides strategic options for meeting any future bedspace needs for the current rise in substance abusers, as well as violent offenders in the system.

The 1997 Master Plan found a significant need for additional high security beds in the system. The construction of the Tecumseh State Correctional Institution (TSCI) was one of the results of that study. Two "watershed" events occurred in the intervening years that have resulted in system changes, and that will guide the development of a plan to manage the growth in this new updated 2005 Master Plan:

1. The implementation of a new classification system that yields the need for more minimum custody bedspaces; and
2. The passage of legislation that significantly increases the incarceration sanctions for individuals involved in the manufacturing and/or sale of methamphetamine.

While the first "event" has an impact on how inmates are housed and programmed, the change in the method of classifying inmates does not result in additional population. This change is anticipated to actually "push down" inmates into lower classification levels, reducing the current need for high-security beds. However, the full implementation of new legislation has the potential of altering the number of persons incarcerated more than any other single piece of legislation passed by the Legislature, and possibly of increasing the need for beds. A more careful examination will be needed to reveal if these additional individuals will be violent, and if additional high-security beds will be necessary.

Similar to many plans, this 2006 Update began as public policy was being adjusted due to emerging trends in the Nebraska society. In particular, the noticeable increase in admissions for individuals charged with the abuse or sale of methamphetamines prompted new legislative actions that could, over time, significantly impact the number of prisoners in the system. While the precise implications are difficult to calculate, what is certain is the need for new forms of treatment and incarceration for offenders with addiction to this insidious substance.

With the formation of the Community Corrections Council, the potential to divert low-level offenders from prison is significant and will impact future bed space requirements. As the State further implements and expands the initiatives of the Community Corrections Council and similar prison alternatives, the need for additional prison bed-space is both diminished and delayed.

Modeling the potential impact of new legislation regarding the abuse of methamphetamines, as noted, was complicated as a number of assumptions had to be made to predict the possible behavior of the judicial system in charging and sentencing abusers. The conclusion of the study was delayed six months while data was accumulated on admissions for inmates



Executive Summary

charged under the new legislation. While the data did indicate an increase in the number of persons serving sentences as a result of the legislation, additional time will be required to more analytically establish the impact of the legislation.

Regardless of the impact of this new legislation, and other legislative measures that will occur over time, Nebraska will experience continued growth in prisoners that have serious issues associated with the abuse and sale of illegal chemical substances that requires a treatment-based response. This 2006 Update addresses the “natural” and potential “accelerated” growth that will occur in the context of traditional and treatment bed needs. As with any strategic plan, periodic updates will be necessary to determine if the prediction models are reflecting the actual system performance.

Needs Assessment and Forecasts

Due to the potential major implications of the new sentencing legislation, the discussion of growth management scenarios has been examined within a range of low and high estimated growth. First, a plan has been examined in terms of “Natural Growth,” which is the estimated population in the system for years 2015 and 2025 without the potential impact of any new legislation. In other words, this option offers a strategy to address a combination of existing facility modifications and new facility initiatives to meet the shortfall in beds that will result from the normal growth in the system. This model is the “low” end of the range of possible growth scenarios. The second growth model examines the potential additional inmate population expected to be generated by new sentencing legislation associated with methamphetamine offenders in 2015 and 2025. This scenario outlines strategies to address the “Accelerated Growth” that legislation is expected to produce, and establishes the “high” end of the range of possible growth. Because the new legislation does not relate to violent offenders, but rather to drug manufacturers, the anticipated future number of violent offenders is expected to be the same under both models.

By approaching a Master Plan Update through examination of the “Natural” and “Accelerated” scenarios, a plan can be more clearly delineated as to what would be expected to happen with and without the potential effects of new laws, leading to a definition of the required actions and costs to meet each growth scenario. Examining both growth options provides flexibility of planning, in offering the NDCS a wider range of options to deal with either scenario, or the possible combination of both.

In 1997, a system-wide Master Plan Update was completed that determined on January 14, 1997, the design capacity of the State correctional system was 2,103 beds and the inmate census was 3,214, indicating that the system was operating at approximately 142% of design capacity. In the 1997 Master Plan, the inmate population forecast was 4,419 beds by the year 2000 and 6,033 beds by the year 2005. While the projected need for 6,033 has not occurred, the 1997 Master Plan would have raised the available capacity to a total of 4,316 bedspaces which was close to the in-house total census in May 2006 (4,420).

The list of recommended capital projects in the 1997 Master Plan Update included:

- 128-Bed Addition at DEC
- New 800-Bed Prison – operated at 1,000
- Renovation of 150 Beds at Rivendale – operated at 188
- One New 100-Bed Work Ethic Camp – operated at 125

In addition to increasing the number of new bedspaces for high-security and violent offenders (largely through the construction of the Tecumseh State Correctional Institution), a major system initiative was undertaken to evaluate and revise the classification system. A concurrent study by the Criminal Justice Institute recommended changes in classifications, which are anticipated to classify more inmates to a custody level lower than the level rewarded through the previous classification methodology. While this impact is not universal, the initial implementation assured inmates they would not be “classified up” as the new system is put in place. The implementation of this new classification system is



expected to reduce the number of high-security inmates currently in the system by classing some inmates down (but none up), but later stabilizing as new inmates are received and classified under the new system.

The first step in this Master Plan Update was to validate the forecast of future inmates in the DCS through the year 2025. Average daily population (ADP) is the result of how many inmates come into the system (admissions, or ADM) and how long they stay (average length of stay, or ALOS). Historical admissions and length of stay data were analyzed to help forecast future ADP as accurately as possible. Once the total number of inmates was validated, the future ADP was divided into the various security levels and population groupings. Particular attention was paid to violent Part I offenders coming into the system.

<p>Admissions</p>	<p>Prison admissions have increased at a rate faster than the increase in State population over the past 20 years, with the admissions rate to prison increasing from 0.85 in 1990 to 1.12 in 2003. System admissions are projected to continue at the historical rate, with slight annual increase relative to state population. Of those admissions, violent Part I admissions have been in the mid to high-200's for the past five years. These offenders accumulate in the system, as each year's admissions stay longer than one year. In 2000, a total of 1,307 violent Part I individuals were in the system at one time or another. This estimated violent average daily population in 2004 had reached 1,480 – a cumulative increase of approximately 44 inmates per year.</p> <p>Although this rate of increase is not likely to continue at that rate into the future, an increase of even five violent Part I inmates per year will result in a total ADP of close to 1,600 violent offenders by the year 2025. With the population of the State of Nebraska projected to increase to 1,802,083 by the year 2025, and prison admissions forecasted to reach approximately 2,900 in the same year (see forecast numbers in Chapter 1 for details), if violent offenders continue to constitute between 13% and 14% of all admissions¹, between 380 and 400 inmates admitted to the system in 2025 are likely to be violent Part I offenders. With an average length of stay of 5.36 years (the historical ALOS for the years 2000 to 2004 for violent Part I offenders), the average daily population of violent offenders could pass 2,000 by 2025. At this point, violent offenders may comprise more than 30% of the inmate population. (See ADP Forecast below.)</p>
<p>Admissions and ADP Forecasts – Natural and Accelerated Growth</p>	<p>An analysis of historical admissions (ADM) and average daily population data (ADP) revealed the average length of stay (ALOS) for each sentence cohort. The ALOS for the past five years for each cohort was applied to the forecasted admissions in order to calculate future average daily population under the Natural Growth model. For the Accelerated Growth model, 15% (taken from 2004 actual admissions) of the 1-5 year sentence cohort were shifted to the 20+ year cohort, to model the anticipated effects of new drug sentencing legislation. A total of 23 individuals from the 1-5 year sentence cohort were also shifted to the Life cohort, for drug/weapons sentences. Historical ALOS were applied to these new adjusted admissions to create an estimate of Accelerated Growth.</p> <p>The Accelerated Growth Model models the possible effect of legislative changes on the average length of stay in the Nebraska Department of Corrections. Despite the name,</p>

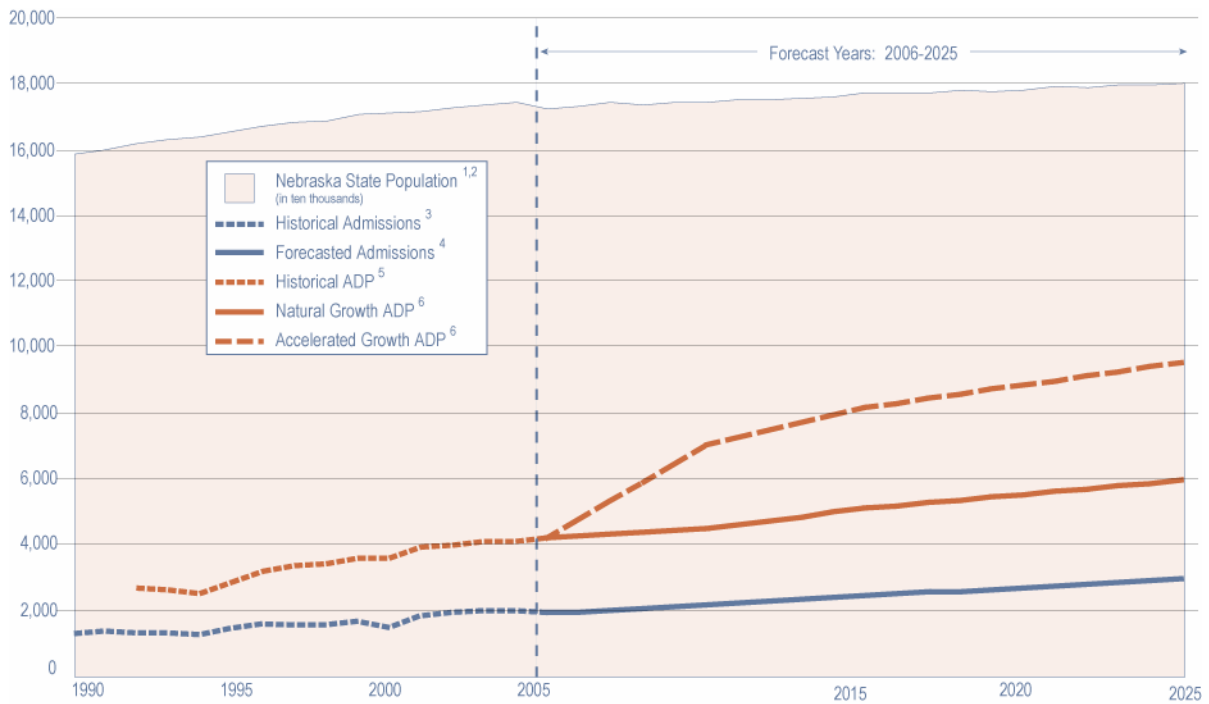
¹ The percentage of total prison admissions that were Part I Violent offenders was 12.99% in 2000, 14.93% in 2001, and 13.52% in 2003.

Accelerated Growth, this model is a moderate one, because the assumption of policy changes that only increase the length of stay² is the basis for the model.

According to the Natural Growth forecast, by the year 2025 the Department of Correctional Services will be housing approximately 5,900 inmates, if growth continues as in the past, with no significant changes in average length of stay or rate of increase of admissions. Under the Accelerated Growth forecast, as many as 9,552 inmates could be incarcerated within the NDCS by the year 2025 – approximately 3,500 more than were forecasted using the Natural Growth Model, and approximately 4,720 more than are housed in the current system. The Natural Growth and Accelerated Growth models will be used as the minimum and maximum (respectively) capacity levels that define the planning range for the NDCS.

Figure ES.1 shows the forecasted population of the State of Nebraska, along with forecasted admissions and ADP under the Natural and Accelerated Growth models.

Figure ES.1: Summary of Forecasts



Source: Carter Goble Lee; September 2005

¹ Historical Population taken from U.S. Census Bureau.

² Forecasted State Population taken from the U.S. Census Bureau at <http://www.census.gov/population/www/projections/projectionsagesex.html>

³ Historical Admissions from the Nebraska Department of Correctional Services

⁴ Projected future admissions calculated by Carter Goble Lee

⁵ Historical ADP from the Nebraska Department of Correctional Services

⁶ Natural and Accelerated Growth ADP forecasts calculated by Carter Goble Lee

² Reduced use of parole and stiffer penalties for certain crimes, among others, are examples of policy changes that result in increased lengths of stay.



Population Groups of Interest

Two types of terminology are used to distinguish the various sub-groups that exist within the population held by the Department of Correctional Services. The first terminology refers to the inmate's custody level, or security level. Custody levels are used to match an inmate with a facility type, and include Maximum, Maximum-Segregation, Medium, Minimum, and Community. The second terminology refers to qualities the inmate possesses that may qualify him or her for special housing. These "Population Groupings" include female, youth (under age 19 at conviction, tried as an adult), severe medical impairment (permanent), or a need for special programming with associated housing stipulations (e.g. inpatient substance abuse treatment). Some population groupings, such as gender, are permanent. Others, such as age or treatment-based criteria, are temporary, although they may not change for years.

Within the DCS, each prison has a set of custody levels and population groupings that define its general population. This facility profile can be based on either custody level ("custody based") or population grouping ("population based"). If the general population is based on custody level(s), the facility must be equipped to accommodate the various population groupings that may occur within those custody levels. Likewise, if a facility's general population is based on a population grouping, then the facility must be equipped to handle all possible custody levels within that population grouping. With the NDCS there are both Custody Based and Population Grouping Based facilities.

<p>NDCS "Custody-Based" Facilities</p>	<ul style="list-style-type: none"> ▪ Community Corrections Center – Lincoln (CCC-L), Community ▪ Community Corrections Center – Omaha (CCC-O), Community ▪ Lincoln Correctional Center (LCC), Maximum/Medium ▪ Nebraska State Penitentiary (NSP), Maximum/Medium/Minimum ▪ Omaha Correctional Center (OCC), "Soft" Medium/Minimum ▪ Tecumseh State Correctional Institution (TSCI), Maximum (Segregation)/Maximum/Medium
<p>NDCS "Population Grouping-Based" Facilities</p>	<ul style="list-style-type: none"> ▪ Nebraska Correctional Center for Women (NCCW), Female ▪ Nebraska Corrections Youth Facility (NCYF), Youth ▪ Diagnostic and Evaluation Center (DEC), Intake

Note: The Work Ethic Camp (WEC) in McCook is not included in NDCS capacities or projections in the Master Plan Update. This facility is owned and operated by NDCS on a contracted basis for the Intensive Supervision Program of the Probation Department. Residents of the WEC are not prison inmates, rather they are county-sentenced individuals serving Probation, and therefore not included in the prison system "count". However, WEC has not reached full capacity since it opened and the unutilized capacity could be converted for DCS through legislation as well as can be doubled in design capacity.

An analysis of the beds by population grouping and custody level was compared with the ADP forecast, disaggregated by population grouping and custody level. This analysis revealed several pockets of population that may require, or benefit from, special housing in the future. These population groupings will be discussed throughout the report, and the plan for future expansion will address strategies to meet the needs of these inmates within the DCS system. This exercise helped to identify not only housing needs, but also program and infrastructure needs.

- Medically Limited
- Female (youthful, intake, community)
- Medium and Maximum Custody Male Inpatient Substance Abuse Treatment
- Pre-Release – all custody levels but community
- Meth Offenders
- General Population – minimum, community

This study and the potential changes in the inmate profile within the NDCS offers a unique opportunity for the State to devise an appropriate strategy for dealing with the anticipated increase in several population groups, including methamphetamine offenders within the system. An increased length of stay for these offenders will significantly increase the ADP in the prison

system, unless that increased stay is coupled with other initiatives that provide for a matching reduction in length of stay. One possibility, which is appropriate for this treatment-needy population, is the potential for split sentences. This split-sentence solution can also be implemented in conjunction with a locally managed community corrections option, such as electronic monitoring coupled with parole supervision and treatment, where the inmate serves a large portion of his or her sentence through monitoring. Either way, the change in inmate profile and the need for additional low-custody beds combine to offer a unique opportunity to deal with addicted offenders in a proactive manner that may help stop the cycle of addiction and keep some offenders from returning to the criminal justice system after release.

Introduction to System and Facilities

Existing Facility Capacities

Review of existing facility drawings, on-site tours, and interviews at each facility were used to document existing conditions in the current system of NDCS facilities. The NDCS 2004 Survey of Physical Plant was used as a resource. As part of this effort, inmate population capacities for each facility were evaluated for each of the following capacity definitions:

Design Capacity	Based upon original design and construction documents, the total number of beds the facility was intended and designed to accommodate. This capacity is set at the time of construction and is only modified by capacity changes resulting from building additions, reductions, or revisions.
Stress Capacity	A term from the 1997 Master Plan Update that provides a reference point, based on the assumption that the NDCS system as a whole could operate at approximately 125% of design capacity without major physical changes or inordinate public safety risk. "Stress Capacity" is included in this capacity summary only as a reference point to show relative overcrowding/stress in the system today.
July 22, 2005 Population	Distribution of actual system headcount by facility for a recent date, showing that on that day the system was operating at 130% of design capacity.
2005 CGL Operational Capacity	<p>Rated bed capacity, according to American Correctional Association (ACA) Standards is considered to be the original design capacity, plus or minus capacity changes resulting from building additions, reductions, or revisions. However, the scope of work for this Master Plan Update called for an independent assessment of what an appropriate rated capacity should be. This assessment was performed in the context that a major stated policy of NDCS is achieving and maintaining ACA Accreditation for all its facilities.</p> <p>The evaluation of each existing housing unit in the system was based upon a review of the applicable ACA Standards for physical plant elements by measuring each housing unit for sleeping and dayroom areas, as well as the number of plumbing facilities and then making a judgment about what the highest capacity level could be that, with all things considered in the facility, would still allow ACA Accreditation to be maintained. The 2005 CGL Operational Capacity is used as the baseline for planning and shortfall analysis.</p> <p>A complete compilation of evaluation data used to develop the 2005 CGL suggested operational capacity is included as a supplemental Appendix for each facility by housing unit.</p>



Proposed Tentative Operational Capacity

Based upon discussions with each facility, this is the total general population headcount that can be accommodated long-term without major capital project initiatives. In a sense, this represents the "tip point" capacity, above which additional housing, administration, program, and support space projects tailored to each facility would be required. This is an essential determination, which indicates at what point major capital project initiatives would be required at a facility in order to increase capacity.

A summary of the resulting capacity determinations by facility is shown in Table ES.1.

Looking at the capacity summary provided in this table, the challenge for NDCS is readily apparent by understanding that the July 22, 2005, actual in-house inmate population was 4,135 – which is 130% of current design capacity, and 112% of the 2005 CGL Operational Capacity. Clearly, capacity expansion initiatives are needed as soon as possible if community options do not keep pace to maintain safe and humane conditions within the system, given the fact that legislation exists to permit declaration of an emergency situation when the inmate population reaches 140% of design capacity.

Table ES.1: Existing Facility Capacities

Facility	1997 Report Design Capacity	Design Capacity	2005 Stress Capacity	7/22/05 Actual	CGL 2005 Operational Capacity	Proposed Tentative Operational Capacity
CCCL	200	200	= 125% of design capacity	291	250	250
CCCO	90	90		136	135	135
DEC	160	160		288	208	232
HCC*	152	--		--	--	--
LCC	308	308		480	430	465
NCCW	139	275		303	267	291
NCTC**	90	--		--	--	--
NCYF	--	76		83	81	93
NSP	568	718		1,148	818	1,038
OCC	396	396		573	555	635
TSCI	--	960		833	960	960
Total	2,103	3,183	3,979	4,135	3,704	4,099

Source: Carter Goble Lee; August 2005

Includes general population counts only; excludes short-term segregation and infirmary beds

* Hasting Correctional Center closed in July 2005

** Physically relocated to NSP

Housing

Using the 2005 CGL Operational Capacity, the nine facilities³ represent a total of 3,704 beds. A wide variety of housing options within the facilities for all custody levels and population groupings are available. At the same time, pockets of need are hidden within ample general population groups.

Table ES.2 summarizes the bedspace shortfall under both the Natural Growth and the Accelerated Growth models, for 2015 and 2025. As this table demonstrates, even under the Natural Growth model, by 2015 an approximate shortfall of 1,153 beds for males (youth and adult), and 233 beds for females (youth and adult) will exist. Under the Accelerated Growth model a need for 4,125 male beds and 321 female beds by 2015 could exist.

³ The Work Ethic Camp (WEC) is not included in discussion of prison system facility capacities or projections since it is a facility for Probationers, rather than NDCS inmates.

Table ES.2: Summary of Shortfall – Natural Growth and Accelerated Growth Models

	2005	2015				2025			
	CGL Oper. Capacity	Natural Growth		Accelerated Growth		Natural Growth		Accelerated Growth	
		# Of Inmates	Shortfall	# Of Inmates	Shortfall	# Of Inmates	Shortfall	# Of Inmates	Shortfall
Total - Adult Male	3,283	4,307	(1,024)	7,274	(3,991)	5,006	(1,723)	8,490	(5,207)
Total - Youth Male	81	210	(129)	215	(134)	252	(171)	259	(178)
GRAND TOTAL - MALE	3,364	4,517	(1,153)	7,489	(4,125)	5,258	(1,894)	8,749	(5,385)
Total - Adult Female	340	565	(225)	653	(313)	666	(326)	770	(430)
Total - Youth Female	-	8	(8)	8	(8)	9	(9)	9	(9)
GRAND TOTAL - FEMALE	340	573	(233)	661	(321)	675	(335)	779	(439)
GRAND TOTAL - ALL BEDS	3,704	5,090	(1,386)	8,150	(4,446)	5,933	(2,229)	9,528	(5,824)

Source: Carter Goble Lee; September 2005

Core Facilities

Overall, the physical condition and maintenance of existing NDCS facilities is remarkably good, especially in comparison to the typical condition and level of deferred maintenance found in other state correctional systems. The huge challenge facing the system, however, is to add sufficient capacity to accommodate a looming increase in inmate population. To the extent possible, opportunities for expansion at existing facilities is incorporated in the proposed expansion plan

Programs

There are wide program and treatment opportunities for inmates at CCC-O, CCC-L, and NSP. Fewer opportunities are available at LCC, OCC and NCCW; even fewer for inmates at TSCI, despite the state-of-the-art laundry program and specially designed in-patient substance abuse unit. One of the overriding goals throughout DCS should be to provide consistency of opportunities at all custody levels, for each population grouping, including high-security violent offenders who are able to participate.

In terms of industry, Cornhusker State Industries (CSI*) has recognized that in order to have success in placing an industry within a program, matching the labor pool with the service in question is essential. Nebraska is already ahead of many other states, with close to 15% of all inmates employed in Industries programs. According to CSI staff, 17-20% employment is a realistic goal, and one that could be achieved by deepening existing partnerships and developing new leads. CSI provides four primary benefits:

1. An opportunity for inmates to learn skills, ethics, and work disciplines that transfer to the private sector, providing an opportunity to support themselves and their families;
2. Providing taxpayer benefits by supplying quality goods and services to non-profit and tax-based entities at attractive prices;
3. Improving the safety and security of the institutions; and
4. Providing the private sector a unique labor pool in Nebraska's tight labor market.

Some specific goals of CSI within the DCS are the following:

- Provide CSI programs outside the walls, to permit partnerships with firms unwilling or unable to transport raw materials inside the walls.
- Increase work opportunities which provide jobs that are unique to different populations in order to achieve some degree of separation.



- Increase the percentage of inmates involved in some type of job within the walls.
- Provide work opportunities that teach life and job skills that can be used after release, so that the industry serves as a training ground as well as a source of income.
- Develop new ideas –commissary, fast food restaurant, etc.

It is critical from both a cost and benefit perspective that CSI be included in any discussions and planning regarding future expansions or projects that may impact the industries programs. Expansion of the total number of inmates held in the DCS will offer opportunities and challenges; CSI will require the appropriate program space to provide the necessary programs for the anticipated increase in inmates, but will also have a large and diverse workforce to employ in new partnerships. Since increasing numbers of the population will be violent offenders as these inmates with longer sentences continue to accumulate in the system, some work opportunities must be geared to small groups of independent workers, in industries that do not use certain tools.

A clear need exists for increased treatment options, particularly as the anticipated increase in population is expected to include significant numbers of methamphetamine offenders. Any facility expansion should take into account strategies to improve the range of treatment options (education, outpatient treatment, inpatient treatment) for inmates, so that the time spent in custody can be used productively to reduce the risk of re-offense after release. The DCS should offer parallel services for men and woman, and should follow the Initial Plan and assessment of need with the recommended treatment in every case.

Psychiatric care also varies widely. Presently, no stabilization unit exists within the system for mentally ill inmates who decompensate; isolation or segregation is the only option for inmates who require observation, medication, and counseling. While the numbers are relatively small, these inmates can be disruptive and violent, and could harm themselves, other inmates, or staff. A long-term plan for this system should include strategies to deal with mentally ill inmates, either on a facility-specific basis or on a system-wide basis.

Strategy for Meeting Shortfall

Based upon the projections of future growth and the conditions of existing facility resources, the focus shifts to defining the implications of managing the anticipated growth through expanded uses of existing facilities and the development of new bedspaces. The strategies developed in this Master Plan Update represent two planning horizons: Phase 1 – the present year through 2015; and Phase 2 – years 2015 to 2025.

The discussion of physical facility strategies for meeting shortfalls was divided into two categories. First, a plan was examined in terms of “natural growth” – defined in this report as the *minimum* inmate population growth anticipated in the system through the year 2025. The strategy to meet this challenge is developed as the “Natural Growth Plan” (which includes a Phase 1 capacity expansion to the meet *minimum* projected bedspace needs through the year 2015; and a Phase 2 capacity expansion plan to accommodate *minimum* projected system growth between the years 2015 to 2025).

The second plan examines a higher projection of additional inmate population growth that could result through the year 2025 due to the impact of recent changes in legislation. The strategy to meet this potential further challenge to the NDCCS system outlines three alternative approaches to address this “accelerated growth” that might occur, and is developed as the “Accelerated Growth Plan”. This plan assumes that all recommended system expansion initiatives developed under the Natural Growth Plan (Phases 1 and 2) are implemented; and is calculated based on the potential additional capacity requirements projected in each phase.

As previously mentioned, the number of violent offenders is expected to be the same in either plan, since the new legislation driving the “accelerated growth” model does not affect violent offenders. At the same time, the Accelerated

Growth Plan is likely to include higher numbers of methamphetamine offenders, who will need high levels of services. The number of maximum security inmates is anticipated to increase relative to the overall size of the inmate population, regardless of the growth model.

Examination of the “natural growth” (minimum) and “accelerated growth” (potential) scenarios in the Master Plan Update delineates the probable impact and implications the two may present for the Agency. Another reason to look at these scenarios separately is that somewhat different inmate populations are likely to result with the more typical historical offenders in the “natural growth” scenario, and individuals with significantly more health and treatment requirements in the “accelerated growth” scenario.

Natural Growth – Phase 1 Capital Expansion Strategy

The approach for determining capacity expansion needs for the time period 2005 to 2015 is straightforward:



As presented in Table ES.2, the projected shortfalls for the Natural Growth model indicate that a total of 1,386 additional system beds will be required to accommodate the inmate population increase from 2005 through 2015.

Natural Growth – Phase 1 Projections and Shortfall

	2005	2015	
	CGL Operation Capacity	Natural Growth	
		# Of Inmates	Shortfall
GRAND TOTAL - MALE	3,364	4,517	(1,153)
GRAND TOTAL - FEMALE	340	573	(233)
GRAND TOTAL - ALL BEDS	3,704	5,090	(1,386)

Phase 1 proposes a capacity expansion of 1,352 new beds (1,322 new beds and 30 “captured” beds through a re-designation of Housing Unit C allocation at LCC) to bring the total NDCS system rated capacity from 3,704 to 5,056 bedspaces by the year 2015. While slightly under the projected natural growth ADP of 5,090 total inmates, this strategy represents the absolute minimum system capacity expansion required by the year 2015. CSI programs should grow commensurate with population expansions.

The recommended capital expansion plan to meet the Natural Growth – Phase 1 needs is shown in Table ES.3.



Table ES.3: Proposed Capacity Expansion for Natural Growth – Phase 1

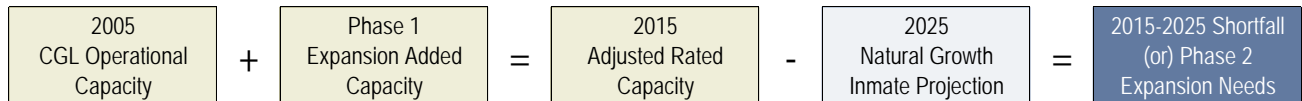
NATURAL GROWTH - PHASE 1: 2005-2015																	
Facility	Project	Male					Female					Youth					
		INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB	
DEC	New High Security Intake Housing (128) ¹	100															
DEC	New Segregation Housing Capacity (64 beds) ²			94													
NCCW	Relocate Reception to DEC ¹						28										
NCYF	"Double" Facility Capacity (128 beds)											32	96				
NSP/LCC	New Residential Treatment Facility ⁴				100												
TSCI	New 40-Bed Minimum Security Housing Unit ⁵		32		8												
New Facility Initiatives																	
	New Drug Treatment Facility (250) ⁶				225					25							
	New Minimum/Community-Based Facility (612) ⁷				381	73				131	27						
Total Expansion by Custody Level		100	32	94	714	73	28	0	0	156	27	0	32	96	0	0	
Total Expansion by Population Component							1,013					211					128
GRAND TOTAL - Natural Growth - Phase 1 Plan																1,352	

Source: Carter Goble Lee; July 3, 2006

- ¹ Relocation of Female Intake to DEC will take 28 of the new Intake Housing Beds, but also add 28 high security beds at NCCW.
- ² Segregation Capacity will be shared by DEC and LCC; new segregation space will permit recapture of Housing Unit C at 94 medium security beds.
- ³ Construct new Community-Based Facility outside the NSP perimeter.
- ⁴ Construct new Residential Treatment Center in the area of NSP or at available area at LCC site.
- ⁵ Construct new 40-Bed Minimum Security Dormitory Housing Unit outside the TSCI Perimeter; allows reuse of their existing housing for higher security beds.
- ⁶ Construct new 250-Bed Drug Treatment Facility (225-men; 25 women); site to be determined.
- ⁷ Construct new 612-Bed male/Female Minimum Security/Community-Based Facility; allows recapture of 73 bedspaces occupied by females at CCCL, CCCO.

Natural Growth – Phase 2 Capital Expansion Strategy

Capacity expansion needs for the period 2015-2025 are also straightforward using the following basic approach:



Natural Growth – Phase 2 Projections and Shortfall

	2015	2025	
	Adjusted Rated Capacity	# Of Inmates	Shortfall
GRAND TOTAL - MALE	4,505	5,258	(753)
GRAND TOTAL - FEMALE	551	675	(124)
GRAND TOTAL - ALL BEDS	5,056	5,933	(877)

With the implementation of the Phase 1 capacity expansion plan of adding 1,352 beds, the system's rated bed capacity in 2015 would total 5,056. The projected bedspace need of 5,933 reflects that a total of 877 additional system beds will be required by 2025 (Phase 2) to meet the needs identified under the "natural growth" scenario.

The recommended capital expansion plan for Natural Growth – Phase 2 is summarized in Table ES.4. The need for additional high-security beds is met through the addition of one housing unit at TSCI.

Table ES.4: Proposed Capacity Expansion for Natural Growth – Phase 2

NATURAL GROWTH - PHASE 2: 2015-2025																
Facility	Project	Male					Female					Youth				
		INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB
TSCI	Develop New High Security Housing Building ¹		256													
DEC	Increase Double-Bunking (64 beds)			64												
NCCW	Develop New Minimum Security Housing (120 beds)									120						
NCYF	Increase Double-Bunking (32 beds)												32			
LCC	Expand Male Community-Based Facility from Phase 1 ²					150										
New Facility Initiatives																
	New Male Minimum Security Facility (256)				256											
Total Expansion by Custody Level		0	256	64	256	150	0	0	0	120	0	0	0	32	0	0
Total Expansion by Population Component		726					120					32				
GRAND TOTAL - Natural Growth - Phase 2 Plan		878														

Source: Carter Goble Lee; July 3, 2006

¹ Space for one additional housing building exists within the TSCI perimeter.

² Total capacity would rise from 100 beds to 250 beds.

Summary of the Natural Growth Plan

The proposed physical capacity expansion in Phase 1 of 1,352 beds by 2015 is targeted to accommodate the majority of the expected growth of 1,386 inmates by that point in time. Continuing into the future, physical expansion of another 878 beds is proposed in Phase 2 to accommodate natural system expansion for the year 2025. The plan has also been crafted to reflect the projected required capacity distribution by gender, age, and custody level. Moreover, the plan incorporates every feasible opportunity identified for expansion of existing facilities.

The 20-year expansion plan would add 2,230 new bedspaces to the system through a combination of expansion of existing facilities through additions or simply double-bunking where designated. The proposed three new stand-alone facilities would be dedicated to meeting the projected increase in minimum custody inmates as a result of the new classification system. Such a plan permits existing high custody bedspaces to be used for their original purpose of accommodating violent and disruptive offenders.

Table ES.5 summarizes the results of full implementation of the Natural Growth Plan, Phases 1 and 2.

Table ES.5: Summary of the Natural Growth Strategy Plan

	2005	2015		Phase 1 Expansion		2025		Phase 2 Expansion	
	CGL Operation Capacity	Natural Growth		Capacity Added	Adjusted Rated Capacity	Natural Growth		Capacity Added	Resulting Rated Capacity
		# Of Inmates	Shortfall			# Of Inmates	Shortfall ¹		
Total - Adult Male	3,283	4,307	(1,024)	1,013	4,296	5,006	(710)	726	5,022
Total - Youth Male	81	210	(129)	128	209	252	(43)	32	241
GRAND TOTAL - MALE	3,364	4,517	(1,153)	1,141	4,505	5,258	(753)	758	5,263
Total - Adult Female	340	565	(225)	211	551	666	(115)	120	671
Total - Youth Female	-	8	(8)	-	-	9	(9)	-	-
GRAND TOTAL - FEMALE	340	573	(233)	211	551	675	(124)	120	671
GRAND TOTAL - ALL BEDS	3,704	5,090	(1,386)	1,352	5,056	5,933	(877)	878	5,934

Source: Carter Goble Lee; July 3, 2006

¹ Shortfall for years 2015-2025 based on the natural growth model AFTER completion of the proposed Phase 1 expansion plan



Managing "Accelerated Growth"

The strategy outlined in response to the projected needs under the "natural growth" scenario does not take into account the potential impact on inmate population growth resulting from legislation enacted in 2005. The differences between the anticipated total inmate population in the natural growth scenario and the **accelerated growth** scenario can also be derived from Table ES.2.

For the period 2005 to 2015, the projections indicate that the ADP (Average Daily Population) could grow as high as 8,150 bedspaces under the **accelerated growth** model. This represents an additional need of 3,060 beds above and beyond the projected natural growth ADP of 5,090 by 2015. Based upon full implementation of the proposed Natural Growth Phase 1 capacity expansion, an "Accelerated Growth" condition could represent a total system shortfall of 3,094 bedspaces in the year 2015 (8,150 minus 2005 CGL Operational Capacity of 3,704; minus 1,352 additional beds provided in Natural Growth Phase 1 expansion). Similarly, the accelerated growth projections for the years 2015 to 2025, totaling a potential inmate capacity requirement of 9,528 bedspaces in 2025, would result in potential additional capacity expansion requirements in the time period 2015-2025 of another 1,378 bedspaces (9,528 total projected accelerated growth ADP in 2025 minus 8,150 total projected accelerated growth ADP in 2015, assuming that whatever additional accelerated population growth between 2005 and 2015 would be addressed through additional bedspaces.

Again, from Table ES.2, the total difference between the natural growth and accelerated growth models is 3,594 beds (9,528 minus 5,934) over the 20- year planning horizon. This is demonstrated in Table ES.6 based upon the assumption that the 2,230 total bedspaces recommended under the natural growth Phases 1 and 2 models are constructed.

At this stage of planning, the assumption has been made that the State will concentrate on system expansion over the next 10 years to 2015, and during this time determine if the recently implemented legislation impacting offenders charged with the sale of methamphetamines has the impact upon admissions that has been predicted under the **accelerated growth** model as well as evaluate if community options and initiatives have reduced capacity needs.. This plan also assumes that the State will recognize that in addition to 250 drug treatment beds, a need for 612 minimum/community custody beds can be justified to reduce the current dangerous levels of crowding. Both Phase 1 and 2 under the **natural growth** model assume that new bedspaces are achieved through additions to existing facilities and new construction (250 + 612-bedspaces in Phase 1 and 256-bedspaces in Phase 2). The sum of all **natural growth** bedspaces for Phases 1 and 2 (1,352 + 878) is assumed to be achieved even if the State "shifts" direction to the **accelerated growth** track between now and 2025.

Table ES.6: Summary of the Accelerated Growth Strategy Plan (AFTER implementation of the Natural Growth Phases 1 and 2 Plan)

	2005	Phase 1 Expansion		2015		Phase 2 Expansion		2025	
	CGL Operation Capacity	Capacity Added	Adjusted Rated Capacity	Accelerated Growth		Capacity Added	Resulting Rated Capacity	Accelerated Growth	
				# Of Inmates	Shortfall ¹			# Of Inmates	Shortfall ²
Total - Adult Male	3,283	1,013	4,296	7,274	(2,978)	726	5,022	8,490	(3,468)
Total - Youth Male	81	128	209	215	(6)	32	241	259	(18)
GRAND TOTAL - MALE	3,364	1,141	4,505	7,489	(2,984)	758	5,263	8,749	(3,486)
Total - Adult Female	340	211	551	653	(102)	120	671	770	(99)
Total - Youth Female	-	-	-	8	(8)	-	-	9	(9)
GRAND TOTAL - FEMALE	340	211	551	661	(110)	120	671	779	(108)
GRAND TOTAL - ALL BEDS	3,704	1,352	5,056	8,150	(3,094)	878	5,934	9,528	(3,594)

Source: Carter Goble Lee; July 3, 2006

¹ Represents 2015 remaining shortfall based on the accelerated growth model AFTER completion of the proposed Phase 1 expansion plan

² Represents 2025 remaining shortfall based on the accelerated growth model AFTER completion of the proposed Phase 2 expansion plan

The strategies developed for meeting the potential additional capacity requirements generated by the accelerated growth model are presented as Accelerated Growth – Phase 1 for the years 2005 to 2015 and Accelerated Growth – Phase 2 for the years 2015 to 2025. Further, calculations for the Accelerated Growth Plan are based on the assumption of the full implementation of the Natural Growth Plan (Phases 1 and 2). This results in additional capacity requirements of up to 3,060 bedspaces for Accelerated Growth Phase 1 (8,150 minus 5,090); and 1,378 bedspaces for Accelerated Growth Phase 2 (9,528 minus 8,150).

Within the Accelerated Growth Plan, three alternative development strategies were explored to address the additional bedspace requirements potentially generated by the accelerated growth projection model, including:

- **Option 1: NDCS System Initiatives** – wherein NDCS would build and operate the additional bedspaces required.
- **Option 2: “State Jail” Initiatives** – a proposed partnership between the State and Counties of high-admitting methamphetamine offenders to develop new combination incarceration/treatment facilities for individuals sentenced under recent legislative changes.
- **Option 3: Privatization Initiatives** – wherein NDCS would provide the initial incarceration period, followed by transfer to treatment facilities developed and operated by the private sector.

Using these optional approaches, three separate possibilities to accommodate an Accelerated Growth Plan were defined, each including both a Phase 1 strategy to meet the potential additional inmate population growth needs through 2015, and a Phase 2 strategy to accommodate additional needs projected for the years 2015 to 2025. Each approach has been derived as an additional expansion to the capacity increase that will be achieved after full implementation of both phases of the Natural Growth Plan outlined above.

Further, each option was defined in terms of the lowest possible custody level classification possible in order to minimize the potential cost both in terms of capital construction and operating costs to the State and localities. This approach was made on the basis that non-violent substance abuse offenders, even with relatively long sentences, can be accommodated in lower security facilities than typically associated with hard core violent criminals. In the main body of the full report, the implication of adopting any of the three implementation options outlined above is discussed. The three options range from NDCS developing and operating all future bedspaces to a “joint-venture” with counties to meet future needs to a “public-private” partnership approach. Any of the three approaches has merit, but the need for the more aggressive approach to gain additional bedspaces should be linked to a carefully monitored assessment of new admissions resulting from the new legislation on the sale of illegal substances.

Summary of the Proposed Development Strategies

Under a “Natural Growth” model, the NDCS is anticipated to grow from the July 22, 2005 population of 4,135 inmates to 5,090 inmates in 2015, and to 5,933 by 2025. While this represents a 15.8% increase (2005-2015), such an increase is manageable with the addition of 490 beds at existing institutions and 862 new beds, much of which could be minimum security or community custody. In other words, without the potential additional impact of recent legislative changes, the State should be able to financially manage the addition of bedspaces required to meet the minimum projected needs for the next ten years. Forecasting beyond a ten-year planning horizon is subject to many variables that make accurate projections difficult to produce. However, continued inmate population growth in the NDCS system is a certainty; the variance will only be a matter of the total magnitude of growth, since the “natural growth” has been relatively consistent over the last decade or more.

In addressing the “Natural Growth” scenario, phased capital construction initiatives have been proposed that closely match the projected bedspace needs by custody level and population category. The proposed capital construction initiatives also reflect taking advantage of expanding existing facilities and site locations where the opportunity to do so



exists. High-security bedspace needs, for example, are accommodated by a planned expansion at TSCI by one 256-bed unit in Phase 2. Even so, the anticipated minimum amount of inmate population growth over the next ten years will require considerable capital expense and associated added operational costs unless community options diminish or delay construction. Continuing additional growth on the order of another 1,400 bedspaces can be expected in the years from 2015 to 2025.

Recommended Operational and Capital Plan

The need for additional bedspaces was developed based upon Natural (low) and Accelerated Growth (potential additional capacity) models. Under the more modest Natural Growth scenario, the State faces investment in more than 1,000 new bedspaces by the year 2015. Under the Accelerated Growth model, the total number of new bedspaces required by year 2015 could increase to as many as 4,500 bedspaces. Continuing inmate population growth is projected for the period from 2015 to year 2025, which requires another 1,000 bedspaces for natural growth and 1,400 additional bedspaces for the accelerated growth component. This represents significant growth in the NDCS population requiring carefully considered public policy, operational, and capital construction program initiatives in order to be as cost-effective as possible.

The Cost Model

The estimate of construction costs for the proposed new and expanded bedspaces is driven by space and the application of a unit (square footage) cost against the projected space. Initially, a square footage amount per inmate was assigned to the estimated number of inmates by custody category. As a project traverses through the budgeting process, a “soft-cost factor” should be added to the estimated construction cost to account for furniture, security equipment, architectural fees, and other capital-related costs and to arrive at an estimated project cost. For the models presented in this plan, the “soft costs” have been applied a 30% add on to construction costs. The 30% soft cost allowance should accommodate the requirements for a typical NDCS project; but does not include site acquisition costs, if required. The basis for estimating the capital and operating costs for additional bedspaces or facilities reflecting the proposed projects is presented in Table ES.7.

Table ES.7: Area, Construction, Staffing, and Operational Cost Matrix

Custody Level	Area/Bed		Construction \$/SF		Staffing Ratio/Bed		Operational \$/Inmate	
	Housing	Facility	Housing	Facility	Housing	Facility	Housing	Facility
Maximum	200	400	\$350	\$250	1:4.5	1:2.0	\$35,500	\$35,500
Medium	225	450	\$250	\$200	1:8	1:3.0	\$29,000	\$29,000
Minimum	185	350	\$175	\$150	1:10	1:5.0	\$26,500	\$26,500
Community	185	250	\$135	\$125	1:12	1:5.5	\$17,500	\$17,500
Youth	250	600	\$300	\$235	1:3.5	1:1.0	\$52,500	\$52,500

Source: Carter Goble Lee; August 11, 2006

Notes:

1. Areas per bed and costs per bed based on recent Carter Goble Lee experience.
2. Construction Costs per square foot shown in this matrix; project costs factored in later.
3. Staffing Ratios computed based on current staffing in similar NDCS facilities.
4. Operational Costs include personnel costs, benefits, food, medical, and similar costs.
5. All cost estimates developed in this report are shown in 2006 dollars. Capital costs reflect construction plus a 30% soft-cost factor to derive project costs.

Natural Growth – Estimated Cost

The projects proposed for Natural Growth – Phase 1 and Phase 2 represent the least amount of capacity expansion required to meet the projected system bedspace needs. Using the cost model data presented in Table ES.4, capital construction costs and additional annual operating expenses for the proposed system capacity were estimated. Beyond additional housing capacity and new facility expansion projects, the Natural Growth capital construction program will require investment in additional administration, program, and support space at specific facility locations to accommodate Cornhusker State Industries (CSI), workshops, classrooms, and other needs. The recommended projects are based upon accommodating anticipated minimum growth within the two planning horizons, as well as returning existing facilities to rated capacity levels to alleviate serious over-crowding.

In projecting the Phase 1, Natural Growth model costs, capital needs beyond bedspaces were also addressed. These costs were provided through the Facility Engineering Section of the NDCS and were developed through requests presented by individual institution directors and verified by the Facility Engineering staff. Therefore, the costs in Table ES.8 not only reflect the capital needs associated with obtaining the additional 1,352 Phase 1 bedspaces, but other improvements that are needed between 2006 and 2015 in existing institutions.

Tables ES.8 and ES.9 present the estimated costs to implement the proposed Natural Growth Expansion Plan for existing NDCS facility expansions, as well as three new facilities to increase NDCS system capacity. The number of new beds to be constructed and the resulting changes in system capacity are also shown in these two tables.

Natural Growth – Phase 1 provides a system capacity expansion of 1,322 bedspaces to meet 2015 needs, for an estimated total project cost of \$128.6 million dollars and an estimated additional annual operational expenditure of \$43.5 million. Natural Growth Phase 2 provides additional system capacity of 782 new bedspaces after 2015 to meet 2025 needs for an estimated total project cost of \$65.5 million dollars and an estimated additional annual operational expenditure of \$29.1 million. In total, the 20-year capital plan estimates a need for an investment of \$194 million to meet the projected natural growth needs. The average capital cost per bed is \$82,000 and \$30,700 per inmate for operational costs for both phases calculated in 2006 dollars.

As far as new construction for high-security inmates, a total of 32 high-security bedspaces are generated at TSCI by adding a minimum security unit for the trustees, and using the existing trustee unit for higher security inmates. Another 256 high-security beds are generated through construction of one new housing unit at TSCI, for a grand total of 288 additional high-security beds. This expansion is expected to provide sufficient high-security beds under either growth model through 2015 (Phase 1), and under the Natural Growth Model through 2025 (Phase 2).



Table ES.8: Natural Growth – Phase 1 Capacity Expansion Project Costs

NATURAL GROWTH - PHASE 1: FY 2007-2015									
Facility	Project	No. Of New Beds	Area per Bed (SF)	Total Area (SF)	Cost per SF (\$)	Constr. Cost (000's)	Project Cost (000's)	Add'l. Staff Req'd.	Additional Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
FY 2007-2009									
TSCI	CSI Expansion ¹	-	-	7,500	\$ 187	\$ 1,403	\$ 1,823	2	\$ 1,060
TSCI	Weapons Training Facility ²	-	-	5,000	\$ 208	\$ 1,040	\$ 1,352	-	\$ -
TSCI	Additional Program/Support Space ³	-	-	4,500	\$ 150	\$ 675	\$ 878	2	\$ 130
NSP	Flood Plain Improvements ⁴	-	-	-	\$ -	\$ -	\$ 3,340	-	\$ -
NCCW	CSI Expansion ¹	-	-	4,000	\$ 157	\$ 628	\$ 816	2	\$ 130
OCC	CSI Expansion ¹	-	-	6,000	\$ 157	\$ 942	\$ 1,225	2	\$ 130
OCC	Additional Program/Support Space ⁵	-	-	18,000	\$ 200	\$ 3,600	\$ 4,680	6	\$ 390
WEC	WEC Residential Treatment Program ⁶	-	-	-	\$ -	\$ -	\$ -	-	\$ -
VARIOUS	Front Entrance Security/CCTV Project ⁷	-	-	-	\$ -	\$ -	\$ 7,860	-	\$ -
	New Substance Abuse Treatment Facility ⁸	250	350	87,500	\$ 175	\$ 15,313	\$ 19,906	50	\$ 5,500
	New Male & Female Minimum/Community Facility ⁹	612	334	204,200	\$ 150	\$ 30,630	\$ 39,819	153	\$ 16,983
Subtotal: FY 07-09		862		336,700		\$ 54,230	\$ 81,699	217	\$ 24,323
FY 2009-2011									
DEC	New High Security Intake Housing ¹⁰	128	200	25,600	\$ 350	\$ 8,960	\$ 11,648	28	\$ 4,544
NCCW/DEC	Relocate Female Reception to DEC ¹¹	-	300	8,400	\$ 200	\$ 1,680	\$ 2,184	4	\$ 994
CCCL	West Building Addition ¹²			10,000	\$ 150	\$ 1,500	\$ 1,950	4	\$ 300
DEC/LCC	New Segregation/Transition Housing Capacity ¹³	64	200	12,800	\$ 350	\$ 4,480	\$ 5,824	14	\$ 2,272
LCC	Additional Program/Support Space ⁴	-	200	18,800	\$ 200	\$ 3,760	\$ 4,888	8	\$ 520
Subtotal: FY 09-11		192		75,600		\$ 20,380	\$ 26,494	59	\$ 8,630
FY 2011-2013									
NSP/LCC	New Residential Treatment Facility ¹⁴	100	250	25,000	\$ 125	\$ 3,125	\$ 4,063	29	\$ 2,775
NSP/LCC	CSI Expansion ¹ (outside perimeter security)	-	-	12,000	\$ 80	\$ 960	\$ 1,248	8	\$ 520
TSCI	New 40-Bed Minimum Security Housing Unit ¹⁵	40	268	10,700	\$ 175	\$ 1,873	\$ 2,434	8	\$ 520
Subtotal: FY 11-13		140		47,700		\$ 5,958	\$ 7,745	45	\$ 3,815
FY 2013-2015									
NCYF	"Double" Facility Capacity ¹⁶	128	325	41,600	\$ 235	\$ 9,776	\$ 12,709	128	\$ 6,720
Subtotal: FY 13-15		128		41,600		\$ 9,776	\$ 12,709	128	\$ 6,720
Total Expansion		1,322		501,600		\$ 90,344	\$ 128,647	448	\$ 43,488

Source: Carter Goble Lee; August 11, 2006

Note: All costs are presented in 2006 dollars. Future biennium capital budgets will need to be adjusted for inflation.

- ¹ Either a new CSI prototype industries building or an expansion of existing CSI building.
- ² Existing Program Statement will require updating.
- ³ Additional support space required for warehouse, maintenance outside perimeter; minimal additional staffing.
- ⁴ Cost shared with City of Lincoln, NRD, and State of Nebraska.
- ⁵ Area allocation for additional visiting, dining, program space to maintain new higher rated capacity; no housing expansion.
- ⁶ Requires a Program Statement to define the capital and staffing costs for an addition.
- ⁷ Program Statement in progress for improvements at DEC, LCC, NYCF, NSP, and OCC.
- ⁸ Designed for 125 treatment-focused inmates; expandable to 250 beds. Site must be located and Program Statement completed.
- ⁹ New minimum/community custody facility for males and females, but in separate accommodations on the campus. Site and Program Statement required. A short-term solution to relieve current and anticipated levels of overcrowding would be to renovate HCC as a permanent 250-bed facility.
- ¹⁰ New segregation housing will free up 94 medium security beds; additional program/support for those beds, including CSI, food service expansion.
- ¹¹ Relocation of female intake/classification to DEC adds 28 new general population beds; increased program & CSI space required.
- ¹² Requires Program Statement.
- ¹³ Segregation Housing to be shared by DEC/LCC.
- ¹⁴ Construct new Residential Treatment Center in the area of NSP or at area available at LCC site; higher staffing ratio due to treatment orientation.
- ¹⁵ Slightly higher area/bed used for new some program/support space for housing outside perimeter.
- ¹⁶ Higher facility area per bed driven by education and other programmatic requirements.

Table ES.9: Natural Growth – Phase 2 Expansion Project Costs

NATURAL GROWTH - PHASE 2: 2015-2025									
Facility	Project	No. Of New Beds	Area per Bed (SF)	Total Area (SF)	Cost per SF (\$)	Constr. Cost (000's)	Project Cost (000's)	Add'l. Staff Req'd.	Additional Annual Op. Cost (000's)
DEC	Increase Double-Bunking (64 beds) ¹	-	-	-	-	-	-	6.0	\$390
NCCW	New Minimum Security Housing (120 beds)	120	185	5,180	\$175	\$907	\$1,178	12.0	\$3,180
NCYF	Increase Double-Bunking (32 beds) ¹	-	-	-	-	-	-	3.0	\$195
NSP	Expand Phase 1A Community-Based Facility (150 beds)	150	250	37,500	\$125	\$4,688	\$6,094	27.3	\$2,625
TSCI	Add New High Security Housing Building (256 beds)	256	200	51,200	\$350	\$17,920	\$23,296	56.9	\$9,088
Subtotal Existing Facility Projects		526		93,880		\$23,514	\$30,568	105.2	\$15,478
New Facility Initiatives									
	New Male Minimum Security Facility (512 beds)	512	350	179,200	\$150	\$26,880	\$34,944	128.0	\$13,568
Subtotal New Facility Projects		512		179,200		\$26,880	\$34,944	128.0	\$13,568
Total Expansion		1,038		273,080		\$50,394	\$65,512	233.2	\$29,046

Source: Carter Goble Lee; July 3, 2006

¹ No increase in administration, program, support, or housing area; some increase in staffing.

Accelerated Growth – Estimated Cost

Estimating costs for the Accelerated Growth model should be based on one of three options to provide capacity above and beyond that provided for in the Natural Growth scenario. As noted earlier, and discussed in greater detail in Chapter 4, three approaches were considered. The first (Option 1) includes the NDCS developing and operating an additional 1,800 incarceration bedspaces with subsequent release to Community Corrections. Option 2 suggests a plan under which the State and local jurisdictions jointly develop facilities. Option 3 includes contracting out the design, construction, finance, and operation of new treatment-based facilities.

These options are intended to reflect various approaches that the State could consider in meeting the potential bedspace shortfall resulting from the implementation of recent drug-related legislation. In all three options, system expansion projects included as Natural Growth – Phase 1 additional beds would be required as this reflects the “natural growth” that is predicted to occur, regardless of the additional impact of recent legislative initiatives.

The three options discussed for Accelerated Growth – Phase 1 are based on meeting the total potential system capacity requirements for the year 2015. As stated, in each case, the proposed Natural Growth – Phase 1 projects need to be accomplished, plus either Option 1, 2, or 3, in a series of initiatives by that point in time

Accelerated Growth – Option 1 is the least expensive of the Accelerated Growth solutions, due to the strategy of NDCS providing only one year of incarceration in a “regular” facility, for methamphetamine commitments, followed by assignment to intensive Community Corrections. The likely cost of intensive supervision in the community would range from \$10 to \$15 dollars per offender per day. At \$12/day, this translates to an additional \$6.0 million annual operating cost, which has been included in Accelerated Growth – Option 1.

Year 2015 to 2025 Needs

Option 1 remains the least expensive Accelerated Growth strategy, since “non-facility” solutions are used to meet the need for community sanctions, even when the likely cost of intensive supervision in the community at \$12/day (an additional \$6.0 million annual operating cost) is included in Accelerated Growth – Option 1.

The comparative costs to implement the Natural Growth Plan and of each of the three development options, representing total initiatives required for both Phase 1 (year 2015) and Phase 2 (2025) are summarized in Table ES.10.



Table ES.10: Comparison of Estimated Cost between the Natural and Accelerated Growth Models

Summary of Expansion Plan	Natural Growth	OPTION 1: NDCS Incarceration/ Community Supervision		OPTION 2: State/County Initiative		OPTION 3: NDCS Incarceration/Private Sector Treatment	
		Accelerated Growth	Difference vs. Natural Growth	Accelerated Growth	Difference vs. Natural Growth	Accelerated Growth	Difference vs. Natural Growth
Phase 1: 2005-2015							
Number of Constructed Beds	1,322	2,902	1,580	4,502	3,180	4,602	3,280
Estimated Project Costs	\$ 128,646,550	\$ 211,573,050	\$ 82,926,500	\$ 272,413,050	\$ 143,766,500	\$ 211,573,050	\$ 82,926,500
Additional Annual Operating Costs	\$ 43,488,000	\$ 52,526,589	\$ 9,038,589	\$ 70,655,160	\$ 27,167,160	\$ 90,408,349	\$ 46,920,349
Phase 2: 2015-2025							
Number of Beds	1,038	1,824	786	2,494	1,456	2,504	1,466
Estimated Project Costs	\$ 65,512,200	\$ 116,476,750	\$ 50,964,550	\$ 142,314,250	\$ 76,802,050	\$ 116,476,750	\$ 50,964,550
Additional Annual Operating Costs	\$ 29,046,000	\$ 31,833,232	\$ 2,787,232	\$ 32,783,232	\$ 3,737,232	\$ 43,515,936	\$ 14,469,936
Total Expansion Through 2025							
Number of Beds	2,360	4,726	2,366	6,996	4,636	7,106	4,746
Estimated Project Costs	\$ 194,158,750	\$ 328,049,800	\$ 133,891,050	\$ 414,727,300	\$ 220,568,550	\$ 328,049,800	\$ 133,891,050
Additional Annual Operating Costs	\$ 72,534,000	\$ 84,359,821	\$ 11,825,821	\$ 103,438,392	\$ 30,904,392	\$ 133,924,285	\$ 61,390,285

Source: Carter Goble Lee; July 3, 2006

Conclusion

The purpose of this plan is to update previous studies in light of system and legislative changes and to model the possible implications of the public policies and behavior that influence incarceration. Without question, the use and abuse of methamphetamines in the United States is reaching epidemic levels amongst segments of the population. While these addicts are not typically violent, the abuse defies many of the traditional treatment models, and incarceration alone has shown to have virtually no impact upon curing the addiction beyond the obvious period of incarceration. Therefore, in conjunction with the determination of facility needs for methamphetamine addicts, the State must address a comprehensive approach to a continuum of care model that follows the released offender back to the community where sustainable solutions reside.

Secondly, the NDCS has embarked upon a “sea change” relative to the method used to classify inmates that ultimately may reduce the demand for higher custody bedspaces but increase the need for minimum custody bedspaces. Fortunately, resulting from the outcomes of the 1997 Master Plan, the State has an adequate supply of high custody bedspaces that should last for more than a decade. The immediate need is to provide minimum custody bedspaces to take advantage of the change in classification levels and to focus on rehabilitation of these offenders, and especially those with histories of substance treatment abuse. Even if a new commitment to community-based alternatives “takes root”, a period of incarceration in a minimum custody, treatment-focused environment may be critical to the success of any expansion of community-based alternatives.

Lastly, incarceration rates in Nebraska, while remaining far behind those of the East and West coast states, are certainly on the rise. In the 1992 Master Plan, the average daily population was less than 2,000. On May 2, 2006, the population was 4,420. In less than 15 years, the population has more than doubled. During the development of the 1997 Master Plan, the leadership of NDCS proposed that 125% of capacity would be a manageable level of crowding on a short-term basis. Today, the system is straining to accommodate 140% of capacity, and climbing. The 2006 Master Plan recommends 862 new bedspaces immediately that, if available today, would mean that the system was operating at 97% of a new recommended operating capacity that is higher than currently used.

Clearly, the State cannot expect to accommodate the level of growth expected even under the Natural Growth Model without a significant expansion of bedspaces or implementation of community options. For the past 10 years, the ADP has increased, on average, 135 inmates per year. Simple math indicates that if the 862 FY 07-09 bedspaces recommended in this plan are not occupied until 2009, the population will have increased by at least another 300 prisoners to be added to the 700 that currently exceed the new recommended "operational capacity" of 3,704. Incremental increases in housing will be necessary to maintain good order within existing facilities.



Introduction

This study is an update to the 1997 Master Plan for the Nebraska Department of Correctional Services (NDCS) and its facilities. This study was prompted by the need to revisit and update the answer to two questions:

1. Is there a need for additional high security beds for violent offenders, and
2. Is there a need for additional minimum or community level beds to free up high security beds for violent offenders?

This study will not only answer these two questions, it will also provide strategic options for meeting any future bedspace needs, for violent offenders or others in the system.

The 1997 Master Plan found a significant need for additional high security beds in the system. The construction of the Tecumseh State Correctional Institution (TSCI) was one of the results of that study. Two “watershed” events have occurred in the intervening years that have resulted in system changes, and that will guide the development of a plan to manage the growth in this new updated 2005 Master Plan:

1. The implementation of a new classification system that yields the need for more minimum custody bedspaces; and
2. The passage of legislation that significantly increases the incarceration sanctions for individuals involved in the use, manufacturing, and/or sale of methamphetamine.

While the first “event” has an impact on how inmates are housed and programmed, the change in the method of classifying inmates does not result in additional population. It is anticipated that this change will actually “push down” inmates into lower classification levels, reducing the current need for high-security beds. However, the full implementation of new legislation has the potential of altering the number of persons incarcerated more than any other single piece of legislation passed by the Legislature, and possibly of increasing the need for beds. A more careful examination will reveal of these additional individuals will be violent, and if they may need high-security beds or not.

Due to the potential major implications of the new sentencing legislation, the discussion of growth management scenarios has been examined within a range of low and high estimated growth. First, a plan has been examined in terms of “Natural Growth,” which is the estimated population in the system for years 2015 and 2025 without the potential impact of any new legislation. In other words, this option offers a strategy to address a combination of existing facility modifications and new facility initiatives to meet the previously noted shortfall in beds that will result from the normal growth in the system. This model is the “low” end of the range of possible growth scenarios. The second growth model examines the potential additional inmate population expected to be generated by new sentencing legislation associated with methamphetamine users in 2015 and 2025. This scenario outlines strategies to address the “Accelerated Growth” that legislation is expected to produce, and establishes the “high” end of the range of possible growth. Because the new legislation does not relate to violent offenders, but rather to drug manufacturers and users, the anticipated future number of violent offenders is expected to be the same under either model. At the same time, the maximum security beds will increase proportionally to the total population.

By approaching a Master Plan Update through examination of the “Natural” and “Accelerated” scenarios, a plan can be more clearly delineated as to what would be expected to happen with and without the potential effects of new laws,



leading to a definition of the required actions and costs to meet each growth scenario. Another reason to look at these scenarios separately is that somewhat different inmate populations are likely to result with the more typical offenders in the “natural growth” scenario and individuals with significantly more health and treatment requirements in the “accelerated” scenario. Examining both growth options provides flexibility of planning, in offering the DCS a wider range of options to deal with either scenario, or the possible combination of both.

System Changes Since the 1997 Master Plan Update

In 1997, a system-wide Master Plan Update was completed that determined on January 14, 1997, the design capacity of the State correctional system was 2,103 beds and the inmate census was 3,214, indicating that the system was operating at approximately 142% of design capacity. In the 1997 Master Plan, the inmate population forecast was 4,419 beds by the year 2000 and 6,033 beds by the year 2005. While the projected need for 6,033 has not occurred, the 1997 Master Plan would have raised the available capacity to a total of 4,316 bedspaces which was the in-house total census in July, 2005 (4,135).

The list of recommended capital projects in the 1997 Master Plan Update included:

- 128-Bed Addition at DEC
- New 800-Bed Prison – operated at 1,000.
- Renovation of 150 beds at Rivendale – operated at 188
- One New 100-Bed Incarceration Work Camp – operated at 125

In addition to increasing the number of new bedspaces largely through the construction of the Tecumseh State Correctional Institution, a major system initiative was undertaken to evaluate and revise the classification system. A comprehensive study by the Criminal Justice Institute recommended changes in classifications, which is anticipated to classify more inmates to a custody level lower than the level rewarded through the previous classification methodology. While this impact is not universal, the initial implementation assured inmates they would not be “classified up” as the new system was put in place.

In the 1997 Master Plan, inmate classifications were examined in terms of three categories: special management, general custody, and community-based inmates. The reason for these categories was the recognition that in making a bedspace assignment or even the development of an inmate plan for programs and services, little difference exists between a “traditional medium” and a “traditional minimum” except the length of time before scheduled release. Therefore, the largest number of inmates were assigned, as shown in Table 1.1, to a “General Custody” category which meant that facilities and programs could become more prototypical.

Table 1.1: Classification Distribution – Update of 1997 Master Plan

Year	Special Management	General Custody	Community-Based
1997	2.0%	84.1%	13.9%
2005	3.0%	85.0%	12.0%
2015	4.0%	83.7%	12.3%

Source: Carter Goble Lee; August 2005

The new classification system employs the traditional General Custody levels of “maximum, medium, minimum”⁴ to segment the inmate population, which has a significant impact on not only bedspace assignment, but also on programming decisions and ultimately staffing levels.

The actual and anticipated distribution by the 1997 classification categories is shown in Table 1.1. The percentages for 1997 reflect actual system distribution; the percentages shown for 2005 are those projected in the 1997 Master Plan Update; and the percentages for 2015 are those based upon current forecasts using the revised classification system. While these figures do not indicate a significant migration in assignments since most inmates are classified as “medium”

⁴ The NDCS classification system also includes “Community,” which is a valid custody level but is not one of the traditional custody levels referred to here.



or “minimum” and thus were categorized as “general custody” for planning purposes, an examination of the detail within the general custody category (maximum, medium, minimum) indicated a generally lower classification distribution. Some details related to the anticipated future classification distribution will be discussed as they relate to the forecasted future population later in this chapter.

Criminal Justice System Analysis

The Nebraska prison system has long represented a microcosm of the inmate population served. Unlike other states that see high quantities of out-of-state inmates, many of those incarcerated in Nebraska’s prisons lived in Nebraska prior to their incarceration. The result is a predictable regularity in the mix of offender types, classification levels, and programming demands. When released, many of Nebraska’s former inmates stay in the state, returning to family farms or to social networks within the state. This somewhat insular quality coupled with predictable growth in admissions has made the task of forecasting not only the number of inmates anticipated to be incarcerated, but their likely lengths of stay in the system, their programming needs, and their behavior within the system a relatively simple one. The “natural growth” model is based on these predictable increases in state population, in historical prison admissions from that population, and on anticipated lengths of stay.

Nebraska, however, is experiencing the same “globalization” that is affecting citizens worldwide, and the result is a homogenization of not only the population at large, but the prison population as well. Crime trends are no longer restricted by municipal or state boundaries. Nebraska’s growing role as part of a larger “Meth-belt” is one example of larger trends that are affecting the Nebraska prison population. In August 2004 National Public Radio produced a report identifying a striking increase in laboratories used to manufacture methamphetamine in rural America⁵. This article cited that “in 1998, rural areas nationwide reported 949 meth labs. Last year [2003], 9,385 were reported. This year [2004], 4,589 rural labs had been reported as of July 26.” This article correlates the ease of access in agricultural areas to one of the primary ingredients used to create meth –anhydrous ammonia, a commonly used fertilizer. Rural areas from Missouri to upstate New York are reporting marked increases in the fabrication and use of methamphetamine, and Nebraska is no different.

Wider trends such as the “meth belt,” longer sentences, increased violent crime by women, and increased gang activity throughout the United States are changing not only the volume of inmates in Nebraska, but also the inmate profile. New issues confront a system adept at managing its population by careful integration of as many inmates as possible into the general population of a number of facilities, each with a structural match to a known inmate profile. With growing female and youth populations that must, by law, be housed separately, and with increasing numbers of aging, feeble, or infirm inmates with special housing needs, the Nebraska Department of Correctional Services is beginning to explore the possibility of a need for housing appropriate for some of these populations outside of the general population, as well as the need to increase general population beds to accommodate the “natural growth.”

As the criminal demographic changes, so does the legislative approach to crime. “Three strikes” legislation has had significant effects on the California prison system, among others, and “truth in sentencing” policies have affected parole opportunities for offenders nationwide. Nebraska, too, has examined legislation dealing with unique criminal challenges, and has implemented new laws within the past year that will almost certainly alter the number and profile of prison admissions to the Nebraska prison system. The “maximum growth” model examines possible peak population, based on new legislation affecting the length of sentences for methamphetamine users. This “maximum growth” model is included to provide a planning ceiling to guide DCS leaders. All models should be used with caution, given the multitude of unknowns associated with legislative changes.

⁵ Source: Internet Article by National Public Radio found at <http://www.npr.org/templates/story/story.php?storyId=3805074>

The following chapters of this report will provide an update to the 1997 Master Plan, and will suggest growth strategies to complement the existing facility resources in the NDCS. The remainder of Chapter 1 will quantify the natural growth and maximum growth models, and will define terminology used to group inmates within the system's facilities. Chapter 2 will provide a catalog of existing facility resources in the system, the current (2005) mission of each, the population groupings housed in each facility, and the current limitations to facility expansion. Chapter 3 will give a plan for meeting anticipated growth. Chapter 4 will lay out a plan for achieving the recommended plan, with preliminary staffing and construction costs and phases.

Nebraska Violent Crime Analysis

The crime rate (reported Part I crime per 1,000 citizens) in Nebraska has increased over the past 20 years. Much of this increase has been in Part I crimes⁶, and much of that in Part I violent crimes⁷, although there has been a noticeable decrease in Part I violent crime since 2000. Not surprisingly, prison admissions have increased at a similar rate over the past 20 years, with the admissions rate to prison increasing from 0.85 in 1990 to 1.12 in 2003. The historical data included in this part of the analysis is shown in Table 1.2.

Table 1.2: Historical Violent Crime Data

Year	¹ State Population	Reported Part I Crime	Reported Part I Violent Crime	Part I Arrests	Part I Violent Arrests	Total Arrests	² Prison Admissions	Crime Rate (per 100,000)	Admissions Rate (per 100,000)	Violent Part I Admissions	Part I Admissions to Prison	Estimated Violent ADP (total annual count)
1984	1,606,000	56,153	3,627					34.96				
1985	1,606,000	59,335	3,821					36.95				
1986	1,598,000	61,614	4,196					38.56				
1987	1,594,000	65,857	4,004					41.32				
1988	1,601,000	66,282	4,374					41.40				
1989	1,611,000	65,916	4,503					40.92				
1990	1,578,385	66,499	5,209		1,109		1,334	42.13	0.85			
1991	1,593,000	69,361	5,330		1,076		1,291	43.54	0.81			
1992	1,606,000	69,444	5,598		1,046		1,304	43.24	0.81			
1993	1,607,000	68,796	6,071		1,200		1,266	42.81	0.79			
1994	1,623,000	72,068	6,322		1,154		1,475	44.40	0.91			
1995	1,637,000	74,393	6,253	6,934	1,347	20,128	1,563	45.44	0.95			
1996	1,652,000	73,292	7,182	15,173	1,252	90,917	1,532	44.37	0.93			
1997	1,657,000	70,982	7,265	14,335	1,268	97,941	1,540	42.84	0.93			
1998	1,663,000	73,259	7,507	15,014	1,345	101,247	1,645	44.05	0.99			
1999	1,666,000	68,444	7,167	13,926	1,218	101,261	1,447	41.08	0.87			
2000	1,711,263	70,085	5,606	13,217	1,232	98,437	1,840	40.96	1.08	239	12.99%	1,307
2001	1,713,235	74,177	5,214	12,870	1,158	95,575	1,869	43.30	1.09	279	14.93%	1,381
2002	1,727,564	73,606	5,428	12,064	1,156	94,726	1,923	42.61	1.11	260	13.52%	1,414
2003	1,739,291	69,578	5,026	10,709		90,664	1,945	40.00	1.12	260		1,455
2004	1,747,214						1,860			273		1,480

Source: Data researched and compiled by Carter Goble Lee; August 2005

¹ Historical population taken from U.S. Census Bureau

² NDCS historical data; Data prior to 1990 was not collected as part of this effort

Looking at violent offenders, data from the past few years shows that violent Part I admissions have been in the mid to high-200's for the past five years. These offenders accumulate in the system, as each year's admissions stay longer than one year. In 2000 there were a total of 1,307 violent Part I individuals in the system at one time or another. This

⁶ Part I crimes include murder, rape, robbery, aggravated assault, burglary, larceny, and motor vehicle theft. Arson is sometimes included as well.

⁷ Violent Part I crimes include murder, rape, robbery, and aggravated assault.



estimated violent average daily population in 2004 had reached 1,480, and 1,575 in 2005 – a cumulative increase of over 44 inmates per year. Table 1.3 shows the current breakdown and facility assignment of all violent Part I offenders in the DCS on one typical day (8-30) in 2005. This table shows that only 425 (less than 30%) of violent offenders currently in the system require high security (Maximum) housing. The remainder of the inmates sentenced for violent Part I offenses have been successfully integrated into lower security levels.

Although the historical rate of increase of violent Part I offenders is not likely to continue at that rate into the future, an increase of even five violent Part I inmates per year will result in a total ADP of close to 1,600 violent offenders by the

Table 1.3: Violent Part I Offenders – One-Day Snapshot, August 2005

	DEC	LCC	NCW	NCY	NSP	TSCI	OCC	CCC-O	CCC-L	Totals
Maximum	37	101	6	9	93	179	0	0	0	425
Medium	6	185	21	20	188	343	11	0	0	774
Minimum A	4	1	20	9	124	0	151	0	0	309
Minimum B	0	0	0	0	2	3	3	0	0	8
Community A	1	0	0	0	0	0	1	14	14	30
Community B	3	0	0	0	0	0	0	15	10	28
Totals	51	287	47	38	407	525	166	29	24	1,574

Source: Data researched and compiled by Carter Goble Lee; August 2005

year 2025. With the population of the state of Nebraska projected to increase to 1,802,083 by the year 2025, and prison admissions forecasted to reach approximately 2,900 in the same year (see forecast numbers later in this chapter for details), if violent offenders continue to constitute between 13% and 14% of all admissions⁸, between 380 and 400 inmates admitted to the system in 2025 are likely to be violent Part I offenders. With an average length of stay of 5.36 years (the historical ALOS for the years 2000 to 2004 for violent Part I offenders), the average daily population of violent offenders could pass 2,000 by 2025. If 30% of these offenders require high-security housing, there will be a need for 600-700 high-security beds to house these violent Part I offenders.

Forecast of Future Admissions

Future admissions were forecasted using four different models. The first model (Model 1) was devised to permit adjustments for then-pending policy changes that were expected to increase sentence lengths for certain segments of the population. This model forecasted admissions by sentence length, using an exponential smoothing statistical model, and then aggregated the admissions by cohort to obtain total system admissions. Models 2, 3, and 4 calculated total future admissions without including the detail in Model 1 involving sentence lengths. Model 2 used a statistical analysis and forecast; Model 3 used an increasing admissions ratio (at a historical rate of increase) to state population; Model 4 held the admissions rate steady at the 2003-2004 rate.

The resulting admissions forecasted in Models 1 and 2 were similar, both estimating approximately 2,900 admissions by the year 2025. Model 3 produced slightly lower, yet similar results, estimating 2,700 admissions by the year 2025. Model 4, included for comparison purposes, held the admissions rate steady at the 2003-2004 rate. This model is considered to be unrealistic, given that the incarceration rate of Nebraska has increased steadily over the past 15 years, and the resulting forecasted system admissions are just 50-100 higher than in 2005.

Table 1.4 presents the historical data and the resulting admissions forecasts for each of the four models used.

Since Model 1 offered a forecast that was validated using other models, and contained the detail necessary to complete the model estimating the impacts of pending legislation, this model was selected as the admissions forecast to use in completing the future bedspace forecast. The resulting forecast, along with fifteen years of actual historical admissions, is shown by sentence cohort in Figure 1.1. From this chart it is evident that the segment of the population with the highest

⁸ The percentage of total prison admissions that were Part I Violent offenders was 12.99% in 2000, 14.93% in 2001, and 13.52% in 2003.

historical increase in admissions is the same as the segment with the highest forecasted future admissions. This group of the population is the group of those with sentences from one to five years in length.

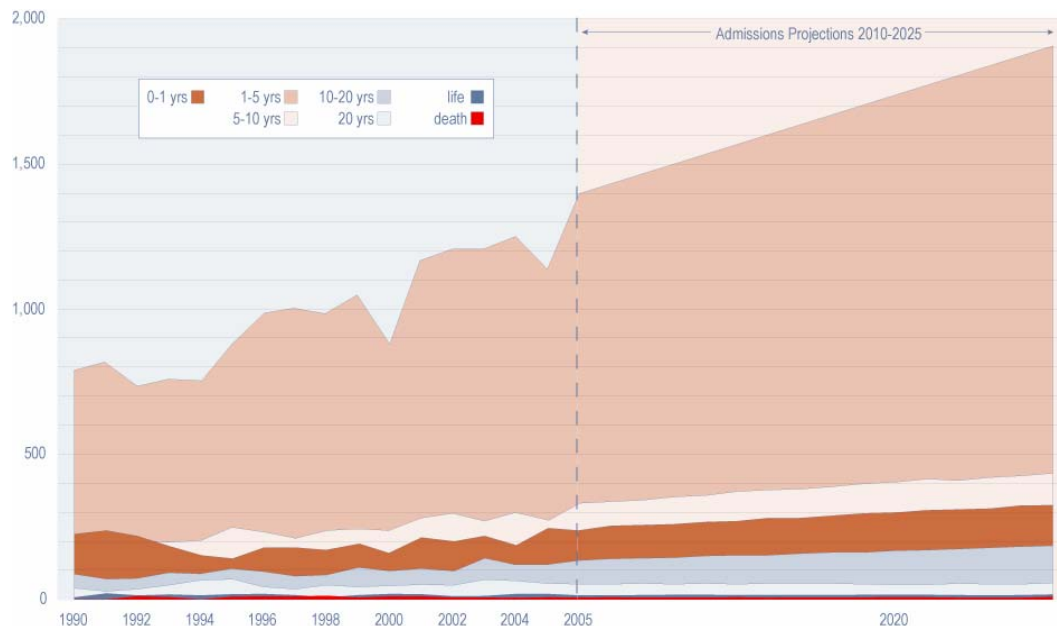
Table 1.4: Historical and Forecasted Admissions, Four Models

	Historical Data											Projections			
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025
Population ^{1,2}	1,656,992	1,673,740	1,686,418	1,695,816	1,704,764	1,711,265	1,718,840	1,726,437	1,737,475	1,747,214	n/a	1,747,592	1,765,756	1,783,920	1,802,083
Model 1 - Forecast of Admissions by Sentence Length															
< 1 Year	142	172	181	175	187	158	212	200	217	189	246	244	271	297	324
1-5 Years	883	985	998	981	1,045	876	1,163	1,205	1,209	1,250	1,135	1,396	1,566	1,736	1,906
5-10 Years	252	231	214	240	241	238	283	297	272	299	280	330	365	400	434
10-20 Years	103	101	82	84	110	97	107	102	142	119	121	137	153	169	185
> 20 Years	69	47	34	46	42	51	51	52	69	67	53	53	53	53	53
Life	16	15	12	3	11	16	14	6	7	14	16	12	12	12	12
Death	10	12	11	11	9	11	10	7	7	7	9	8	8	8	8
Total Admissions Model 1	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	1,860	2,180	2,428	2,675	2,922
Model 2 - Forecast of Total Admissions															
Total Admissions Model 2	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	1,860	2,198	2,461	2,723	2,985
Model 3 - Increasing Admissions Ratio to Population															
Admissions Rate (per 100,000)	89	93	91	91	96	85	107	108	111	111	n/a	120	130	140	150
Total Admissions Model 3	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	n/a	2,097	2,295	2,497	2,703
Model 4 - Steady Admissions Ratio to Population															
Admissions Rate (per 100,000)	89	93	91	91	96	85	107	108	111	111	n/a	111	111	111	111
Total Admissions Model 3	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	n/a	1,940	1,960	1,980	2,000

Source: Carter Goble Lee; September 2005

¹ Historical population taken from U.S. Census Bureau
² Forecasted State Population taken from the US Census Bureau at <http://www.census.gov/population/www/projections/projectionsagesex.html>

Figure 1.1: Historical and Forecasted Admissions by Sentence Cohort



Source: Carter Goble Lee; August 2005



ADP Using the Natural Growth Model

An analysis of historical admissions (ADM) and average daily population data (ADP) revealed the average length of stay (ALOS) for each sentence cohort. This length of stay was calculated in years using the formula $ALOS = (ADP) / (ADM)$, and is shown in the third section of Table 1.5.

The ALOS for the past five years for each cohort was applied to the forecasted admissions in order to calculate future average daily population under the Natural Growth model. The resulting forecast is shown on the right side in the fourth section of Table 1.5. According to this forecast, by the year 2025 the Department of Correctional Services will be housing approximately 5,900 inmates, if growth continues as in the past, with no significant changes in average length of stay or rate of increase of admissions.

Table 1.5: Historical and Future Admissions, ALOS, and ADP – Natural Growth Model

	Historical Data											Projections - Natural Growth			
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025
Population	1,656,992	1,673,740	1,686,418	1,695,816	1,704,764	1,711,265	1,718,840	1,726,437	1,737,475	1,747,214	n/a	1,747,592	1,765,756	1,783,920	1,802,083
Admissions	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	1,860	2,180	2,428	2,675	2,922
< 1 Year	142	172	181	175	187	158	212	200	217	189	246	244	271	297	324
1-5 Years	883	985	998	981	1,045	876	1,163	1,205	1,209	1,250	1,135	1,396	1,566	1,736	1,906
5-10 Years	252	231	214	240	241	238	283	297	272	299	280	330	365	400	434
10-20 Years	103	101	82	84	110	97	107	102	142	119	121	137	153	169	185
> 20 Years	69	47	34	46	42	51	51	52	69	67	53	53	53	53	53
Life	16	15	12	3	11	16	14	6	7	14	16	12	12	12	12
Death	10	12	11	11	9	11	10	7	7	7	9	8	8	8	8

Table 1.4 continued

	Historical Data											Projections - Natural Growth			
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025
ADP	2,856	3,158	3,349	3,413	3,551	3,589	3,900	3,990	4,070	4,053	4,220	-	-	-	-
< 1 Year	75	85	110	105	66	84	195	197	103	181	219	-	-	-	-
1-5 Years	980	1,181	1,269	1,294	1,407	1,284	1,427	1,450	1,445	1,345	1,402	-	-	-	-
5-10 Years	662	681	700	692	707	761	802	815	871	837	839	-	-	-	-
10-20 Years	504	543	572	590	608	635	620	631	706	709	742	-	-	-	-
> 20 Years	418	455	475	506	528	575	597	632	676	701	728	-	-	-	-
Life	207	201	212	215	226	239	249	258	262	273	281	-	-	-	-
Death	10	12	11	11	9	11	10	7	7	7	9	-	-	-	-
ALOS in Years	1.9	2.0	2.2	2.2	2.2	2.5	2.1	2.1	2.1	2.1	2.3	2.2	2.2	2.2	2.2
< 1 Year	0.5	0.5	0.6	0.6	0.4	0.5	0.9	1.0	0.5	1.0	0.9	0.8	0.8	0.8	0.8
1-5 Years	1.1	1.2	1.3	1.3	1.3	1.5	1.2	1.2	1.2	1.1	1.2	1.2	1.2	1.2	1.2
5-10 Years	2.6	2.9	3.3	2.9	2.9	3.2	2.8	2.7	3.2	2.8	3.0	3.0	3.0	3.0	3.0
10-20 Years	4.9	5.4	7.0	7.0	5.5	6.5	5.8	6.2	5.0	6.0	6.1	5.7	5.7	5.7	5.7
> 20 Years	6.1	9.7	14.0	11.0	12.6	11.3	11.7	12.2	9.8	10.5	13.7	11.3	11.3	11.3	11.3
Life	12.9	13.4	17.7	71.7	20.5	14.9	17.8	43.0	37.4	19.5	17.6	24.8	24.8	24.8	24.8
Death	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Forecasted ADP	2,856	3,158	3,349	3,413	3,551	3,589	3,900	3,990	4,070	4,053	4,220	4,507	4,921	5,335	5,750
< 1 Year	-	-	-	-	-	-	-	-	-	-	-	189	210	230	251
1-5 Years	-	-	-	-	-	-	-	-	-	-	-	1,631	1,830	2,029	2,227
5-10 Years	-	-	-	-	-	-	-	-	-	-	-	990	1,095	1,199	1,303
10-20 Years	-	-	-	-	-	-	-	-	-	-	-	778	868	959	1,050
> 20 Years	-	-	-	-	-	-	-	-	-	-	-	601	601	601	601
Life	-	-	-	-	-	-	-	-	-	-	-	306	306	306	306
Death	-	-	-	-	-	-	-	-	-	-	-	12	12	12	12
NE DCS Forecast												4,555			

Source: Carter Goble Lee; September 2005

¹ The accelerated growth forecast shifts 15% of the admissions from the 1-5 year sentence category to the >20 year category, per anticipated changes in sentencing of methamphetamine users. The Life admissions were increased by 23 (the 2004 annual total) to account for the new mandatory life sentence for dual methamphetamine/weapons inmates.

ADP Using the Accelerated Growth Model

There are few jurisdictions throughout the nation that can claim that laws, policies, individuals (judges, prosecutors) have not had a historical effect on the number of inmates admitted to jails and prisons, or on their sentence lengths. In fact, changes in admissions and lengths of stays are so much more the norm than the exception that policies sometimes correct for one another to render the effects almost unnoticeable. At other times, either admissions or length of stay can increase, forcing the average daily population in the system to increase. In local jail jurisdictions, new prosecutors often take a “hard” approach to crime, increasing the use of jail for both pre-trial and sentenced individuals. In state systems, new “tough on crime” laws directed at specific pockets of crime, criminal populations, or types of offense can increase both admissions and lengths of stay. In either case, when admissions and/or lengths of stay increase dramatically, the average number of inmates in the system will also increase. The effect on the system is compounded when the change affects both admissions *and* length of stay, driving population numbers even higher.

The Accelerated Growth Model models the possible effect of legislative changes on the average length of stay in the Nebraska Department of Corrections. This model is a moderate one, despite its name, because it is based on the assumption of policy changes that *only* increase the length of stay⁹. These longer lengths of stay are coupled with natural growth in admissions to produce the resulting population forecast. Notably, a much more extreme rate of growth than that represented by this model would occur if changes were to increase anticipated admissions as well as the lengths of stay for those admitted. Some changes that could result in increased admissions include policy changes to give prison sentences for offenses previously sentenced to non-incarceration options, or the criminalization of new offenses. Conversely, the use of alternatives to incarceration for populations currently served by prison would reduce prison admissions – an action that would help to counter the effects of the estimated increased length of stay in this model.

Table 1.6 shows the maximum estimated population. This model is based on the initial forecast of DCS admissions with adjustments that shift 15% of the 1-5 year sentences to the 20+ year group, and which add 23 life sentence admissions. These changes were based on the anticipated effects of new and pending legislation associated with sentence lengths of methamphetamine users, and provides the accelerated population number toward which DCS should plan.

Table 1.6: Historical and Future Admissions, ALOS, and ADP – Accelerated Growth Model

	Historical Data											Projections - Accelerated Growth ¹			
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025
Population	1,656,992	1,673,740	1,686,418	1,695,816	1,704,764	1,711,265	1,718,840	1,726,437	1,737,475	1,747,214	n/a	1,747,592	1,765,756	1,783,920	1,802,083
Admissions	1,475	1,563	1,532	1,540	1,645	1,447	1,840	1,869	1,923	1,945	1,860	2,180	2,428	2,675	2,922
< 1 Year	142	172	181	175	187	158	212	200	217	189	246	244	271	297	324
1-5 Years	883	985	998	981	1,045	876	1,163	1,205	1,209	1,250	1,135	1,186	1,331	1,475	1,620
5-10 Years	252	231	214	240	241	238	283	297	272	299	280	330	365	400	434
10-20 Years	103	101	82	84	110	97	107	102	142	119	121	137	153	169	185
> 20 Years	69	47	34	46	42	51	51	52	69	67	53	262	288	313	339
Life	16	15	12	3	11	16	14	6	7	14	16	35	35	35	35
Death	10	12	11	11	9	11	10	7	7	7	9	8	8	8	8
ADP	2,856	3,158	3,349	3,413	3,551	3,589	3,900	3,990	4,070	4,053	4,220	-	-	-	-
< 1 Year	75	85	110	105	66	84	195	197	103	181	219	-	-	-	-
1-5 Years	980	1,181	1,269	1,294	1,407	1,284	1,427	1,450	1,445	1,345	1,402	-	-	-	-
5-10 Years	662	681	700	692	707	761	802	815	871	837	839	-	-	-	-
10-20 Years	504	543	572	590	608	635	620	631	706	709	742	-	-	-	-
> 20 Years	418	455	475	506	528	575	597	632	676	701	728	-	-	-	-
Life	207	201	212	215	226	239	249	258	262	273	281	-	-	-	-
Death	10	12	11	11	9	11	10	7	7	7	9	-	-	-	-

⁹ Reduced use of parole and stiffer penalties for certain crimes, among others, are examples of policy changes that result in increased lengths of stay.



Table 1.6 continued

	Historical Data											Projections - Accelerated Growth ¹			
	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2010	2015	2020	2025
Population	1,656,992	1,673,740	1,686,418	1,695,816	1,704,764	1,711,265	1,718,840	1,726,437	1,737,475	1,747,214	n/a	1,747,592	1,765,756	1,783,920	1,802,083
ALOS in Years	1.9	2.0	2.2	2.2	2.2	2.5	2.1	2.1	2.1	2.1	2.3	3.3	3.2	3.2	3.2
< 1 Year	0.5	0.5	0.6	0.6	0.4	0.5	0.9	1.0	0.5	1.0	0.9	0.8	0.8	0.8	0.8
1-5 Years	1.1	1.2	1.3	1.3	1.3	1.5	1.2	1.2	1.2	1.1	1.2	1.2	1.2	1.2	1.2
5-10 Years	2.6	2.9	3.3	2.9	2.9	3.2	2.8	2.7	3.2	2.8	3.0	3.0	3.0	3.0	3.0
10-20 Years	4.9	5.4	7.0	7.0	5.5	6.5	5.8	6.2	5.0	6.0	6.1	5.7	5.7	5.7	5.7
> 20 Years	6.1	9.7	14.0	11.0	12.6	11.3	11.7	12.2	9.8	10.5	13.7	11.3	11.3	11.3	11.3
Life	12.9	13.4	17.7	71.7	20.5	14.9	17.8	43.0	37.4	19.5	17.6	24.8	24.8	24.8	24.8
Death	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Forecasted ADP	2,856	3,158	3,349	3,413	3,551	3,589	3,900	3,990	4,070	4,053	4,220	7,206	7,879	8,553	9,226
< 1 Year	-	-	-	-	-	-	-	-	-	-	-	189	210	230	251
1-5 Years	-	-	-	-	-	-	-	-	-	-	-	1,387	1,556	1,724	1,893
5-10 Years	-	-	-	-	-	-	-	-	-	-	-	990	1,095	1,199	1,303
10-20 Years	-	-	-	-	-	-	-	-	-	-	-	778	868	959	1,050
> 20 Years	-	-	-	-	-	-	-	-	-	-	-	2,973	3,262	3,551	3,840
Life	-	-	-	-	-	-	-	-	-	-	-	877	877	877	877
Death	-	-	-	-	-	-	-	-	-	-	-	12	12	12	12
NE DCS Forecast												4,555			

Source: Carter Goble Lee; August 2005

¹ The accelerated growth forecast shifts 15% of the admissions from the 1-5 year sentence category to the >20 year category, per anticipated changes in sentencing of methamphetamine users. The Life admissions were increased by 23 (the 2004 annual total) to account for the new mandatory life sentence for dual methamphetamine/weapons inmates.

Given this forecast, there could be as many as 9,552 inmates incarcerated within the DCS by the year 2025 – approximately 3,500 more than were forecasted using the Natural Growth Model, and approximately 4,720 more than are housed in the current system. The Natural Growth and Accelerated Growth models will be used as the minimum and maximum (respectively) that define the planning range for the Department of Correctional Services.

Population Groups and Housing Strategies within NDCS

There are two types of terminology used to distinguish the various sub-groups that exist within the population held by the Department of Correctional Services. The first terminology refers to the inmate's custody level, or security level. Custody levels are used to match an inmate with a facility type, and include Maximum, Maximum-Segregation, Medium, Minimum, Medium-Protective Custody, Minimum – Protective Custody and Community. The second terminology refers to qualities the inmate possesses that may qualify him or her for special housing. These "Population Groupings" include female, youth (under age 19 at conviction, tried as an adult), severe medical impairment (permanent), or a need for special programming with associated housing stipulations (e.g. inpatient substance abuse treatment). Some population groupings, such as gender, are permanent. Others, such as age or treatment-based criteria, are temporary, although they may not change for years.

Within the DCS, each prison has a set of custody levels and population groupings that define its general population. System-wide, there nine prisons, with some sub-populations, offering a wide variety of correctional populations into which an inmate can be placed. At the same time, there are growing numbers of certain groups for whom there is not a clear "home" in the system – youthful female offenders and medically limited elderly inmates, among others. One of the goals of this study is to identify and quantify the various population groupings and custody levels in the system, to apply the forecasted future population numbers to create a broad estimate of future numbers for each grouping, and then to clearly identify significant pockets of population within the system that may require special housing in the future. This exercise will help to identify not only housing needs, but also program and infrastructure needs (staffing, medical resources, psychiatric care, etc.) that will enhance the accuracy of the estimated implementation costs in Chapter 4 of this report.

This section of the report will define the various custody levels and population groupings within the DCS, and will identify populations currently accommodated in the general population of various facilities. Chapter 2 is devoted to describing each facility in the system in more detail, and these custody levels and population groupings will be revisited. Finally, the plan will address strategies to enhance the system to accommodate any populations that have reached, or are expected to reach, a critical mass over the next 20 years that may require special housing.

Custody Level

Figure 1.2 provides a basic representation of the four custody levels for the general inmate population within the Nebraska DCS. Descriptions of the types of housing appropriate to each custody level are provided in Chapter 3 of this report.

In traditional correctional terminology, “custody” refers to the security level of the facility and “classification” refers to both the security level of the inmate and the process by which that level is assigned. For simplification of discussion in this report, “classification” will be used to refer to the process by which an inmate is assigned a security level, and “custody level” will be used for the resulting ranking, for both facilities and inmates.

Given that definition of the term “custody level,” the custody level of an inmate is a discrete categorization based on a number

of factors, including his or her age, level of aggression, previous behavior in an incarcerated setting, physical appearance, and body structure. This custody level determines the minimum environmental standards in which he/she should be housed. There are certain operational and structural features that correspond to each custody level. Structurally, for example, a maximum security environment will typically have stainless steel fixtures in the cells (“wet” cells), with only one or two inmates per cell. Cells may have tray slots in the doors to permit food to be passed through when inmates are isolated from the rest of the population. Recreation time and inmate interaction are controlled and limited to specific intervals during the day. Inmate movement is controlled closely, and there is typically a higher staff to inmate ratio for this population.

Community inmates, by contrast, are housed four to six in a dormitory environment, and they are given keys to their own rooms. These inmates have liberal freedom of movement, wear street clothes, and do their own laundry. Showers and toilets are in common areas along a shared corridor.

Figure 1.2: NDCS Custody Levels



Source: Carter Goble Lee; August 2005



Regardless of structural differences, any effective correctional system must provide adequate housing at each custody level for the number of inmates at that particular level, plus a number of vacant cells at each custody level to facilitate inmate movement up and down the custody level system.

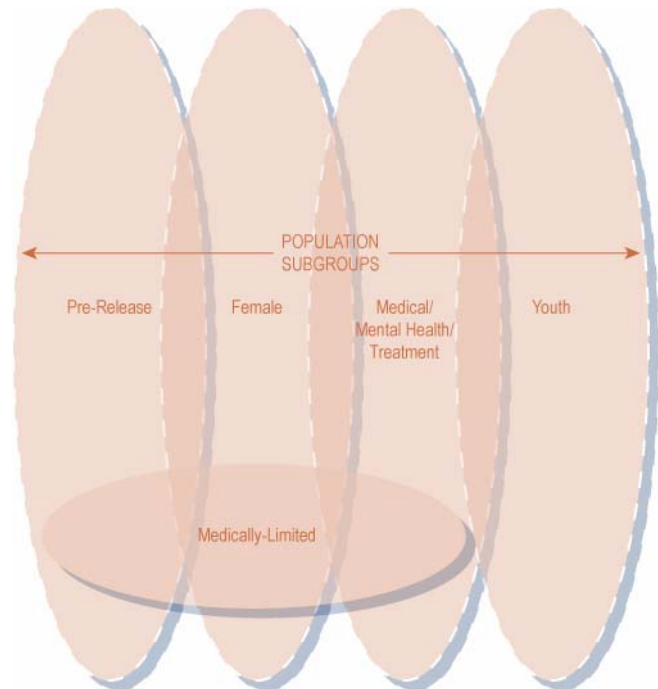
Of note – each inmate can belong to one, and only one, custody level at any time. These groups are more clearly defined in the recent classification study completed by The Criminal Justice Institute.

Population Grouping

Population Groupings are based on an inmate's social situation, gender, age, or other condition as it stipulates placement in a special population within a facility. Those groupings found within the NDCS are illustrated in Figure 1.3. While facility design and structure must be driven by custody level, accommodations must also be made throughout the system for the different population groups residing within that facility.

As previously mentioned, there is no overlap between custody levels, aside from the Segregation subgroup within maximum custody. For community groupings, however, there is often overlap where an inmate belongs to more than one group. The community groupings identified in the Nebraska DCS are listed below, with a short description of each. Notes in parentheses indicate whether the assignment to a community grouping is a permanent one or a temporary one. All inmates must belong to at least one community group. Some groups are permanent; others are not. Some are mutually exclusive; most are not.

Figure 1.3: Sub-Population Groupings with the NDCS



Source: Carter Goble Lee; August 2005

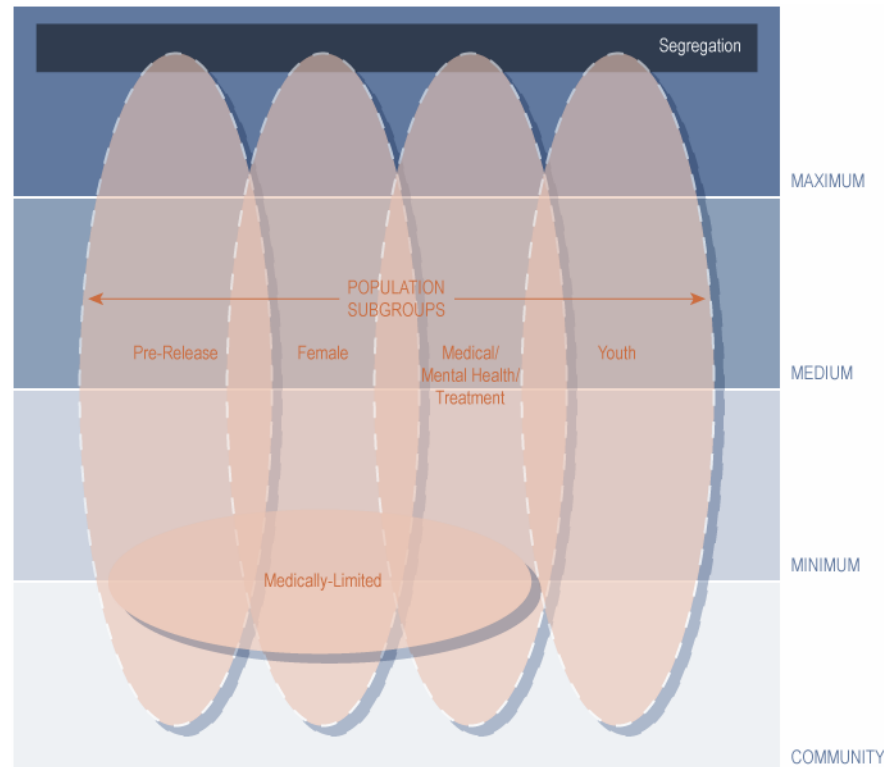
As with custody levels, an effective prison system must provide housing appropriate for each population grouping, as needed, that can occur within the system. A number of vacant beds are needed in each category to facilitate inmate movement.

<p>General Population – Male <i>(permanent placement, with movement possible)</i></p>	<p>The majority of those held in the DCS are General Population male inmates. These inmates do not have noticeable mental health or treatment concerns, and can live in a community setting. The general population encompasses all custody levels. The inmate housing and management environment is dictated solely by custody level.</p>
<p>Medically Limited <i>(permanent or temporary placement)</i></p>	<p>Medically limited inmates are by definition minimum custody or low medium custody. Inmates in this category are more frail than the general population due to age, illness, or medical condition. These inmates may require special housing where there are grab-bars, and no ledge in the showers. They may also require regular medical care, significant numbers of medications, and monitoring for deterioration of their condition. This category can be assigned short-term to inmates recovering from a serious illness</p>

	<p>or from surgery, or can be a permanent assignment for those with deteriorating or irreversible conditions.</p>
<p>Pre-Release (<i>permanent placement</i>)</p>	<p>Inmates who are within one year of release are considered to be “pre-release.” During the last year of incarceration, the inmate plan will focus on completing any unfinished goals that may help the inmate to succeed once he or she is released. Some pre-release goals may include completing a GED, obtaining a job through Cornhusker State Industries or Community Corrections, and saving some money. In an ideal situation, the pre-release inmate is housed in a facility that offers pre-release or life-skills training, and programs are available to provide support in finding an apartment, interviewing for a job, and holding down a job once one is obtained.</p>
<p>Medical / Mental Health (<i>temporary placement</i>)</p>	<p>Some inmates come into the system with mental health concerns. Inmates may have grave addictions or chronic mental health conditions, where the cycle of illness or the level of addiction requires intermittent medication or treatment. These inmates should be housed in the general population to the greatest extent possible, but separate treatment/mental health beds should be available for inmates in crisis, or those in the throes of withdrawal from addiction. These treatment/mental health beds should have a full staff of mental health professionals to provide the psychiatric and counseling support necessary to stabilize the inmates for return to the general population.</p> <p>Hospital or infirmary beds should be provided for inmates with temporary debilitating illnesses. These infirmary beds should offer nursing care appropriate to the severity of the inmate concerns, and should provide a safe, calm environment where healing can take place without the anxiety associated with living in the general population, and without the danger of spreading a transmissible illness. Inmates in the infirmary should either be bedridden or should present a contamination risk to the general population. Inmates with ongoing non-degenerative debilitating concerns are not appropriate for hospital or infirmary beds (see Medically Limited).</p>
<p>Treatment (<i>temporary placement</i>)</p>	<p>Some inmates may benefit from substance abuse treatment while in custody. Programming can be inpatient or outpatient. While in treatment, inmates may be housed in a therapeutic community within the general population. No special structure is required; this community may be nothing more than a designated housing unit within a facility. Some program space is needed, as well as private counseling rooms for group and individual counseling sessions.</p>
<p>Youth (<i>permanent placement</i>)</p>	<p>Any male inmates tried as adults who are nineteen years of age or younger at admission to the system are held in the Nebraska Correctional Youth Facility (NCYF) in Omaha. This facility houses all custody levels, including segregation, in order to accommodate any youth who is admitted.</p>
<p>Females (<i>permanent placement</i>)</p>	<p>All women in the NDCS are admitted through the Nebraska Correctional Center for Women (NCCW) in York, NE. This facility offers housing for maximum, medium, and minimum custody levels, as well as hospital care, programming, treatment, and Cornhusker State Industries opportunities. Community custody level women are housed at the Community Corrections Center – Omaha (CCC_O) and Community Corrections Center – Lincoln (CCC-L). Women at the CCC-O and CCC-L are pre-release, and work in the community.</p>

In Figure 1.4, the relationships between the custody levels (shown in rectangles) and the community groupings (shown in ellipses) are illustrated. Easily seen from this diagram, an inmate has both a custody level and a community grouping, and belonging to more than one community group is also quite common. A facility that is designed to accommodate one custody level must be prepared to handle all the community groups within that population; likewise, a facility designed to accommodate one community group (women, youth) must be prepared to handle all the custody levels and other community groups within that population.

Figure 1.4: Custody Levels and Population Groupings, NDCS



Source: Carter Goble Lee; August 2005

The overlap between custody levels and population groupings shows the complexities embedded in the day-to-day realities of managing prison populations. An effective prison system must provide for each custody level and all population groupings, but must also be flexible enough to accommodate all the possible combinations depicted in Figure 1.4, which shows the multitude of overlaps between custody levels and population groupings.

Prison facilities are typically identified by the profile of their general population. This profile can be based on either custody level (“custody based”) or population grouping (“population based”). If the general population is based on custody level(s), the facility must be equipped to accommodate the various population groupings that may occur within those custody levels. Likewise, if a facility’s general population is based on a population grouping, then the facility must be equipped to handle all possible custody levels within that population grouping.

An example of a “custody-based” type of facility within the DCS is the Omaha Correctional Center. This facility houses a “soft” medium/minimum custody general population, overlapped with a sex offender (rolled into the Medical/Mental Health/Treatment) population grouping. While not all of the inmates in this facility match this profile, any offender in the system who does is likely to be housed here. The facility also houses an in-patient substance abuse unit for minimum custody inmates, and offers other medical and mental health treatment for other population groupings within the defined general population. The “Custody-Based” facilities within the DCS include:

- Community Corrections Center – Lincoln (CCC-L), Community
- Community Corrections Center – Omaha (CCC-O), Community
- Lincoln Correctional Center (LCC), Maximum/Medium
- Nebraska State Penitentiary (NSP), Maximum/Medium/Minimum
- Omaha Correctional Center (OCC), “Soft” Medium/Minimum
- Tecumseh State Correctional Institution (TSCI), Maximum (Segregation)/Maximum/Medium

An example of a “population grouping-based” facility is the Nebraska Correctional Center for Women. This facility is designed to handle a female population, and all of the various custody levels that occur within that population (except for community level females, who are housed at CCC-L and CCC-O). In addition to handling all custody levels, the NCCW is also able to handle many of the other population groupings that co-occur with the female population grouping. Because the numbers are small and limited housing options are offered at the NCCW, these other population groupings (parenting, substance abuse, mental health) are currently integrated into the general population. The [Population Grouping-Based facilities](#) in the NDCS include:

- Nebraska Correctional Center for Women (NCCW), Female
- Nebraska Corrections Youth Facility (NCYF), Youth
- Diagnostic and Evaluation Center (DEC), Intake

Chapter 2 of this report will describe these facilities, which are currently in operation within the NDCS, and will give the physical structure of each as well as giving additional details on the custody levels and population groupings housed in each facility. The following section of this chapter will explore the population forecast, and the anticipated numbers divided into custody levels and population groupings.

Disaggregated Forecast (by Custody Level)

Concurrent to this study, the Nebraska Department of Correctional Services contracted for an analysis of the inmate classification system. This study resulted in a revision to the historical classification system and a subsequent re-classification of all inmates using the revised classification instrument. Because the studies were concurrent, known results of the re-classification were uncertain, but policy initiatives dictated that inmates would only be re-classified into lower classification levels. In other words, inmates currently managed at a lower level who scored into a higher custody level were not to be moved into that higher custody level; only those in higher levels scoring lower would actually be re-classified.

The resulting certainty was that the re-classification would push inmates “down” in the system, shifting the population so that higher numbers would have lower classification levels than before. The contractor conducting the re-classification study shared the anticipated final custody level breakdowns for males and females as follows:

	Frequency	Percent	Cumulative Percent
Females			
Maximum	14	3.9	3.9
Medium	90	26.1	30.0
Minimum	152	44.0	73.9
Community	<u>90</u>	<u>26.1</u>	100.0
Total	346	100.0	
Males			
Maximum	754	19.9	19.9
Medium	1,300	34.4	54.3
Minimum	1,288	34.1	88.4
Community	<u>439</u>	<u>11.6</u>	100.0
Total	3,782	100.0	

In these breakdowns, approximately 44% of all female inmates are expected to be classified as minimum custody, with approximately on quarter classified as medium and another quarter classified as community. The remaining women (approximately 4%) will be maximum custody. For men, approximately 70% will be classified as medium or minimum



custody, with an equal split between the two custody levels. Another 20% will be maximum custody, with the remaining 11-12% classified as community. These percentage breakdowns will be used to create totals by custody level for males and females for the low (Natural Growth) and high (Accelerated Growth) models. Details of the resulting interim disaggregation can be found in the Appendix of this report. While the classification study identified these breakdowns for the 2005 population, the same percentages will be applied in the future to estimate future breakdowns as well.

Disaggregated Forecast (by Gender and Age)

Two planning years were used for the disaggregation – 2015, which is far enough away to permit planning and implementation of a building plan; and 2025, which is the endpoint of this master plan. To disaggregate the forecasted population by gender and age, historical admissions data by gender, age, and sentence length was analyzed. Because the breakdown of admissions by gender, age, and sentence length was relatively consistent over the past five years, a historical five-year average was calculated for each category (see footnotes for exceptions). The resulting percentages (shown in the Appendix) were applied to the forecasted admissions calculated in Table 1.3.

Once the forecasted admissions by sentence length were divided by gender and age, the next step was to convert the admissions into average daily population. To complete this calculation, an estimation of the average length of stay, or time actually served in custody, for each sentence length was necessary. This average length of stay was also calculated from historical data¹⁰, and was estimated as follows (in years):

SENTENCE:	< 1 year	1-5 years	5-10 years	10-20 years	>20 years	Life	Death
ALOS:	0.8	1.2	3.0	6.0	12.0	23.5	N/A

The ALOS and admissions (ADM) by sentence length, gender, and age were used to calculate the average daily population (ADP) using the formula:

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

The resulting average daily population for each sentence length, age, and gender grouping was calculated for the planning years 2015 and 2025. Death sentence inmate ADP was held constant at 12 males and zero females.

Once the ADP low and high numbers were estimated for each grouping, the numbers were re-aggregated to represent the various population groupings that have been identified within the DCS. The population groupings were totaled as follows, for females and males:

- **Youth** – youthful offenders are those under age 19, with an estimated rollover based on an ALOS in the youth facility of 1.2 years (the ALOS for sentences of 1-5 years), with all those of sentences over five years rolling over a portion of their ADP to the age 20-29 group.
- **Medically Limited** – were estimated at a number equal to (although the individuals may not match perfectly) 100% of those individuals over age 60 plus 10% of those aged 50-59.

¹⁰ The formula $ALOS = (365 * ADP) / ADM$ was applied to historical data to calculate the historical ALOS for each sentence length. These ALOS numbers were held constant for each sentence cohort; the change in ALOS was accomplished by shifting inmates from shorter sentence cohorts to longer sentence cohorts in a subsequent step of the analysis.

- **Death Row** – as forecasted.
- **General Population by Custody Level** – the remainder of the population constitutes the General Population, and the custody level percentages were applied to complete the estimate by custody level for both males and females, with additional population groupings estimated as shown in the tables below. The first table shows the anticipated 2015 population under the Natural Growth model (low), and the second table shows the high population for 2015 under the Maximum Growth model (high). General Population includes the following Population Groupings:
 - Treatment – Mental Health
 - Treatment – Substance Abuse
 - Treatment – Dual Diagnosis

Tables 1.7 and 1.8 present the resulting ADP projections to the year 2015 for the natural and accelerated growth models.

Table 1.7: Natural Growth Model – Inmates 2015

	Male						Female						Total Inmates
	Intake	Maximum (19.9%)	Medium (34.4%)	Minimum (34.1%)	Community (11.6%)	Total Male Inmates	Intake	Maximum (3%)	Medium (26.1%)	Minimum (44.4%)	Community (26.1%)	Total Female Inmates	
Youthful <19 ¹	29	36	62	62	21	210	1	-	2	3	2	8	218
Medically Limited ²				65	1	66				6	4	10	76
Death Row ³		12				12			-			-	12
General Population													-
Treatment- Mental Health ⁴		20	34	34	11	99		0	3	6	3	13	111
Treatment- Substance Abuse ⁵		39	68	67	23	197		1	11	18	11	40	238
Treatment- Dual Diagnosis (MH/SA) ⁵		67	115	114	39	335		1	11	19	11	43	378
Treatment- Nursery ⁶								-	1	2		3	3
Remaining General Population ^{7,8}	285	584	887	659	136	2,550	48	1	67	105	69	290	2,840
Pre-Release ⁹		75	253	471	248	1,047		12	40	75	39	166	1,213
Subtotal Youth	29	36	62	62	21	210	1	-	2	3	2	8	218
Subtotal Adults	285	797	1,357	1,410	458	4,307	48	16	133	230	137	565	4,872
Totals	313	833	1,419	1,472	479	4,517	49	16	135	233	139	573	5,090
Non-Count Beds													
Infirmiry (2.5% of Population)	8	21	35	37	12	113	1	0	3	6	3	14	127
Parenting	-	-	-	-	-	-	-	-	10	-	-	10	10
Short-Term Segregation (2.5% of Pop.)	8	21	35	37	12	113	1	0	3	6	3	14	127
Totals	16	42	71	74	24	226	2	1	17	12	7	39	264

Source: Carter Goble Lee; September 2005

¹ Based on Admissions of 182 and ALOS of 60 for males; Admissions of 6 and ALOS of 53 days for females.

² Based on a number equal to 100% of the over 65 population plus 10% of those 50-59, then divided according to custody level per the percentage breakdowns.

³ Fixed at 12 for males; 0 for females.

⁴ Estimated at 2.5% of the general population at any given custody level, based on recommended operational practice.

⁵ Estimated at 5% of the total GP for males; 8% for females.

⁶ Estimated at the historical rate of 1.6% of the total female population, divided into custody levels.

⁷ General Population intakes estimated based on forecasted admissions (ADM) of 1,963 over age 19, with a 90-day stay in intake (ALOS).

⁸ North Hall at NCW includes medium and maximum female inmates. An approximate breakdown was calculated using the percentages generated by the classification study of 4% Max, 30% Med., 44% Min., and 26% Community. Of the mixed Med/Max inmates, approximately 8

⁹ Pre-Release ADP was based on the historical release rate, equal to 50% of annual admissions. Male ADM = 2,357; Female ADM = 342. 2004 breakdowns.



Table 1.8: Accelerated Growth Model – Inmates 2015

	Male						Female						Total Inmates
	Intake	Maximum (19.9%)	Medium (34.4%)	Minimum (34.1%)	Community (11.6%)	Total Male Inmates	Intake	Maximum (2.9%)	Medium (26.1%)	Minimum (44%)	Community (26.1)	Total Female Inmates	
Youthful <19 ¹	29	37	64	64	22	215	1	-	2	3	2	8	223
Medically Limited ²				110	1	111				6	3	9	120
Death Row ³		12				12		-				-	12
General Population						-						-	-
Treatment- Mental Health ⁵		34	59	58	20	171		0	4	7	4	15	186
Treatment- Substance Abuse ⁷		68	118	117	40	342		1	12	21	12	47	390
Treatment- Dual Diagnosis (MH/SA) ⁷		116	200	198	67	582		1	13	22	13	50	632
Treatment- Nursery ⁸						-		-	2	3		5	5
Remaining General Population ^{9,10}	307	1,067	1,719	1,479	413	4,985	49	2	84	134	86	355	5,340
Pre-Release ¹¹		77	258	482	254	1,071		12	41	77	41	171	1,242
Subtotal Youth	29	37	64	64	22	215	1	-	2	3	2	8	223
Subtotal Adults	307	1,374	2,354	2,444	795	7,274	49	18	157	269	160	653	7,927
Totals	336	1,411	2,418	2,508	817	7,489	50	18	159	272	162	661	8,150
Non-Count Beds													
Infirmiry (2.5% of Population)	8	35	60	63	20	187	1	0	4	7	4	17	204
Parenting	-	-	-	-	-	-	-	-	10	-	-	10	10
Short-Term Segregation (2.5% of Pop.)	8	35	60	63	20	187	1	0	4	7	4	17	204
Totals	17	71	121	125	41	374	3	1	18	14	8	43	418

Source: Carter Goble Lee; September 2005

¹ Based on Admissions of 182 and ALOS of 60 for males; Admissions of 6 and ALOS of 53 days for females.

² Based on a number equal to 100% of the over 65 population plus 10% of those 50-59, then divided according to custody level per the percentage breakdowns.

³ Fixed at 12 for males; 0 for females.

⁴ Estimated at 2.5% of the general population at any given custody level, based on recommended operational practice.

⁵ Estimated at 5% of the total GP for males; 8% for females.

⁶ Estimated at the historical rate of 1.6% of the total female population, divided into custody levels.

⁷ General Population intakes estimated based on forecasted admissions (ADM) of 1,963 over age 19, with a 90-day stay in intake (ALOS).

⁸ North Hall at NCW includes medium and maximum female inmates. An approximate breakdown was calculated using the percentages generated by the classification study of 4% Max, 30% Med., 44% Min., and 26% Community. Of the mixed Med/Max inmates, approximately 8

⁹ Pre-Release ADP was based on the historical release rate, equal to 50% of annual admissions. Male ADM = 2,357; Female ADM = 342. 2004 breakdowns.

Summary - Population Groups of Interest

There are several population groups that have emerged during this analysis, which can benefit from specialized housing, and which are expected to reach a critical mass in coming years where centralized housing (rather than mainstreaming throughout the system) may provide better access to necessary services. The following section of this chapter discusses each of these population groupings, their estimated size by 2025, and some preliminary ideas for providing for these inmates in coming years.

Medically Limited	The Medically Limited inmates consist primarily of the feeble elderly, who by virtue of age and deteriorated physical condition, are minimum custody only. These inmates will not all be elderly, but may include end-stage AIDS inmates; inmates with cancer who are receiving chemotherapy treatments in addition to other ailments; inmates with organ failure who require regular dialysis or other treatment; or inmates who are simply
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	<p>frail and slow-moving, who require significant assistance with the activities of daily living¹¹. With inmates staying longer in the system, it is expected that by the year 2025 there will be more than 100 inmates who may require ongoing medical or nursing care. It may be a benefit to the NDCS to consider housing these inmates in a facility with proximal medical facilities, if not 24-hour nursing care for some. There are a number of structural features that can enhance the independence of these inmates, as well as reduce the risk for injury. These features include lip-less shower entrances, toilets and showers with grab-bars, no-slip flooring materials, wide access corridors for wheelchairs to pass one another, and bright color contrast between floors and walls to enhance visibility.</p>
<p><i>Female (youthful, intake, community)</i></p>	<p>The female population is projected to increase, and the profile of those females is expected to become increasingly similar to that of the males, with greater numbers of felons. Increasing numbers of youthful females are likely to be tried as adults, bringing larger numbers of youthful females (right now there is, and has only been, one such female in the NDCS) into the system. The female Community A and B inmates have already begun to increase in recent years, and they are expected to continue to do so through 2025. Female inmates of any age and custody level, particularly those new to the system, require significantly more services (medical and mental health) than their male counterparts.</p> <p>In order to increase the beds for females at the NCCW, while increasing the capacity for female admissions, it may be beneficial to move female intake from NCCW to a more centralized location close to medical and psychiatric care. This shift will free beds at NCCW now devoted to intake, while providing the necessary infrastructure to meet the increasing demands of the growing female population. As the demand for female community beds increases, it may be advantageous to separate male and female community populations, creating a dedicated female community facility in the system. Both of these concepts will be explored in the plan.</p>
<p>Medium and Maximum Custody Male Inpatient Substance Abuse Treatment</p>	<p>The analysis of existing population groupings and housing revealed that there is a demand for inpatient substance abuse treatment for medium and higher male inmates housed in the general population, but that there is currently no associated housing or program area for this population. At the current time, the only in-patient treatment programs are at OCC, where participants are housed in a minimum custody environment (dormitory). There is a 32-bed maximum custody unit at TSCI that was designed for substance abuse treatment, but this unit is currently used to house another population.</p> <p>A recent study estimated that 85% of all male inmates and 87% of all female inmates in the NDCS have substance abuse concerns. If only 10% of those eligible were treated at any given time, a total of between 593 (natural growth) and 953 (accelerated growth) will be in treatment at one time by the year 2025. If just 50% of these receive inpatient treatment, there will be a need for between 300-500 inpatient treatment beds by 2025. With only 114 minimum custody and 32 maximum custody treatment beds, some of which are not even used for treatment, this area is one of the systems greatest programmatic and housing shortfalls. The future plan will include strategies to provide for additional inpatient and outpatient treatment for inmates of all custody levels.</p>

¹¹ Activities of Daily Living, or ADLs, are activities such as personal hygiene, dressing and bathing, eating, using the toilet, and getting from place to place. From a nursing perspective, individuals are considered to require care when they are no longer able to handle these activities without assistance.



<p>Pre-Release (<i>all custody levels but community</i>)</p>	<p>There is a pilot Re-Entry program in place in one NDCS facility. This program is an excellent first step in providing the necessary pre-release preparation to inmates at all custody levels in the system. Inmates are currently released from all custody levels and all facilities in the system – many with no pre-release programming, without any links to community support agencies or other helpful infrastructure. To increase chances of former inmates having success in the community, it is important for pre-release training to be done at each facility for inmates pending release. This training should focus on job readiness and life skills. It should also provide referral information so the inmate will have easy access to resources in the community.</p>
<p>Meth Users</p>	<p>Longer sentences for methamphetamine users means that there will be a marked increase in the number of addicts in the system. Those addicted to methamphetamine are affected in both mental and physical ways. Withdrawal care and addiction treatment will be necessary to assist these inmates in breaking their addictive cycle. Beyond the standard care, however, these inmates are likely to exhibit deteriorated physical condition, in some cases breakdown of organ functioning. The characteristic “meth-mouth” implies increased need for dental care. Methamphetamine is so physically destructive and so pervasive through the user’s body that this new population is likely to place unusually high demands on the existing medical, dental, and treatment infrastructure within the system.</p> <p>The number of methamphetamine users in the system can be estimated in a simple way as the difference between the natural growth and the accelerated growth models. With the 2025 accelerated growth estimated at 9,530 and the 2025 natural growth estimated at 5937, there could be as many as 3,593 meth addicts in the system by 2025; using the same calculations for 2015, there could be 3,061 inmates requiring treatment for methamphetamine addiction by 2015 (8,152-5,091=3,061).</p>
<p>General Population – Minimum, Community</p>	<p>In addition to anticipated increases in the population groupings noted above, the general population is projected to increase as well. The majority of this increase is expected to occur within the minimum and community levels, in part due to the anticipated effects of the classification study. The strategic plan will address recommendations for adding to the capacity for minimum and community custody under both the natural growth and the accelerated growth models.</p>

Conclusion

This study and the potential changes in the inmate profile within the NDCS offers a unique opportunity for the state to devise an appropriate strategy for dealing with the anticipated increase in several population groups, including methamphetamine users within the system. These individuals must be dealt with both as sentenced criminals and as addicts in need of detoxification and treatment, in order to break the cycle of drug use. As was mentioned in the early portion of this chapter, an increased length of stay for these offenders will significantly increase the ADP in the prison system, unless that increased stay is coupled with other initiatives that provide for a matching reduction in length of stay.

One possibility, which is appropriate for this treatment-needy population, is the potential for split sentences. Under a split sentence, a portion of the sentence is served in a prison type environment. Once a satisfactory behavior management level has been achieved, the inmate is transferred to a less secure facility where time is focused on treatment for the criminal behavior and the addiction. The resulting program appears similar to the program currently in place at McCook for locally sentenced offenders, although with the anticipated methamphetamine population, any alternative to prison

should include a stronger emphasis on substance abuse treatment (instead of education) and a longer length of stay than under McCook's current program.

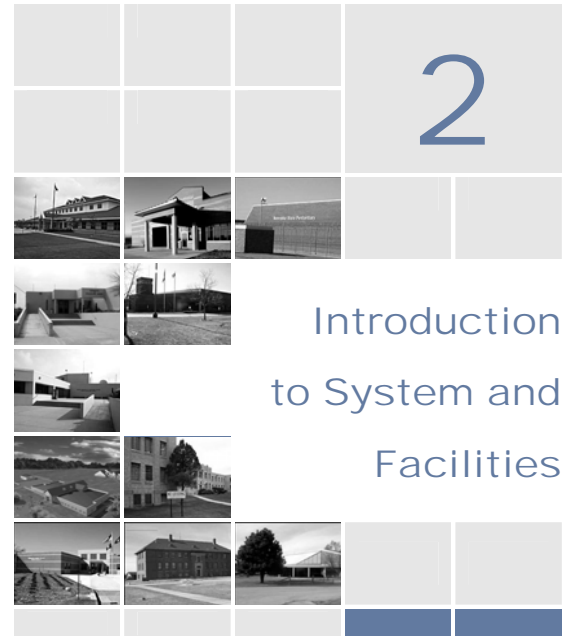
This split-sentence solution can also be implemented in conjunction with a locally managed community corrections option, such as electronic monitoring coupled with parole supervision and treatment, where the inmate serves a large portion of his or her sentence through monitoring. Either way, the change in inmate profile and the need for additional low-custody beds combine to offer a unique opportunity to deal with addicted offenders in a proactive manner that may help stop the cycle of addiction and keep some offenders from returning to the criminal justice system after release.



Introduction

This chapter describes each facility currently in operation within the Nebraska Department of Correctional Services (NDCS), including physical configurations and the custody levels and population groupings housed in each. The existing building resources and capabilities within the NDCS in terms of accommodating the forecasted future incarcerated population outlined in Section 1 are documented in this assessment.

In the existing system of facilities, the mission of each facility is directly linked to the inmate population served and the infrastructure, both structural and programmatic, that is in place to serve that population. The review of building conditions describes each facility's targeted population (by custody level and population grouping); current population; and the infrastructure in place at each site. Issues that may require upgrading or maintenance, core areas and their capacities, and housing capacities by security level have been explored.



Physical Plant Changes Since the 1997 Master Plan Update

Since the 1997 Master Plan Report, the NDCS has implemented the following physical facility changes, including the construction of a new high security facility with 960 beds:

- Construction of the Work Ethic Camp (WEC) in McCook, 100 additional community-based probationer beds operated by NDCS for the Department of Probation, not considered part of NDCS capacity.
- Construction of the Tecumseh State Correctional Institution (TSCI), 960 additional high security general population beds.
- Construction of the Nebraska Correctional Youth Facility, 76 additional general population beds (youth)
- Master planning, extensive upgrading of existing physical plant, Nebraska Correctional Center for Women (NCCW) in York.
- Closure of the existing physical facility, relocation of the Residential Treatment Center (RTC) to the Nebraska State Penitentiary (NSP); [relocation of 90 beds]; and
- Closure of the Hastings Correctional Center in July, 2005, a reduction of 152 general population beds.

Based upon physical plant changes in the system, the design capacity of the NDCS system of facilities increased from 2,103 beds in 1997, to a total of 3,183 beds in July 2005, as shown in Table 2.1.

Table 2.1: Design Capacity Change, 1997 to 2005

Facility	1997 Report Design Capacity	Design Capacity
CCCL	200	200
CCCO	90	90
DEC	160	160
HCC*	152	--
LCC	308	308
NCW	139	275
NCTC**	90	--
NCYF	--	76
NSP	568	718
OCC	396	396
TSCI	--	960
Total	2,103	3,183

Source: Carter Goble Lee; August 2005

Includes general population counts only; excludes short-term segregation and infirmary beds

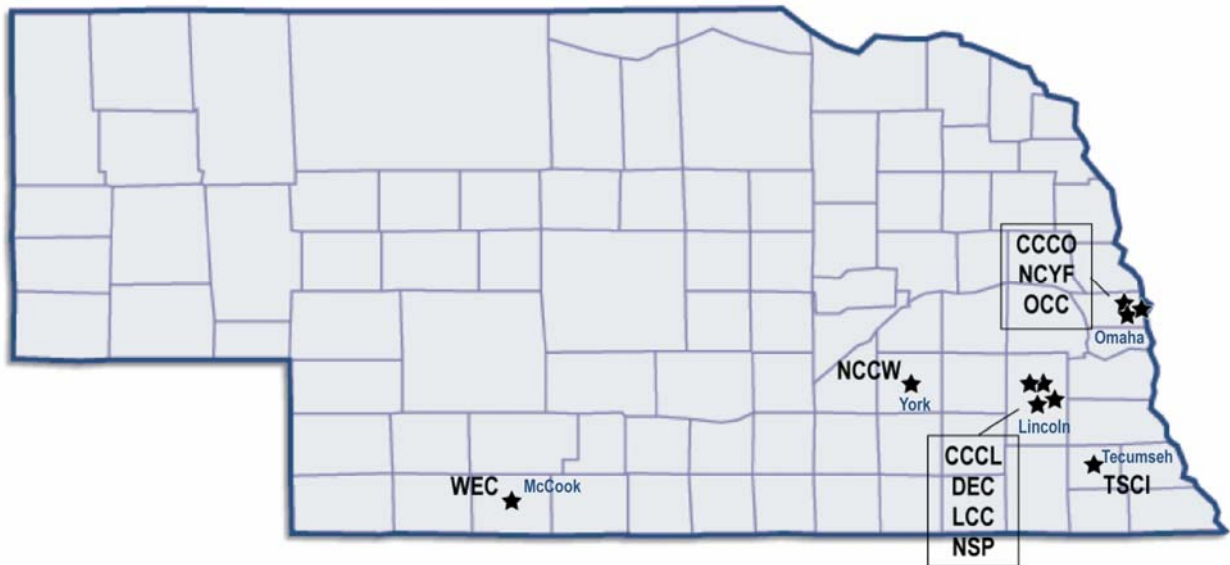
* Hastings Correctional Center closed in July 2005

** Physically relocated to NSP

2005 Resources

In this section of this 2005 Master Plan Update, existing conditions at each NDCS facility were surveyed. The purpose of the survey was not to define a “menu of improvement needs” but to assess the potential of each existing facility to accommodate additional expansion towards meeting overall system needs. While the facility by facility evaluation considered basic infrastructure needs, the focus of the evaluation was a determination of the current maximum operational capacity and what the opportunities and constraints for facility expansion might be for all security levels. Figure 2.1 identifies the locations of existing facilities within the Nebraska DCS.

Figure 2.1: Existing Nebraska Department of Correctional Services Facilities



Source: Carter Goble Lee; August 2005

Existing Facility Capacities

Review of existing facility drawings, on-site tours, and interviews at each facility were used to document existing conditions in the current system of NDCS facilities. The Nebraska State Department of Correctional Services 2004 Survey of Physical Plant was used as a resource. As part of this effort, inmate population capacities for each facility were evaluated for each of the following capacity definitions:

<p>Design Capacity</p>	<p>Based upon original design and construction documents, the total number of beds the facility was intended and designed to accommodate. This capacity is set at the time of construction and is only modified by capacity changes resulting from building additions, reductions, or revisions.</p>
<p>Stress Capacity</p>	<p>A term from the 1997 Master Plan Update that provides a reference point, based on the assumption that the NDCS system as a whole could operate at approximately 125% of design capacity without major physical changes or inordinate public safety risk. “Stress Capacity” is included in this capacity summary only as a reference point to show relative overcrowding/stress in the system today.</p>



July 22, 2005 Population	Distribution of actual system headcount by facility for a recent date, showing that on that day the system was operating at 130% of design capacity.
2005 CGL Operational Capacity	<p>Rated bed capacity, according to American Correctional Association (ACA) Standards is considered to be the original design capacity, plus or minus capacity changes resulting from building additions, reductions, or revisions. However, the scope of work for this Master Plan Update called for an independent assessment of what an appropriate rated capacity should be. This assessment was performed in the context that a major stated policy of NDCS is achieving and maintaining ACA Accreditation for all its facilities.</p> <p>The evaluation of each existing housing unit in the system was based upon a review of the applicable ACA Standards for physical plant elements by measuring each housing unit for sleeping and dayroom areas, as well as the number of plumbing facilities and then making a judgment about what the highest capacity level could be that, with all things considered in the facility, would still allow ACA Accreditation to be maintained. The 2005 CGL Rated Capacity is the capacity to be used as the baseline for planning and shortfall analysis.</p> <p>The complete compilation of evaluation data used to develop the 2005 CGL rated capacity is included as a supplemental Appendix for each facility by housing unit.</p>
Proposed Tentative Operational Capacity	Based upon discussions with each facility, this is the total general population headcount that can be accommodated long-term without major capital project initiatives. In a sense, this is the "tip point" capacity, above which additional housing, administration, program, and support space projects tailored to each facility would be required. This is an essential determination, which indicates at what point major capital project initiatives would be required at a facility in order to increase capacity.

A summary of the resulting capacity determinations by facility is shown in Table 2.2

Table 2.2: Existing Facility Capacities

Facility	1997 Report Design Capacity	Design Capacity	2005 Stress Capacity	7/22/05 Actual	CGL 2005 Operational Capacity	Proposed Tentative Operational Capacity
CCCL	200	200	= 125% of design capacity	291	250	250
CCCO	90	90		136	135	135
DEC	160	160		288	208	232
HCC*	152	--		--	--	--
LCC	308	308		480	430	465
NCCW	139	275		303	267	291
NCTC**	90	--		--	--	--
NCYF	--	76		83	81	93
NSP	568	718		1,148	818	1,038
OCC	396	396		573	555	635
TSCI	--	960		833	960	960
Total	2,103	3,183	3,979	4,135	3,704	4,099

Source: Carter Goble Lee; August 2005

Includes general population counts only; excludes short-term segregation and infirmary beds

* Hasting Correctional Center closed in July 2005

** Physically relocated to NSP

Existing Facility Conditions

In the balance of this section, summary information is presented for each facility to describe the following elements. Additional detail on each facility can be found in the separately bound supplemental Appendix.

- **Basic Information** – Facility name, address, staffing, custody levels, and inmate capacities.
- **Facility Mission** – Historical basis for the facility being developed, current “mission” within the NDCS system of facilities.
- **Inmate Population** – A summary of inmate population characteristics.
- **Programs** – A summary of inmate program opportunities at the facility.
- **Facility Capacity** – A summary of design, CGL rated, and tentative operational capacities, by housing unit, plus actual July 22, 2005 headcount.
- **Operational Aspects** – A review of the adequacy of administration, program, support, and housing space for current facility capacity; brief description of problem areas.
- **Facility Condition/Infrastructure** – A description of site conditions, building conditions, and primary utility systems, plus current and proposed capital projects.
- **Existing Problems/Constraints** – A listing of potential physical plant issues that would need to be addressed for expansion.
- **Expansion Capability** – A brief discussion of the expansion capability of the facility.
- **Summary** – A summary of expansion potential and system policy issues that may need to be addressed.

Community Corrections Center – Lincoln



Address: 2720 West Van Dorn
Lincoln, NE 68542

Date Opened: July 1993

Design Capacity: 200 – Male 156 / Female 44

2005 Rated Capacity: 250 – Male 195 Female 55

Security Levels: Community A, Community B

2005 Authorized FTE Staff: 46

Facility Evaluation Summary: Community Corrections Center – Lincoln

History and Original Mission

The Community Corrections Center in Lincoln (CCCL) was a direct result of Legislative Bill 569, which created the Work Release Program in 1967. This program permitted select inmates to be incarcerated, but to leave the facility to work in the community.



Facility Evaluation Summary: Community Corrections Center – Lincoln

	<p>The facility consists of one main building with a separate storage/maintenance building on a slightly sloping site. Both buildings were built in 1993 and are in good condition. The total facility area is 47,470 gross square feet.</p> <p>Inmates housed here serve the remainder of their sentences, but also develop (or maintain) ties to the community, a source of income, and life skills that will help them succeed after release. The facility was designed for low security housing with the intent that inmates would have free access to spaces within their housing areas.</p>																												
<p>Current (2005) Mission</p>	<p>CCCL is still operating as designed, for a step-down pre-release phase of incarceration to prepare inmates for re-entry into society. Now housing close to 300 inmates, the facility has developed ties in the surrounding community churches and social service organizations, many of which provide supporting programs for inmates. This CCCL houses male and female inmates on work release and work detail.</p>																												
<p>Population Numbers and Groupings</p>	<p>CCCL's inmate populations include the Work Detail (Community A) and Work Release (Community B) programs.</p> <p><i>Work Detail</i> This program permits inmates to work in and around the facility, on a parks or road crew, or in the community with supervision. In exchange for their efforts, inmates receive work clothes, room and board, and a daily wage.</p> <p><i>Work Release</i> Work release inmates are classified as Community B custody level. They are employed in the community and are paid competitive wages. These inmates must provide their own clothing and pay a \$10 per day charge for room and board at the facility.</p> <p><i>Distribution of Inmates</i> Male and female inmates are segregated. There is one female housing unit and three male housing units. Dayroom, laundry, and recreational spaces are located within the housing units.</p> <p>On July 22, 2005, inmates in CCCL were distributed as follows:</p> <table border="1" data-bbox="662 1444 1360 1675"> <caption>CCCL Inmate Count – July 22, 2005</caption> <thead> <tr> <th rowspan="2">Inmate Group</th> <th colspan="2">Community A</th> <th colspan="2">Community B</th> <th rowspan="2">Total</th> </tr> <tr> <th>Inside</th> <th>Outside</th> <th>Work Release</th> <th>Educ. Release</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td>68</td> <td>98</td> <td>45</td> <td>2</td> <td>213</td> </tr> <tr> <td>Female</td> <td>32</td> <td>33</td> <td>13</td> <td>0</td> <td>78</td> </tr> <tr> <td>Total</td> <td>100</td> <td>131</td> <td>58</td> <td>2</td> <td>281</td> </tr> </tbody> </table>	Inmate Group	Community A		Community B		Total	Inside	Outside	Work Release	Educ. Release	Male	68	98	45	2	213	Female	32	33	13	0	78	Total	100	131	58	2	281
Inmate Group	Community A		Community B		Total																								
	Inside	Outside	Work Release	Educ. Release																									
Male	68	98	45	2	213																								
Female	32	33	13	0	78																								
Total	100	131	58	2	281																								
<p>Programs</p>	<p>CCCL focuses primarily on work release and work detail opportunities, but ample programs are available both through the facility and through partnerships with outside organizations to allow inmates to prepare for release. Since this facility primarily houses those within 18 months of release, inmates are encouraged to re-acclimate to non-institutional life.</p>																												

Furloughs are given to permit inmates to spend weekends at home, to attend church or outside program, and for other personal reasons. Family counseling, Alcoholics Anonymous, Narcotics Anonymous, mental health treatment, life skills, and religious guidance are offered at the facility or outside it. Many of the outside programs provide transportation to and from the facility. Current programs offered through the facility include ABE/GED and Substance Abuse Treatment.

Cornhusker State Industries is not active at this facility, as the inmates are employed outside the facility in a community setting.

Housing Capacity

Housing units consist of 11 to 13 four-person rooms of 200 NSF each in four wings. Community A and Community B inmates are intermixed in the various housing units without difficulty. One small holding room is used for staging movement and/or transfers. The facility's capacity breakdown is summarized as follows:

Building	Housing Unit		Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Main Building	B	1 West (Male)	52	78	65	65
Main Building	C	1 Northwest (Male)	52	77	65	65
Main Building	D	1 Northeast (Male)	52	58	65	65
Subtotal			156	213	195	195
Main Building	E	1 East (Female)	44	78	55	55
Subtotal			44	78	55	55
Total General Population			200	291	250	250
Other						
Main Building	Y	Holding Area	1	2	1	1
Subtotal			1	2	1	1
Total - All Buildings				293	251	251

On July 22, 2005, the occupancy of Housing Unit D was uncharacteristically “low”, since a number of individuals had been released through Parole Hearings on the previous day. More typically, occupancy of the three male housing units has been approximately 80 inmates.

In terms of room size and fixture/shower counts, the operational capacity can be raised to five-person rooms with only some deficiency in the size of dayroom areas. The facility has been operating with near or above 300 inmates for some period of time, demonstrating not only the need for this type of system capacity, but the viability of this particular facility. The recommended 2005 CGL Operational Capacity is 250, achieved by revising the occupancy of the original four-person rooms to five-person rooms.

Operational Aspects

At the 250-bed level, few operational issues are apparent. While originally designed as a male/female community-based medium security facility, the role as a community-based facility has been easily achieved relatively easily. Administration, program, and support space is generally adequate and well maintained.

Parole hearings are conducted regularly, and 8-12 inmates may gain release on a given hearing day. The high turnover rates and overcrowding create problems with the



Facility Evaluation Summary: Community Corrections Center – Lincoln

	<p>amount of processing/property storage areas. At current capacity, at least two secure holding rooms should be available to isolate individuals when required.</p> <p>Lack of adequate facility storage space was recently addressed through utilization of storage space at the Old Reformatory site.</p> <p>Current staffing levels must be maintained to function adequately at the 250-bed level.</p> <p>Expansion beyond the 250-bed level is possible, but would require additional administration, program, and support space, as well as new housing units. Any additional housing should include some variation from the current all 4-5 person room configuration. Expansion should also consider including an indoor recreation area.</p>
<p>Facility Condition/Infrastructure</p>	<p>Site Conditions The facility is located on a portion of a very large NDCS site which also contains the Lincoln Correctional Center (LCC), Diagnostic and Evaluation Center (DEC), and the former Reformatory (abandoned).</p> <p>The CCCL has a backup generator. Other utilities for the main building include a chilled and hot water piping HVAC system, and chillers and boilers for water supply.</p> <p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none"> ▪ Install Flat Roof ▪ Install Attic Ventilation ▪ Computerized Energy Management System
<p>Existing Problems/ Constraints</p>	<p>The existing fire alarm system is not expandable and may not meet the current code, and should be replaced, although there have been no code violations cited in semi-annual inspections by the Fire Marshal.</p>
<p>Expansion Capability</p>	<p>Expansion of CCCL is possible, since the State owns the land adjacent to the facility and abundant area is available. Main utilities appear capable of an expansion, although the size of the sanitary line, heating hot water system, chiller capacity, and generator capacity would need to be evaluated for any future expansion.</p>
<p>Summary</p>	<p>CCCL is a viable facility for long-term use with a 2005 CGL Operational Capacity of 250 beds. Site area exists for expansion, but additional administration, program, and support space, in addition to new housing units, would be required. The facility was designed to house Community Custody inmates, and is most appropriate for this custody level. There is limited on-site program space, which works well with inmates able to participate in off-site programming. If DCS were to increase housing at this facility, on-site program and administration space would be needed to support the additional inmates. This facility is not recommended for inmates in need of intensive treatment, as neither existing program space nor work schedules will accommodate a treatment program.</p> <p>A policy issue for consideration is the optimum size for this and other community-based facilities. If DCS determines that 250 beds is the optimal maximum size for a community-based facility, no expansion would be recommended.</p>

Community Corrections Center - Omaha



Address: 2320 Avenue J
Omaha, NE 68110

Date Opened: July 2, 1985

Design Capacity: 90 – Male 78, Female 12

2005 Rated Capacity: 135 – Male 117 Female 18

Security Levels: Community A & B

2005 Authorized FTE Staff: 28

Facility Evaluation Summary: Community Corrections Center – Omaha

<p>History and Original Mission</p>	<p>The Community Corrections Center in Omaha (CCCO), like CCCL, was also a direct result of Legislative Bill 569. CCCO was constructed for \$1.2 million dollars and opened in July 1985 adjacent to the Omaha Correctional Center.</p>
<p>Current (2005) Mission</p>	<p>CCCO is a pre-release facility that houses only selected inmates who are near release from custody. Most inmates at this facility reside in or near Omaha. Being housed at CCCO permits inmates to reestablish ties to the community by participating in programs at local churches, to be furloughed for brief periods of time to spend time with family and friends in the Omaha area, and to work outside the facility in local restaurants and businesses.</p>
<p>Population Numbers and Groupings</p>	<p>CCCO populations include the Work Detail (Community A) and Work Release (Community B) programs.</p> <p>Work Detail This program permits inmates to work in and around the facility, on a parks or road crew, or in the community with supervision. In exchange for their efforts, these inmates receive work clothes, room and board, and a daily wage.</p> <p>Work Release Work Release inmates classified as Community B custody level and are employed in the community where they are paid competitive wages. These inmates must provide their own clothing and pay a \$10/day charge for room and board at the facility.</p> <p>Females Females at CCCO are housed in a separate unit or wing of the facility. Inmates mix freely in common areas.</p>
<p>Programs</p>	<p>Like CCCL, a number of courses, programs, and other initiatives are in place to help residents resolve any remaining issues before returning to the community. These programs include substance abuse educational classes and treatment programs, including relapse prevention and aftercare; AA and NA meetings, GED training, and various religious programs. Community organizations in Omaha sponsor programs and support residents during their stay at CCCO by providing transportation to and from outside programs and by providing programs within the facility.</p> <p>As at CCCL, no Cornhusker State Industry programs at this facility since all inmates work in the community.</p>



Facility Evaluation Summary: Community Corrections Center – Omaha

Housing Capacity

Housing units consist of 6 to 22 two-person rooms of 160 net square feet or more in three housing wings. Community A and Community B inmates are intermixed in the various housing units without difficulty. There is no holding room used for staging movement/transfers. The capacity breakdown of CCCO is summarized as follows:

Building	Housing Unit		Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Main Building	D	1 North (Male)	34	60	51	51
Main Building	W	1 East (Male)	44	73	66	66
Subtotal			78	133	117	117
Main Building	E	1 Northwest (Female)	12	3	18	18
Subtotal			12	3	18	18
Total General Population			90	136	135	135
Other						
			0	0	0	0
Subtotal			0	0	0	0
Total - All Buildings			90	136	135	135

In terms of room size and fixture/shower counts, the rated capacity can be raised from two-person to three-person rooms with only some deficiency in the size of dayroom areas. However, to meet ACA room size requirements, there would need to be one (two-person) bunk bed and one single bed. The facility has been operating near or above 130 inmates for some period of time, demonstrating the need for this type of system capacity and the viability of this particular facility. [The recommended 2005 CGL Operational Capacity is 135.](#)

Operational Aspects

At the 135-bed level, relatively few operational issues exist. Designed as a community-based facility, it has functioned well in that role. Administration, program, and support space is generally adequate and well maintained.

Parole hearings are conducted regularly here, and 8-12 inmates may gain release on a given hearing day. The high turnover rates and overcrowding create problems with the amount of processing/property storage areas. At CCCO's current capacity, at least two secure holding rooms should be available to isolate individuals when required.

Current staffing levels must be maintained to function adequately at the 135-bed level. Expansion beyond the 135-bed level is not likely, due to limited site expansion area.

Facility Condition/Infrastructure

Site Conditions

The total site area is approximately 47 acres, including the site on which the Omaha Correctional Center (OCC) is located.

Building Description

The facility consists of one main building with a separate garage and storage shed on a flat site. The main building was built in 1984 and is good condition. Total facility area is approximately 23,592 gross square feet. Utilities for the main building include a chilled water/hot water HVAC system, supplemented in the housing units by fan coil units. This facility shares some infrastructure with OCC.

Facility Evaluation Summary: Community Corrections Center – Omaha

	<p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none"> ▪ Install fire sprinkler system ▪ Fire alarm system upgrade ▪ Replace drain lines in laundry ▪ Replace water heater <p>Due to crowding, an initiative to renovate existing toilets, showers, and laundry areas is pending.</p>
Existing Problems/ Constraints	<p>Electrical service is at capacity and would need to be expanded to accommodate an addition to the facility. The fire alarm system is not expandable, does not meet the current code, and should be replaced. Any remodeling would require a lighting upgrade to be compliant with current energy codes</p>
Expansion Capability	<p>Limited expansion of the facility is possible on the existing site. Due to age and general condition, much of the equipment would require upgrade and/or change out of existing systems.</p> <p>Additional site area for expansion could potentially be gained if the city streets located between OCC and CCCO were to be vacated.</p>
Summary	<p>CCCO is a viable facility for long-term use, with a 2005 CGL Operational Capacity of 135 beds. Limited site area exists for expansion, but an increase in beds would require additional administration, program, and support space in addition to new housing units.</p> <p>Like with CCCL, this facility is designed for, and best suited for, a community custody population. If a non-community population were housed here, or if additional housing were added, CCCO would need on-site program and administrative space to house the additional resources to support that population. Since some of the infrastructure is tied to the infrastructure of OCC, any expansion would need to be evaluated with that facility in mind.</p> <p>If the 250-bed size of CCCL is determined to be the optimal size for a community corrections facility from a management and operational standpoint, this facility could handle some expansion.</p>

Diagnostic and Evaluation Center



Address: 3220 West Van Dorn
Lincoln, NE 68522

Date Opened: August 1979

Design Capacity: 160 – Male

2005 Rated Capacity: 208 – Male

Security Levels: Maximum, Medium

2005 Authorized FTE Staff: 139



Facility Evaluation Summary: Diagnostic and Evaluation Center

<p>History and Original Mission</p>	<p>The Diagnostic and Evaluation Center (DEC) was designed to house 160 male inmates at intake in single cells, with an anticipated length of stay during the diagnostic process of 30 to 90 days.</p>
<p>Current (2005) Mission</p>	<p>No noticeable change in facility mission or structure has occurred over the past 25 years. DEC serves as the only entrance to the NDCS for male inmates. (Females are processed directly into the NCCW facility in York). In addition to system intakes, the DEC also processes releases from the adjacent LCC facility. Inmates are not kept at the DEC longer than 90 days, in order to stay in compliance with American Correctional Association guidelines, unless a transfer to the intended receiving facility is pending.</p>
<p>Population Numbers and Groupings</p>	<p>All male admissions and the subsequent classification to the NDCS are processed through DEC. Approximately 150 new inmates are admitted per month, with peaks reaching 175 admissions. The average daily population is typically over 330, reaching 468 at peak times in recent years.¹² All inmates are considered to be general population at admission.</p> <p>General Population Because classification has not yet occurred when inmates arrive at the DEC, staff must divide the inmates according to what is known prior to admission. Inmates are identified as violent/aggressive, predatory, or as having victim potential. Factors that are taken into consideration in making these initial pre-classification divisions are threats or abusive comments, attitude, willingness to follow directions, past history of in-custody aggressiveness, criminal history, and level of fear, among other factors. Inmates are then grouped in housing units with others of the same category in order to reduce contact between the most easily victimized population and the most predatory population. All inmates are housed in multiple-occupancy housing.</p> <p>Inmates are placed in a housing unit according to perceived violence and aggressiveness. Housing Unit 1 is designated for the mildest inmates and those who may easily be victimized. Housing Units 2 and 3 are for increasing levels of non-aggressive, non-predatory inmates. Housing Units 4 and 5 are for multiple felony offenders, system returnees, and more aggressive inmates. Housing Units 6 and 7 are for multiple offenders who are not necessarily aggressive, but who have increasing numbers of offenses. Housing Unit 8 is reserved for the aggressive predatory inmates, and Unit 9 is for the most aggressive inmates in the facility.</p> <p>Hospital This facility includes one of three licensed hospitals in the system. Inmates who are chronically ill or who need to be isolated from the General Population are placed in this unit. The hospital is staffed 24 hours a day, and has a total of 16 beds. Two of these are restraint beds. Intakes with substance additions are housed in the hospital until well enough to be integrated into the general population.</p> <p>Trustees Approximately 40 trustees or porters are living at the DEC to assist with food service at DEC and LCC.</p>

¹² This peak ADP was recorded before Tecumseh opened. When that facility was opened, it enabled transfers to occur which opened up beds throughout the system, ultimately reducing the population at the DEC.

Programs

As an intake facility, stays average between 30 and 90 days, thus educational programs or program-based treatment assignments are not available. Initial assessments make up the initial 30 days at the DEC. Each incoming individual is given a complete physical, a dental exam, and an eye exam. An Initial Plan is created for each inmate that defines goals for treatment, programs, and industry opportunities at other facilities. The Initial Plan is put into effect when the inmate is transferred to his or her long-term assignment.

Due to the relatively short stay for most inmates, no Cornhusker State Industry programs are provided at DEC. Work opportunities are reserved for long-term housing facilities.

Housing Capacity

As designed, facility housing units consist of 16 to 32 single cells of 75 NSF or more in nine housing units. Housing Units 1 and 3 have 95 NSF cells, the remaining seven housing units 75 NSF cells. The design capacity is 160 beds. In recent years the facility has been routinely over-crowded, with inmates backing up in the Diagnostic and Evaluation Center due to lack of space in the remainder of the system. On July 22, 2005, there were 288 general population inmates in the facility.

In terms of room size and fixture/shower counts, the 75 NSF cells are technically not large enough to double bunk; the 95 NSF cells in two housing units are. In terms of current use, housing units currently single-bunked were considered maximum security; those currently double-bunked were considered medium security. In assessing 2005 Rated Capacity, 100% double bunking was assumed for Housing Units 1 and 3 (95 NSF cells); single bunking was assumed in all other housing units. The resulting recommended 2005 CGL Operational Capacity is 208 general population beds.

Depending upon conviction and length of sentence, the majority of incoming individuals should be considered maximum security until additional information is generated for a preliminary custody level classification. Due to over-crowding, this approach is not currently possible; rather, only the most serious apparent security risks are housed in single cells at the outset. This highlights a major existing problem that additional high security housing capacity is sorely needed. This is compounded by the fact that the existing housing units are not particularly well-suited to high security inmates, since there are many changes of levels and blind spots within the existing housing units. If additional high security housing is developed, some additional capacity could be gained through double-bunking some existing housing units.

Another issue, echoed at the adjacent Lincoln Correctional Center, is the need for additional segregation housing capacity. Presently, DEC has no segregation housing and inmates requiring such housing have to be accommodated at LCC.

An opportunity exists, with some facility expansion, to relocate female reception, diagnostic, and evaluation to this facility, thereby providing some relief at the NCCW facility in York. Currently, only an occasional female inmate is sent to DEC short-term for medical reasons.

The facility also houses 90-day evaluators sentenced by the courts for assessment, interstate transfers, returned parole violators/ escapees, and county "safe keepers" on



Facility Evaluation Summary: Diagnostic and Evaluation Center

a regular basis, typically 12-20 individuals at a time that are counted in their general population Average Daily Population (ADP). The capacity of DEC is summarized as follows:

Building	Housing Unit	Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Diagnostic & Evaluation	4 Unit F	16	29	16	16
Subtotal		16	29	16	16
Diagnostic & Evaluation	5 Unit G	16	27	16	16
Subtotal		16	27	16	16
Diagnostic & Evaluation	6 Unit H	16	41	16	24
Subtotal		16	41	16	24
Diagnostic & Evaluation	7 Unit J	16	35	16	24
Subtotal		16	35	16	24
Diagnostic & Evaluation	8 Unit K	16	21	16	16
Subtotal		16	21	16	16
Diagnostic & Evaluation	9 Unit L	16	25	16	16
Subtotal		16	25	16	16
Diagnostic & Evaluation	2 Unit M	16	35	16	24
Subtotal		16	35	16	24
Diagnostic & Evaluation	1 Unit P Lower/Mezz.	32	54	64	64
Subtotal		32	54	64	64
Diagnostic & Evaluation	3 Unit Q	16	21	32	32
Subtotal		16	21	32	32
Total General Population		160	288	208	232
Other					
Diagnostic & Evaluation	Unit P Upper (Hosp)	16	3	16	16
Subtotal		16	3	16	16
Total - All Buildings		176	291	224	248

Operational Aspects

The facility has been operating at or near the 300 inmate level for some period of time, at which level the major operational problem is the overcrowding in the housing units that require more double bunking than desirable for reception population.

DEC was designed as a specific purpose facility and has functioned well in that role. Administration and classification space is generally adequate and well maintained. Support functions (e.g. food service, commissary, and the like) are provided primarily by the adjacent, connected Lincoln Correctional Center. Based on discussions with the executive staff at DEC and LCC, the total on-site capacity limitation is approximately 800 inmates – combined between the two facilities. Above that level, the character of both facilities starts to change, and support functions become overwhelmed.

Potential expansion space exists on-site for additional high security housing east of the north-south connection link between the DEC and LCC.

<p>Facility Condition/Infrastructure</p>	<p>Site Conditions</p> <p>The DEC is developed on a portion of a very large NDCS site which also contains the Lincoln Correctional Center (LCC), Community Corrections Center – Lincoln (CCCL), and the former Reformatory (abandoned).</p> <p>Existing utilities to the site consist of the following:</p> <ul style="list-style-type: none">▪ Sanitary Sewer: 6 inch line that ties into 8 inch sanitary sewer line from Lincoln Correctional Center.▪ Water: 8 inch main that is shared with the Lincoln Correctional Center.▪ Gas: 1 1/4 inch main from Lincoln Correctional Center▪ Electrical: 1200 Amp main, 480 Volt▪ Generator: 420 kW <p>Building Description</p> <p>The facility consists of one building on a flat site which is shared with the Lincoln Correctional Center and which slopes up outside of the perimeter fence. The building exhibits some spalling of the exterior concrete masonry walls. The facility area is approximately 88,000 gross square feet.</p> <p>Utilities for the main building include an HVAC system based on chilled water/hot water. The boilers and chillers for this system are located at LCC. The return air system appears to be entirely a plenum return. There are two dedicated gas water heaters at DEC.</p> <p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none">▪ Replace shower ventilation▪ Control center renovation▪ Exterior wall repair▪ Replace front entrance doors and windows▪ Replace water softener▪ Replace door locks▪ Replace overhead garage door▪ Building settlement correction▪ ADA modifications <p>As with several facilities, NDCS has a capital request to enhance security in the front entry areas with CCTV surveillance and other improvements.</p>
<p>Existing Problems/ Constraints</p>	<p>Electrical equipment is outdated and would probably need to be replaced if any modifications were made. Any remodels would require a lighting upgrade for compliance with current energy codes.</p> <p>AS noted above, front entrance security improvements, CCTV improvements, and general surveillance upgrades are needed.</p>



Facility Evaluation Summary: Diagnostic and Evaluation Center

Expansion Capability	Expansion of the facility is possible since the State owns the land adjacent to the facility but is limited due to the facility's physical proximity to the Lincoln Correctional Center and the site boundaries, which restrict two sides of the structure. Main utilities appear capable of an expansion, although the size of the sanitary line would need to be evaluated if any future expansion were considered. Since chilled water and hot water come from the LCC facility, the capacity for expansion is dependent upon the LCC's capacity and plans for future expansion at that facility. Domestic hot water expansion capability would depend upon the quantity and types of fixtures that would be added as part of any expansion.
Summary	<p>The Diagnostic and Evaluation Center is a viable custom-designed facility for long-term intake use, with a 2005 CGL Operational Capacity of 208 general population beds. Some site area exists for high security housing expansion, but would likely require additional evaluation staff space at DEC, and support space expansion at the adjacent Lincoln Correctional Center facility. This facility is best suited for the intake purpose for which it was designed, with limited program space but with a medical services area designed for intake processing.</p> <p>A policy issue for consideration is whether or not female intake should be relocated from the NCCW in York to this facility. If female intake is relocated to this facility, additional housing will be needed, as well as the medical, psychiatric, and other services to provide adequate screening and intake treatment for female inmates.</p>

Lincoln Correctional Center



Address: 3216 West Van Dorn Street
Lincoln, NE 68522

Date Opened: August 1979

Design Capacity: 308 – Male

2005 Rated Capacity: 430 – Male

Security Levels: Maximum, Medium

2005 Authorized FTE Staff: 239

Facility Evaluation Summary: Lincoln Correctional Center

History and Original Mission	This facility was authorized in 1975 and opened in August, 1979, along with the new adjacent Diagnostic and Evaluation Center as a replacement for the Men's Reformatory, which was previously located on the same site. The new Lincoln Correctional Center was originally designed as a medium/minimum security male facility for 308 general population inmates in five housing units. The facility reached its design capacity in 1980 and began adding beds to double-occupy cells. All units are now doubled except for the segregation units.
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	<p>In July 1986, the two physical facilities were combined administratively and named the Lincoln Correctional Center. They were separated into distinct facilities again in October 1993.</p>
Current (2005) Mission	<p>LCC operates as a male medium/maximum security facility used within the system to house younger or first-time inmates. This facility includes a designated housing unit for mentally ill, socially and developmentally impaired; a sex-offender inpatient treatment unit; a sixteen cell Control Unit used for the most disruptive inmates; a portion of one unit designated for Protective Custody (PC); and an administrative segregation unit for disruptive inmates who will eventually be returned to the general population. As many as 531 inmates have been housed here in peak times over the past year and as few as 413. The average daily population has been 486 since TSCI opened.</p>
Population Numbers and Groupings	<p>LCC houses medium/maximum security inmates who are either general population inmates, or who fit into one of the several special population groupings also housed at LCC. Approximately 300 inmates are general population, and are housed in double occupied cells in Units B and E (64 cells and 128 beds each), or in double occupied cells in Unit A (approximately 43 beds of 128 are for GP). The remaining 275 inmates are housed with one of the other population groups described below.</p> <p>Protective Custody Typically, 60-70 protective custody inmates are housed in three-quarters of Housing Unit A, along with a balance of "soft" general in the remaining part of the housing unit.</p> <p>Disciplinary Segregation/Administrative Segregation Sixteen beds are dedicated to segregation inmates in a unit that was originally designated as the facility's "Control Unit." These inmates may be segregated for behavioral reasons (disciplinary) or they may be separated due to management concerns (administrative). This unit in LCC is also used as the segregation unit for the DEC next door, as well as for some "safe keepers." Due to the lack of adequate segregation beds, general population Housing Unit C has been converted for use as segregation housing, of which 75% is used for long-term segregation and the balance for short-term segregation (which is not included in the capacity count).</p> <p>Mental Health/Treatment Housing Unit D provides 53 cells and currently houses 70-90 inmates in high-maintenance populations. Approximately half of this unit is dedicated to dual diagnosis (MH/SA) inmates – the Transitional Living Community. The other half of the unit is occupied by sex offenders.</p> <p>Medical A 7-bed inpatient medical infirmary and a 3-bed inpatient acute mental health care unit is located in the central core area of the facility.</p>
Programs	<p>Over the years, as the core capacity has been expanded to be able to handle larger numbers of inmates, the program space has been reduced until little space is left for inmate programs. A popular GED program exists with cycles that start every 12 weeks with 20 slots per cycle. In addition, a 12-person life skills program is currently in place. Both of these programs are held in the facility's classrooms, which are the primary remaining program space.</p>



Facility Evaluation Summary: Lincoln Correctional Center

	<p>Cornhusker State Industries has two shops at this facility for inmates who qualify to work. The first is the wood shop, where custom-ordered furniture is manufactured or refurbished while the second is a print shop. While consideration has been given to a potential denture-manufacturing industry, this has not been concluded and is not likely due to the lack of space. Two small PIE operations currently exist, but, again, space constraints limits and significant expansion of industry work opportunities at this time.</p>
<p>Housing Capacity</p>	<p>As designed, five housing units consist of 16 to 32 single cells of 70 NSF each. The design capacity is 308 beds. In recent years the facility has been routinely overcrowded. On July 22, 2005, 480 general population inmates were housed in the facility.</p> <p>Housing units that are currently single-bunked were considered maximum security; those currently double-bunked were considered medium security. Based upon room size and fixture/shower counts, the 70 NSF cells are not large enough to double bunk in terms of ACA Standards. In assessing 2005 Operational Capacity, 50% double bunking was assumed for Housing Units A, B and E (medium security); and single bunking was assumed in all other housing units. <i>The resulting recommended 2005 CGL Operational Capacity is 430 general population beds.</i></p> <p>Although intended for minimum/medium security prisoners, LCC actually serves a medium/maximum security population. The existing housing units are not particularly well-suited to high security inmates with the many changes of levels and blind spots within the existing housing units. If additional high security housing is developed, additional capacity could be gained by double-bunking some existing housing units. Since one existing general housing unit had to be converted to segregation housing capacity, a pressing need exists for additional high security/segregation housing. This situation is compounded by the lack of any segregation beds in the adjacent DEC facility, and LCC has to house those inmates as well. The overall facility capacity of LCC is summarized as follows:</p>

Facility Evaluation Summary: Lincoln Correctional Center

Building	Housing Unit		Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Main Building	A1	Unit A GP	16	32	24	32
Main Building	A2	Unit A PC	48	67	72	72
Subtotal			64	99	96	104
Main Building	B1	Unit B Southwest	32	56	48	48
Main Building	B2	Unit B Northeast	32	65	48	48
Subtotal			64	121	96	96
Main Building	C1	Unit C South (50%)	16	24	16	16
Main Building	C2	Unit C North	31	26	31	31
Subtotal			47	50	47	47
Main Building	D1	Unit D Southeast	26	33	39	52
Main Building	D2	Unit D Northwest	27	43	40	54
Subtotal			53	76	79	106
Main Building	E1	Unit E Northeast	32	62	48	48
Main Building	E2	Unit E Southwest	32	58	48	48
Subtotal			64	120	96	96
North Support 1	NS	Control Unit	16	14	16	16
Subtotal			16	14	16	16
Total General Population			308	480	430	465
Other						
Main Building	C1	Unit C South (50%)	16	14	16	16
North Support 2		Medical	7		7	7
South Support 2		Mental Health	3		3	3
Subtotal			26	14	26	26
Total - All Buildings			334	494	456	491

Operational Aspects

The facility has been operating at or near a capacity of 450 inmates for some period of time. At that inmate level, overcrowding in the housing units presents an operational problem. One reason the facility has been able to cope with over-crowding is the only about 70% of the population is in general population housing; the fact that approximately 30% of the inmates are in lock-down/restricted housing significantly reduces movement and contact.

LCC was designed as a general confinement facility and has functioned well in that role, in spite of upgrading the custody level of inmates assigned there. Administration and support space is generally adequate and well maintained. Support functions (e.g. food service, commissary, and the like) provide for the adjacent, connected Diagnostic and Evaluation Center as well as for LCC. Based on discussions with the executive staff at DEC and LCC, the total on-site capacity limitation is approximately 800 inmates – combined between the two facilities. Above that level, the character of both facilities starts to change, and support functions become overwhelmed.

Potential expansion space exists on-site for additional high security housing east of the north-south connection link between the DEC and LCC.

Facility Condition/Infrastructure

Site Conditions

The facility is located on a portion of a very large NDCS site which also contains the Diagnostic and Evaluation Center (DEC), Community Corrections Center – Lincoln (CCCL), and the former Reformatory (abandoned).



Facility Evaluation Summary: Lincoln Correctional Center

	<p>Existing utilities to the site include a 420 kW backup generator, sewage grinder, 8" sewage line and 10" water main with fire loop.</p> <p>Building Description The facility consists on one main building with administration and housing units, security towers and a separate Correctional Industry building on a slightly sloping site. The main building is showing some spalling of the exterior concrete masonry walls. Total facility area is approximately 177,729 gross square feet.</p> <p>Utilities for the main building include a chilled water/hot water HVAC system, with an attached hot water system.</p> <p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none"> ▪ Exterior wall repair ▪ Replace front entrance doors and windows ▪ Replace overhead garage doors ▪ Replace HVAC in administration ▪ Roof replacement ▪ Guard tower roof replacements ▪ Replace heating boiler <p>An initiative to improve the front entry areas, and CCTV surveillance in general at LCC is included in the current NDCS capital improvement plan.</p>
<p>Existing Problems/ Constraints</p>	<p>Electrical service is close to design capacity and would need to be upgraded. Fire alarm system has been upgraded, but may not be entirely compliant with the Life Safety Code and may need to be replaced. Any remodels would require a lighting upgrade for compliance with current energy codes.</p> <p>As noted, front entrance security improvements, CCTV improvements, and general surveillance upgrades are necessary and being included in the capital request for FY 07-09.</p>
<p>Expansion Capability</p>	<p>Expansion of the facility is possible, since the State owns the land adjacent to the facility but the site slopes fairly quickly outside of the patrol road. Main utilities except for electrical service appear capable of an expansion although the size of the sanitary line would need to be evaluated if any future expansion is considered.</p> <p>If more cooling tower capacity were added along with the associated pump and piping changes, this facility could "gain" potentially 350 tons of cooling capacity. The HVAC heating system should be able to support some level of expansion. When the potential additions are quantified, the amount of "support" could be verified. If additional housing units are added, those housing units would require air handling systems. If additional housing units were added, the plumbing fixture / shower load would also impact the existing boilers capacity.</p>
<p>Summary</p>	<p>The Lincoln Correctional Center is a viable general facility for long-term use, with a 2005 CGL Operational Capacity of 430 general population beds. Site area exists for high security/segregation housing expansion, as well as general population beds if that</p>

Facility Evaluation Summary: Lincoln Correctional Center

is desired. The building infrastructure appears to be able to be modified to handle additional capacity. At the same time, adding beds would require additional program and major support space.

A maximum size beyond which this facility becomes operationally and managerially unwieldy should be explored as part of the expansion plan to be sure this facility does not outgrow the capability of the existing infrastructure.

Nebraska Correctional Center for Women



Address: 1107 Recharge Road
York, NE 68467-8003

Date Opened: May, 1920

Design Capacity: 275 – Female

2005 Rated Capacity: 267 – Female

Security Levels: Intake, Minimum, Medium,
Maximum, Evaluators, Safe keepers

2005 Authorized FTE Staff: 115

Facility Evaluation Summary: Nebraska Correctional Center for Women

<p>History and Original Mission</p>	<p>This facility was designed to serve all the female inmates within the Nebraska Department of Corrections. In May 1920 when the facility opened, only a two-story house now known as "The Cottage" existed on the working dairy farm. The facility was then called the State Reformatory for Women. Between 1920 and 2003, 17 buildings have been built between 1920 and 2003 that were designed to fill a certain need within the population. Based upon a recently completed master plan, renovations to improve many aspects of the campus continue to this day. Much progress is being made to bring the physical facility up to current standards and provide more appropriate space for housing, administrative offices, visitation, and programs.</p>
<p>Current (2005) Mission</p>	<p>NCCW is the only secure facility for adult female inmates in Nebraska, and includes female Diagnostic and Evaluation and intake housing. In addition to offering secure housing at all custody levels, this facility offers a wide range of treatment. New intakes typically spend 30 days in the DEC while learning to adjust to institutional living, facility rules, and regulations. Staff develop a personalized classification plan during the diagnostic period which includes programs and classes to be taken throughout the inmate's stay.</p>
<p>Population Numbers and Groupings</p>	<p>The NCCW houses women of all custody levels, including segregation, intake, and substance abuse. A 28-bed inpatient substance abuse program is operated by five Chemical Dependency specialists, with a similar outpatient program offered within the general population. As one of the few in the nation, a facility for mothers participating in the child visitation program is offered at NCCW where mothers and visiting children reside temporarily in this unit.</p>



Facility Evaluation Summary: Nebraska Correctional Center for Women

Programs

Over 80% of the women held in this facility self-report issues with substance abuse or domestic violence, and facility staff work together to offer a range of mental health and substance abuse programs to enable women to work through these issues while serving their sentences. Mental Health programs at this facility include the Self-Talk and Restructuring Tools (START) Group, the Domestic Violence Group, the Stress and Anger Management Group, the Sexual Assault Survivors Group, and the Control Unit Program.

Most notable is the Parenting Program that was started in 1974. This nationally recognized program permits children aged one to six years to overnight with their mothers inside the facility up to five nights per month. A Nursery program, added in 1994, permits pregnant inmates to give birth and remain on the facility grounds with their infants for up to 18 months, while taking classes in parenting skills, prenatal care, child development, child health and safety, and improving relationships.

Educational programs offer inmates the opportunity to earn a GED or to attend classes at Metro Community College through traditional lectures, videotape presentations, and satellite distance learning.

Cornhusker State Industries and the Road Detail Crew permit some inmates to work while incarcerated. CSI has a sewing program, which manufactures underwear, washcloths, towels, pillowcases, and other items for inmate use. Future plans for the industry program include expanding the sewing program to include the sew shop currently housed at OCC (for mattresses and other DCS items). Employing only two offenders, the fishing weight manufacturing program is pending termination, while the data entry program that is housed in a classroom type room will continue into the future.

In addition to expanding the sewing program, the possibility exists for a new medical transcription industry at NCCW. Under this program doctors would be pre-screened and would agree to partner with CSI. Transcriptionists would be trained at NCCW and as demand dictated, the doctors could call an 800 number and dictate materials to be transcribed. Once completed, final transcriptions could be sent to a supervisor for review, and then to the doctor's office. This operation could also include transforming medical files, X-rays, and other paper charts into soft format for more efficient storage. While still in the conceptual stages, this program would require some space for computers and scanning equipment, as well as electronic and telephonic infrastructure.

Housing Capacity

As designed, facility general population housing units consist of a range of individual and single cells, and single and multi-occupancy rooms in five housing buildings. The design capacity is 275 beds, but in recent years the facility has been routinely overcrowded. On July 22, 2005, 303 general population inmates were incarcerated in the facility. Part of the limitation at that time can be attributed to the Diagnostic and Evaluation housing area being vacated for renovation work. The overall capacity of NCCW is summarized as follows:

Facility Evaluation Summary: Nebraska Correctional Center for Women

Building	Housing Unit		Design Capacity 2004	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Diagnostic & Reception	A1	1 North	24	0	26	26
Subtotal			24	0	26	26
Building B	B1	1 East	13	1	3	3
Building B	B1	1 East	4	2	2	2
Building B	B2	1/2 South	76	96	76	76
Building B	B3	1/2 Northeast	32	32	32	32
Subtotal			125	131	113	113
Building C	C1	1 North	1		1	1
Building C	C1	1 North	7	6	7	7
Subtotal			8	6	8	8
Building C	C2	1 West Lower	1	1	1	1
Building C	C2	1 West Lower	0	2	2	2
Building C	C2	1 West Lower	5	9	5	5
Building C	C2	1 West Lower	2	2	2	2
Building C	C2	1 West Upper	20	20	20	20
Subtotal			28	34	30	30
North Hall	D1	1 Southeast (original)	24	36	24	36
North Hall	D3	1 Northeast (original)	24	30	24	36
North Hall	D2	1 Southwest (addition)	22	36	22	22
North Hall	D4	1 Northwest (addition)	20	30	20	20
Subtotal			90	132	90	114
Total General Population			275	303	267	291
Other						
Diagnostic & Reception	H	1 South B	1	0	1	1
Building B (Parenting)	B1	1 East	0	3	10	10
Building C	C1	1 North	6	3	6	6
Building C	C1	1 North	1	0	1	1
Subtotal			8	6	18	18
Total - All Buildings			283	309	285	309

While renovation work is in progress on the D&E area, intake/reception inmates are being housed in Building C, which will become the Mental Health housing unit when D&E activities return to their designated area. When renovations are complete in the Diagnostic and Reception Building, 13 double occupancy rooms will be available. This condition is not ideal, however, since at least some of the incoming individuals should be located in maximum security single cell housing until additional information is developed on custody level and program assignments.

Housing Building B is relatively new and provides three housing zones – 5 single rooms for the Nursery Program, 19 four-person rooms for general population housing, and 8 four-person rooms for the substance abuse treatment unit. All security levels are mixed in this building.

Housing Building C is another relatively new building and provides two primary housing zones – 8 single cells used for long-term segregation, and 30 beds in a combination of single, double cells that will be the mental health housing area once renovations in the Diagnostic and Reception Building are completed.



Facility Evaluation Summary: Nebraska Correctional Center for Women

North Hall is one of the older buildings on the facility campus and is still used for housing. An addition to the original building was used to create a total of four housing zones with a total design capacity of 90 beds for medium and maximum custody general population inmates.

In terms of other housing (not included in the general population count), one single cell in the Diagnostic and Reception Building is reserved as an emergency medical bed; 10 single rooms in Housing Building B 9 (collocated with the Nursery beds) that provides short-term Parenting Program housing; and 7 single cells located in North Hall that are used for short-term segregation purposes.

In assessing 2005 CGL Operational Capacity, the 10 beds allocated for the Parenting program were deleted from the general population count and moved to the Other Housing category. This and other minor changes resulted in a reduction from the Design Capacity of 275 to the recommended 2005 Operational Capacity of 267 beds. Further, analysis of the single, double, and multiple occupancy rooms maintained them at their intended design capacity, since they were not large enough to provide additional beds.

Operational Aspects

The facility is and has been operating at or near the 300+ inmate level for some period of time. At that inmate level, the major operational problem is overcrowding in housing units above and beyond what they should accommodate. While CCCL and CCCO both provide some capacity for Minimum Security A and B female inmates, NCCW is the location for all secure female housing in the system.

The master plan and replacement/renovation program undertaken over the last few years have provided important physical facility improvements, it still remains that NCCW is a relatively old facility that has had to deal with a wide range of custody and programmatic needs in a relatively small facility. Administration, program, and support space is generally adequate and well maintained.

An opportunity exists, with some facility expansion, to relocate female reception, diagnostic, and evaluation to the DEC facility, thereby providing some relief at the NCCW facility in York in terms of that population segment. Currently, only an occasional female inmate is sent to DEC on a short-term basis for medical reasons.

Facility Condition/Infrastructure

Site Conditions

The facility is developed on a total site area of 24.2 acres.

Existing utilities to the site include a 12" city sewer line, a water main with backup water tower, and four backup generators serving various buildings on the campus. :

Building Description

The facility consists of fifteen buildings on a sloping site. Several structures are listed on the Nebraska Listing of Buildings 50 Years and Older, which requires approval prior to building modifications being made. The total facility area is approximately 209,832 gross square feet.

Utilities for the main building include a variety of utility systems for the various buildings, and in some cases for zones within the buildings. The infrastructure is as myriad a medley of materials and dates of origin as the buildings.

	<p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none"> ▪ Replace gutters on East Hall ▪ Repair soffits and fascia of West Hall ▪ Replace exterior windows on West Hall ▪ Install fire sprinkler system in East Hall and in West Hall ▪ Replace domestic/fire line ▪ Replace windows on North Hall ▪ Replace exterior windows in Diagnostic and Evaluation ▪ Structural repairs on existing gymnasium ▪ Replace fan coils units in existing activities/kitchen building
<p>Existing Problems/ Constraints</p>	<p>Electrical service would need to be upgraded but the local power company has availability. Fire alarm system in older buildings is not compliant with current codes and would need to be replaced if any remodeling of those structures was required. Any remodels would require a lighting upgrade to be compliant with current energy codes.</p>
<p>Expansion Capability</p>	<p>Expansion of the facility is possible within the confines of the perimeter fence. In general, most of the HVAC and plumbing "systems" are at the maximum capacity. The age and condition of many of the existing systems would also necessitate replacement. Expanding or upgrading air conditioning systems may require the existing electrical services to the buildings be changed out.</p>
<p>Summary</p>	<p>The NCCW is a viable general facility for long-term use, with a 2005 CGL Operational Capacity of 267 general population beds. The long-term viability is primarily the result of good planning and continuing capital investment. Site area exists for additional high security housing expansion, as well as general population beds if that is desired recognizing that additional program and major support space expansion would be required. Further, another 20 acres is available on the south side of the facility that could be acquired for additional expansion area. The complex is in need of some additional program space and has a number of vacated buildings that are being renovated as part of the Phase II Capital Improvement Project which is currently in progress.</p> <p>NCCW is a remote location far from hospital and psychiatric care, and demands for these services result in a number of inmate transports each week to and from services in Lincoln. A possible solution would be to relocate female reception, diagnostic and evaluation functions to the DEC facility in Lincoln. This shift would reduce medical travel for new inmates, who are often unstable, ill, or in withdrawal, and would provide additional general population housing at the facility in York by freeing beds now used for intake.</p> <p>The companion policy issue is in terms of anticipated total female population and whether or not the entire medium, maximum security female increase in population (199 additional inmates by the year 2015, 247 additional inmates by the year 2020) should be housed here and/or another female facility developed in the system.</p>



Nebraska Correctional Youth Facility



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

Date Opened: August 1998

Design Capacity: 76 – Male

2005 Rated Capacity: 81 – Male

Security Levels: Maximum, Medium, Minimum

2005 Authorized FTE Staff: 77

Facility Evaluation Summary: Nebraska Correctional Youth Facility

<p>History and Original Mission</p>	<p>This facility was generated by Legislation Bill 988, which established the need for a secure facility for youth aged 14 to 19 who have been adjudicated by and sentenced to the adult system. The facility was constructed by the Nebraska Department of Correctional Services in conjunction with the Office of Juvenile Services (now a sub-agency within the Department of Health and Human Services), and accepted their first inmates in 1998.</p>
<p>Current (2005) Mission</p>	<p>This facility operates as intended, serving male youth aged 14-19 who have been adjudicated and sentenced under the adult system and can remain at this facility until they are released or reach the age of 21 years, 10 months at which time they are transferred to an adult NCDS facility for the remainder of their sentence. The facility staff strive to provide a solid framework so that upon release these youth will be better equipped to face life's challenges.</p>
<p>Population Numbers and Groupings</p>	<p>The facility houses juveniles sentenced as adults of all custody levels, including segregation. General population inmates account for approximately 80% of the headcount, with a limited amount of other housing classifications.</p> <p>Segregation Housing Eight cells located in Housing Building C are allocated for youth who are disruptive within the general population. Five of these cells are allocated for long-term segregation and included in the general population capacity count; the other three, in the same housing unit, are allocated for short-term segregation and not included in the general population capacity count.</p> <p>Reception Housing The other side of Housing Building C is used for "reception", which at this facility is for orientation; initial reception in the NDCS system for all male inmates is at the Diagnostic and Evaluation Center in Lincoln. Eight cells are allocated for this purpose, which also includes safe keepers.</p>
<p>Programs</p>	<p>This facility offers a wide number of structured programs for the youth held here, ranging from remedial reading and math and ESL to GED, computer skills, and college courses. Sex education and parenting classes, substance abuse treatment, mental health programs and counseling, and anger management classes are available. Selected inmates are permitted to participate in a dog training program with the Nebraska Humane Society to rehabilitate dogs otherwise unable to be placed in homes.</p>

The programs and opportunities for change offered to these youth are designed to offer opportunities for the youth to improve their education and life skills. Education is a mandatory activity until age 18.

There are no Cornhusker State Industry programs for these youth, who focus their time and efforts on counseling and educational programs.

Housing Capacity

As designed, facility housing units consist of individual and handicapped accessible single cells in three housing buildings. Historically, the design capacity has been carried at 75 beds; by actual count the design capacity is 76. The overall capacity of NYCF is summarized as follows:

Building	Housing Unit		Design Capacity 1998	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Building B	B	Area A	9	9	9	11
Building B	B	Area A	1	2	2	2
Building B	B	Area B	9	9	9	11
Building B	B	Area B	1	2	2	2
Building B	B	Area C	9	10	9	11
Building B	B	Area C	1	2	2	2
Subtotal			30	34	33	39
Building C	C1	Area A	7	6	4	4
Building C	C1	Area A	1	1	2	2
Building C	C2	Area B	7	6	7	7
Building C	C2	Area B	1	1	2	2
Subtotal			16	14	15	15
Building D	D	Area A	9	10	9	11
Building D	D	Area A	1	2	2	2
Building D	D	Area B	9	9	9	11
Building D	D	Area B	1	2	2	2
Building D	D	Area C	9	10	9	11
Building D	D	Area C	1	2	2	2
Subtotal			30	35	33	39
Total General Population			76	83	81	93
Other						
Building A	A		2	0	2	2
Building C	C1	Area A			3	3
Subtotal			2	0	5	5
Total - All Buildings			78	83	86	98

The three housing buildings are arranged in a row on the north side of the facility campus. Building C, in the center provides eight segregation and eight reception/orientation housing cells. Building B, on the east side of Building C, provides three 10-cell housing areas, used for general population 18 years old and younger. Building D, on the west side of Building C, provides three 10-cell housing areas, used for general population 19 years old and older.

Single cells at the facility are 73 NSF, the handicapped cells are 123 NSF. Based upon room size and fixture/shower counts, the 73 NSF cells are technically not large enough



Facility Evaluation Summary: Nebraska Correctional Youth Facility

	<p>to double bunk in terms of ACA Standards. In assessing 2005 CGL Operational Capacity, double bunking was assumed only for the larger handicapped accessible cells, resulting in a recommended 2005 Rated Capacity of 81 general population beds. Of note, in expectation of increased population levels, approximately 20 cells are double-bunked at this time.</p>
<p>Operational Aspects</p>	<p>The NYCF has been operating at or near the 100 inmate level for some period of time. At that inmate level, the major operational problem is crowding in housing units above and beyond what they should accommodate. The NYCF facility is the sole facility in the system for juveniles sentenced as adults.</p> <p>The facility is relatively new and, with a few exceptions, is well designed with adequate space and facilities for education, recreation, and other program space. A full array of treatment programs are available and can be accommodated.</p> <p>With the exception of an area for sick call, dental exams, and small medical exam area, there is no medical unit here; medical coverage is provided by staff from the Omaha Correctional Center nearby; inpatient medical care is provided by local hospitals.</p>
<p>Facility Condition/Infrastructure</p>	<p>Site Conditions The facility is developed on a total site area of approximately 15 acres in close proximity to the existing Omaha Correctional Center and the Community Corrections Center Omaha.</p> <p>There is a 250 kW generator at the facility, as well as gas, water, and sewer lines.</p> <p>Building Description The facility consists of three primary buildings, a maintenance shop and dog kennel on a flat site. The buildings were built in 1998 are in good condition.</p> <p>Utilities for the main building include a three-boiler/one chiller HVAC system. Domestic hot water is heated by four gas boilers. :</p> <p>Current/Proposed Capital Projects There are no current or requested capital projects for NCYF at this time.</p> <p>The NDCS initiative systemwide to improve the front entry areas, and CCTV surveillance will include NCYF.</p>
<p>Existing Problems/ Constraints</p>	<p>No major deficiencies were noted, other than the need to upgrade security and general surveillance capability.</p>
<p>Expansion Capability</p>	<p>The facility site plan shows future building footprints to double the existing facility capacity. Discussion with facility staff suggest that a different housing unit design configuration be used, particularly for the segregation area.</p> <p>Expansion of the facility is possible on the current site. Any additions at this facility are assumed to require the addition of supplemental chillers or boilers to support those additions, as likely would any additions extending any substantial amount of plumbing equipment would require additional water heating and water softening equipment.</p>

Facility Evaluation Summary: Nebraska Correctional Youth Facility

<p>Summary</p>	<p>The Nebraska Correctional Youth Center is a viable facility for long-term use, with a 2005 CGL Operational Capacity of 81 general population beds. This facility is most appropriately suited to the youth population with program space and other features tailored to the needs of this young, program-intensive population which would make any alternate use difficult to achieve.</p> <p>Site area exists to double the existing housing capacity on the south side of the campus. This increase in housing would require a collateral increase in administration, educational programs, and support space to accommodate the additional inmates.</p> <p>A major policy issue is how to accommodate the anticipated total juvenile-sentenced-as-adult population, and whether or not the maximum forecasted increase in population (141 additional inmates by the year 2015, 185 additional inmates by the year 2025) should be housed here or elsewhere in the system. The companion issue is the housing of female juveniles sentenced as adults. The number of females is small (one individual), but could feasibly increase to 6-8 by 2025.</p>
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Nebraska State Penitentiary



Address: 4201 South 14th Street
Lincoln, NE 68542

Date Opened: 1869

Design Capacity: 718 – Male

2005 Rated Capacity: 818 – Male

Security Levels: Maximum, Medium, Minimum

2005 Authorized FTE Staff: 465

Facility Evaluation Summary: Nebraska State Penitentiary

<p>History and Original Mission</p>	<p>NSP was designed to be the primary high security facility in the system. Historically, death row, the electric chair, and even women, at one time, have been housed at NSP. The site is landlocked by the river, the railroad, and the highway. In recent years, all of the original cell block housing has been replaced, and new administration, program, and support space developed to keep the facility up to date.</p>
<p>Current (2005) Mission</p>	<p>The facility still houses medium/maximum inmates in the majority of the housing units, but is no longer considered the housing location of choice for the “worst of the worst” in the system since TSCI opened. A range of inmate classifications and population groups is currently housed at NSP. The official design capacity is 718.</p>
<p>Population Numbers and Groupings</p>	<p>Prior to TSCI opening, NSP housed over 1,300 inmates. Now the average daily population is around 1,150. General custody inmates constitute the majority of the facility's housing. The distribution of general custody inmates recently was 14% maximum, 43% medium, and 43% minimum security. In addition to general population groups, the facility also provides other capacity as follows:</p>



Facility Evaluation Summary: Nebraska State Penitentiary

Residential Treatment Center (RTC)

The Residential Treatment Center has been relocated inside the perimeter of NSP to occupy a large portion of the Medium Security Housing Building. This is a residential treatment program for substance abuse treatment for general population inmates (90%) and a few (10%) parole violators. The program consists of a 10-month inpatient program, with assessments, counseling, group treatment, and other activities. Those participating in the program live in this unit for the duration of their treatment, and move back into the general population when the treatment program is completed.

Protective Custody/Long-Term Segregation

Within the general population classification, 80 beds are devoted to protective custody and long-term segregation inmates. The number of inmates in these units fluctuates.

Short-Term Segregation

While the actual size of the segregation population fluctuates, 38 beds devoted to short-term segregation inmates.

Hospital

The prison hospital in this facility is 12 beds that are almost always full.

Programs

This facility is located near the central administrative offices of Cornhusker State Industries (CSI). The prison houses inmates who work outside the facility, and who must pass through the gate each day to go to work. Inmates also work inside the facility in a number of industries making soaps and cleaners, license plates, and dyes. A metal shop where custom-ordered items (such as bunk beds) are cut, welded, pressed, painted, and assembled as well as a shop that cleans the rough edges on metal parts for Kawasaki motorcycles is included in the CSI programs. CSI also offers a program that manufactures duck decoys from cork and a Braille book printing shop that translates textbooks within the perimeter of NSP. TEK Industries is one of the largest CSI programs at this facility.

One of the "outside the fence" industries is the Nebraska Investment Finance Association (NIFA), which builds low income houses. Houses are built near the CSI offices and then are moved off-site.

The future of NSP should include expanded work opportunities to permit a greater proportion of the population to work. Industry space is limited inside the walls, and outside work for part of the population is problematic because the facility was not designed for two isolated populations, so it is difficult to separate those allowed to work outside from the "inside population". This problem should be considered when a plan is generated to expand industry at this facility.

Current plans for CSI at this facility include the possibility of a new metal polishing shop. This shop may be put into place in the space currently occupied by the soap making program, if a competing program assembling cleaning solutions is initiated at TSCI. The Braille shop may be expanded to include a proofreading component and improvement of technology. The metal shop will be seeking new clients, in order to stabilize the flow of work to a steady production level.

Along with any expansion of the CSI programs, program space and infrastructure must be taken into consideration to ensure that sufficient space is available not only for the program, but also for storing raw materials and finished products.

Housing Capacity

As designed, general population housing units consist of a range of individual and single cells, and single and multi-occupancy rooms in eight housing buildings. The design capacity is 718 beds and in recent years NSP has been far exceeded design capacity and on July 22, 2005, 1,148 general population inmates were housed in the facility.

Housing Buildings 1 through 4 are a similar design configuration with two, two-level 40 cell housing units in each building. While designed as single cell housing units, double-bunking has occurred in many cells with inmates that are typically classified maximum and medium custody although less double-bunking occurs in the higher custody level.

Housing Building 5 is an X-shaped configuration with a central control station dividing two, two-level 40 cell housing units. Inmate custody levels are a mixture of maximum and medium security inmates, and double-bunking has been used on an ongoing basis to accommodate the crowded conditions.

The Medium Security Housing Building was designed with three 50-bed dormitory housing units, but had some limitations in terms of accommodating medium security inmates. Presently, two of the dormitory units are occupied by the RTC program (one for housing, the other for office/treatment areas); and the inmate custody levels are typically minimum security.

Housing Buildings 7 and 8 each provide a pair of 50-bed minimum security dormitory housing units.

In terms of other housing (not included in the general population count), one side of a housing unit in Building 4 is reserved for short-term segregation; the Control Unit in the Resident Treatment Center provides another 18 short-term segregation beds. In the main building, 11 medical beds (only one double room) are located in the inpatient infirmary area. When required, three of these rooms are appropriated for death watch housing when an execution is scheduled.

In assessing 2005 CGL Operational Capacity, single bunking was assumed for maximum custody inmates (consistent with ACA Standards) and 50% double bunking of medium security housing areas. The 78 NSF cells in housing buildings 1 through 5 are close to the size required for double bunking. Dormitory housing units were rated at their design capacity, consistent with the area provided. The resulting recommended 2005 CGL Operational Capacity for the NSP is 818 beds, 100 beds higher than the Design Capacity.

The overall capacity of NSP is summarized as follows:



Facility Evaluation Summary: Nebraska State Penitentiary

Building	Housing Unit		Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Building 1	1	1 Right	40	68	60	75
Building 1	1	1 Left	40	66	60	75
Subtotal			80	134	120	150
Building 2	2	2 Right	40	74	60	75
Building 2	2	2 Left	40	65	60	75
Subtotal			80	139	120	150
Building 3	3	3 Right	40	67	60	75
Building 3	3	3 Left	40	61	40	60
Subtotal			80	128	100	135
Building 4	4	4 Right	40	17	20	30
Building 4	4	4 Left	40	45	40	60
Subtotal			80	62	60	90
Building 5	5	5 Right (west)	40	69	60	75
Building 5	5	5 Left (east)	40	68	40	60
Subtotal			80	137	100	135
Medium Security Unit	6	1 Right (north)	0	0	0	0
Medium Security Unit	6	2 Right (north)	50	92	50	60
Medium Security Unit	6	2 Left (east)	50	89	50	60
Subtotal			100	181	100	120
Building 7	7	7 Right (north)	50	81	50	60
Building 7	7	7 Left (south)	50	84	50	60
Subtotal			100	165	100	120
Building 8	8	8 Right (north)	50	91	50	60
Building 8	8	8 Left (south)	50	96	50	60
Subtotal			100	187	100	120
Resident Treatment Bldg.	CU	Control Unit	18	15	18	18
Subtotal			18	15	18	18
Total General Population			718	1,148	818	1,038
Other						
Ancillary Building	H	2B Health Services	7	7	7	7
Ancillary Building	H	2B Health Services	2	1	2	2
Ancillary Building	H	2B Health Services	2	1	2	2
Building 4	4	4 Right	0	17	20	20
Resident Treatment Building	CU	Control Unit	18	15	18	18
Subtotal			29	41	49	49
Total - All Buildings			747	1,189	867	1,087

Operational Aspects

NSP has always been capable of handling any type of inmate both in terms of custody level and in terms of program requirements. Since TSCI opened in 2001, a diversion of "harder" inmates to that facility has occurred. However, TCSI can not hold all the problematic inmates in the system, and NSP has a continuing vital role to play particularly in terms of the evolving needs to provide treatment and special needs for all custody levels of inmates.

Other than serious levels of crowding, the notable operational problem at NSP is the need to separate inmates permitted to work outside the facility (and that go in and out each day through the rear gate) from those that are not eligible. Development of a new

	<p>minimum security/community-based facility outside the perimeter would resolve this problem and create additional "inside only" bedspaces.</p> <p>The "can-do" attitude of the facility is exhibited by the fact that NSP routinely accommodates almost 1,200 inmates, which is 150% of the CGL Operational Capacity.</p>
<p>Facility Condition/Infrastructure</p>	<p>Site Conditions NSP is located on a total site area of approximately 270 acres. Existing utilities to the site include a 30" sewer line, two 8" water mains, gas and electrical supplies, and two 750 kW generators.</p> <p>Building Description The complex consists of 30 buildings on a site that is flat for the majority of the buildings. Several maintenance buildings are located on a hill to the south of the main facility. The buildings are of various ages with the oldest buildings built in the 1900's and the newest buildings in 1998. Several of the older structures have reached their useful life and though in fair shape structurally, may not be a good candidate for future expansion. At least one structure is listed on the Nebraska Historical register, which limits the modifications that can be made to the building. Total facility area is approximately 498,446 gross square feet.</p> <p>Utilities for the main buildings include an HVAC system based on chilled water and steam heat. There is capacity for expansion, as the boiler is only at 80% capacity. :</p> <p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none"> ▪ Fire sprinkler system for Unit # 1 ▪ Fire sprinkler system for Unit # 2 ▪ Fire sprinkler system for Unit # 3 ▪ Fire sprinkler system for Unit # 4 ▪ Roof repairs for CSI warehouse ▪ Replace HVAC units Control Unit
<p>Existing Problems/ Constraints</p>	<p>Electrical service could be expanded as excess capacity appears to exist, but major improvements to the distribution system needs to be made. Generator capacity would need to be increase if any expansion would occur. Fire alarm system is not Code compliant and would need to be replaced during any expansion or remodel.</p> <p>Older structures, if remodeled into other uses, would need to be upgraded to meet current building Codes, energy codes, and ADA requirements.</p> <p>Facility-wide entry security, CCTV, and surveillance improvements have been proposed in the capital budget.</p> <p>The impact of a potential major flood plain issue that has been identified due to an expansion in mapped flood plain area that is currently being investigated.</p>
<p>Expansion Capability</p>	<p>Expansion of the facility is limited within the confines of the perimeter fence. The complex does have land adjacent to the main facility for expansion but due to the slough on the south and the railroad tracks to the west, limits the expansion capabilities</p>



Facility Evaluation Summary: Nebraska State Penitentiary

	<p>in regards to containing the expansion within a single perimeter fence system. From an HVAC and plumbing system standpoint, each building's respective addition or modification would have to be evaluated on an individual basis. From a central plant perspective, capacity for expansion is available.</p>
<p>Summary</p>	<p>The Nebraska State Penitentiary is a viable main line facility for long-term use, with a 2005 CGL Rated Operational of 818 general population beds. The long-term viability is primarily the result of good planning and continuing capital investment, plus an experienced and capable staff. One complication is the current "mixed" population, where some inmates are permitted to leave the campus while others are not. Inside the fence these inmates mix freely. Expansion plans should include strategies to address this mixing, perhaps by separating the "inside" (medium) and "outside" (minimum) populations.</p> <p>Site area exists north of the Cornhusker State Industries Headquarters across the street for a new minimum security/ community-based facility. This would permit relocation of the Residential Treatment Center program to a more appropriate setting, would provide new housing for the outside industries workers, and would therefore generate more "inside" bedspaces in the Medium Security Housing Building.</p>

Omaha Correctional Center



Address: 2323 J Avenue
Omaha, NE 68110-2766

Date Opened: April 24, 1984

Design Capacity: 396 – Male

2005 Rated Capacity: 555 – Male

Security Levels: Medium, Minimum

2005 Authorized FTE Staff: 178

Facility Evaluation Summary: Omaha Correctional Center

<p>History and Original Mission</p>	<p>This facility was opened in 1984 with a design capacity of 240 beds to provide secure housing for minimum and medium custody inmates. In the early 1990's another unit (J3) was added to house 396 inmates. A final unit was added to house 156 additional inmates for a total operating capacity of 731. Today the average daily population is in the high 500's, reaching 600 on peak days.</p>
<p>Current (2005) Mission</p>	<p>This facility houses minimum and "soft" medium custody inmates. The typical inmate breakdown is approximately 90% minimum and 10% medium (526 minimum A inmates, 22 minimum B inmates, and 26 medium custody inmates). The "soft" nature of this general population permits a large number of sex offenders (112, or almost 20% of the facility's population) to be absorbed into the general population. When the count increases, or when "hard" medium custody inmates enter the mix, large numbers of the sex offenders wind up in protective custody.</p>

	<p>Under the new classification system, any tendency to shift the population, which presents the possibility of OCC having a 70% medium/30% minimum security population due to current minimum custody inmates being re-classified as medium custody. In that instance, distinguishing the “soft” mediums (who are currently classified as minimum) from the “hard” mediums (those who would already be classified as mediums) would be difficult. A “harder” general population at this facility would also make continuing to include such a large proportion of sex offenders in the general population difficult.</p>
<p>Population Numbers and Groupings</p>	<p>While the majority of inmates at OCC are considered general population, the facility has also been able to provide special focus programs as follows:</p> <p><i>General Population (Sex Offenders)</i> The general population has been able to absorb a large percentage of sex offenders, so in addition to the minimum and “soft” medium custody general population, this facility is also the typical sex offender facility assignment for non-violent inmates.</p> <p><i>Treatment/Medical</i> An in-patient substance abuse population is embedded in OCC. Inmates may choose to participate in the program, and are moved to the substance abuse dormitory (J3) for the duration of the program. Upon completion of the program, inmates return to the general population housing. While in the program inmates receive group counseling as well as treatment. A non-residential treatment program is available within the facility.</p>
<p>Programs</p>	<p>OCC is characterized as having a solid treatment program base. In addition to the residential and non-residential substance abuse treatment programs, mental health counseling in groups with a visiting psychiatrist, an Alternatives-to-Violence program, and an AA program (staffed by volunteers) are in place. OCC is a pilot location for the Re-Entry program, which is designed to prepare violent or serious offenders for return to the community.</p> <p>Outside of the treatment available, inmates can participate in the GED program, or they can work in one of the CSI programs. The two work opportunities available through CSI include the high-end wood shop and the sewing shop. The wood shop builds custom-ordered furniture, and produces a very high-end product. Inmate employees exhibit a high level of skill with the woodworking tools, produce a smooth finish, and pay close attention to detail. The result is a product that could be marketed in furniture stores. Cornhuskers State Industries (CSI) is attempting to change the profile of the industries at this facility to permit more inmates to work. Two P.I.E. programs are currently in place, but with space as for new industries at a premium, further expansion will be limited. The LCC wood shop may then be consolidated into the OCC wood shop, or the former sewing space may be used to house a new packaging program. CSI also has a building (Building M) which has space available for additional program initiatives.</p> <p>This facility houses a relatively new Roads Crew, which manages the lawn maintenance of the complex.</p>



Facility Evaluation Summary: Omaha Correctional Center

Housing Capacity

As designed, facility general population housing units consist of a four housing buildings, three of which were designed for single cell occupancy (J1, J2, and K), and the other (J3) designed for 4-person room occupancy. The design capacity is 396 beds. In recent years the facility has been routinely over-crowded; On July 22, 2005, there were 573 general population inmates in the facility.

The overall capacity of OCC is summarized as follows:

Building	Housing Unit	Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Building J1	1A J1 North	20	30	30	40
Building J1	1B J1 West	20	30	30	40
Building J1	1C J1 South	20	35	30	40
Building J1	1D J1 East	20	29	30	40
Subtotal		80	124	120	160
Building J2	2A J2 North	20	30	30	40
Building J2	2B J2 West	20	29	30	40
Building J2	2C J2 South	20	26	30	40
Building J2	2D J2 East	20	35	30	40
Subtotal		80	120	120	160
Building J3	3A J3 West	52	70	65	65
Building J3	3B J3 South	52	66	65	65
Building J3	3C J3 East	52	70	65	65
Subtotal		156	206	195	195
Building K	4A K North	20	30	30	30
Building K	4B K West	20	30	30	30
Building K	4C K South	20	33	30	30
Building K	4D K East	20	30	30	30
Subtotal		80	123	120	120
Total General Population		396	573	555	635
Other					
Building B	Old Infirmary Area	5	5	12	12
Building B	SEG Control Unit	8	9	8	8
Subtotal		13	14	20	20
Total - All Buildings			587	575	655

Housing Buildings J1, J2, and K each provide four 20-cell multi-level housing units around a central core area. Housing Building J3 provides three 13 four-person room housing units. Other housing (not included in the general population count) includes one three-person holding cell in the Old Infirmary area and 8 high security cells in the Control Unit in Building B reserved for short-term segregation purposes.

In assessing 2005 CGL Operational Capacity, 50% double-bunking was assumed for the 78 NSF cells in Buildings J1, J2, and K and 50% double bunking of the 4-person rooms (double-bunked to 6 persons) in Building J3. At this level, dayroom areas and the number of fixtures provided all seem adequate.

Operational Aspects

The facility is located in close proximity to the Community Corrections Center – Omaha (CCCO) and a short distance from the Nebraska Correctional Youth Facility (NCYF). As the “mother ship” for those facilities, occasional staffing issues result with some staff positions are required to perform multiple duties (e.g. business office, maintenance

	<p>staffing, and the like).</p> <p>Core spaces include medical/dental care, indoor recreation, segregation cells, program areas for education and pre-employment training, laundry, kitchen, central dining area, and the building's physical plant. Additional areas include the Cornhusker State Industries, indoor/outdoor visiting, and an inmate canteen.</p> <p>The facility is and has been operating at or near the 500+ inmate level for some period of time. At this inmate level, the major operational problem is having too many "harder" medium custody inmates that tend to disrupt the focus on sex offender treatment programs. Problems with some program/ support functions need to be addressed, such as increasing the visiting area, inmate dining space, among others.</p>
<p>Facility Condition/Infrastructure</p>	<p>Site Conditions</p> <p>The facility is developed on a portion of a large NDCS site, which also contains the Community Corrections Center – Omaha. The total site area is approximately 47 acres.</p> <p>Existing utilities to the site include a 12" sewage line with grinder, an 8" water main with 8" fire main loop, gas and electrical service, and a 350 kW backup generator.</p> <p>Building Description</p> <p>The facility consists of 10 buildings on a flat site and is generally in good shape although the buildings are showing some cracking and efflorescence of the exterior brick. The Cornhusker State Industries (CSI) warehouse was constructed in 1997 and is in good condition. Total facility area is approximately 220,776 gross square feet.</p> <p>Utilities for the main building include boiler/chiller based HVAC. These are very old, and the cooling towers are in poor condition. Hot water is produced separately by three water heaters, which are also in poor condition.</p> <p>Current/Proposed Capital Projects</p> <ul style="list-style-type: none">▪ New fire alarm system▪ J1 fire sprinkler system▪ J2 fire sprinkler system▪ K1 fire sprinkler system▪ J1 replace door locks▪ Electrical study of housing units▪ Masonry repairs▪ J1 window and door replacements▪ J2 window and door replacements▪ K building window and door replacements <p>A capital plan is being prepared to upgrade security at the front entrance area to include better electronic surveillance, examination of packages and a better separation of visitors and staff which has been a problem.</p>
<p>Existing Problems/ Constraints</p>	<p>Main utilities appear adequate for limited expansion but generator capacity should be evaluated. The fire alarm system is currently being replaced, as expansion was infeasible and the system is not compliant with current Codes. Any remodel would require a lighting upgrade to be compliant with current energy codes.</p>



Facility Evaluation Summary: Omaha Correctional Center

Expansion Capability	Expansion of the facility is limited within the perimeter fence. Limited land adjacent to the facility could potentially be used for some expansion. The maintenance personnel have indicated that more than sufficient capacity to serve the existing "campus" with the existing equipment is available. Due to the age in the condition of much of the central plant equipment, and upgrade / change out would be required.
Summary	<p>The Omaha Correctional Center is a viable general population facility for long-term use, with a 2005 CGL Operational Capacity of 555 general population beds. The long-term mission should continue to a focus on sex offender treatment and housing, within the "soft" medium/minimum general population of the facility.</p> <p>Even without an increase in acceptable capacity, capital projects will be required to address some current physical space shortfalls. A policy issue for consideration is whether or not a facility of this type should be any larger.</p>

Tecumseh State Correctional Institution



Address: 2725 N. Highway 50
Tecumseh, NE 68450

Date Opened: December 2001

Design Capacity: 960 – Male

2005 Rated Capacity: 960 – Male

Security Levels: Death Row, Maximum, Medium, Minimum

2005 Authorized FTE Staff: 434

Facility Evaluation Summary: Tecumseh State Correctional Institution

History and Original Mission	Tecumseh was constructed between 1998 and 2001 to provide for the increasing need for high custody housing in the Nebraska prison system. The facility was designed to house males requiring the highest levels of security with sub-populations within this group for substance abuse and mental health treatment. The units were designed for a unit management approach.
Current (2005) Mission	This facility currently houses death row inmates and high security inmates, along with a large general population of maximum and harder medium custody inmates.
Population Numbers and Groupings	<p>There are four basic general population custody levels at this facility, and several specialized treatment programs.</p> <p>Minimum B One 32-bed unit is dedicated to the working trustees that occupy a housing unit that was designed as a substance abuse treatment unit.</p> <p>Special Management As the population that is the most disruptive and violent, these inmates have toilets and showers in the cells as well as recreation "pens" off of the cells to minimize time out of the</p>

controlled celled environment. A total of 32 cells are dedicated to this population group.

Long-Term Segregation

A total of 160 cells in four units are dedicated to this sub-population of high security includes inmates who are continually violent, disruptive, or troublesome within the general population environment. These inmates have wet cells but come out for showers and recreation.

Substance Abuse

Although the facility was designed with two units of 32 double-occupied cells for Substance Abuse Treatment, both of these units are now used for general population. One of the units designed for mental health inmates with 32 single cells is currently occupied by Minimum B inmates. The other identical unit is used for inpatient substance abuse treatment.

Mental Health

The facility was designed with two units of 32 single cells each for mental health treatment. These units are now used for Minimum B Trustees and Substance Abuse Treatment. No dedicated Mental Health beds are in the facility at this time.

Protective Custody

One 32-cell unit is devoted to protective custody inmates.

Death Row

Inmates with death sentences are housed in TSCI. Ten cells are allocated for this purpose in the Special Management Center, with more or fewer cells utilized as required. When an execution is scheduled, the individual is moved to the Nebraska State Penitentiary in Lincoln.

Hospital

Ten hospital beds are located at TSCI, of which two have negative airflow capabilities. The typical ADP in the hospital is two. Since medical care is provided by a contractor, and the contract does not include chemotherapy or dialysis, any inmates with those medical needs are housed elsewhere in the system (usually at NSP).

Programs

The principal industry at TSCI is the laundry. This commercial operation is set up to service all other prisons in the system and outside clients including veteran homes, nursing homes, and local hospitals by employing inmates at TSCI. All inmate uniforms, towels, and linens are brought to TSCI, laundered, sorted, and packaged for return to the sending facility. Currently, this program is not fully utilizing the equipment or space afforded for this industry. Initiatives are underway to expand outside contracting for public agencies, including the State Developmental and Rehabilitation Center in Beatrice (HHS Facility), as an additional revenue source.

One-third of the CSI building is available for additional industry programs at TSCI. Future plans include the possibility of partnering with a company that assists in mixing and packaging cleaning materials for resale. The bulk chemicals and recipes are provided by the partner firm, which then sells the finished products as generic brand cleaning supplies.



Facility Evaluation Summary: Tecumseh State Correctional Institution

Housing Capacity

On July 22, 2005, 833 inmates were incarcerated in the facility. The design capacity is 960 beds, and since opening, the facility has not been operating over capacity because individuals sent to TSCI are the most difficult to manage inmates in the system. As designed, the facility general population housing units consist of a range of single and double cells in four housing buildings.

Housing Building 1 has 2 two-tier 64 single cell housing units and 1 two-tier 32 double cell housing unit for a total capacity of 256 beds. Housing Buildings 2 and 3 both provide four 32-cell double-cell housing zones, with a capacity of 256 beds in each housing building.

The Special Management Center was custom-designed for long-term segregation and isolation housing, with a total of 160 single bunk segregation cells and 32 special management isolation cells in a total of seven zones. The total capacity in this building is 192 beds.

In terms of other housing (not included in the general population count), six medical inpatient infirmary beds, two mental health suicide watch cells, and two medical isolation cells are located in the main building health services area.

In establishing 2005 CGL Operational Capacity, all beds and housing units were determined to be consistent with the design capacity, although technically ACA Standards require single cell housing placement for maximum security inmates. However, the double-bunked housing units at Tecumseh were specifically designed for the high security population.

The overall capacity of TSCI is summarized as follows:

Facility Evaluation Summary: Tecumseh State Correctional Institution

Building	Housing Unit		Design Capacity 1993	7/22/05 Actual	2005 CGL Operation Capacity	Tentative Operational Capacity
Building 1	1A	1 West- south	64	59	64	64
Building 1	1B	1 West- north	64	58	64	64
Building 1	1C	1 North- west	32	20	32	32
Building 1	1D	1 North- east	32	17	32	32
Building 1	1E	1 East- north	32	20	32	32
Building 1	1F	1 East- south	32	30	32	32
Subtotal			256	204	256	256
Building 2	2A	2 West- south	64	60	64	64
Building 2	2B	2 West- north	64	63	64	64
Building 2	2C	2 East- north	64	55	64	64
Building 2	2D	2 East- south	64	60	64	64
Subtotal			256	238	256	256
Building 3	2A	3 West- south	64	63	64	64
Building 3	2B	3 West- north	64	57	64	64
Building 3	2C	3 East- north	64	61	64	64
Building 3	2D	3 East- south	64	58	64	64
Subtotal			256	239	256	256
Special Management Center	SMUA	1 Northeast	30	25	30	30
Special Management Center	SMUA	1 Northeast	10	5	10	10
Special Management Center	SMUB	1 Southeast	40	31	40	40
Special Management Center	SMUC	1 Center East	16	11	16	16
Special Management Center	SMUD	1 Center West	16	12	16	16
Special Management Center	SMUE	1 Northwest	40	34	40	40
Special Management Center	SMUF	1 Southwest	40	34	40	40
Subtotal			192	152	192	192
Total General Population			960	833	960	960
Other						
Main Building	H	Infirmery	5	3	5	5
Main Building	H	Infirmery	1		1	1
Main Building	H	Infirmery	2		2	2
Main Building	H	Infirmery	2		2	2
Subtotal			10	3	10	10
Total - All Buildings			970	836	970	970

Operational Aspects

The facility has been operating within the designed/ rated capacity level since opening. Some initial problems were encountered with bringing the most experienced, difficult inmates into a new facility, but those issues have been resolved. No major apparent difficulties have occurred at the design population level. Food services and health services are both contracted out at TSCI.

Currently, no minimum security housing is provided for the lower security level inmates that are assigned as cadre workers at the facility so these 32 inmates are occupying relatively high security housing. These inmates perform work assignments that are primarily outside the security perimeter.

An opportunity exists, incorporated in the original facility design, to accommodate another high security housing building within the perimeter.



Facility Evaluation Summary: Tecumseh State Correctional Institution

	<p>Outside the perimeter, a need exists for additional warehouse and maintenance operations space.</p>
Facility Condition/Infrastructure	<p>Site Conditions The facility is developed on a total site area of approximately 200 acres.</p> <p>Existing utilities to the site include a 12" sewer line, a 12" water main, gas and electrical service, and a 1,500 kW generator which serves the entire campus.</p> <p>Building Description The facility consists of nine primary buildings, a guard shack and guard tower on a site that is generally flat within the perimeter fence but which slopes out side of the fence. The buildings were built in 2000 and are in good shape. Total facility area is approximately 387,469 gross square feet.</p> <p>Utilities for the main building include a chilled water/heated water HVAC system, which was designed for 200 additional beds. The hot water is also used for domestic hot water.</p> <p>Current/Proposed Capital Projects No current or requested capital projects are listed for TSCI.</p>
Existing Problems/ Constraints	<p>No major deficiencies were noted.</p>
Expansion Capability	<p>Expansion of the facility is possible on the current site. Moreover, NDCS has another 100 acres unused at this location which could be used for the development of a new facility.</p> <p>This facility has been considered as an appropriate location for a weapons training facility at an estimated cost of \$1.35 million.</p>
Summary	<p>The Tecumseh State Correctional Institution is a new high security facility that will be an important element in handling long-term needs of NDCS. As the population grows, serious consideration should be given to building out additional high security housing to keep pace with the growth of that population segment.</p> <p>The development of a 40-bed minimum security housing unit on the grounds outside the perimeter for the outside minimum security workers would also be beneficial.</p>

Work Ethic Camp – McCook



Address: 2309 North Highway 83
McCook, NE 69001

Date Opened: April 2003

Design Capacity: 100 – (75 Male, 15 Female)

2005 Rated Capacity: 118 – (89 Male, 29 Female)

Security Levels: Minimum, Community

2005 Authorized FTE Staff: 70

Facility Evaluation Summary: Work Ethic Camp – McCook

History and Original Mission	<p>WEC is owned and operated by the Nebraska Department of Correctional Services for the Intensive Supervision Program of the probation Department. Residents of the WEC are NOT prison inmates but county-sentenced inmates serving Probation and are not included in the NDCS system count.</p> <p>The Work Ethic Camp (WEC) is a program designed to divert first-time non-violent felony offenders sentenced to intensive probation. Participation in the Work Ethics Camp program can be stipulated as a condition of the probation sentence. This facility offers the opportunity for residents to work off-site doing community service, while participating in an intensive program comprised of substance abuse education, GED/ABE, job preparation, and cognitive restructuring. The 120 to 180-day program is designed to teach residents a better approach to the choices life presents, to reduce the risk that these same individuals will one day return as inmates in the prison system.</p>
Current (2005) Mission	<p>The mission of this facility has changed slightly as a result of Legislation Bill 538 which states that substance abuse treatment can and should take place at facilities like the Work Ethic Camp. If substance abuse treatment is added to the services provided, the program duration will increase by the length of that treatment program. The facility will then be able to admit fewer intakes per year. The full effects of LB 538 have not been fully identified.</p>
Population Numbers and Groupings	<p>General Population - This facility houses male and female county sentenced probationers.</p>
Programs	<p>As previously mentioned, the programming is a key component to each resident's stay in this facility. An estimated 96% of residents have substance abuse concerns. Each resident participates in extensive programming in addition to working in a community setting. Programs include cognitive restructuring, substance abuse education, GED/ABE, and job preparation. Three measures of success are used to determine the overall success of the WEC – the individual's success in the program, their success at completion (80%), and their success after completion of their probation period (66%).</p> <p>Phase I of the program consists of approximately four weeks of orientation, job readiness training, cognitive restructuring, and GED classes. Phase II begins when the resident is prepared to apply for an off-site job. Work is coupled with continued cognitive restructuring, job readiness, and victim empathy classes along with GED and substance abuse education. Phase III is similar to Phase II but includes life skills, and problem solving classes. Phase IV offers an intensive review of each individual's patterns of behavior, so residents can gain an understanding of their behavioral cycles and how they contribute to criminal behavior. This program is coupled with continued work, GED, and all other programming.</p>
Housing Capacity	<p>Housing is provided by five dormitories, 3 of which are allocated for male residents and 2 for female residents. The overall capacity of WEC is summarized as follows:</p>



Building	Housing Unit	Design Capacity 2003	7/22/05 Actual	2005 CGL Operational Capacity	Tentative Operational Capacity
Building C	A 1 Northwest	20	16	24	27
Building C	A 1 Northwest	5	4	5	5
Subtotal		25	20	29	32
Building C	B 1 Northeast	20	16	24	27
Building C	B 1 Northeast	5	4	5	5
Subtotal		25	20	29	32
Building C	C 1 Southeast (west)	10	10	13	14
Building C	C 1 Southeast (west)	2	2	2	2
Building C	D 1 Southeast (east)	10	4	13	14
Building C	D 1 Southeast (east)	3	3	3	3
Subtotal		25	19	31	33
Building C	E 1 Southwest	20	19	24	27
Building C	E 1 Southwest	5	5	5	5
Subtotal		25	24	29	32
Total General Population		100	83	118	129
Other					
		0	0	0	0
Subtotal		0	0	0	0
Total - All Buildings		100	83	118	129

In reviewing the sleeping, day room areas and fixture counts of each housing area, the 2005 CGL Operational Capacity was determined to be slightly higher than the original design capacity (118 beds versus the original design capacity of 100 beds).

Operational Aspects

The facility was well designed for the current use and at or below the rated capacity level, few operational issues exist. However, due to the potential increase in the length of program treatment offered, doubling the housing capacity in order to accommodate the same number of people annually may be necessary.

The site plan for facility construction shows a footprint area for additional housing units. If additional housing capacity is added, an expansion of administration, education, program, and support space will be required as well.

Facility Condition/Infrastructure

Site Conditions

The facility is developed on a total site area of 45.36 acres.

Existing utilities to the site include a 6" sewer line, a 6" water main line, gas and electrical service, and a 150 kW generator.

Building Description

The facility consists of three buildings, on a site that gradually slopes to a ravine on the east part of the site. The buildings were all built in 2002 - 2003 and are in good shape, despite some blow off and hail damage to the vinyl siding on the upper portions. Total facility area is approximately 37,171 gross square feet.

Utilities include a boiler/condensing unit HVAC system for Building A, gas heaters and a single through-the-wall air conditioner for Building B, and five air handler units paired with five air cooled condensing units for Building C. For domestic water, Building A has a water heater and storage tank. Building B has a gas water heater and recovery

	<p>water heater for the laundry. Building C has two recovery water heaters and two storage tanks.</p> <p>Current/Proposed Capital Projects No current or requested capital projects for WEC have been proposed.</p>
Existing Problems/ Constraints	Additional generator capacity would be needed if any additional buildings are added.
Expansion Capability	Expansion of the facility is possible on the current site. Any substantial building addition will require additional or supplemental HVAC and plumbing systems.
Summary	The WEC facility is a viable, special purpose facility that will play a vital, continuing role for the Probation Department. Expansion should be undertaken as required to maintain treatment program capacity, since this facility diverts individuals that could eventually be remanded to the State prison system.

Conclusion

This chapter has presented a large volume of information on the strengths and weaknesses of each facility, as well as what changes would be necessary to permit the facility to manage increased capacity. Along with the facility-specific needs, several system-wide goals should be addressed in any future expansion plan, including offering parallel services and program opportunities for women as well as men. These items comprise the conclusion of the facility-specific inventory, and bridge from the current to the future.

Work Programs

Many program and treatment opportunities are available for inmates at CCC-O, CCC-L, and NSP. Fewer opportunities are available at LCC, OCC and NCCW; even fewer for inmates at TSCI, despite the state-of-the-art laundry program and specially designed in-patient substance abuse unit. One of the overriding goals throughout DCS should be to provide consistency of opportunities at all custody levels, for each population grouping.

In terms of industry, Cornhusker State Industries (CSI*) has recognized that in order to have success in placing an industry within a program, matching the labor pool with the service in question is essential. Nebraska is already ahead of many other states, with close to 15% of all inmates employed. According to CSI staff, 17-20% employment is a realistic goal, and one that could be achieved by deepening existing partnerships and developing new leads. CSI provides four primary benefits:

1. An opportunity for inmates to learn skills, ethics, and work disciplines that transfer to the private sector, providing an opportunity to support themselves and their families;
2. Providing taxpayer benefits by supplying quality goods and services to non-profit and tax-based entities at attractive prices;
3. Improving the safety and security of the institutions; and
4. Providing the private sector a unique labor pool in Nebraska's tight labor market.

Some specific goals of CSI within the DCS are the following:

- Provide CSI programs outside the walls, to permit partnerships with firms unwilling or unable to transport raw materials inside the walls.



- Increase work opportunities which provide jobs that are unique to different populations in order to achieve some degree of separation.
- Increase the percentage of inmates involved in some type of job within the walls.
- Provide work opportunities that teach life and job skills that can be used after release, so that the industry serves as a training ground as well as a source of income.
- Develop new ideas –commissary, fast food restaurant, etc.

It is critical from both a cost and benefit perspective that CSI be included in any discussions and planning regarding future expansions or projects that may impact the industries programs. Expansion of the total number of inmates held in the DCS will offer opportunities and challenges; CSI will require the appropriate program space to provide the necessary programs for the anticipated increase in inmates, but will also have a large and diverse workforce to employ in new partnerships. Since increasing numbers of the population will be violent offenders as these inmates with longer sentences continue to accumulate in the system, some work opportunities must be geared to small groups of independent workers, in industries that do not use certain tools.

Treatment Programs

A recent study estimated that approximately 85% of DCS inmates could benefit from substance abuse treatment. Despite the high number of self-reported addicts, only two inpatient substance abuse units exist within the DCS and virtually no outpatient treatment programs. One of the inpatient units houses a different population, and is not even used for substance abusers. A clear need exists for increased treatment options, particularly as the anticipated increase in population is expected to include significant numbers of methamphetamine users. Any facility expansion should take into account strategies to improve the range of treatment options (education, outpatient treatment, inpatient treatment) for inmates, so that the time spent in custody can be used productively to reduce the risk of re-offense after release. The DCS should offer parallel services for men and woman, and should follow the Initial Plan and assessment of need with the recommended treatment in every case.

Psychiatric care also varies widely but with no stabilization unit within the system for mentally ill inmates who decompensate; isolation or segregation is the only option for these inmates who require observation, medication, and counseling. While the numbers are relatively small, these inmates can be disruptive and violent, and could harm themselves, other inmates, or staff. A long-term plan for this system should include strategies to deal with mentally ill inmates, either on a facility-specific basis or on a system-wide basis.

Housing

A key element for the examining resources is the number and quality of housing units provided by custody level, and whether or not current and projected needs are met. NDCS has more than 100 housing units in operation in eleven facilities. Typically, housing units are well-maintained and staffed appropriately. While the 2005 total system design capacity is 3,183 beds, an evaluation of every housing unit in the system generated a [2005 CGL Operational Capacity of 3,704 beds](#), which is approximately 16% higher than design capacity. The 2005 CGL Operational Capacity represents an acceptable number of beds by housing unit at which each facility can operate and still maintain accreditation with the American Correctional Association (ACA).

Generally, a close fit is apparent between existing system capacity by custody level and existing inmate population classifications. However, the growing gap, which will be accelerated with the recent change in the classification system, is occurring in the lower custody levels (minimum and community-based beds). As previously mentioned, this change in classification is likely to reduce the immediate need for high-security beds; in the long run, the system is likely to be short between 300 and 500 high-security beds.

As shown in Table 2.2, a Tentative Operational Capacity was listed, which represents the maximum number of individuals that can be accommodated by facility in the short-term without changes at the facility. The 2005 Tentative Operational Capacity of 4,099 beds is 28.8% higher than the 2005 design capacity. Essentially, this is the “tip point” beyond which serious operational liabilities are likely to occur. In evaluating facilities for potential expansion, the Tentative Operational Capacity is an important reference point in determining the extent to which capital expenditures would be required for additional housing, administration, program, and support space.

As of July 22, 2005 actual system headcount was 4,135 inmates, which is 29.9% higher than design capacity, 11.6% above the recommended 2005 CGL Operational Capacity, and just over the Tentative Operational Capacity of 4,099 beds. Clearly, additional housing capacity needs to be added as soon as possible to prevent the system from going 40% over design capacity, which can potentially trigger emergency releases.

Core Facilities

The other major aspect in evaluating existing resources is whether or not sufficient core space exists to support current inmate population levels. Again, each facility was evaluated in terms of administration, program, and support space and operation. In conjunction with this, existing primary site/utility systems were documented at each facility.

Overall, the physical condition and maintenance of existing NDCS facilities is remarkably good, especially in comparison to the typical condition and level of deferred maintenance found in other state correctional systems. The major challenge facing the system, however, is to add sufficient capacity to accommodate a looming increase in inmate population.

In Chapter 3, opportunities for expansion at existing facilities have been explored and incorporated in the proposed development strategies.



Introduction

In Chapters 1 and 2, of the Master Plan Update, projections of future growth and the conditions of existing facility resources have been presented. In Chapter 3, the focus shifts to defining the implications of managing this anticipated growth through expanded uses of existing facilities and development of new bedspaces. The strategies developed in this Master Plan Update represent two planning horizons: Phase 1 – the present through year 2015; and Phase 2 – years 2015 to 2025.

The discussion of physical facility strategies for meeting shortfalls has been divided into two categories. First, a plan has been examined in terms of “Natural Growth” – defined as the *minimum* inmate population growth anticipated in the system through the year 2025. The strategy to meet this challenge is developed as the “Natural Growth Plan” (which includes a Phase 1 capacity expansion to meet *minimum* projected bedspace needs through the year 2015; and a Phase 2 capacity expansion plan to meet *minimum* projected system growth between the years 2015 to 2025.)

The second plan examines a higher projection of additional inmate population growth that could result through the year 2025 due to the impact of recent changes in legislation. The strategy to meet this potential further challenge to the NDCS system outlines three alternative approaches to address the “accelerated growth” that might occur, and is developed as the “Accelerated Growth Plan”. This plan assumes that all recommended system expansion initiatives developed under the Natural Growth Plan (Phases 1 and 2) are implemented; and is calculated based on the potential additional capacity requirements projected in each phase.

As previously mentioned, the number of violent offenders is expected to be the same in either plan, since the new legislation driving the “accelerated growth” model does not affect violent offenders. At the same time, the Accelerated Growth Plan is likely to include high numbers of methamphetamine offenders, who will demand high levels of services. The number of maximum security inmates is anticipated to increase relative to the overall size of the inmate population, regardless of the growth model.

By approaching a Master Plan Update through examination of the “natural growth” (minimum) and “accelerated growth” (potential) scenarios, a clear delineation can be provided between *that which absolutely must be done* and *that which may also have to be done* in the future. Another reason to look at these scenarios separately is that somewhat different inmate populations are likely to result with the more typical historical offenders in the “natural growth” scenario, and individuals with significantly more health and treatment requirements in the scenario based on recent legislative changes.

Managing “Natural Growth”

Incorporating the revisions in the classification system, with the continuing growth of State population and sentence durations, “natural growth” will continue to occur in the Nebraska prison system. As a more modest growth model, “natural growth” takes into account the historical admissions and lengths of stay and projects these 20 years into the future. Using this historically-based model, the projected minimum needs for the system in the year 2015 are summarized in Table 3.1.



Strategy
for Meeting
Shortfall

In calculating “shortfalls” (the difference between what is required and what is available), the 2005 CGL Operational Capacity, was used as the number of existing beds available for long-term reuse in accommodating total system needs. (See Table 2.2 for the compilation of existing facility capacities.)

Table 3.1: Projected 2015 Bed Needs and Shortfalls – “Natural Growth”

	2005 CGL Operation Capacity	2015	
		# Of Inmates	Shortfall
Adult Male			
Intake	208	285	(77)
Maximum Security	585	797	(212)
Medium Security	1,411	1,357	54
Minimum Security	767	1,410	(643)
Community	312	458	(146)
Total - Adult Male	3,283	4,307	(1,024)
Youth Male			
Intake	8	29	(21)
Maximum Security	33	36	(3)
Medium Security	40	62	(22)
Minimum Security	-	62	(62)
Community	-	21	(21)
Total - Youth Male	81	210	(129)
GRAND TOTAL - MALE	3,364	4,517	(1,153)
Adult Female			
Intake	26	48	(22)
Maximum Security	19	16	3
Medium Security	222	133	89
Minimum Security	-	231	(231)
Community	73	137	(64)
Total - Adult Female	340	565	(225)
Youth Female			
Intake	-	1	(1)
Maximum Security	-	-	-
Medium Security	-	2	(2)
Minimum Security	-	3	(3)
Community	-	2	(2)
Total - Youth Female	-	8	(8)
GRAND TOTAL - FEMALE	340	573	(233)
GRAND TOTAL - ALL BEDS	3,704	5,090	(1,386)

Source: Carter Goble Lee; September 2005

2015 Bedspace Shortfall by Component

In the development of a specific plan, the bedspace shortfall was examined by custody level and the current number of beds in each custody level using the 2005 CGL Operational Capacity. Total bedspace needs based upon the “natural growth” scenario have been aggregated into the following three components:

- Youth Population (Committed to NCYF) –** The current 2005 CGL Operational Capacity for male youths sentenced as adults totals 81 general population beds. With a projected Year 2015 need for 210 beds, the shortfall would be 129 beds for male youth in the year 2015.
- Female Population –** The current CGL 2005 Operational Capacity for female inmates totals 340 general population beds. With a projected Year 2015 need for 565 beds, the shortfall would be 233 beds in year 2015, including 8 beds for female youths sentenced as adults.
- Male General Population –** The current 2005 CGL Capacity for male inmates totals 3,283 general population beds. With a projected 2015 need for 4,307 beds, the shortfall would be 1,024 beds in the year 2015. There would be a surplus of 100 Maximum Security beds in 2015 according to these calculations.

Natural Growth – Phase 1 Capital Expansion Strategy

The approach for determining natural growth capacity expansion needs for the period 2005 to 2015 is straightforward:





As presented in Table 3.1, the projected shortfalls for the Natural Growth model indicate that a total of 1,386 additional system beds will be required to accommodate the inmate population increase from 2005 through 2015. Phase 1 proposes a capacity expansion of 1,352 new beds (1,322 new beds and 30 “captured” beds through a re-designation of Housing Unit C allocation at LCC) to bring the total NDCS system rated capacity from 3,704 to 5,056 bedspaces by the year 2015. While slightly under the projected natural growth ADP of 5,090 total inmates, this strategy represents the absolute minimum system capacity expansion required by the year 2015. CSI programs should grow commensurate with population expansions.

The recommended capital expansion plan to meet the Natural Growth – Phase 1 needs is shown in Table 3.2.

Table 3.2: Proposed Capacity Expansion for Natural Growth – Phase 1

NATURAL GROWTH - PHASE 1: 2005-2015																
Facility	Project	Male					Female					Youth				
		INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB
DEC	New High Security Intake Housing (128) ¹	100														
DEC	New Segregation Housing Capacity (64 beds) ²			94												
NCCW	Relocate Reception to DEC ¹						28									
NCYF	"Double" Facility Capacity (128 beds)											32	96			
NSP/LCC	New Residential Treatment Facility ⁴				100											
TSCI	New 40-Bed Minimum Security Housing Unit ⁵		32		8											
New Facility Initiatives																
	New Drug Treatment Facility (250) ⁶				225				25							
	New Minimum/Community-Based Facility (612) ⁷				381	73			131	27						
	Total Expansion by Custody Level	100	32	94	714	73	28	0	0	156	27	0	32	96	0	0
	Total Expansion by Population Component					1,013				211						128
	GRAND TOTAL - Natural Growth - Phase 1 Plan															1,352

Source: Carter Goble Lee; July 3, 2006

- ¹ Relocation of Female Intake to DEC will take 28 of the new Intake Housing Beds, but also add 28 high security beds at NCCW.
- ² Segregation Capacity will be shared by DEC and LCC; new segregation space will permit recapture of Housing Unit C at 94 medium security beds.
- ³ Construct new Community-Based Facility outside the NSP perimeter.
- ⁴ Construct new Residential Treatment Center in the area of NSP or at available area at LCC site.
- ⁵ Construct new 40-Bed Minimum Security Dormitory Housing Unit outside the TSCI Perimeter; allows reuse of their existing housing for higher security beds.
- ⁶ Construct new 250-Bed Drug Treatment Facility (225-men; 25 women); site to be determined.
- ⁷ Construct new 612-Bed male/Female Minimum Security/Community-Based Facility; allows recapture of 73 bedspaces occupied by females at CCCL, CCCO.

2025 Natural Growth Shortfalls:

To assess minimum additional system growth from year 2015 to 2025, the CGL Operational Capacity shown in Table 3.1 needs to be revised to the anticipated rated capacity in 2015, assuming that all projects listed as Proposed Capacity Expansion for Natural Growth - Phase 1 (Table 3.2) are implemented. That analysis is presented in Table 3.3.

2015 to 2025 Bedspace Shortfall by Component

Additional minimum shortfalls in inmate capacity from 2015 to 2025, after accounting for 1,352 beds added to system capacity through full implementation the Proposed Capacity Expansion for Natural Growth - Phase 1 can be assessed in the same three component elements:

- **Youth Population (Committed to NCYF)** – The 2015 Adjusted Rated Capacity for male youthful inmates would total 209 general population beds. With a projected Year 2025 need for 252 male youth beds, the shortfall would be 43 male youth beds in the year 2025.
- **Female Population** – The 2015 Adjusted Rated Capacity for female inmates would total 551 general population beds. With a projected Year 2025 need for 666 beds, the shortfall would be 124 beds in the year 2025, including a shortfall of 9 beds for female youths sentenced as adults.
- **Male General Population** – The 2015 Adjusted Rated Capacity for male inmates would total 4,296 general population beds. With a projected Year 2025 need for 5,006 beds, the shortfall would be 710 beds in the year 2025. By 2025, a shortfall of 302 maximum security beds can be expected.

Table 3.3: Projected 2025 Bed Needs and Shortfalls – “Natural Growth”

	2015 Adjusted Rated Capacity	2025	
		# Of Inmates	Adjusted Shortfall
Adult Male			
Intake	308	366	(58)
Maximum Security	617	919	(302)
Medium Security	1,505	1,568	(63)
Minimum Security	1,481	1,624	(143)
Community	385	529	(144)
Total - Adult Male	4,296	5,006	(710)
Youth Male			
Intake	8	7	1
Maximum Security	65	49	16
Medium Security	136	84	52
Minimum Security	-	84	(84)
Community	-	28	(28)
Total - Youth Male	209	252	(43)
GRAND TOTAL - MALE	4,505	5,258	(753)
Adult Female			
Intake	54	48	6
Maximum Security	19	19	-
Medium Security	222	160	62
Minimum Security	156	275	(119)
Community	100	164	(64)
Total - Adult Female	551	666	(115)
Youth Female			
Intake	-	1	(1)
Maximum Security	-	-	-
Medium Security	-	2	(2)
Minimum Security	-	4	(4)
Community	-	2	(2)
Total - Youth Female	-	9	(9)
GRAND TOTAL - FEMALE	551	675	(124)
GRAND TOTAL - ALL BEDS	5,056	5,933	(877)

Source: Carter Goble Lee; September 2005



Natural Growth – Phase 2 Capital Expansion Strategy

Capacity expansion needs for the period 2015-2025 are also straightforward using the following calculation:

$$\begin{array}{|c|} \hline 2005 \\ \hline \text{CGL Operational} \\ \hline \text{Capacity} \\ \hline \end{array} + \begin{array}{|c|} \hline \text{Phase 1} \\ \hline \text{Expansion Added} \\ \hline \text{Capacity} \\ \hline \end{array} = \begin{array}{|c|} \hline 2015 \\ \hline \text{Adjusted Rated} \\ \hline \text{Capacity} \\ \hline \end{array} - \begin{array}{|c|} \hline 2025 \\ \hline \text{Natural Growth} \\ \hline \text{Inmate Projection} \\ \hline \end{array} = \begin{array}{|c|} \hline 2015-2025 \text{ Shortfall} \\ \hline \text{(or) Phase 2} \\ \hline \text{Expansion Needs} \\ \hline \end{array}$$

The recommended capital expansion plan for Natural Growth – Phase 2 is summarized in Table 3.4. The need for additional high-security beds is met through the addition of one housing unit at TSCI.

Table 3.4: Proposed Capacity Expansion for Natural Growth – Phase 2

NATURAL GROWTH - PHASE 2: 2015-2025																
Facility	Project	Male					Female					Youth				
		INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB	INT	MAX	MED	MIN	CB
TSCI	Develop New High Security Housing Building ¹		256													
DEC	Increase Double-Bunking (64 beds)			64												
NCCW	Develop New Minimum Security Housing (120 beds)								120							
NCYF	Increase Double-Bunking (32 beds)												32			
LCC	Expand Male Community-Based Facility from Phase 1 ²					150										
New Facility Initiatives																
	New Male Minimum Security Facility (256)				256											
	Total Expansion by Custody Level	0	256	64	256	150	0	0	0	120	0	0	0	32	0	0
	Total Expansion by Population Component	726					120					32				
	GRAND TOTAL - Natural Growth - Phase 2 Plan	878														

Source: Carter Goble Lee; September 2005

¹ Space for one additional housing building exists within the TSCI perimeter.

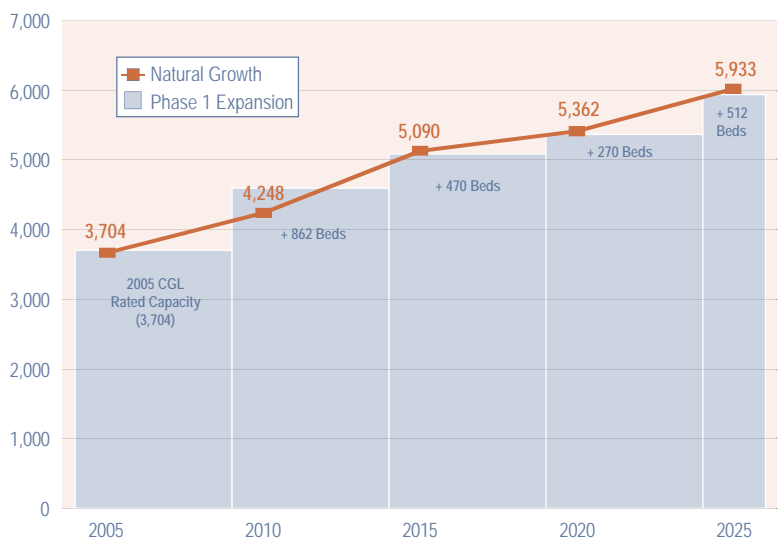
² Total capacity would rise from 100 beds to 250 beds.

Summary of the Natural Growth Scenario

The proposed physical capacity expansion in Phase 1 of 1,352 beds by 2015 is targeted to accommodate the majority of the expected growth of 1,386 inmates by that point in time. Continuing into the future, physical expansion of another 878 beds is proposed in Phase 2 to accommodate the natural system expansion for the year 2025. The plan has also been crafted to reflect the projected required capacity distribution by gender, age, and custody level. Moreover, the capital expansion plan incorporates the feasible opportunities that were identified for expansion of existing facilities.

The proposed Phase 1 system expansion plan is viewed as the minimum amount of growth that will occur in the system over the 10 and 20 year planning horizons.

Figure 3.1: Capacity Expansion Required to Meet Minimum Growth



Source: Carter Goble Lee; July 2006

Managing “Accelerated Growth”

The strategy outlined above is responsive to what the “natural growth” scenario would be, without considering the potential impact of legislation enacted in 2005. The differences between the total projected *minimum* total inmate population in the natural growth scenario above to that projected to result from the “accelerated growth” anticipated from 2005 legislative changes are shown in Table 3.5 below.

Table 3.5: Summary of Shortfall – Natural Growth and Accelerated Growth Models

	2005	Phase 1 Expansion		2015		Phase 2 Expansion		2025	
	CGL Operation Capacity	Capacity Added	Adjusted Rated Capacity	Accelerated Growth		Capacity Added	Resulting Rated Capacity	Accelerated Growth	
				# Of Inmates	Shortfall ¹			# Of Inmates	Shortfall ²
Total - Adult Male	3,283	1,013	4,296	7,274	(2,978)	726	5,022	8,490	(3,468)
Total - Youth Male	81	128	209	215	(6)	32	241	259	(18)
GRAND TOTAL - MALE	3,364	1,141	4,505	7,489	(2,984)	758	5,263	8,749	(3,486)
Total - Adult Female	340	211	551	653	(102)	120	671	770	(99)
Total - Youth Female	-	-	-	8	(8)	-	-	9	(9)
GRAND TOTAL - FEMALE	340	211	551	661	(110)	120	671	779	(108)
GRAND TOTAL - ALL BEDS	3,704	1,352	5,056	8,150	(3,094)	878	5,934	9,528	(3,594)

Source: Carter Goble Lee; July 3, 2006

For the period 2005 to 2015, the projections indicate that the ADP (Average Daily Population) could grow as high as 8,150 bedspaces under the accelerated growth model. This represents an additional need of 3,060 beds above and beyond the projected natural growth ADP of 5,090 by 2015. Based upon full implementation of the proposed Natural Growth Phase 1 capacity expansion, an “Accelerated Growth” condition could represent a total system shortfall of 3,094 bedspaces in the year 2015 (8,150 minus 2005 CGL Operational Capacity of 3,704; minus 1,352 additional beds provided in Natural Growth Phase 1 expansion). Similarly, the accelerated growth projections for the years 2015 to 2025, totaling a potential inmate capacity requirement of 9,528 bedspaces in 2025, would result in potential additional capacity expansion requirements in the time period 2015-2025 of another 1,378 bedspaces (9,528 total projected accelerated growth ADP in 2025 minus 8,150 total projected accelerated growth ADP in 2015, assuming that whatever additional accelerated population growth between 2005 and 2015 is dealt with).

Again, from Table 3.5, the total difference between the natural growth and accelerated growth models is 3,594 beds (9,528 minus 5,934) over the twenty year planning horizon. The strategies developed for meeting the potential additional capacity requirements generated by the accelerated growth model are presented as Accelerated Growth – Phase 1 for the years 2005 to 2015 and Accelerated Growth – Phase 2 for the years 2015 to 2025. Further, calculations for the Accelerated Growth Plan are based on the assumption of the full implementation of the Natural Growth Plan (Phases 1 and 2). This results in additional capacity requirements of up to 3,060 bedspaces for Accelerated Growth Phase 1 (8,150 minus 5,090); and 1,378 bedspaces for Accelerated Growth Phase 2 (9,528 minus 8,150).

Proposed Accelerated Growth Phase 1 Expansion Options

Within the Accelerated Growth Plan, three alternative development strategies were explored to address the additional bedspace requirements potentially generated by the accelerated growth projection model, including:

- Option 1: NDCS System Initiatives
- Option 2: “State Jail” Initiatives
- Option 3: Privatization Initiatives



**Accelerated Growth – Phase 1
Option 1: NDCS System
Initiatives**

Under Phase 1 Option 1 in the Accelerated Growth scenario, the NDCS would build and operate the additional bedspaces required. Individuals sentenced under recent legislative changes would serve a minimum of one year in a correctional facility that would be purpose-designed to meet the specialized medical and treatment needs of habitual methamphetamine users. In the majority of situations, a minimum security facility will satisfy the custody requirements for these users that are not facing extremely long sentences. Following a time of successful incarceration in a purpose-built treatment-oriented facility, during which time the offender would be required to participate in intensive treatment, work, and cognitive-restructuring, the offender could be released to Community Corrections for intensive supervision and mandatory treatment programs in the community. The one year period of mandatory incarceration is intended to ensure that adequate time is programmed for the detoxification of the significant physical grip of methamphetamine, prior to initiation of treatment programs.

The physical facilities required for Accelerated Growth – Phase 1: Option 1 include development of:

- an additional 20 beds at NCYF for Youth;
- an additional 100 beds for females at the NCCW or elsewhere;
- two new 840-bed freestanding minimum security prisons, sites to be determined.

Under this approach, 1,800 beds of additional system capacity would be developed, on the assumption that after a period of one year, most individuals would be released to Community Corrections. Therefore, only approximately 50% of the total additional projected Average Daily Population (ADP) would need to be in the NDCS system. This option maintains NDCS control over the incarceration period, while transferring the substantial responsibility and treatment costs to Community Corrections and other State agencies such as the Department of Health and Human Services. Clearly, this model requires substantial additional funding for existing agencies and community-based organizations, but is anticipated to be significantly less expensive than maintaining methamphetamine offenders in State prisons for the full length of their sentence, if there is an opportunity for successful treatment.

**Accelerated Growth – Phase 1
Option 2: “State Jail” Initiatives**

An alternative model proposes a partnership between the State and the Counties of high-admitting methamphetamine offenders. Under this model, the State/County partnership would develop new treatment-based facilities for individuals sentenced under recent legislative changes. A similar concept is in place in Texas referred as “State Jails” that house substance abuse offenders for incarceration and treatment, creating a new category of facilities for direct commitments by the Courts. Again, the concept of incarceration for one year and subsequent treatment modality could prevail, with those successfully completing treatment being released to Community Corrections for continued treatment as a condition of the court-imposed sanctions. Offenders that were unsuccessful in initial State/County incarceration would be “upgraded” to a regular NDCS facility for “regular” incarceration.

This model assumes that an entirely new form of funding partnership between the State and individual counties (or regionalized for multi-jurisdictional approaches) would be legislatively created. Essentially, the burden of site selection and staff recruitment would be shifted to

the Counties with the State providing capital and operational assistance under enforceable guidelines. This approach would reduce the number of inmates housed at the DEC and the NDCS system as a whole, with inmates qualifying for local incarceration would be admitted directly to a local State/County facility from the local courts.

The physical facilities required for Accelerated Growth – Phase 1 Option 2 would be:

- Development of ten 340-bed combination incarceration/treatment facilities in counties and/or in regions with high admissions under the recent legislation.

As a new facility type that would provide both incarceration and treatment, the entire estimated ADP of 3,359 individuals would need to be accommodated through the partnership program. Similar to Phase 1 Option 1 above, Phase 1 Option 2 would require significant capital construction and operational costs. The difference is that the challenges of site selection would be shifted to the Counties and/or regions in which the methamphetamine offenders reside, as well as the recruitment of staff that would be compensated through an operating per diem established through a contractual arrangement between the State and a local jurisdiction.

Accelerated Growth – Phase 1 Option 3: Privatization Initiatives

At this time, the State of Nebraska has legislation that discourages the use of privately operated correctional facilities. However, many states that traditionally have opposed the use of private vendors to manage inmates (e.g., California) have used the private sector to manage “specialized” treatment oriented programs. From what is known at this time about the intent of the recent legislative changes, methamphetamine offenders will need access to treatment and medical programs at a frequency that is far greater than the “traditional” inmate. Therefore, consideration of a role for the private sector may be warranted.

Phase 1 Option 3 is a variation of Phase 1 Option 1, where NDCS would provide the initial incarceration period (estimated at 50% of the total projected additional ADP), followed by transfer to treatment facilities developed and operated by the private sector. Again, this approach would maintain NDCS control over the initial incarceration period, while transferring treatment facility responsibility to the private sector. While this would reduce some of the capital construction costs, operational budget increases based on a per diem contract that includes debt amortization as well as operating expenses would be necessary for contracted treatment programs.

Similar to Phase 1 Option 2, the burden of site location and recruitment for the treatment phase facilities would be shifted to the private vendor. In addition, the responsibility for securing financing for the entire project (capital and operating) would become the responsibility of the private vendor. The State would establish guidelines for conditions of confinement and operation, but the remaining responsibilities would be assigned to the private sector.

The physical facilities required for Phase 1 Option 3 would be development of:

- an additional 20 beds at NCYF for Youth;
- an additional 100 beds at the NCCW or elsewhere;
- two new 840-bed freestanding minimum security prisons, sites to be determined; and
- five 340-bed treatment facilities in various locations by the private sector.



Managing Accelerated Growth for the Year 2025

Referring again to Table 3.5, the accelerated growth projections for the years 2015 to 2025, totaling a potential inmate capacity requirement of 9,528 bedspaces in 2025, would result in potential additional capacity expansion requirements in the time period 2015-2025 of another 1,378 bedspaces (9,528 total projected accelerated growth ADP in 2025 minus 8,150 total projected accelerated growth ADP in 2015, assuming that whatever additional accelerated population growth between 2005 and 2015 is dealt with.

Again, from Table 3.5, the total difference between the natural growth and accelerated growth models is 3,595 beds (9,528 minus 5,933) over the twenty year planning horizon. The strategies developed for meeting the potential additional capacity requirements generated by the accelerated growth model are presented as Accelerated Growth – Phase 1 for the years 2005 to 2015 and Accelerated Growth – Phase 2 for the years 2015 to 2025. Further, calculations for the Accelerated Growth Plan are based on the assumption of the full implementation of the Natural Growth Plan (Phases 1 and 2). This results in additional capacity requirements of up to 3,060 bedspaces for Accelerated Growth Phase 1 (8,150 minus 5,090); and 1,378 bedspaces for Accelerated Growth Phase 2 (9,528 minus 8,150).

Proposed Accelerated Growth Phase 2 Expansion Options

For the Accelerated Growth Plan Phase 2 plan, the State would have the same three alternative development strategies available to address the additional bedspace requirements (1,378 bedspaces) potentially generated by the accelerated growth projection model, including:

- Option 1: NDCS System Initiatives
- Option 2: "State Jail" Initiatives
- Option 3: Privatization Initiatives

<p>Accelerated Growth Phase 2 Option 1: NDCS System Initiatives</p>	<p>This option would provide a minimum of one year of incarceration in a secure special purpose facility, then be screened upon successful completion and other criteria for release to Community Corrections for intensive supervision and mandatory treatment programs in the community.</p> <p>The additional physical facilities required for Phase 2B Option 1 include development of:</p> <ul style="list-style-type: none"> ▪ an additional 50 beds for females at NCCW or elsewhere; ▪ one new 640-bed freestanding minimum security prison, at a site to be determined. <p>Under this approach, 690 beds of additional system capacity would be developed, on the assumption approximately 50% of the total additional projected Average Daily Population (ADP) would need to be in the NDCS system, as outlined for Accelerated Growth Phase 1 Option 1.</p>
<p>Accelerated Growth Phase 2 Option 2: "State Jail" Initiatives</p>	<p>This option would utilize a State/County partnership to develop new treatment-based facilities for individuals sentenced under recent legislative changes. This new category of facility would provide a combination of incarceration and treatment modalities, and would likely require an entirely new form of funding partnership between the State and individual counties (or regionalized for multi-jurisdictional approaches) to be created legislatively.</p>

	<p>The physical facilities required for Phase 2B Option 2 include:</p> <ul style="list-style-type: none"> ▪ Development of four 340-bed combination incarceration/treatment facilities in counties and/or in regions related to the distribution of sentencing commitments. <p>As a new facility type that would provide both incarceration and treatment, the entire estimated ADP of another 1,378 individuals would need to be accommodated through the partnership program.</p>
<p>Accelerated Growth Phase 2 Option 3: Privatization Initiatives</p>	<p>This option is a variation of Accelerated Growth Phase 1 Option 1, where NDCS would provide the initial incarceration period (estimated at 50% of the total projected additional ADP), followed by transfer to treatment facilities developed and operated by the private sector. Again, this approach would maintain NDCS control over the initial incarceration period, while transferring treatment facility responsibility to the private sector. While this would reduce some of the capital construction costs, operational budget increases based on a per diem contract that includes debt amortization as well as operating expenses would be necessary for contracted treatment programs.</p> <p>The physical facilities required for Phase 2 Option 3 include development of:</p> <ul style="list-style-type: none"> ▪ an additional 50 beds at the NCCW or elsewhere; ▪ one new 640-bed freestanding minimum security prison, at a site to be determined; and ▪ two 340-bed treatment facilities in various locations by the private sector.

Conclusion

Summary of the Proposed Development Strategies

Under a “Natural Growth” model, the NDCS is anticipated to grow from a current (July 22, 2005) population of 4,135 inmates to 5,090 inmates in 2015, and to 5,933 by 2025. While this represents a 15.8% increase (2005-2015), such an increase is manageable with the addition of 490 beds at existing institutions and 862 new beds, much of which could be minimum security or community custody. In other words, without the potential additional impact of recent legislative changes, the State should be able to financially manage the addition of bedspaces required to meet the minimum projected needs for the next ten years. Forecasting beyond a ten-year planning horizon is subject to many variables that make accurate projections difficult to produce. However, continued inmate population growth in the NDCS system is a certainty; the variance will only be a matter of the total magnitude of growth, since the “natural growth” has been relatively consistent over the last decade or more. It is very likely that the additional natural growth in inmate population will be another.

In addressing the “Natural Growth” scenario, phased capital construction initiatives have been proposed that closely match the projected bed space needs by custody level and population category. The proposed capital construction initiatives also reflect taking advantage of expanding existing facilities and site locations where the opportunity to do so exists. High-security bedspace needs, for example, are accommodated by a planned expansion at TSCI by one 256-bed unit. Even so, the anticipated minimum amount of inmate population growth over the next ten years will require considerable capital expense and associated added operational costs.



The larger challenge for the State is the accommodation of the anticipated impact of recent legislative changes. Unless the requirement for incarceration is mediated through subsequent legislation, the potential impact on incarceration and resultant bedspace needs is the most significant of any legislation enacted to date. Two independently developed forecasting models have produced virtually the same estimate of bedspace needs resulting from the application of the new regarding penalties for the sale of methamphetamines.

Based upon the study completed in the summer of 2005, immediately following the passage of this legislation, a potential increase of more than 90% in bedspaces could be required by year 2015. This translates into approximately 3,500 additional new bedspaces, above and beyond what would be anticipated for normal system growth. Continuing additional growth on the order of another 1,400 bedspaces can be expected in the years from 2015 to 2025. Even using predominantly minimum security bedspaces (as anticipated), the capital and operational impact is virtually the equivalent of creating a parallel correctional system.

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Introduction

In Chapter 3, the need for additional bedspaces was developed based upon Natural and Accelerated Growth models. Under the more modest Natural Growth scenario, the State faces investment in more than 1,000 new bedspaces by the year 2015. Under the Accelerated Growth model, the total number of new bedspaces required by year 2015 could increase to as many as 4,500 bedspaces. Continuing inmate population growth is projected for the period from 2015 to year 2025, requiring another 1,000 bedspaces for natural growth and 1,400 additional bedspaces for accelerated growth projections. Clearly, this represents significant growth in the NDCS population requiring carefully considered public policy, operational, and capital construction program initiatives in order to be as cost-effective as possible.

In this final section of the Master Plan, a model is proposed to reflect the cost of housing unit, program/support services expansion at existing facilities, and for development of new facilities based upon the custody level involved. Based upon previous projects and historical data for NDCS, the area per bed for housing, program/support additions and construction of new facilities is also tabulated by custody level. Further, historical data from NDCS facilities is compiled in terms of staffing ratios and overall facility costs by custody level to provide an estimate of additional annual operating expenses likely to be required.

In addition to providing capital construction costs and additional operational costs for projects proposed in Chapter 3, other projects required to maintain existing NDCS system capacity are incorporated in the minimum proposed capacity expansion plan costs. The existing mission statements for each NDCS facility were reviewed to provide discussion on how they may need to be adjusted to accommodate future growth and change.

The Cost Model

The estimate of construction costs for the proposed new and expanded bedspaces is driven by space and the application of a unit (square footage) cost against the projected space. Initially, a square footage amount per inmate was assigned to the estimated number of inmates by custody category. For example, the addition of a 56-bed medium custody housing unit to an existing facility would be calculated by multiplying 56 inmates times 225 SF/inmate for a total of 12,600 building gross square feet (BGSF) for a proposed housing unit. In turn, the 12,600 SF is multiplied by \$250 per square foot yielding an estimated cost for a 56-bed housing addition of \$3,150,000. As a project traverses through the budgeting process, a "soft-cost factor" should be added to the estimated construction cost to account for furniture, security equipment, architectural fees, and other capital-related costs and to arrive at an estimated project cost.

All costs are presented in early 2006 dollars and will require adjustment for the current erratic inflationary trends as future biennium capital budgets are developed. In addition to construction costs presented in this plan, an additional 30% for "soft costs" has been added to the 2006-based construction costs. The 30% cost allowance should accommodate the requirements for a typical NDCS project; without potential site acquisition costs, if required.

The approach is similar for a total new facility, using the SF/inmate and construction cost/SF that is reflected in Table 4.1. The area per inmate and the cost per square foot reflect actual existing facilities as well as data from current projects. As



a final step in the model, a staffing ratio is presented that reflects the current staffing for NDCS facilities by custody categories. This was used to provide an estimate of the future staff levels in expanded or new institutions. Using current (July 31, 2006 data), a cost per inmates for the various custody levels was determined and multiplied by the proposed **design capacity** of new housing units or facilities to estimate a future operating cost in 2006 dollars. Table 4.1, therefore, is the basis for estimating the capital and operating cost for additional bedspaces or facilities reflecting the proposed projects discussed in Chapter 3, for both Natural Growth and Accelerated Growth scenarios.

Table 4.1: Area, Construction, Staffing, and Operational Cost Matrix

Custody Level	Area/Bed		Construction \$/SF		Staffing Ratio/Bed		Operational \$/Inmate	
	Housing	Facility	Housing	Facility	Housing	Facility	Housing	Facility
Maximum	200	400	\$350	\$250	1:4.5	1:2.0	\$35,500	\$35,500
Medium	225	450	\$250	\$200	1:8	1:3.0	\$29,000	\$29,000
Minimum	185	350	\$175	\$150	1:10	1:5.0	\$26,500	\$26,500
Community	185	250	\$135	\$125	1:12	1:5.5	\$17,500	\$17,500
Youth	250	600	\$300	\$235	1:3.5	1:1.0	\$52,500	\$52,500

Source: Carter Goble Lee; August 11 2006

Notes:

1. Areas per bed are based on recent Carter Goble Lee experience. Construction costs are in 2006 dollars.
2. Construction Costs per square foot shown in this matrix; project costs factored in later.
3. Staffing Ratios computed based on current staffing in similar NDCS facilities.
4. Operational Costs include personnel costs, benefits, food, medical, and similar costs...

Using the above data base, each of the various projects that were recommended in Chapter 3 can be analyzed from a construction cost basis as well as an estimated additional annual operating cost impact on the system.

Natural Growth – Estimated Cost

The projects proposed for Natural Growth – Phase 1 and Phase 2 represent the least amount of capacity expansion required to meet the projected system bedspace needs. The timeframe for Phase 1 is through FY 2015, while Phase 2 is FY 2005 – 2025. Using the cost model data presented in Table 4.1, capital construction costs and additional annual operating expenses for the proposed system capacity were estimated based on the two-year biennium capital budget format the NDCS currently uses to present capital projects. Phase 2 is presented simply as a list of projects and the anticipated costs in 2006 dollars.

For all items, beyond additional housing capacity and new facility expansion projects, the Natural Growth capital construction program will require investment in additional administration, program, and support space at specific facility locations to accommodate Cornhusker State Industries (CSI), workshops, classrooms, and other needs. The recommended projects are based upon accommodating anticipated minimum growth within the two planning horizons, as well as returning existing facilities to rated capacity levels to alleviate serious over-crowding.

Tables 4.2 and 4.3 present the estimated costs to implement the proposed Natural Growth Expansion Plan for existing NDCS facility expansions, as well as three new facilities to increase NDCS system capacity. The number of new beds to be constructed and the resulting changes in system capacity are also shown in Tables ES.7 and ES.8.



Table 4.2: Natural Growth – Phase 1 Capacity Expansion Project Costs

NATURAL GROWTH - PHASE 1: FY 2007-2015									
Facility	Project	No. Of New Beds	Area per Bed (SF)	Total Area (SF)	Cost per SF (\$)	Constr. Cost (000's)	Project Cost (000's)	Add'l. Staff Req'd.	Additional Annual Op. Cost (000's)
EXISTING and PROPOSED NEW FACILITIES									
FY 2007-2009									
TSCI	CSI Expansion ¹	-	-	7,500	\$ 187	\$ 1,403	\$ 1,823	2	\$ 1,060
TSCI	Weapons Training Facility ²	-	-	5,000	\$ 208	\$ 1,040	\$ 1,352	-	\$ -
TSCI	Additional Program/Support Space ³	-	-	4,500	\$ 150	\$ 675	\$ 878	2	\$ 130
NSP	Flood Plain Improvements ⁴	-	-	-	\$ -	\$ -	\$ 3,340	-	\$ -
NCCW	CSI Expansion ¹	-	-	4,000	\$ 157	\$ 628	\$ 816	2	\$ 130
OCC	CSI Expansion ¹	-	-	6,000	\$ 157	\$ 942	\$ 1,225	2	\$ 130
OCC	Additional Program/Support Space ⁵	-	-	18,000	\$ 200	\$ 3,600	\$ 4,680	6	\$ 390
WEC	WEC Residential Treatment Program ⁶	-	-	-	\$ -	\$ -	\$ -	-	\$ -
VARIOUS	Front Entrance Security/CCTV Project ⁷	-	-	-	\$ -	\$ -	\$ 7,860	-	\$ -
	New Substance Abuse Treatment Facility ⁸	250	350	87,500	\$ 175	\$ 15,313	\$ 19,906	50	\$ 5,500
	New Male & Female Minimum/Community Facility ⁹	612	334	204,200	\$ 150	\$ 30,630	\$ 39,819	153	\$ 16,983
Subtotal: FY 07-09		862		336,700		\$ 54,230	\$ 81,699	217	\$ 24,323
FY 2009-2011									
DEC	New High Security Intake Housing ¹⁰	128	200	25,600	\$ 350	\$ 8,960	\$ 11,648	28	\$ 4,544
NCCW/DEC	Relocate Female Reception to DEC ¹¹	-	300	8,400	\$ 200	\$ 1,680	\$ 2,184	4	\$ 994
CCCL	West Building Addition ¹²			10,000	\$ 150	\$ 1,500	\$ 1,950	4	\$ 300
DEC/LCC	New Segregation/Transition Housing Capacity ¹³	64	200	12,800	\$ 350	\$ 4,480	\$ 5,824	14	\$ 2,272
LCC	Additional Program/Support Space ⁴	-	200	18,800	\$ 200	\$ 3,760	\$ 4,888	8	\$ 520
Subtotal: FY 09-11		192		75,600		\$ 20,380	\$ 26,494	59	\$ 8,630
FY 2011-2013									
NSP/LCC	New Residential Treatment Facility ¹⁴	100	250	25,000	\$ 125	\$ 3,125	\$ 4,063	29	\$ 2,775
NSP/LCC	CSI Expansion ¹ (outside perimeter security)	-	-	12,000	\$ 80	\$ 960	\$ 1,248	8	\$ 520
TSCI	New 40-Bed Minimum Security Housing Unit ¹⁵	40	268	10,700	\$ 175	\$ 1,873	\$ 2,434	8	\$ 520
Subtotal: FY 11-13		140		47,700		\$ 5,958	\$ 7,745	45	\$ 3,815
FY 2013-2015									
NCYF	"Double" Facility Capacity ¹⁶	128	325	41,600	\$ 235	\$ 9,776	\$ 12,709	128	\$ 6,720
Subtotal: FY 13-15		128		41,600		\$ 9,776	\$ 12,709	128	\$ 6,720
Total Expansion		1,322		501,600		\$ 90,344	\$ 128,647	448	\$ 43,488

Source: Carter Goble Lee; August 11, 2006

Note: All costs are presented in 2006 dollars. Future biennium capital budgets will need to be adjusted for inflation.

- ¹ Either a new CSI prototype industries building or an expansion of existing CSI building.
- ² Existing Program Statement will require updating.
- ³ Additional support space required for warehouse, maintenance outside perimeter; minimal additional staffing.
- ⁴ Cost shared with City of Lincoln, NRD, and State of Nebraska.
- ⁵ Area allocation for additional visiting, dining, program space to maintain new higher rated capacity; no housing expansion.
- ⁶ Requires a Program Statement to define the capital and staffing costs for an addition.
- ⁷ Program Statement in progress for improvements at DEC, LCC, NYCF, NSP, and OCC.
- ⁸ Designed for 125 treatment-focused inmates; expandable to 250 beds. Site must be located and Program Statement completed.
- ⁹ New minimum/community custody facility for males and females, but in separate accommodations on the campus. Site and Program Statement required. A short-term solution to relieve current and anticipated levels of overcrowding would be to renovate HCC as a permanent 250-bed facility.
- ¹⁰ New segregation housing will free up 94 medium security beds; additional program/support for those beds, including CSI, food service expansion.
- ¹¹ Relocation of female intake/classification to DEC adds 28 new general population beds; increased program & CSI space required.
- ¹² Requires Program Statement.
- ¹³ Segregation Housing to be shared by DEC/LCC.
- ¹⁴ Construct new Residential Treatment Center in the area of NSP or at area available at LCC site; higher staffing ratio due to treatment orientation.
- ¹⁵ Slightly higher area/bed used for new some program/support space for housing outside perimeter.
- ¹⁶ Higher facility area per bed driven by education and other programmatic requirements.

Table 4.3: Natural Growth – Phase 2 Expansion Project Costs

NATURAL GROWTH - PHASE 2: 2015-2025									
Facility	Project	No. Of New Beds	Area per Bed (SF)	Total Area (SF)	Cost per SF (\$)	Constr. Cost (000's)	Project Cost (000's)	Add'l. Staff Req'd.	Additional Annual Op. Cost (000's)
DEC	Increase Double-Bunking (64 beds) ¹	-	-	-	-	-	-	6.0	\$390
NCCW	New Minimum Security Housing (120 beds)	120	185	5,180	\$175	\$907	\$1,178	12.0	\$3,180
NCYF	Increase Double-Bunking (32 beds) ¹	-	-	-	-	-	-	3.0	\$195
NSP	Expand Phase 1A Community-Based Facility (150 beds)	150	250	37,500	\$125	\$4,688	\$6,094	27.3	\$2,625
TSCI	Add New High Security Housing Building (256 beds)	256	200	51,200	\$350	\$17,920	\$23,296	56.9	\$9,088
Subtotal Existing Facility Projects		526		93,880		\$23,514	\$30,568	105.2	\$15,478
New Facility Initiatives									
	New Male Minimum Security Facility (512 beds)	512	350	179,200	\$150	\$26,880	\$34,944	128.0	\$13,568
Subtotal New Facility Projects		512		179,200		\$26,880	\$34,944	128.0	\$13,568
Total Expansion		1,038		273,080		\$50,394	\$65,512	233.2	\$29,046

Source: Carter Goble Lee; August 11, 2006

¹ No increase in administration, program, support, or housing area; some increase in staffing.

Natural Growth – Phase 1 provides a system capacity expansion of 1,322 bedspaces to meet 2015 needs, for an estimated total project cost of \$128.6 million dollars and an estimated additional annual operational expenditure of \$43.5 million. Due to the level of crowding that is now beginning to accelerate in the system, the NDCS should focus immediately on the projects that yield bedspaces quickly. Therefore, attention is directed to the following:

1. A focus in FY 07-09 bienniums should be a new 250-bed substance abuse treatment facility with a special mission related to methamphetamine abusers. Given the rise in inmates with this problem, the State would be wise to focus a facility design and operation on treatment that reduces the potential for re-offending.
2. With the revised classification approach that NDCS has adopted, the system can accommodate the high security bedspace needs in existing facilities, but is short of minimum and community custody beds. In FY 07-09, a new minimum/community custody prototype should be developed. This proposed 612-bed facility should be capable of separating genders within a campus setting and providing a range of program and work opportunities for minimum and community custody inmates. Given a few years to model the implications of the new classification approach, this type of facility may well reflect the future.
3. Although the Phase 1 capital growth plan does not include interim or temporary housing to reduce the current and accelerating level of crowding (near 140% as of July 1, 2006), the State should begin to evaluate short-term options to reduce the stress levels for staff, prisoners, and infrastructure in existing facilities. Accommodating temporary housing modules with existing facilities such as HCC or TSCI may be required even with no delays in funding or constructing the proposed Phase 1 FY 07-09 capital budget.
4. While the Phase 1 plan proposed a total of 862 new bedspaces, the expansion of infrastructure in existing facilities is critical, and especially for new CSI space to provide meaningful out-of-cell work opportunities. Likewise, expansion of program and support spaces to accommodate the increases in population at several facilities is essential.

Natural Growth - Phase 2 provides additional system capacity of 1,134 bedspaces through 632 new bedspaces, 406 beds through expansions to existing facilities, and 96 double-bunked bedspaces after 2015 to meet 2025 needs for an estimated total project cost of \$65.5 million dollars and an estimated additional annual operational expenditure of \$29.1 million. The average cost per bed is \$79,870 for construction and \$27,983 for operational costs.



As far as new construction for high-security inmates, a total of 32 high-security bedspaces are generated at TSCI by adding a minimum security unit for the trustees, and using the existing trustee unit for higher security inmates. Another 256 high-security beds are generated through construction of one new housing unit at TSCI, for a grand total of 288 additional high-security beds. This expansion is expected to provide sufficient high-security beds under either growth model through 2015 (Phase 1), and under the Natural Growth Model through 2025 (Phase 2).

Accelerated Growth – Estimated Cost

The Accelerated Growth – Phase 1 Plan through 2015 is based full implementation of the proposed Natural Growth – Phase 1 projects, with the addition of one of three options to provide capacity above and beyond that provided for in the Natural Growth scenario. The supplemental physical facilities required for Accelerated Growth – Phase 2 projects will depend upon which of the three possible Expansion Options is selected to accommodate the inmate population growth above and beyond Natural Growth – Phase 1. Three approaches were considered. The first (Option 1) includes the NDCS developing and operating an additional 1,800 incarceration bedspaces with subsequent release to Community Corrections. Option 2 suggests a plan under which the State and local jurisdictions jointly develop facilities. Option 3 includes contracting out the design, construction, finance, and operation of new treatment-based facilities. Accelerated Growth – Phase 1 projects are developed to meet additional capacity needs from 2005 to 2015; Accelerated Growth – Phase 2 projects provide additional capacity expansion required between 2015 and 2025.

Option 1: NDCS Incarceration/Community Supervision

Proposed Accelerated Growth – Phase 1 / Option 1 Projects

In addition to the expansion included in Natural Growth – Phase 1, the Accelerated Growth – Phase 1 Plan will also include:

- an additional 20 beds at NCYF for Youth;
- an additional 100 beds at the NCCW for women; and
- two new 840-bed freestanding minimum security prisons at sites to be determined.

With the additional beds itemized above added to the previous Phase 1 projects, the NDCS system will gain a total of 1,800 more beds under this Accelerated Growth – Phase 1 plan than it gained through implementation of the Natural Growth – Phase 1 plan.

A fundamental premise behind adding only 1,800 beds is that after a period of one year, most individuals will be released to community corrections. This option assumes that after the initial year of incarceration/treatment, the cost of the offenders released to Community Corrections will not be borne by NDCS; rather they will become expenditures for Community Corrections and/or other agencies, such as the Department of Health and Human Services.

Proposed Accelerated Growth – Phase 2 / Option 1 Projects

Continuing in the same approach of collaboration with community resources, Accelerated Growth – Phase 2 / Option 1 project initiatives (from 2015 to 2025) include development of an additional 50 minimum security beds at NCCW or elsewhere plus one new 640-bed freestanding NDCS male minimum security prison.

Option 2: State/County Initiative

In addition to the expansion included in Natural Growth – Phase 1, the Accelerated Growth – Phase 2 plan will include a strategy for the State to partner with counties in order to provide incarceration/treatment facilities to deal with the potential population increase above the Natural Growth.

Proposed Accelerated Growth Phase 1 / Option 2 Projects

Accelerated Growth Phase 1 Option 2 utilizes a joint State/County initiative to develop new special purpose combination incarceration/treatment facilities that will be located in high admission counties or catchment regions. If counties elected to do so, additional beds above the State needs can be constructed under a jointly-funded approach. A total of ten 340-bed combination incarceration/treatment facilities are proposed for this phase.

Proposed Accelerated Growth Phase 2 / Option 2 Projects

Continuing in the same approach of Accelerated Growth – Phase 1 Option 2, Phase 2 of the same option suggests that to meet potential additional needs to 2025 projected by the Accelerated Growth scenario, four additional 340-bed combination incarceration/treatment facilities will be required for this phase.

Option 3: NDCS Incarceration/Private Sector Treatment

Proposed Accelerated Growth – Phases 1 / Option 3 Projects

Accelerated Growth – Phase 1 Option 3 is a variation of Accelerated Growth – Phase 1 Option 1, where NDCS will provide the initial incarceration period (estimated at 50% of the total projected additional ADP), followed by transfer to treatment facilities developed and operated by the private sector. Similar to Option 2, the burden of site location and recruitment for this aspect of the overall facility development issues will be shifted to the private sector. In addition, the responsibility for securing financing for treatment facility projects (capital and operating) will become the responsibility of the private contractor. The State will establish guidelines for conditions of confinement and operation, but the remaining responsibilities will be assigned to the private sector.

The physical facilities required for Accelerated Growth – Phase 1 , Option 3 includes all initiatives included in the Natural Growth model, plus:

- an additional 20 beds at NCYF for Youth;
- an additional female 100 beds at the NCCW or elsewhere;
- two new State-operated 840-bed freestanding minimum security prisons (sites to be determined) and
- five 340-bed treatment facilities in various locations by the private sector.

Proposed Accelerated Growth – Phase 2 / Option 3 Projects

Continuing with the privatization/contractor approach of Option 3, the plan for Accelerated Growth – Phase 2 (2015-2025) project initiatives would be development of an additional 50 minimum security beds, at NCCW or elsewhere, and one new 640-bed freestanding NDCS male minimum security prison. Two additional 340-bed treatment facilities would need to be provided by the private sector.

Comparison of Options

Year 2005 to 2015 Needs

These options are intended to reflect various approaches that the State could consider in meeting the potential bedspace shortfall resulting from the implementation of recent drug-related legislation. In all three options, system expansion projects included as Natural Growth – Phase 1 additional beds would be required as this reflects the “natural growth” that is predicted to occur, regardless of the additional impact of recent legislative initiatives.

The three options discussed for Accelerated Growth – Phase 1 are based on meeting the total potential system capacity requirements for the year 2015. As stated, in each case, the proposed Natural Growth – Phase 1 projects need to be accomplished, plus either Option 1, 2, or 3, in a series of initiatives by that point in time



Accelerated Growth – Option 1 is the least expensive of the Accelerated Growth solutions, due to the strategy of NDCS providing only one year of incarceration in a “regular” facility, for methamphetamine commitments, followed by assignment to intensive Community Corrections. The likely cost of intensive supervision in the community would range from \$10 to \$15 dollars per offender per day. At \$12/day, this translates to an additional \$6.0 million annual operating cost, which has been included in Accelerated Growth – Option 1.

Year 2015 to 2025 Needs

Option 1 remains the least expensive Accelerated Growth strategy, since “non-facility” solutions are used to meet the need for community sanctions, even when the likely cost of intensive supervision in the community at \$12/day (an additional \$6.0 million annual operating cost) is included in Accelerated Growth – Option 1.

The comparative costs to implement the Natural Growth Plan and of each of the three development options, representing total initiatives required for both Phase 1 (year 2015) and Phase 2 (2025) are summarized in Table 4.4.

Table 4.4: Comparison of Estimated Cost between the Natural and Accelerated Growth Models

Summary of Expansion Plan	Natural Growth	OPTION 1: NDCS Incarceration/ Community Supervision		OPTION 2: State/County Initiative		OPTION 3: NDCS Incarceration/Private Sector Treatment	
		Accelerated Growth	Difference vs. Natural Growth	Accelerated Growth	Difference vs. Natural Growth	Accelerated Growth	Difference vs. Natural Growth
Phase 1: 2005-2015							
Number of Constructed Beds	1,322	2,902	1,580	4,502	3,180	4,602	3,280
Estimated Project Costs	\$ 128,646,550	\$ 211,573,050	\$ 82,926,500	\$ 272,413,050	\$ 143,766,500	\$ 211,573,050	\$ 82,926,500
Additional Annual Operating Costs	\$ 43,488,000	\$ 52,526,589	\$ 9,038,589	\$ 70,655,160	\$ 27,167,160	\$ 90,408,349	\$ 46,920,349
Phase 2: 2015-2025							
Number of Beds	1,038	1,824	786	2,494	1,456	2,504	1,466
Estimated Project Costs	\$ 65,512,200	\$ 116,476,750	\$ 50,964,550	\$ 142,314,250	\$ 76,802,050	\$ 116,476,750	\$ 50,964,550
Additional Annual Operating Costs	\$ 29,046,000	\$ 31,833,232	\$ 2,787,232	\$ 32,783,232	\$ 3,737,232	\$ 43,515,936	\$ 14,469,936
Total Expansion Through 2025							
Number of Beds	2,360	4,726	2,366	6,996	4,636	7,106	4,746
Estimated Project Costs	\$ 194,158,750	\$ 328,049,800	\$ 133,891,050	\$ 414,727,300	\$ 220,568,550	\$ 328,049,800	\$ 133,891,050
Additional Annual Operating Costs	\$ 72,534,000	\$ 84,359,821	\$ 11,825,821	\$ 103,438,392	\$ 30,904,392	\$ 133,924,285	\$ 61,390,285

Source: Carter Goble Lee; July 3, 2006

Conclusion

The purpose of this plan is to update previous studies in light of system and legislative changes and to model the possible implications of the public policies and behavior that influence incarceration. Without question, the use and abuse of methamphetamines in the United States is reaching epidemic levels amongst segments of the population. While these addicts are not typically violent, the abuse defies many of the traditional treatment models, and incarceration alone has shown to have virtually no impact upon curing the addiction beyond the obvious period of incarceration. Therefore, in conjunction with the determination of facility needs for methamphetamine addicts, the State must address a comprehensive approach to a continuum of care model that follows the released offender back to the community where sustainable solutions reside.

Secondly, the NDCS has embarked upon a “sea change” relative to the method used to classify inmates that ultimately may reduce the demand for higher custody bedspaces but increase the need for minimum custody bedspaces. Fortunately, resulting from the outcomes of the 1997 Master Plan, the State has an adequate supply of high custody

bedspaces that should last for more than a decade. The immediate need is to provide minimum custody bedspaces to take advantage of the change in classification levels and to focus on rehabilitation of these offenders, and especially those with histories of substance treatment abuse. Even if a new commitment to community-based alternatives "takes root", a period of incarceration in a minimum custody, treatment-focused environment may be critical to the success of any expansion of community-based alternatives.

Lastly, incarceration rates in Nebraska, while remaining far behind those of the East and West coast states, are certainly on the rise. In the 1992 Master Plan, the average daily population was less than 2,000. On May 2, 2006, the population was 4,420. In less than 15 years, the population has more than doubled. During the development of the 1997 Master Plan, the leadership of NDCS proposed that 125% of capacity would be a manageable level of crowding on a short-term basis. Today, the system is straining to accommodate 140% of capacity, and climbing. The 2006 Master Plan recommends 862 new bedspaces immediately that, if available today, would mean that the system was operating at 97% of a new recommended operating capacity that is higher than currently used.

Clearly, the State cannot expect to accommodate the level of growth expected even under the Natural Growth Model without a significant expansion of bedspaces or implementation of community options. For the past 10 years, the ADP has increased, on average, 135 inmates per year. Simple math indicates that if the 862 FY 07-09 bedspaces recommended in this plan are not occupied until 2009, the population will have increased by at least another 300 prisoners to be added to the 700 that currently exceed the new recommended "operational capacity" of 3,704. Incremental increases in housing will be necessary to maintain good order within existing facilities.



The following items are provided in this Appendix Section for reference:

- Tables A.1 through A.7
Supporting Data for the Natural Growth Model
- Tables A.8 through A.14
Supporting Data for the Accelerated Growth Model
- Table A.15
2025 Natural Growth Model
- Table A.16
2025 Accelerated Growth Model
- Tables A.17 through A.26
Supporting Data for the Facility Capacity Evaluations



A complete compilation of facility evaluation data collected during the study process is provided in the separately bound Supplemental Appendix.

Disaggregation of the Natural Growth Model

Table A.1
Disaggregation Allocation

	Female						Male					
	< 19 ⁴	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+
Under 1 Year ¹	0.1%	6.1%	7.2%	3.7%	0.9%	0.0%	5.5%	28.4%	26.9%	16.1%	4.6%	0.6%
1-5 Years ²	0.3%	5.6%	5.2%	2.9%	0.4%	0.0%	6.7%	33.9%	24.3%	16.6%	3.5%	0.7%
5-10 Years ²	0.3%	3.0%	4.4%	2.2%	0.4%	0.1%	9.6%	38.2%	22.7%	15.3%	3.7%	0.3%
10-20 Years ²	0.5%	2.3%	2.8%	5.0%	1.8%	0.3%	11.3%	31.6%	24.6%	15.0%	3.6%	1.2%
20+ Years ²	0.0%	2.2%	0.4%	1.4%	0.0%	0.0%	8.4%	33.4%	27.3%	18.7%	7.1%	1.1%
Life ³	0.0%	0.0%		3.6%		0.0%	5%	42%	24%	18%	8%	0%
Death ³	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	10%	80%	10%	0%	0%

¹ Based on 2002 to 2005 average of admissions

² Based on 2001 to 2005 average of admissions

³ Fixed percentages, based on adjusted historical admissions

⁴ Maximum Youth ALOS - 4 years. After that the balance shifts to the 20-29 category for 10-20 year sentences, and so forth.

Table A.2
2005 Admissions (Actual Data)

	Female						Male						Total 2005 ADM
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+	
Under 1 Year ¹	1	13	14	13	3	-	15	65	62	46	11	3	246
1-5 Years ²	3	75	59	42	7	-	65	387	264	185	38	10	1,135
5-10 Years ²	-	8	12	7	3	-	32	108	63	38	8	1	280
10-20 Years ²	1	2	2	1	-	-	14	38	28	27	4	4	121
20+ Years ²	-	1	-	2	-	-	5	19	12	9	4	1	53
Life ³	-	-	-	-	-	-	-	10	4	2	-	-	16
Death ³	-	-	-	-	-	-	-	-	-	-	-	-	-
	5	99	87	65	13	-	131	627	433	307	65	19	1,582
						269							1,851
													1,851

Disaggregation of the Natural Growth Model

Table A.3

2015 Admissions Forecast

	Female						Male						2015 Forecasted ADM
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+	
Under 1 Year ¹	-	16	19	10	2	-	15	77	73	44	12	2	271
1-5 Years ²	5	87	81	45	7	-	105	530	381	259	55	11	1,566
5-10 Years ²	1	11	16	8	2	-	35	139	83	56	13	1	365
10-20 Years ²	1	3	4	8	3	1	17	48	38	23	6	2	153
20+ Years ²	-	1	-	1	-	-	4	18	14	10	4	1	53
Life ³	-	-	-	-	-	-	1	5	3	2	1	-	12
Death ³	-	-	-	-	-	-	-	1	7	1	-	-	8
	7	118	120	72	14	1	332	177	818	599	395	17	2,097
													2,429
													2,428

Table A.4

2025 Admissions Forecast

	Female						Male						2025 Forecasted ADM
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+	
Under 1 Year ¹	-	20	23	12	3	-	18	92	87	52	15	2	324
1-5 Years ²	6	106	98	55	9	-	127	645	464	316	67	13	1,906
5-10 Years ²	1	13	19	9	2	-	42	166	99	66	16	1	434
10-20 Years ²	1	4	5	9	3	1	21	58	45	28	7	2	185
20+ Years ²	-	1	-	1	-	-	4	18	14	10	4	1	53
Life ³	-	-	-	-	-	-	1	5	3	2	1	-	12
Death ³	-	-	-	-	-	-	-	1	7	1	-	-	8
	8	144	145	86	17	1	401	213	985	719	475	19	2,521
													2,922
													2,922

Table A.5

2015 Estimated ADP

	Female						Male						2015 Forecasted ADP			
	ALOS	< 19	Rollover	20-29	30-39	40-49	50-59	60+	< 19	Rollover	20-29	30-39		40-49	50-59	60+
Under 1 Year ¹	0.8	-	-	13	15	8	2	-	12	-	63	59	36	10	2	220
1-5 Years ²	1.2	6	-	107	100	56	9	-	130	-	654	470	320	68	14	1,934
5-10 Years ²	3.0	1	2	35	48	24	6	-	42	62	475	246	166	39	3	1,085
10-20 Years ²	6.0	1	5	23	24	48	18	6	20	82	369	227	137	36	12	921
20+ Years ²	12.0	-	-	12	-	12	-	-	5	43	258	168	120	48	12	635
Life ³	23.5	-	-	-	-	-	-	-	1	23	141	71	47	24	-	284
Death ³	n/a	-	-	-	-	-	-	-	-	-	-	12	-	-	-	12
		8		190	187	148	35	6	210		1,960	1,253	826	225	43	5,091

Table A.6

2025 Estimated ADP

	Female						Male						2025 Forecasted ADP			
	ALOS	< 19	Rollover	20-29	30-39	40-49	50-59	60+	< 19	Rollover	20-29	30-39		40-49	50-59	60+
Under 1 Year ¹	0.8	-	-	16	19	10	2	-	15	-	75	71	42	12	2	264
1-5 Years ²	1.2	7	-	131	121	68	11	-	157	-	796	573	390	83	16	2,353
5-10 Years ²	3.0	1	2	41	56	27	6	-	50	75	568	294	196	48	3	1,290
10-20 Years ²	6.0	1	5	29	30	54	18	6	25	100	446	269	167	42	12	1,099
20+ Years ²	12.0	-	-	12	-	12	-	-	5	43	258	168	120	48	12	635
Life ³	23.5	-	-	-	-	-	-	-	1	23	141	71	47	24	-	284
Death ³	n/a	-	-	-	-	-	-	-	-	-	-	12	-	-	-	12
		9		229	226	171	37	6	253		2,284	1,458	962	257	45	5,259
																5,937



Disaggregation of the Natural Growth Model

Table A.7

2010															
Youthful ¹		7					7		188					188	195
Medically Limited ²					2	-	2					21	40	61	63
Death Row		-	-	-	-	-	-			12.00				12	12
General Population ⁴			175	173	131	22	501			1,604	1,139	757	186	3,686	4,187
Maximum	4%		7	7	5	1	20	20%		321	228	151	37	737	757
Medium	26%		46	45	34	6	131	34%		545	387	257	63	1,253	1,384
Minimum	44%		77	76	58	10	220	34%		545	387	257	63	1,253	1,474
Community	26%		46	45	34	6	130	12%		192	137	91	22	442	573
	100%	7	175	173	131	24	510	100%	188	1,604	1,151	757	207	3,947	4,457
2015															
Youthful ¹		8					8		210					210	218
Medically Limited ²					4	6	10					23	43	66	76
Death Row		-	-	-	-	-	-			12.00				12	12
General Population ⁴			190	187	148	31	556			1,960	1,241	826	202	4,229	4,785
Maximum	4%		7	7	6	1	22	20%		392	248	165	40	846	867
Medium	26%		50	49	39	8	145	34%		666	422	281	69	1,438	1,583
Minimum	44%		84	82	65	14	245	34%		666	422	281	69	1,438	1,683
Community	26%		49	49	38	8	145	12%		235	149	99	24	507	652
	100%	8	190	187	148	35	574	100%	210	1,960	1,253	826	225	4,517	5,091
2020															
Youthful ¹		8					8		231					231	239
Medically Limited ²					4	6	10					24	44	68	78
Death Row		-	-	-	-	-	-			12.00				12	12
General Population ⁴			214	210	158	32	614			2,120	1,347	891	215	4,573	5,187
Maximum	4%		8	8	6	1	24	20%		424	269	178	43	915	939
Medium	26%		56	55	41	8	160	34%		721	458	303	73	1,555	1,715
Minimum	44%		94	92	70	14	270	34%		721	458	303	73	1,555	1,825
Community	26%		56	55	41	8	160	12%		254	162	107	26	549	708
	100%	8	214	210	158	36	632	100%	231	2,120	1,359	891	239	4,884	5,516
2025															
Youthful ¹		9					9		253					253	262
Medically Limited ²					4	6	10					26	45	71	81
Death Row		-	-	-	-	-	-			12.00				12	12
General Population ⁴			229	226	167	37	659			2,284	1,446	936	257	4,923	5,582
Maximum	4%		9	9	7	1	26	20%		457	289	187	51	985	1,010
Medium	26%		60	59	44	10	172	34%		777	492	318	87	1,674	1,846
Minimum	44%		101	99	73	16	290	34%		777	492	318	87	1,674	1,964
Community	26%		60	59	43	10	171	12%		274	174	112	31	591	762
	100%	9	229	226	167	41	678	100%	253	2,284	1,458	936	283	5,259	5,937

¹ All under age 19.

² All over age 60 plus 10% of those 50-59.

³ Divided according to anticipated division per new classification system.

Disaggregation of the Accelerated Growth Model

Table A.8
Disaggregation Allocation

	Female						Male					
	< 19 ⁴	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+
Under 1 Year ¹	0.1%	6.1%	7.2%	3.7%	0.9%	0.0%	5.5%	28.4%	26.9%	16.1%	4.6%	0.6%
1-5 Years ²	0.3%	5.6%	5.2%	2.9%	0.4%	0.0%	6.7%	33.9%	24.3%	16.6%	3.5%	0.7%
5-10 Years ²	0.3%	3.0%	4.4%	2.2%	0.4%	0.1%	9.6%	38.2%	22.7%	15.3%	3.7%	0.3%
10-20 Years ²	0.5%	2.3%	2.8%	5.0%	1.8%	0.3%	11.3%	31.6%	24.6%	15.0%	3.6%	1.2%
20+ Years ²	0.0%	2.2%	0.4%	1.4%	0.0%	0.0%	8.4%	33.4%	27.3%	18.7%	7.1%	1.1%
Life ³	0.0%	0.0%		3.6%		0.0%	5%	42%	24%	18%	8%	0%
Death ³	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0%	10%	80%	10%	0%	0%

¹ Based on 2002 to 2005 average of admissions

² Based on 2001 to 2005 average of admissions

³ Fixed percentages, based on adjusted historical admissions

⁴ Maximum Youth ALOS - 4 years. After that the balance shifts to the 20-29 category for 10-20 year sentences, and so forth.

Table A.9
2005 Admissions (Actual Data)

	Female						Male						Total 2005 ADM
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+	
Under 1 Year ¹	1	13	14	13	3	-	15	65	62	46	11	3	246
1-5 Years ²	3	75	59	42	7	-	65	387	264	185	38	10	1,135
5-10 Years ²	-	8	12	7	3	-	32	108	63	38	8	1	280
10-20 Years ²	1	2	2	1	-	-	14	38	28	27	4	4	121
20+ Years ²	-	1	-	2	-	-	5	19	12	9	4	1	53
Life ³	-	-	-	-	-	-	-	10	4	2	-	-	16
Death ³	-	-	-	-	-	-	-	-	-	-	-	-	-
	5	99	87	65	13	-	131	627	433	307	65	19	1,582
						269						1,582	1,851

Table A.10
2015 Admissions Forecast

	Female						Male						2015 Forecasted ADM
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+	
Under 1 Year ¹	-	16	19	10	2	-	15	77	73	44	12	2	271
1-5 Years ²	4	74	69	38	6	-	89	451	324	221	47	9	1,331
5-10 Years ²	1	11	16	8	2	-	35	139	83	56	13	1	365
10-20 Years ²	1	3	4	8	3	1	17	48	38	23	6	2	153
20+ Years ²	-	6	1	4	-	-	24	96	79	54	21	3	288
Life ³	-	-	1	-	-	-	2	15	8	6	3	-	35
Death ³	-	-	-	-	-	-	-	1	7	1	-	-	8
	6	110	110	68	13	1	182	827	612	405	102	17	2,145
						308						2,145	2,453



Disaggregation of the Accelerated Growth Model

Table A.11

2025 Admissions Forecast

	Female						Male						2025 Forecasted ADM			
	< 19	20-29	30-39	40-49	50-59	60+	< 19	20-29	30-39	40-49	50-59	60+				
Under 1 Year ¹	-	20	23	12	3	-	18	92	87	52	15	2	Total Female ADM	Total Male ADM	2025 Forecasted ADM	
1-5 Years ²	5	90	83	46	7	-	108	549	394	268	57	11				1,620
5-10 Years ²	1	13	19	9	2	-	42	166	99	66	16	1				434
10-20 Years ²	1	4	5	9	3	1	21	58	45	28	7	2				185
20+ Years ²	-	7	1	5	-	-	28	113	93	63	24	4				339
Life ³	-	-	1	-	-	-	2	15	8	6	3	-				35
Death ³	-	-	-	-	-	-	-	1	7	1	-	-				8
	7	134	132	81	15	1	219	994	733	484	122	20	2,572	2,942	2,945	

Table A.12

2015 Estimated ADP

	Female							Male							2015 Forecasted ADP				
	ALOS	< 19	Rollover	20-29	30-39	40-49	50-59	60+	< 19	Rollover	20-29	30-39	40-49	50-59		60+			
Under 1 Year ¹	0.8	-	-	13	15	8	2	-	12	-	63	59	36	10	2	Total Female ADP	Total Male ADP	2015 Forecasted ADP	
1-5 Years ²	1.2	5	-	91	85	47	7	-	110	-	557	400	273	58	11				1,644
5-10 Years ²	3.0	1	2	35	48	24	6	-	42	62	475	246	166	39	3				1,085
10-20 Years ²	6.0	1	5	23	24	48	18	6	20	82	369	227	137	36	12				921
20+ Years ²	12.0	-	-	72	12	48	-	-	29	258	1,407	945	646	251	36				3,446
Life ³	23.5	-	-	-	24	-	-	-	2	45	398	188	141	71	-				824
Death ³	n/a	-	-	-	-	-	-	-	-	-	-	12	-	-	-				12
	7	-	-	234	208	175	33	6	215	-	3,269	2,077	1,399	465	64	663	7,489	8,152	

Table A.13

2025 Estimated ADP

	Female							Male							2025 Forecasted ADP				
	ALOS	< 19	Rollover	20-29	30-39	40-49	50-59	60+	< 19	Rollover	20-29	30-39	40-49	50-59		60+			
Under 1 Year ¹	0.8	-	-	16	19	10	2	-	15	-	75	71	42	12	2	Total Female ADP	Total Male ADP	2025 Forecasted ADP	
1-5 Years ²	1.2	6	-	111	102	57	9	-	133	-	677	486	331	70	14				1,996
5-10 Years ²	3.0	1	2	41	56	27	6	-	50	75	568	294	196	48	3				1,290
10-20 Years ²	6.0	1	5	29	30	54	18	6	25	100	446	269	167	42	12				1,099
20+ Years ²	12.0	-	-	84	12	60	-	-	34	301	1,653	1,113	754	287	48				4,045
Life ³	23.5	-	-	-	24	-	-	-	2	45	398	188	141	71	-				824
Death ³	n/a	-	-	-	-	-	-	-	-	-	-	12	-	-	-				12
	8	-	-	281	243	208	35	6	259	-	3,817	2,433	1,631	530	79	781	8,749	9,530	

Disaggregation of the Accelerated Growth Model

Table A.14

2010																	
Youthful ¹		7					7			192				192	199		
Medically Limited ²					2	-	2					43	62	105	107		
Death Row		-	-	-	-	-	-			12.00				12	12		
General Population ⁴			220	195	160	21		596		1,604	1,139	757	186	3,686	4,282		
<i>Maximum</i>	4%		9	8	6	1		23	20%	321	228	151	37	737	760		
<i>Medium</i>	26%		57	51	42	5		156	34%	545	387	257	63	1,253	1,409		
<i>Minimum</i>	44%		97	86	70	9		262	34%	545	387	257	63	1,253	1,515		
<i>Community</i>	26%		57	51	42	5		155	12%	192	137	91	22	442	597		
	100%	7	220	195	160	23	-	605	100%	192	1,604	1,151	757	229	62	3,995	4,600
2015																	
Youthful ¹		7					7			215				215	222		
Medically Limited ²						3	6	9				47	64	111	120		
Death Row		-	-	-	-	-	-	-		12.00				12	12		
General Population ⁴			234	208	175	30		647		3,269	2,065	1,399	418	7,151	7,798		
<i>Maximum</i>	4%		9	8	7	1		25	20%	654	413	280	84	1,430	1,455		
<i>Medium</i>	26%		61	54	46	8		169	34%	1,111	702	476	142	2,431	2,600		
<i>Minimum</i>	44%		103	92	77	13		285	34%	1,111	702	476	142	2,431	2,716		
<i>Community</i>	26%		61	54	46	8		168	12%	392	248	168	50	858	1,026		
	100%	7	234	208	175	33	6	663	100%	215	3,269	2,077	1,399	465	64	7,489	8,152
2020																	
Youthful ¹		8					8			236				236	244		
Medically Limited ²						4	6	10				#REF!	#REF!	#REF!	#REF!		
Death Row		-	-	-	-	-	-	-		12.00				12	12		
General Population ⁴			267	230	184	31		712		3,546	2,246	1,517	#REF!	#REF!	#REF!		
<i>Maximum</i>	4%		10	9	7	1		28	20%	709	449	303	#REF!	#REF!	#REF!		
<i>Medium</i>	26%		70	60	48	8		186	34%	1,206	764	516	#REF!	#REF!	#REF!		
<i>Minimum</i>	44%		117	101	81	14		313	34%	1,206	764	516	#REF!	#REF!	#REF!		
<i>Community</i>	26%		69	60	48	8		185	12%	426	270	182	#REF!	#REF!	#REF!		
	100%	8	267	230	184	35	6	730	100%	236	3,546	2,258	1,517	#REF!	#REF!	#REF!	#REF!
2025																	
Youthful ¹		8					8			259				259	267		
Medically Limited ²						4	6	10				53	79	132	142		
Death Row		-	-	-	-	-	-	-		12.00				12	12		
General Population ⁴			281	243	204	35		763		3,817	2,421	1,578	530	8,346	9,109		
<i>Maximum</i>	4%		11	9	8	1		30	20%	763	484	316	106	1,669	1,699		
<i>Medium</i>	26%		73	63	53	9		199	34%	1,298	823	537	180	2,838	3,037		
<i>Minimum</i>	44%		124	107	90	15		336	34%	1,298	823	537	180	2,838	3,173		
<i>Community</i>	26%		73	63	53	9		198	12%	458	291	189	64	1,002	1,200		
	100%	8	281	243	204	39	6	781	100%	259	3,817	2,433	1,578	583	79	8,749	9,530

¹ All under age 19.
² All over age 60 plus 10% of those 50-59.
³ Divided according to anticipated division per new classification system.



2025 Growth Models

Table A.15
2025 Natural Growth Model

	Intake	Maximum (19.9%)	Medium (34.4%)	Minimum (34.1%)	Community (11.6%)	Total Male Inmates	Intake	Maximum (3%)	Medium (26.1%)	Minimum (44.%)	Community (26.1)	Total Female Inmates	Total Inmates
Youthful <19 ¹	7	49	84	84	28	253	1	-	2	4	2	9	262
Medically Limited ²				70	1	71				6	4	10	81
Death Row ³		12				12		-				-	12
General Population													-
Treatment- Mental Health ⁵		23	39	39	13	114		0	4	7	4	15	129
Treatment- Substance Abuse ⁷		45	78	78	26	228		1	13	22	13	48	276
Treatment- Dual Diagnosis (MH/SA) ⁷		77	133	132	45	387		2	14	23	14	52	439
Treatment- Nursery ⁸						-		-	2	3		5	5
Remaining General Population ^{9,10}	366	671	1,013	739	145	2,935	48	1	79	125	82	335	3,270
Pre-Release ¹¹		91	304	566	299	1,259		14	48	90	48	200	1,460
Subtotal Youth	7	49	84	84	28	253	1	-	2	4	2	9	262
Subtotal Adults	366	919	1,568	1,624	529	5,006	48	19	160	275	164	665	5,671
Totals	373	968	1,652	1,708	557	5,259	49	19	162	279	166	674	5,933
Non-Count Beds													
Infirmary (2.5% of Population)	9	24	41	43	14	131	1	0	4	7	4	17	148
Parenting	-	-	-	-	-	-	-	-	10	-	-	10	10
Short-Term Segregation (2.5% of Pop.)	9	24	41	43	14	131	1	0	4	7	4	17	148
Totals	19	48	83	85	28	263	2	1	18	14	8	44	307

Table A.16
2025 Accelerated Growth Model

	Intake	Maximum (19.9%)	Medium (34.4%)	Minimum (34.1%)	Community (11.6%)	Total Male Inmates	Intake	Maximum (2.9%)	Medium (26.1%)	Minimum (44.%)	Community (26.1)	Total Female Inmates	Total Inmates
Youthful <19 ¹	8	50	86	86	29	259	1	-	2	4	2	9	268
Medically Limited ²				131	1	132				6	4	10	142
Death Row ³		12				12		-				-	12
General Population													-
Treatment- Mental Health ⁵		40	69	68	23	199		1	5	8	5	19	218
Treatment- Substance Abuse ⁷		135	233	231	79	678		2	15	25	15	56	734
Treatment- Dual Diagnosis (MH/SA) ⁷		135	233	231	79	678		2	16	27	16	60	737
Treatment- Nursery ⁸						-		-	2	3		5	5
Remaining General Population ^{9,10}	373	1,185	1,898	1,611	440	5,507	54	4	104	167	107	436	5,942
Pre-Release ¹¹		93	310	577	305	1,285		13	45	83	44	185	1,470
Subtotal Youth	8	50	86	86	29	259	1	-	2	4	2	9	268
Subtotal Adults	373	1,599	2,743	2,849	926	8,490	54	21	186	319	190	770	9,260
Totals	381	1,649	2,829	2,935	955	8,749	55	21	188	323	192	779	9,528
Non-Count Beds													
Infirmary (2.5% of Population)	10	41	71	73	24	219	1	1	5	8	5	19	238
Parenting	-	-	-	-	-	-	-	-	10	-	-	10	10
Short-Term Segregation (2.5% of Pop.)	10	41	71	73	24	219	1	1	5	8	5	19	238
Totals	19	82	141	147	48	437	3	1	19	16	10	49	486

Supporting Data for Facility Capacity Evaluations

Table A.17

FACILITY		2005 Existing Unit Data															
CCCL: Community Corrections Center- Lincoln												cell/room area		dayroom		fixtures	
BUILDING	HOUSING UNIT	Design Capacity	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	number	occ.
Main Building	B 1 West (Male)	52	78	65	65	13	4-Person Rooms	M	CB	PR	Pre-Release	200	5	1,230	35	5wc/2ur/5sk/gang shower	60
Main Building	C 1 Northwest (Male)	52	77	65	65	13	4-Person Rooms	M	CB	PR	Pre-Release	200	5	1,250	36	5wc/2ur/5sk/gang shower	60
Main Building	D 1 Northeast (Male)	52	58	65	65	13	4-Person Rooms	M	CB	PR	Pre-Release	200	5	1,250	36	5wc/2ur/5sk/gang shower	60
subtotal		156	213	195	195												
Main Building	E 1 East (Female)	44	78	55	55	11	4-Person Rooms	F	CB	PR	Pre-Release	200	5	1,020	29	6wc/5sk/5sh/1 tub	48
subtotal		44	78	55	55												
Total General Population		200	291	250	250												
Other																	
Main Building	Y Holding Area	1	2	1	1	1	Holding Cell	M	SS	SS	Temporary Holding	70	ok	na	na	1 wc/1sk/1 shower	
subtotal		1	2	1	1												

Table A.18

FACILITY		2005 Existing Unit Data															
CCCO: Community Corrections Center- Omaha												cell/room area		dayroom		fixtures	
BUILDING	HOUSING UNIT	Design Capacity 1985	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	number	occ.
Main Building	D 1 North (Male)	34	60	51	51	17	2-Person Rooms	M	CB	PR	Pre-Release	160	3	1,953	56	4wc/1ur/7sk/4sh/1 tub-sh	
Main Building	W 1 East (Male)	44	73	66	66	22	2-Person Rooms	M	CB	PR	Pre-Release	160	3	1,953	56	2wc/1ur/6sk/3sh	
subtotal		78	133	117	117												
Main Building	E 1 Northwest (Female)	12	3	18	18	6	2-Person Rooms	F	CB	PR	Pre-Release	160+	3	170	5	2wc/2sk/1sh/1 tun-sh	
subtotal		12	3	18	18												
Total General Population		90	136	135	135												
Other																	
subtotal		0	0	0	0												
		90	136	135	135												

Table A.19

FACILITY		2005 Existing Unit Data															
DEC: Diagnostic and Evaluation Center												cell/room area		dayroom		fixtures	
BUILDING	HOUSING UNIT	Design Capacity 1979	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	number	occ.
Diagnostic & Evaluation	4 Unit F	16	29	16	16	16	Single Cells	M	MX	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	29	16	16												
Diagnostic & Evaluation	5 Unit G	16	27	16	16	16	Single Cells	M	MX	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	27	16	16												
Diagnostic & Evaluation	6 Unit H	16	41	16	24	16	Single Cells	M	ME	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	41	16	24												
Diagnostic & Evaluation	7 Unit J	16	35	16	24	16	Single Cells	M	ME	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	35	16	24												
Diagnostic & Evaluation	8 Unit K	16	21	16	16	16	Single Cells	M	MX	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	21	16	16												
Diagnostic & Evaluation	9 Unit L	16	25	16	16	16	Single Cells	M	MX	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	25	16	16												
Diagnostic & Evaluation	2 Unit M	16	35	16	24	16	Single Cells	M	ME	DE	Reception	75 nsf	2	1,375	39	4 showers	
subtotal		16	35	16	24												
Diagnostic & Evaluation	1 Unit P Lower/Mezz.	32	54	64	64	32	Single Cells	M	ME	DE	Reception	95 nsf	2	1,375	39	4 showers	
subtotal		32	54	64	64												
Diagnostic & Evaluation	3 Unit O	16	21	32	32	16	Single Cells	M	MX	DE	Reception	95 nsf	2	1,375	39	4 showers	
subtotal		16	21	32	32												
Total General Population		160	288	208	232												
Other																	
Diagnostic & Evaluation	Hosp Unit P Upper	16	3	16	16	16	Medical Cells	M	MX	IN	Infirmary	95 nsf					ok
subtotal		16	3	16	16												
		176	291	224	248												



Supporting Data for Facility Capacity Evaluations

Table A.20

FACILITY		2005 Existing Unit Data										cellroom area		dayroom		fixtures
LCC: Lincoln Correctional Center		Design Capacity 1979	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	number
Main Building	A1 Unit A GP	16	32	24	32	16	Single Cells	M	ME	GP	General Population	70 nsf	1	1,120	32	2 showers
Main Building	A2 Unit A PC	48	67	72	72	48	Single Cells	M	ME	PC	Protective Custody	70 nsf	1	3,360	96	6 showers
subtotal		64	99	96	104											
Main Building	B1 Unit B Southwest	32	56	48	48	32	Single Cells	M	MX	GP	General Population	70 nsf	1	2,240	64	4 showers
Main Building	B2 Unit B Northeast	32	65	48	48	32	Single Cells	M	MX	GP	General Population	70 nsf	1	2,240	64	4 showers
subtotal		64	121	96	96											
Main Building	C1 Unit C South (50%)	16	24	16	16	16	Single Cells	M	MX	LS	Long-Term Segregation	70 nsf	1	1,120	32	2 showers
Main Building	C2 Unit C North	31	26	31	31	31	Single Cells	M	MX	LS	Long-Term Segregation	70 nsf	1	2,240	64	4 showers
subtotal		47	50	47	47											
Main Building	D1 Unit D Southeast	26	33	39	52	26	Single Cells	M	ME	TX-SO	Sex Offenders	70 nsf	1	2,240	64	4 showers
Main Building	D2 Unit D Northwest	27	43	40	54	27	Single Cells	M	ME	TX-MH	Mental Health	70 nsf	1	2,240	64	4 showers
subtotal		53	76	79	106											
Main Building	E1 Unit E Northeast	32	62	48	48	32	Single Cells	M	ME	GP	General Population	70 nsf	1	2,240	64	4 showers
Main Building	E2 Unit E Southwest	32	58	48	48	32	Single Cells	M	ME	GP	General Population	70 nsf	1	2,240	64	4 showers
subtotal		64	120	96	96											
North Support 1	NS Control Unit	16	14	16	16	16	Segregation Single	M	SE	LS	Long-Term Segregation	60 nsf	1	NA		1 shower
subtotal		16	14	16	16											
Total General Population		308	480	430	465											
Other																
Main Building	C1 Unit C South (50%)	16	14	16	16	16	Single Cells	M	MX	SS	Short-Term Segregation	70 nsf	1	1,120	32	2 showers
North Support 2	Medical	7		7	7	7	Medical Cells	M	MX	IN	Infirmiry	100 nsf	1			ok
South Support 2	Mental Health	3		3	3	3	Single Cells	M	MX	IN	MH observation	80 nsf	1			ok
subtotal		26	14	26	26											
		334	494	456	491											

Table A.21

FACILITY		Unit Data										cellroom area		dayroom		
NCCW: Nebraska Correctional Center for Women- York		Design Capacity 2004	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	
Diagnostic & Reception	A1 1 North	24	0	26	26	12	Double Cells	F	ME	DE	Reception: Being Renov.	135 nsf			0	
subtotal		24	0	26	26											
Building B	B1 1 East	13	1	3	3	3	Single Rooms	F	ME	TX-NU	Nursery	81	1			
Building B	B1 1 East	4	2	2	2	2	Large Single Rooms	F	ME	TX-NU	Nursery	122	1		in above	
Building B	B2 1/2 South	76	96	76	76	19	Four-Person Rooms	F	ME	GP	General Population	200		2,769	79	
Building B	B3 1/2 Northeast	32	32	32	32	8	Four-Person Rooms	F	ME	TX-SA	Substance Abuse Unit	200		1,485	42	
subtotal		125	131	113	113											
Building C	C1 1 North	1		1	1	1	HC Single Cell	F	MX	LS	Long-Term Segregation				na	
Building C	C1 1 North	7	6	7	7	7	Single Cell	F	MX	LS	Long-Term Segregation				na	
subtotal		8	6	8	8											
Building C	C2 1 West Lower	1	1	1	1	1	HC Single Cell	F	ME	TX-MH	Mental Health: temp D&E				1,530	44
Building C	C2 1 West Lower	0	2	2	2	1	Double Cell	F	ME	TX-MH	Mental Health: temp D&E					in above
Building C	C2 1 West Lower	5	9	5	5	5	Single Cells	F	ME	TX-MH	Mental Health: temp D&E					in above
Building C	C2 1 West Lower	2	2	2	2	2	Suicide Watch Single Cells	F	ME	TX-MH	Mental Health: temp D&E					in above
Building C	C2 1 West Upper	20	20	20	20	10	Double Cells	F	ME	TX-MH	Mental Health: temp D&E					in above
subtotal		28	34	30	30											
North Hall	D1 1 Southeast (original)	24	36	24	36	12	Double Rooms	F	ME	GP	Medium/ Maximum	135 nsf		756	22	
North Hall	D3 1 Northeast (original)	24	30	24	36	12	Double Rooms	F	ME	GP	Medium/ Maximum	135 nsf		756	22	
North Hall	D2 1 Southwest (addition)	22	36	22	22	11	Double Rooms	F	ME	GP	Medium/ Maximum	120 nsf		641	18	
North Hall	D4 1 Northwest (addition)	20	30	20	20	10	Double Rooms	F	ME	GP	Medium/ Maximum	120 nsf		641	18	
subtotal		90	132	90	114											
Total General Population		275	303	267	291											
Other																
Diagnostic & Reception	H 1 South B	1	0	1	1	1	Single Room	F	ME	IN	Emergency Medical Bed					NA
Building B	B1 1 East	0	3	10	10	10	Single Room	F	ME	PA	Parenting (Temp)	81				in B1 East above
Building C	C1 1 North	6	3	6	6	6	Single Cells	F	MX	SS	Segregation					NA
Building C	C1 1 North	1	0	1	1	1	Suicide Watch Cell	F	MX	SS	Segregation					NA
subtotal		8	6	18	18											
		283	309	285	309											

Supporting Data for Facility Capacity Evaluations

Table A.22

FACILITY					2005 Existing Unit Data											
NCYF: Nebraska Correctional Youth Facility																
BUILDING	HOUSING UNIT	Design Capacity 1998	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	
Building B	B Area A	9	9	9	11	9	Single Cell	M	ME	YO	General Pop. 18 or less	73 nsf		738	21	
Building B	B Area A	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 18 or less	123 nsf		above		
Building B	B Area B	9	9	9	11	9	Single Cell	M	ME	YO	General Pop. 18 or less	73 nsf		737	21	
Building B	B Area B	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 18 or less	123 nsf		above		
Building B	B Area C	9	10	9	11	9	Single Cell	M	ME	YO	General Pop. 18 or less	73 nsf		757	22	
Building B	B Area C	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 18 or less	123 nsf		above		
subtotal		30	34	33	39											
Building C	C1 Area A	7	6	4	4	7	Single Cell	M	SE	YO	Segregation	73 nsf		686	20	
Building C	C1 Area A	1	1	2	2	1	HC Single Cell	M	SE	YO	Segregation	123 nsf		above		
Building C	C2 Area B	7	6	7	7	7	Single Cell	M	MX	YO	Reception	73 nsf		686	20	
Building C	C2 Area B	1	1	2	2	1	HC Single Cell	M	MX	YO	Reception	123 nsf		above		
subtotal		16	14	15	15											
Building D	D Area A	9	10	9	11	9	Single Cell	M	ME	YO	General Pop. 19 or older	73 nsf		738	21	
Building D	D Area A	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 19 or older	123 nsf		above		
Building D	D Area B	9	9	9	11	9	Single Cell	M	ME	YO	General Pop. 19 or older	73 nsf		737	21	
Building D	D Area B	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 19 or older	123 nsf		above		
Building D	D Area C	9	10	9	11	9	Single Cell	M	ME	YO	General Pop. 19 or older	73 nsf		757	22	
Building D	D Area C	1	2	2	2	1	HC Single Cell	M	ME	YO	General Pop. 19 or older	123 nsf		above		
subtotal		30	35	33	39											
Total General Population		76	83	81	93											
Other																
Building A	A	2	0	2	2	2	Holding Cell	M	MX	YO	Holding Room	170 nsf		NA		
Building C	C1 Area A			3	3	3	Single Cell	M	SE	YO	Short-Term Segregation	73 nsf	1	NA		
subtotal		2	0	5	5											
		78	83	86	98											

Table A.23

FACILITY					2005 Existing Unit Data											
NSP: Nebraska State Penitentiary																
BUILDING	HOUSING UNIT	Design Capacity	7/22/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	
Building 1	1 1 Right	40	68	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		630	18	
Building 1	1 1 Left	40	66	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		630	18	
subtotal		80	134	120	150											
Building 2	2 2 Right	40	74	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		630	18	
Building 2	2 2 Left	40	65	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		630	18	
subtotal		80	139	120	150											
Building 3	3 3 Right	40	67	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		630	18	
Building 3	3 3 Left	40	61	40	60	40	Single Cells	M	MX	GP	General Population	78 nsf		630	18	
subtotal		80	128	100	135											
Building 4	4 4 Right	40	17	20	30	20	Single Cells	M	ME	LS	Segregation	78 nsf		630	18	
Building 4	4 4 Left	40	45	40	60	40	Single Cells	M	MX	LS	Segregation	78 nsf		630	18	
subtotal		80	62	60	90											
Building 5	5 5 Right (west)	40	69	60	75	40	Single Cells	M	ME	GP	General Population	78 nsf		738	21	
Building 5	5 5 Left (east)	40	68	40	60	40	Single Cells	M	MX	GP	General Population	78 nsf		738	21	
subtotal		80	137	100	135											
Medium Security Unit	6 1 Right (north)	0	0	0	0	50	Dormitory Beds	M	MN	GP	converted to RTC Office sp	4,660	93	870	25	
Medium Security Unit	6 2 Right (north)	50	92	50	60	50	Dormitory Beds	M	MN	TX-SA	Residential Treatment	4,761	95	1,122	32	
Medium Security Unit	6 2 Left (east)	50	89	50	60	50	Dormitory Beds	M	MN	GP	General Population	4,761	95	1,118	32	
subtotal		100	181	100	120											
Building 7	7 7 Right (north)	50	81	50	60	50	Dormitory Beds	M	MN	GP	General Population	2,786	56	1,617	46	
Building 7	7 7 Left (south)	50	84	50	60	50	Dormitory Beds	M	MN	GP	General Population	2,786	56	1,617	46	
subtotal		100	165	100	120											
Building 8	8 8 Right (north)	50	91	50	60	50	Dormitory Beds	M	MN	GP	General Population	2,786	56	1,617	46	
Building 8	8 8 Left (south)	50	96	50	60	50	Dormitory Beds	M	MN	GP	General Population	2,786	56	1,617	46	
subtotal		100	187	100	120											
Resident Treatment Bldg.	CU Control Unit	18	15	18	18	18	Segregation Cells	M	MX	LS	Segregation	2,786	56	1,617	46	
subtotal		18	15	18	18											
Total General Population		718	1,148	818	1,038											
Other																
Ancillary Building	H 2B Health Services	7	7	7	7	7	Patient Cell	M	MX	IN	Infirmiry	110	1	na		
Ancillary Building	H 2B Health Services	2	1	2	2	2	Isolation Cell	M	MX	IN	Infirmiry	147	1	na		
Ancillary Building	H 2B Health Services	2	1	2	2	1	2-Patient Room	M	MX	IN	Infirmiry	187	2	na		
Building 4	4 4 Right	0	17	20	20	20	Single Cells	M	ME	SS	Segregation	78 nsf		630	18	
Resident Treatment Building	CU Control Unit	18	15	18	18	18	Segregation Cells	M	MX	SS	Short-Term Segregation	65	1	na		
subtotal		29	41	49	49											
		147	1,189	867	1,087											



Supporting Data for Facility Capacity Evaluations

Table A.24

FACILITY				2005 Existing Unit Data																
OCC: Omaha Correctional Center				Design Capacity 1984	7/15/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	cell/room area		dayroom		fixtures		
BUILDING	HOUSING UNIT		nsf											occ.	nsf	occ.	number	occ.		
Building J1	1A	J1 North	20	30	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,260	36	2 showers		16	
Building J1	1B	J1 West	20	30	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,260	36	2 showers		16	
Building J1	1C	J1 South	20	35	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,260	36	2 showers		16	
Building J1	1D	J1 East	20	29	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,260	36	2 showers		16	
subtotal			80	124	120	160														
Building J2	2A	J2 North	20	30	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,575	45	2 showers		16	
Building J2	2B	J2 West	20	29	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,575	45	2 showers		16	
Building J2	2C	J2 South	20	26	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,575	45	2 showers		16	
Building J2	2D	J2 East	20	35	30	40	20	Single Cell	M	MN	GP	General Population	78	2	1,575	45	2 showers		16	
subtotal			80	120	120	160														
Building J3	3A	J3 West	52	70	65	65	13	4-Person Room	M	MN	TX-SA	Substance Abuse	253	6	1,575	45	4 wc/2 urf/6 sk/8 showers		64	
Building J3	3B	J3 South	52	66	65	65	13	4-Person Room	M	MN	GP	General Population	253	6	1,575	45	4 wc/2 urf/6 sk/8 showers		64	
Building J3	3C	J3 East	52	70	65	65	13	4-Person Room	M	MN	TX-SO	Sexual Offender	253	6	1,575	45	4 wc/2 urf/6 sk/8 showers		64	
subtotal			156	206	195	195														
Building K	4A	K North	20	30	30	30	20	Single Cell	M	ME	GP	General Population	78	2	1,551	44	2 showers			
Building K	4B	K West	20	30	30	30	20	Single Cell	M	ME	GP	General Population	78	2	1,551	44	2 showers			
Building K	4C	K South	20	33	30	30	20	Single Cell	M	ME	GP	General Population	78	2	1,551	44	2 showers			
Building K	4D	K East	20	30	30	30	20	Single Cell	M	ME	GP	General Population	78	2	1,551	44	2 showers			
subtotal			80	123	120	120														
Total General Population			396	573	555	635														
Other																				
Building B		Old Infirmary Area	5	5	12	12	3	3-Person Cell	M	ME	SS	Segregation	118	1	na		1 shower			
Building B	SEG	Control Unit	8	9	8	8	8	Segregation Cells	M	MX	SS	Segregation	80	1	na		1 shower		8	
subtotal			13	14	20	20														
			587	575	655															

Table A.25

FACILITY				Unit Data															
TSC: Tecumseh State Correctional Institution				Design Capacity 2001	7/15/05 Actual	2005 CGL Rated Capacity	Tentative Operational Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	cell/room area		dayroom			
BUILDING	HOUSING UNIT		nsf											occ.	nsf	occ.			
Building 1	1A	1 West- south	64	59	64	64	32	Double Cell	M	ME	GP	General Population	83	2	2,338	67			
Building 1	1B	1 West- north	64	58	64	64	32	Double Cell	M	ME	GP	General Population	83	2	2,338	67			
Building 1	1C	1 North- west	32	20	32	32	32	Single Cell	M	MX	TX-MH	Mental Health Unit	83	2	2,338	67			
Building 1	1D	1 North- east	32	17	32	32	32	Single Cell	M	MX	TX-MH	Mental Health Unit	83	2	2,338	67			
Building 1	1E	1 East- north	32	20	32	32	32	Single Cell	M	MX	TX-SA	Substance Abuse Treatment	83	2	2,338	67			
Building 1	1F	1 East- south	32	30	32	32	32	Single Cell	M	MN	GP	Minimum B Trustees	83	2	2,338	67			
subtotal			256	204	256	256													
Building 2	2A	2 West- south	64	60	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
Building 2	2B	2 West- north	64	63	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
Building 2	2C	2 East- north	64	55	64	64	32	Double Cell	M	ME	PC	Protective Custody	83	2	3,057	87			
Building 2	2D	2 East- south	64	60	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
subtotal			256	238	256	256													
Building 3	2A	3 West- south	64	63	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
Building 3	2B	3 West- north	64	57	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
Building 3	2C	3 East- north	64	61	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
Building 3	2D	3 East- south	64	58	64	64	32	Double Cell	M	ME	GP	General Population	83	2	3,057	87			
subtotal			256	239	256	256													
Special Management Center	SMUA	1 Northeast	30	25	30	30	30	Single Cell	M	SE	LS	Long-term Segregation	83		na				
Special Management Center	SMUA	1 Northeast	10	5	10	10	10	Single Cell	M	SE	DR	Death Row	83		na				
Special Management Center	SMUB	1 Southeast	40	31	40	40	40	Single Cell	M	SE	LS	Long-term Segregation	83		na				
Special Management Center	SMUC	1 Center East	16	11	16	16	16	Isolation Cell	M	SE	LS	Special Management	132				0		
Special Management Center	SMUD	1 Center West	16	12	16	16	16	Isolation Cell	M	SE	LS	Special Management	132				0		
Special Management Center	SMUE	1 Northwest	40	34	40	40	40	Single Cell	M	SE	LS	Long-term Segregation	83		na				
Special Management Center	SMUF	1 Southwest	40	34	40	40	40	Single Cell	M	SE	LS	Long-term Segregation	83		na				
subtotal			192	152	192	192													
Total General Population			960	833	960	960													
Other																			
Main Building	H	Infirmary	5	3	5	5	5	Infirmary Cell	M	MX	IN	Infirmary	105	1	255	51			
Main Building	H	Infirmary	1		1	1	1	HC Infirmary Cell	M	MX	IN	Infirmary	150	1	in above				
Main Building	H	Infirmary	2		2	2	2	Suicide Cells	M	MX	IN	Mental Health Observation	175	1	in above				
Main Building	H	Infirmary	2		2	2	2	Medical Isolation	M	MX	IN	Infirmary	176	1	na				
subtotal			10	3	10	10													
			970	836	970	970													

Supporting Data for Facility Capacity Evaluations

Table A.26

FACILITY				2005 Existing Unit Data													
WEC: Work Ethic Camp											cell/room area		dayroom		fixtures		
BUILDING	HOUSING UNIT	Design Capacity	7/15/05 Actual	2005 CGL Rated Capacity	Number	Room Type	Gender	Custody Level	Pop. Group	Current Utilization	nsf	occ.	nsf	occ.	number	occ.	
Building C	A 1 Northwest	20	16	24	20	Dormitory Beds	M	CB	WE	Community-Based	1,372	27	1,054	30	3wc/2ur/4sk/6 showers		
Building C	A 1 Northwest	5	4	5	5	Private Cubicle	M	CB	WE	Community-Based	60	1	in above	in above			
subtotal		25	20	29													
Building C	B 1 Northeast	20	16	24	20	Dormitory Beds	M	CB	WE	Community-Based	1,372	27	1,054	30	3wc/2ur/4sk/6 showers		
Building C	B 1 Northeast	5	4	5	5	Private Cubicle	M	CB	WE	Community-Based	60	1	in above	in above			
subtotal		25	20	29													
Building C	C 1 Southeast (west)	10	10	13	10	Dormitory Beds	F	CB	WE	Community-Based	675	14	527	15	3wc/3sk/3 showers		
Building C	C 1 Southeast (west)	2	2	2	2	Private Cubicle	F	CB	WE	Community-Based	60	1	in above	in above			
Building C	D 1 Southeast (east)	10	4	13	10	Dormitory Beds	F	CB	WE	Community-Based	588	12	527	15	3wc/3sk/3 showers		
Building C	D 1 Southeast (east)	3	3	3	3	Private Cubicle	F	CB	WE	Community-Based	60	1	in above	in above			
subtotal		25	19	31													
Building C	E 1 Southwest	20	19	24	20	Dormitory Beds	M	CB	WE	Community-Based	1,372	27	1,054	30	3wc/2ur/4sk/6 showers		
Building C	E 1 Southwest	5	5	5	5	Private Cubicle	M	CB	WE	Community-Based	60	1	in above	in above			
subtotal		25	24	29													
Total General Population		100	83	118													
Other																	
subtotal		0	0	0													
		100	83	118													