OFFICE OF INSPECTOR GENERAL OF THE NEBRASKA CORRECTIONAL SYSTEM

2015/2016 ANNUAL REPORT

Abstract

An annual report regarding the Nebraska Department of Correctional Services and the Nebraska Adult Parole Administration. The report is a summary of the year's activities of the Office of Inspector General along with numerous observations, findings, and recommendations.

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Hearing

Other

People's

Experiences

gives me

HOPE.

--Lawrence Posey

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INTRODUCTION

This is the first report of the Office of Inspector General of the Nebraska Correctional System (OIG). The first year of the office has been challenging, as the Nebraska Department of Correctional Services (NDCS) and the Adult Parole Administration (Parole) continue to undergo a variety of significant changes in their operation. There is a strong effort underway to change the way both of these state agencies operate, as a number of stakeholders are incredibly engaged in their progress.

The stakeholders include NDSC and Parole employees, inmates, parolees, members of the Nebraska Legislature, the Ombudsman's office, the Ricketts Administration, families of inmates, the American Civil Liberties Union, churches, reentry organizations, justice advocates, law enforcement, media and former inmates.

The OIG was established in 2015 by the Legislature in order to provide for increased accountability and oversight of the Nebraska correctional system. It was based on a recommendation of the Department of Correctional Services Special Investigative Committee, which was established by the adoption of Legislative Resolution 424 during the 2014 legislative session.[1] The OIG identifies and examines systemic issues of the NDCS and Parole and also investigates incidents resulting in death or serious injury that occur within the Nebraska correctional system. The OIG is affiliated with the Legislature's Office of Public Counsel.

The Office of Inspector General of the Nebraska Correctional System Act is found in Neb. Rev. Stat. §§ 47-901 – 47-919. On September 16, 2015, Doug Koebernick was appointed as the first Inspector General of Corrections.

The OIG is charged with issuing an annual report with its findings and recommendations to the members of the Judiciary Committee, the Clerk of the Legislature and the Governor by September 15th of each year. It is the intent of the OIG to provide additional reports on specific topics during the course of the next year that build on the efforts of this first report. The majority of the issues found in this report have already been brought forward to the Department of Correctional Services Special Investigative Committee or LR 34 Committee, the Appropriations Committee and the Judiciary Committee of the Legislature, the Board of Parole, the Parole, and NDCS.

The OIG has spent considerable time the past year visiting facilities, attending meetings related to correctional issues, visiting with senators and staff, gaining a better understanding of correctional facilities and related programs, and reaching out to members of the community. The first year has been an effort to learn as much as possible about the two systems.

[1] "4. The Committee recommends that the Legislature establish the "Office of Inspector General of the Nebraska Correctional System." The Office should conduct audits, inspections, reviews and other activities as necessary to aid the Legislature in its oversight of the Nebraska correctional system."

Nebraska law (Neb. Rev. Stat. § 47-902) charges the OIG with *"assisting in improving operations of NDCS and the Nebraska correctional system.*" In some ways this has become the primary focus of the OIG due to the many challenges facing NDCS as it attempts to make changes in its operation.

NDCS and its Director, Scott Frakes, face numerous challenges in the months and years ahead. One way of looking at it was expressed by John Krecji, a longtime advocate for correctional change, who wrote a letter to the editor in the *Lincoln Journal Star* on April 10, 2016 that said: *"The bureaucracy is trying to change the course of the battleship. Legislators circle in their pontoon boats shouting for Captain Frakes to hurry up and change course. Inmates, like immigrants, splash around in their rubber rafts, voicing their frustrations. While at a distance, the ACLU lurks in its submarine, threatening to launch its lawsuit torpedoes."*[2]

The OIG highly recommends that those interested in these issues and challenges first read the report of the Department of Correctional Services Special Investigative Committee that was published on December 15, 2014.[3] The report laid the groundwork for the creation of the OIG and many of the reforms that NDCS is moving forward on today.

The OIG would like to thank Kristina Hall, who served as the OIG's first intern during the summer. Thank you to the Nebraska Legislature, staff of the Ombudsman's office, and staff of the Office of Inspector General of Child Welfare, who have assisted the OIG's efforts during the last year. The OIG would finally like to thank the inmates, parolees, staff and administration of NDCS and Parole who assisted with the OIG's efforts and shared their opinions, insights and suggestions.

A sincere thank you is extended to NDCS Director Frakes, Board of Parole Chair Rosalyn Cotton, and Director Julie Micek of Parole for their expressed commitment to transparency and for their genuine willingness to assist the OIG in carrying out its statutory duties.

[2] http://journalstar.com/news/opinion/mailbag/letter-inmates-suffering-through-debate/article_bd1b3b2a-9e02-5519-8d4c-0a7231ab778f.html#comments

[3] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf

EXECUTIVE SUMMARY

During the past year, the OIG has communicated on a regular basis with not only the Nebraska Department of Correctional Services (NDCS), the Adult Parole Administration (Parole), and the Board of Parole, but also with the Legislature's Department of Correctional Services Special Investigative Committee or LR 34 Committee.

Highlights of the report include:

- As of June 30, 2016 there were 252 vacant positions in NDCS;
- 201 protective services employees have ceased their employment with NDCS in 2016;
- The recent $500 retention bonus plan announced by NDCS has the potential of splitting the staff into two categories: the haves and the have nots;
- Failure to have inmates prepared for parole may cost the State of Nebraska $35,000 to $40,000 per inmate per year;
- NDCS should consider taking additional steps to increase recruitment and employment of minority staff, including staff who speak Spanish and other languages that are prominent in the NDCS facilities;
- When the NDCS staffing analysis is taken into account, there are over 300 protective services employee vacancies in the system;
- The OIG staff survey and the Nebraska Department of Administrative Services' Culture Survey had many comparable results and findings;
- In 2014, the U.S. Department of Justice found that Nebraska had the fourth most overcrowded state correctional system;
- The August 24, 2016 staff assaults at the Lincoln Correctional Center need further examination to understand the role of understaffing and other concerns that may have contributed to the assaults;
- Inmate-on-staff assaults have grown while inmate-on-inmate assaults have decreased during 2016;
- Restrictive housing changes that went into effect on July 1, 2016 were negatively impacted by a lack of sufficient communication;
- A suicide at the Tecumseh State Correctional Institution resulted in many recommendations from a Critical Incident Review Team, including the areas of mental health, training, the use of interpreters, and emergency response;
- The preliminary finding of the OIG on the June 9, 2016 escape of two prisoners from the Lincoln Correctional Center is that it was a result of a systemic failure related to security and oversight;
- The transition of Parole from NDCS to the Board of Parole was hamstrung by a lack of clear direction to the first consultant and an overall lack of communication and understanding of the Legislature's expectations. However, NDCS and the Board of Parole adapted and the successful transition took place on July 1, 2016;
- The Adult Parole Administration will need approximately $230,000 to increase the salaries of staff to comply with state law;

- At least six counties are interested in working with NDCS to house work release inmates in their home counties;
- The Vocation and Life Skills Program is succeeding but could use a significant funding;
- The use of peer supports is growing inside and outside of correctional facilities;
- NDCS is unable to keep up with travel orders related to medical consult requests despite the efforts of a work group on this issue in 2015 and 2016;
- NDCS continues to face significant medical and behavioral health staffing issues and needs to address this challenge in a creative and meaningful way; and,
- The OIG will provide an update of the situation at the Tecumseh State Correctional Institution no later than December 1, 2016.

POTENTIAL NEEDS

In February 2016, the OIG completed an early assessment regarding the needs of NDCS. These were presented to the Legislature and NDCS. Much of the following report is based on this assessment. Below is the information that was presented at that time:

- STAFF SALARY INCREASES
  - Possible reclassification of positions (an example could be Correctional Nurses)
  - Step plan implementation
  - Consideration for extra duty pay or other incentive pay

- STAFFING ANALYSIS
  - Currently taking place and will be finished up in July
  - Looking at front-line positions
  - Looking at growth in facility population and the lack of corresponding growth in staffing (in most cases) would lead one to believe that this could be significant

- CONSTRUCTION/REPLACEMENT
  - Need for more community beds
  - Need to replace or renovate living units within facilities, such as the Control Unit at NSP
  - Potential development of work release beds in the community

- MAINTENANCE
  - Director Frakes recently said that NDCS has a $50 million maintenance backlog

- PROGRAMMING
  - Work is being done by NDCS Deputy Director Rothwell to assess existing programs and to determine what programs should be offered throughout NDCS
  - Could result in reallocation of resources or identification of the need for additional resources to fund programming changes

- CORE SERVICES
  - Many of the facilities have a large variety of needs due to the growth in their populations including kitchen and eating space, day rooms, class rooms, recreation areas, health space, Cornhusker State Industries areas, and yard space.

- NEXT LEVEL OF STAFFING ANALYSIS
  - The current staffing analysis was only focused on front line staff and it does not include other staff including maintenance, kitchen, central office, and other support team members. It is likely that some of these areas are also understaffed.

- HEALTH SERVICES STAFFING/MODEL OF CARE
    - Dr. Bruce Gage, Chief of Psychiatry for the Washington State Department of Corrections, submitted a report that suggested that the NDCS Health Services Department should decide on a model of care for mental health and that could lead to a new staffing model. This may result in the need for additional staff.

At the same time, the OIG also discussed the need to fund modular housing and classrooms at several facilities and the need for additional funding for the reentry grant program. The reentry grant program is funded by NDCS and directs funds to groups that assist inmates who are leaving NDCS facilities;

Seven months later, the assessment is standing the test of time.

BACKGROUND

As mentioned in the introduction to this report, the OIG was established as a result of the work of the Department of Correctional Services Special Investigative Committee in 2014. The Committee started its work by looking at the situation involving inmate Nikko Jenkins' history in segregation while in prison, his leaving the correctional system direct from segregation and having no transitional programming, and his murdering four people in Omaha. The work of the Committee expanded as more issues came to light regarding *"the full extent of the dysfunction at the Department of Correctional Services."*[4] It is important to note that the 2014 criticisms focused on the leaders of NDCS. However, many staff throughout the agency have told the OIG that they felt like their efforts were being criticized during that process. Those concerns continue today.

It is necessary to look at the past actions of NDCS in order to understand how the department arrived at its current dilemma and where it needs to go in the future. The NDCS is an agency that clearly does not have the necessary resources needed to fulfill its mission. This could be viewed as a failure of past NDCS leaders, as well as the Executive and Legislative branches of state government.

In 2014, the Committee's report provided a solid analysis and history of some of the resource issues that have plagued NDCS. It found the following:

> *It is also the judgment of the Committee that the resources available to inmates within NDCS are wholly inadequate. These resources include programming and mental health treatment. The NDCS must not only punish the incarcerated but provide some measure of rehabilitation. This rehabilitation cannot happen within NDCS until adequate programming is available and mental illnesses are appropriately treated. The failure to devote adequate resources to programming and mental health treatment will result in the compromise of public safety and additional expense as the unrehabilitated reoffend and return to NDCS.*[5]
>
> *It is the Committee's judgment that overcrowding in the institutions of the Department of Correctional Services and the lack of adequate resources were central to most, if not all, of the remaining scandals that plagued this agency of the Executive Branch of the state government.*[6]
>
> *The recommendations of the Carter Goble Lee report were presented to the Governor's office in 2006. The Governor elected to not follow the recommendations of the report. In*

[4] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, page 33

[5] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, page 33

[6] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, page 34

fact, since the report was presented to the Governor, the Executive Branch never sought an appropriation to develop the additional capacity recommended in the report. The consequences of this decision were predictable.

While the 2006 Master Plan was never implemented in the years that followed it is clear that overcapacity led the Governor's office to reconsider the recommendations in the Carter Goble Lee report on a number of occasions. Talking points from a November 7, 2007, meeting, between Director Bob Houston and the Governor's Chief of Staff Larry Bare show that severe overcrowding was discussed and that an attachment to the talking points was the 2006 Master Plan.

In May 2009 Robert Bell from the Governor's Policy Research Office sought "realistic cost estimates related to prison construction" from Director Houston. In the email Bell wrote, "I also think that you have said in the past that your need is at the lower custody levels, so I would like an estimate of a new minimum/medium facility." He also asked for the costs of adding beds at TSCI and any other facility construction costs. As a result, a May 7, 2009, memorandum from Houston to Bell was submitted and was "partly based on the 2006 Strategic Capital Facilities Plan, as prepared by Carter Goble Lee." The memorandum provided the costs of adding 256 beds to TSCI, adding a 250 bed housing unit at the Community Corrections Center-Lincoln (CCC-Lincoln), and a new 900 bed multiple custody facility. The total costs were approximately $150 million.

In the fall of 2009 through 2010, there was activity by the Department of Correctional Services to prepare a proposal to present to the Governor for additional capital construction based upon the 2006 Carter Goble Lee report. Like all of the previous attempts, this discussion concerning the need for capital construction to address capacity issues did not culminate in an appropriation request by the Governor's office. Nor did the Department of Correctional Services or the Governor ever advocate for resources to build additional capacity.

Finally, on March 14, 2012, a meeting between Bob Houston and Governor Heineman took place that addressed prison capacity and, once again, updated figures on building the additional capacity recommended in the 2006 Carter Goble Lee report. Director Houston prepared an outline for the meeting which included the obvious, but important observation: "NDCS must reduce its population or increase its capacity." The outline proposed three different options for the Governor's consideration. The options were labeled "No Cost Options," "Low Cost Options," and "Build Capacity." The "Build Capacity" option presented the Governor with the updated cost figures on adding 1,300 beds to the capacity of NDCS. This "Build Capacity" option involved capital construction proposed in the 2006 Master Plan by Carter Goble Lee. The "No Cost Options" were a variety of strategies intended to move inmates out of the Department of Correctional Services institutions in a shorter time span. The "Low Cost Options" involved minimal expenditures and band-aid approaches to deal with overcrowding.

In his testimony before the Committee, Governor Heineman acknowledged that all three options were presented and he elected to go with the "No Cost Options." In reality, the administration had already begun implementing many of the "No Cost Options." It is important, nevertheless, to recognize that a deliberate decision was made by the administration to not build additional capacity and, instead, pursue "No Cost Options."

It is the implementation of the various "No Cost Options" that became the subject of the various scandals investigated by this Committee. At no time did the administration propose building more capacity. No appropriation request was ever made to the legislature by the Department of Correctional Services nor the Governor's office. What's more, the Director insisted in meetings with Senators that the numbers were manageable. Clearly that was not the case. In short, the decision to not follow the recommendations of the Carter Goble Lee report was the Governor's alone and it follows that the resulting overcrowding and its related consequences were of his own making."[7]

When Director Houston was asked whether he had ever presented the report to Governor Heineman, he told the Committee "I did not present it to him," never advocated for the findings in the report and that he never had a conversation with the Governor about the findings. When the Governor appeared before the Committee, he stated that he remembered having a number of conversations with Houston regarding the recommendations of the Carter Goble Lee report.[8]

The Committee also recommends that additional resources be devoted to mental health care and adequate programming. Mental health services and programming should be made appropriately available across facilities and to individuals in protective custody. Mental health care and programming should be evidence based. Specifically, the availability of violence reduction programming should be expanded. Clearly, these are two areas that have been sacrificed to cost-saving measures. It is the Committee's opinion that providing rehabilitation for inmates through programming and mental health treatment is critical to public safety inasmuch as 97 percent of the inmates will be returned to the community upon completion of their sentence. Additional resources should be invested in community based mental health both in terms of access to mental health treatment that can prevent entry into the correctional system and in terms of the availability of community based mental health for inmates upon re-entry.[9]

During the past year, the OIG has had numerous conversations with past and current employees of NDCS. In many cases, they describe a "starving" agency that has not been able to ask for the

[7] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, pages 36-37
[8] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, page 34 footnote
[9] http://nebraskalegislature.gov/pdf/reports/committee/select_special/lr424_2014/lr424_report.pdf, page 59

resources it needed during prior administrations because of political pressure from above to not spend any additional money. They described the changes in the agency that resulted from it not having the resources needed to fulfill its mission. During the past year there have been many expressions of hope from staff that the new NDCS administration will begin to address these concerns. Many believe that more oversight of NDCS will present an opportunity to educate policymakers about the impact of previous funding choices.

STAFFING

The staffing issues facing NDCS have long been obvious. While the Tecumseh State Correctional Institution (TSCI) was receiving the most attention due to the riot that took place on Mother's Day in 2015, other facilities and parts of the system were also facing significant staffing challenges Such staffing challenges impact the entire system, including safety and security, treatment and programs for inmates, reentry efforts, and even the ability to carry out a travel order.

In short: NDSC is in a staffing crisis.

Recruitment

The data shows that the number of people recruited by NDCS has risen over the past three years. During fiscal year 2013-14, 462 individuals started their pre-service training program. This increased to 526 individuals in fiscal year 2014-15 and 587 in fiscal year 2015-16.[10] NDCS put a renewed effort into recruiting through a number of methods, including the hiring of a full-time recruiter and increased advertising.

A work group on staffing vacancies was convened by NDCS during 2015 and 2016 and focused primarily on recruitment efforts. Concerns regarding this effort include that it lacked a focus on retention of employees and the membership of the work group did not include anyone from outside the central office (with the exception of TSCI Warden Brian Gage).

Overtime

In 2014, the average amount of overtime throughout NDCS was 22,056 hours a month. The average during the first half of 2016 was 28,958 hours.[11] This is an increase of more than 31 percent (2015 data was not used in this comparison due to the Tecumseh riot and the impact that it had on overtime).

According to NDCS, the top 30 employees who worked the most overtime ranged from working an extra 994 hours in one year to working an extra 2,839 hours in one year.[12] This means that one employee worked over 90 hours per week for the entire year. When correctional employees work high amounts of overtime, morale, burnout, and fatigue can take place and mistakes or errors on the job can be made.[13] Another way to measure the increase in overtime is found in a chart that shows that agency weekly overtime rates per full-time employee have grown over the past few years at a significant rate.[14]

The amount of money spent on overtime for protective services employees has increased each of the past five fiscal years. In fiscal year 2010-2011 $3.3 million was spent on overtime for these

[10] Attachment 1: Email from Erinn Criner to Doug Koebernick on August 1, 2016
[11] Attachment 2: Total Overtime Spreadsheet
[12] Attachment 3: Top 30 Overtime Staff
[13] Attachment 4: July 7, 2014 article in *Alabama Real Time News*
[14] Attachment 5: Staff Retention Statistics

workers. It jumped to $7.7 million in fiscal year 2014-2015.[15] This is nearly a 129 percent increase in spending during that period on overtime for solely protective services employees.

Turnover

Turnover rates for protective services employees increased for at least five straight years before 2016 and are projected to increase again this year. In fact, through the first six months of 2016, 201 protective services employees have left NDCS. As a comparison, the total number of protective services employees who left NDCS in all of 2010 was 233.[16] Turnover is the real problem for NDCS as Director Frakes shared recently before the LR 34 Committee when he said that they were "treading water" when it came to filling vacancies.

The OIG completed a review of staff turnover rates at TSCI in April 2016 and shared those results with the Legislature and NDCS.[17] The review examined who was working in all positions on January 1, 2015 and how it compared to who was working in those positions on January 1, 2016. It found that there was no turnover or only slight turnover in the positions of Captain, Lieutenant, Unit Administrator, and Unit Case Manager during that time. The Sergeant position had a turnover rate of nearly 32 percent. The Corporal position had a turnover rate of nearly 30 percent. Unit Caseworkers had a turnover rate of nearly 60 percent and Correctional Officers had a turnover rate of nearly 70 percent.

NDCS measures turnover when someone actually leaves the Department so their turnover rates would be different than what this review determined. For example, if someone is promoted within the facility, that would not be considered turnover by NDCS but it would have been in this review. It is important to note that of the Correctional Officers who were working at the facility on January 1, 2015 nearly 46 percent were not working at TSCI one year later in any capacity. Approximately 49 percent of Unit Caseworkers were not working at TSCI one year later.

Vacancies

Vacancy data for protective services staff is somewhat more difficult to track due to changes in the way NDCS defined the actual number of vacancies. Prior to June 4, 2015, it wasn't considered a vacancy if an individual was in training for a position.[18] In looking at the data during the past year, it would appear as though vacancies have gone down since last August.[19] However, the Legislature funded an additional 59 positions in 2015 so this temporarily increased the number of vacancies. As the chart in Attachment 8 shows, there was a slight downward turn in vacancies (most likely when NDCS made the renewed recruiting commitment and had extra classes in training) but it eventually increased again and NDCS is in a very similar situation as it was a year ago. An additional attachment is being included with this report that has vacancy data

[15] Attachment 1: Email from Erinn Criner to Doug Koebernick on August 1, 2016
[16] Attachment 6: Monthly Protective Services Turnover
[17] Attachment 7: April 19, 2016 OIG Memo
[18] Attachment 5: Staff Retention Statistics
[19] Attachment 8: Protective Services Vacancies, Agency-wide

from the rest of the state correctional facilities.[20] In addition, a regular State of Nebraska Vacancy Report is also compiled and published. The latest version of this report is dated June 30, 2016.[21] This report shows every current vacancy, the date the vacancy took place, and salary information. It demonstrates that vacancies are in many, if not all, areas of the correctional facilities and the total in this report was 252 positions listed as vacant.

Health Services Staffing

On June 14, 2016 Senator Kate Bolz received information from NDCS regarding behavioral and mental health staffing levels.[22] At that point in time, there were 34 vacancies out of 161 positions. Since that time five psychologists have left or have announced that they will be leaving NDCS. While some of those positions or other psychologist positions have been filled, these vacancies impact a number of key functions of NDCS. These include, but are not limited to, the providing of programming and treatment, services such as membership on the Discharge Review Team and other groups, and the fulfilling of new requirements related to changes to restrictive housing.

As of August 1, 2016, NDCS had at least 19 medical positions vacant.[23] These included dentists, nurses, and other medical providers. The position of Medical Director for NDCS will soon be open due to the retirement of Dr. Randy Kohl. It is clear that NDCS faces challenges in attracting staff for health services positions. One of the challenges that they face is that the private sector and other state agencies may pay more for comparable positions. In May 2016 the OIG learned that the Division of Behavioral Health within the Nebraska Department of Health and Human Services worked with the Department of Administrative Services to reclassify nurses who are employed at the regional centers. The Division of Behavioral Health was able to demonstrate to the Department of Administrative Services that nurses who work in these facilities face different challenges than a nurse in other setting and they received a raise. The OIG sent a letter to Director Frakes that indicated that NDCS could make a similar case to the Department of Administrative Services due to the unique challenges faced by the nurses who work for NDCS. As a result, the OIG made the following recommendation to Director Frakes on this issue:

> *…I would recommend that the Department of Correctional Services contact the Department of Administrative Services in the near future and begin the process of seeking a reclassification of correctional nurses (including Registered Nurses and Licensed Practical Nurses). In addition, I would suggest that the Department consider putting forth a proposal where they would set up a tiered system of advancement which would reward a nurse (or other health professionals for that matter) for obtaining a certification from an organization like the National Commission on Correctional Health*

[20] Attachment 9: Protective Services Vacancies, All Facilities
[21] Attachment 10: Excerpts from June 30, 2016 State of Nebraska Agency Vacancy Report
[22] Attachment 11: Information Prepared for Senator Bolz 6-14-16
[23] Attachment 12: Health Services Staffing Breakdown by Facility

Care. The Commission currently provides a Health Professional Certification for mental health staff, nurses and physicians.[24]

As of September 15, 2016 NDCS had not yet acted upon this recommendation.

These same recommendations could be applied to positions throughout NDCS.

During a visit to the Nebraska State Penitentiary to meet with behavioral health staff, a document was shared with the OIG that provided data on the treatment provider to inmate ratios as of May 9, 2016. It identified all of the treatment provider positions at each facility or in a specific unit within a facility and the number of inmates in the facility or in a specific unit within that facility. It then calculated the number of inmates per treatment provider. It showed a wide discrepancy in these rates, ranging from a ratio of 4.29 inmates per one treatment provider in the Lincoln Correctional Center Secure Mental Health Unit to a ratio of 156.63 inmates per one treatment provider at the Nebraska State Penitentiary.[25] While some of these discrepancies are needed due to the type of population involved in that facility or unit, the significant discrepancies may impact staff who already feel stretched thin.

There will be an attempt by NDCS to use a contracted provider for behavioral health services at TSCI in the near future. Some of the parts of the $1.5 million retention plan that resulted from the passage of Legislative Bill 733 that was introduced by Senator Dan Watermeier are aimed at some of these employees. Additional steps need to be taken, including better communication between the administration and staff.

Other Staff

There are a number of other staff positions that are vacant throughout the system. Many staff, such as the newly created positions of reentry specialists, are spread thin and working long hours. Other staff provide security coverage in addition to their regular positions due to the lack of protective services staff. For example, the OIG has received numerous reports of maintenance or recreational staff having to work on a yard. Kitchen, recreational and even educational staff are often left without a Correctional Officer or a Corporal assigned to their area despite that being the policy of NDCS. Some staff are used to assist with travel orders even though they are not considered protective services staff. There should be a concern that many individuals in these positions will leave for other positions in the private sector or even other agencies in state government. Probation currently is filling positions that could be easily filled by reentry specialists and other correctional staff. In other words, it is important to pay attention to all staff.

Director Frakes announced in August that certain classifications of employees would receive a one-time $500 bonus. This proposal has the potential of splitting the staff into two categories: the haves and the have nots. There were a large number of staff who did not receive the bonus despite their commitment to NDCS and their being impacted to a great degree by the number of

[24] Attachment 13: May 20, 2016 letter to Director Frakes

[25] Attachment 14: NDCS Behavioral Health Treatment Provider Ratios Memo

protective services vacancies. The OIG heard from numerous individuals who didn't feel they were valued by NDCS due to their not receiving the bonus.

While the OIG applauds this effort, it does not go nearly far enough. The Department's motto is "One Team, One Vision." Many employees who are part of that team but were disappointed to be left out of this program contacted the OIG. Even before the bonus program was announced, staff who worked in the kitchens, maintenance areas, recreational areas, and other support areas contacted the OIG due to their concerns that they were not being valued by NDCS or the Governor because only a certain class of workers was being discussed when it came to increasing salaries. Many of these same staff did not receive the $500 bonuses. As a result, the OIG made a recommendation to Director Frakes that he end the original $250 bonus program for staff who completed certain training courses that was part of the $1.5 million retention plan. This program has not been well received by staff and only $3,750 of the $450,000 budgeted to it has been spent. The OIG suggested that NDCS take the remainder of this money and establish a bonus program similar to the $500 bonus program for other facility staff. The reason this was proposed is best expressed in a letter received by the OIG from a Recreational Specialist which said in part:

> *I am utterly disappointed in the Nebraska Department of Correctional Services regarding these bonuses. Only select positions are going to receive bonuses which are not okay. My fellow Recreation Specialists and I come to work every day and put our life on the lines for this department and we will not receive a retention bonus. This is not acceptable and utterly a disgrace for the department….This bonus is also discriminating against maintenance, laundry and CSI. We all come to this correctional facility and risk being assaulted every day. What happened to "One Team One Vision," this retention bonus is not treating staff like the "one team one vision."…Five hundred dollars may not be a big deal to you, but to staff that is underpaid 500 dollars is the difference between having a late car payment and groceries…*

One positive about the new bonus plan is that it does show that NDCS agrees that they can actually provide bonuses to their employees. During the past year, despite the work of the OIG, NDCS maintained for a long period of time that they could not legally provide bonuses to their employees.[26]

Staffing Analysis

At the LR 34 Committee hearing on August 31, 2016 there was considerable discussion about a recent staffing analysis that was conducted by NDCS, with training provided by the National Institute of Corrections. The analysis is a 311 page document that provides details on the needs related to protective services positions at each facility. The final report found that there was a need for an additional 138 protective services positions within NDCS, including 44 at the

[26] Attachment 15: February 11, 2016 OIG Memo to Senators Mello and Watermeier

Lincoln Correctional Center.[27] When this is combined with about 200 protective services vacancies, NDCS is actually operating at more than 300 protective services positions less than what they actually need. In addition, this is solely a staffing analysis for those positions. It does not include an analysis of the staffing needs for the rest of the facilities and central office.

Overcrowding

At the end of June 2016, NDCS was operating at approximately 158 percent of design capacity. This does not account for the 141 individuals who were state inmates but were residing in county jails. Including them would increase the operating level of NDCS to approximately 160 percent of design capacity.[28] As a result, NDCS is operating at about one percent less of capacity than last year.

While the population has held steady or decreased slightly during the past year, it is still anticipated that there will be a decrease in population on the front end of the system as a result of recent legislative changes. Another way to decrease the population would be to parole more individuals but when there is a lack of programs and treatment, many individuals are not considered good candidates for parole in the eyes of the Board of Parole.

The OIG recently spent an afternoon in the minimum custody unit at the Nebraska State Penitentiary in order to listen to inmates. Nearly every one of them had the same concern: *"I'm past my parole eligibility date and have done what has been asked for me. However there is one more program that I have to take in order to have the Board parole me and I'm not scheduled to get into it for months or longer."* To say they were frustrated is an understatement. The key part of this is that if someone doesn't get their programming or treatment and are not paroled for that reason this could cost the state $35,000 to $40,000 per inmate per year because they may stay in a correctional facility for another year while they await their next opportunity at being paroled.

New Normal?

In many ways, the situation that NDCS faces is similar to a past situation involving the Beatrice State Developmental Center (BSDC). They had significant staffing concerns. These staffing issues ultimately led to a lack of quality care, increased instances of abuse and neglect, and injuries and deaths of individuals whose welfare was the responsibility of the State of Nebraska. As things spiraled out of control at BSDC, each year became a new normal and the view became for many that it really wasn't that much worse than last year though if they had compared it to five or even ten years before they would have understood the dramatic change in their circumstance.

The gradual worsening of these problems highlighted previously is something that needs to be remembered and focused on as change takes place in NDCS. It is important that people throughout NDCS take a step back and have a full understanding of the changes that have taken

[27] Attachment 16: Executive Summary of the NDCS Prison Staffing Analysis
[28] Attachment 17: NDCS Quarterly Data Sheet, April – June 2016

place over a period of five, 10 and even 20 years. This applies to vacancy rates, overtime rates, overcrowding, and turnover rates. NDCS, the Legislature, and other interested parties must look at change over a period of more than one or two years in order to accurately assess actual differences within NDCS.

In addition, it is important to look at a number of other factors and how they possibly relate to increases in overtime and staff vacancies. For example, have there been increases or decreases in such items as workplace injuries, inmate injuries, worker compensation claims, sick leave, employee disciplinary actions or employee grievances? The OIG will examine this later this fall.

The Staffing Future

In a recent guest editorial in the *Lincoln Journal Star*, Senators Kate Bolz, Colby Coash, Adam Morfeld and Patty Pansing Brooks laid out the options available to the Executive Branch to begin to address staffing issues and challenges. Some of these options were short-term and others were long-term.

NDCS provided the details of their plan for the use of the $1.5 million for retention in June and there were several components of that plan.[29] The Legislature provided NDCS with this funding in Legislative Bill 956 to assist with the retention of staff and it included the following language:

> *There is included in the appropriation to this program for FY2015-16 $1,500,000 General Funds, which shall only be used for strategies to retain quality staff in workforce shortage areas at institutions operated by NDCS. At least $150,000 of this appropriation shall be used in the retention of staff within the Division of Health Services. NDCS shall provide quarterly reports to the Governor and the Legislature regarding use of the appropriation that include how the funds are being utilized, the impact of the use of the funds on retention of quality staff, staff vacancy and turnover data, and plans for the future use of the funds. The second quarterly report shall include a plan by NDCS for the use of a similar appropriation in future fiscal years. The reports submitted to the Legislature shall be submitted electronically. It is the intent of the Legislature that if NDCS of Correctional Services has behavioral and mental health treatment staff positions that are vacant for ninety days that NDCS use these funds to contract with private providers so that inmates are able to promptly receive behavioral and mental health treatment.*

It remains to be seen how effective the elements of this plan will be as well as any changes made as a result of the implementation of the Strategic Plan from last fall. NDCS should continue to be transparent regarding the implementation of all of these attempts to address the working and living conditions of those employed by NDCS and those who reside with NDCS.

[29] Attachment 18: June 15, 2016 article in the *Lincoln Journal Star*

One way for an organization to assist with changing a culture is to hire people in various leadership positions from outside an organization. NDCS has had little luck with this. During communications with Director Frakes about leadership salaries, he explained that warden salaries are actually competitive with other states. However, it is not clear if the positions under the wardens (Deputy Warden, Associate Warden and Assistant Warden) are as competitive. When NDCS advertised for the Deputy Warden position at TSCI this past year the entry level salary was not much above $60,000. Director Frakes shared that the last time NDCS brought someone from outside into the system at the warden level it was Karen Shortridge in 1984. Recently, NDCS interviewed candidates for the Associate Warden position at TSCI. The position was only open to internal candidates. This showed little interest by NDCS in bringing in new people to a key position that could assist with turning around the culture, especially at a facility that has had more than its share of issues. However, as of July 1, 2016 there will no longer be an internal-only application process in NDCS. Going forward, the challenge for NDCS will be whether or not they have the ability, the resources, and the desire to bring in people from outside the system.

This fall negotiations begin between the state employees union and the State of Nebraska on a new labor contract. Correctional employees hope that changes will be made to starting pay and that some action will be taken on longevity pay. Director Frakes has told his staff in various town halls that he believes action needs to be taken on both of those issues. He also indicated as much at the August 31, 2016 LR 34 Committee hearing.

On September 15th, Director Frakes will provide his budget recommendations for the next biennium to Governor Pete Ricketts. His recommendations will lay out his plan and vision for NDCS and highlight the needs of NDCS.

It is likely that the labor negotiations will result in changes to the labor contract beginning July 1, 2017 and the budget request by Director Frakes, if adopted by the Nebraska Legislature, will go into effect on the same date. As a result, three-fourths of a year may pass before these new proposals can begin to impact NDCS' ability to attract and retain employees. Should the current trends continue on overtime, vacancies, and departures, NDCS will only find itself in even more of a staffing crisis and may witness what took place at the BSDC, only on a much larger scale.

It will behoove the Governor and the Legislature to work with NDCS and explore any options that are available to address the crisis sooner rather than later. One of the changes that was undertaken at BSDC to improve their situation was the drastic reduction in their population. This adjusted their staff-client ratios and allowed staff to be more focused on a smaller population. One option that will mandatorily go into effect in 2020 is the ability for the Governor to declare a correctional system overcrowding emergency when the inmate population at NDCS is over 140 percent of design capacity. Currently, the Governor has discretion to make this declaration that is found in Neb. Rev. Stat. 83-962. On July 1, 2020 the discretion for that decision will no longer exist. If the emergency was declared today, approximately 700 inmates would have to be released to reach 140 percent of design capacity. To put that into context, there are currently 561 inmates in the two community correction centers. In order to fully understand the impact of using

this option now or in the future, NDCS, the Adult Parole Administration and the Board of Parole should jointly present a plan to the Governor and the Legislature detailing how a correctional system overcrowding emergency would be administered and who would be impacted by such a declaration.

Finally, during numerous conversations and communication with inmates and staff throughout NDCS, the overriding concern that the OIG has heard is safety. The staff want to be safe. The inmates want to be safe. Appropriate levels of staffing, as well as an appropriate quality of staffing, are needed in order to begin to address those two safety concerns. In the end, it is also a public safety issue since it is vital that the State of Nebraska do what it can to have safe and successful transitions of inmates back into our communities.

STAFF SURVEYS

The OIG has completed three different staff surveys using a Google survey format. The first two were completed in December 2015. One was directed to NDCS employees and the second was directed to employees of the Adult Parole Administration. A third survey was sent in August 2016 to NDCS employees.

December 2015 NDCS Survey

In order to gain insight from the employees of NDCS and to introduce them to the OIG, a Google survey was provided to the staff during the month of December.[30]

The first group of staff that the survey was distributed to was anyone with an email address that was listed as working for a correctional facility. There were 1035 individuals who received an email with the survey. Over 51 percent of those individuals responded to the survey.

The second group of staff that the survey was distributed to was anyone with an email address that was listed as working for "Correctional Services Administration." The survey was sent to 404 individuals who were listed under this category. Over 35 percent of those individuals responded to the survey.

Not everyone at NDCS has an email address so in the message to the staff they were asked to share the survey with those who did not have email. Some mailed in a completed survey and others utilized the link to the survey that was provided by their co-worker via a personal device. There was nothing that limited staff from responding more than once so it is possible that some people may have responded more than one time.

Nearly all of the questions included the option of selecting "other" for an answer. In those cases, staff provided their own answer. This provided a great deal of additional insight regarding their experiences.

Among its many results, the survey found the following:

- 61.1 percent did not believe the starting salary for their position was appropriate;
- 45.2 percent did not look forward to coming to work on most days;
- 54.4 percent would not recommend a job at NDCS to a friend or family member;
- 55.4 percent felt they could approach a supervisor with a concern regarding their work environment;
- 68 percent said that salary advancement each year above the hiring wage would be the primary change that could take place to retain employees;
- 45.4 percent of employees stated that additional programming is needed for inmates;
- 50.7 percent of respondents didn't know which direction NDCS was headed; and,
- 0.8 percent of respondents agreed that the Legislature supports the employees of NDCS.[31]

[30] Attachment 19: January 11 Memo to LR 34 Committee with Survey Results
[31] Attachment 19: January 11, 2016 OIG Memo on Staff Survey Results

The responses were also broken down by facility and shared with the Legislature, NDCS and the wardens at each facility. The survey met the goals of gaining valuable insight from NDCS staff and introducing the OIG to the staff.

December 2015 Parole Survey

A similar survey was emailed to the 57 employees of the Adult Parole Administration and 41 of the employees responded to it.[32] It was more focused on the transition of the Adult Parole Administration from NDCS to the Board of Parole.

Highlights of the survey included:

- Most staff said the favorite part of their position was having the opportunity to help parolees to move forward in their lives;
- Primary challenges to staff were the increasing workload, the need for more and improved training, and the lack of programming and services for parolees;
- 74.4 percent had not seen the transition plan; and,
- 53.8 percent of respondents were not sure how the transition would impact the ability to do their job.

The results were shared with the Board of Parole and the Parole Administrator. A new survey will be sent to the parole staff later this fall to obtain their views on the transition.

August 2016 Survey

On August 29, 2016, an email with a Google survey was sent to every staff member in NDCS from the OIG. The survey included one question: *"If you could make one change (or process improvement) to improve your work area, shift or facility within the Nebraska Department of Correctional Services, what would it be?"*

Within a few days nearly 300 responses were received by the OIG. Many of the responses focused on beginning pay and step pay. Other issues raised included enhancing communication between layers of NDCS, eliminating the "good old boy club," ending the practice of retaliation, the impact of restrictive housing changes, the need to hire quality staff, and the overall need for resources throughout NDCS. A good example of this is in the medical area where various staff wrote about the need to have electronic medical records and telehealth opportunities in order to provide better and timelier care for their patients. A handout was provided to the LR 34 Committee on August 31, 2016 that included excerpts from the numerous responses.[33] This handout was also provided to NDCS.

[32] Attachment 20: December 14 Memo on Parole Survey Results

[33] Attachment 21: August 29 Survey Question and Excerpts from Responses

Culture Survey

NDCS worked with the Nebraska Department of Administrative Services to conduct a Culture Survey.[34] It was begun in the summer of 2015 and completed in May 2016. More than 470 employees were a part of the survey and it focused on such topics as communication, leadership, safety, inmate culture, training, compensation and facilities. The survey was viewed as a valuable tool in moving NDCS forward. Director Frakes promised to *"prioritize and address the issues"* found in the survey.[35] The survey found that there were perceptions of inequity and favoritism, wages were not satisfactory, morale was suffering, staff were dissatisfied with those in positions of leadership, and staff did not appreciate how they are perceived by the public.

On July 19, 2016 NDCS issued a release that was *"aimed at addressing recruitment and retention challenges identified by agency staff in the NDCS Staff Culture Survey."*[36] The four initiatives were:

- Implementing a 12-hour Shift Pilot Program at TSCI;
- Establishing a 1st-Level Supervisors Pilot Program at the Nebraska State Penitentiary;
- Facility Security/Procedure Audits; and,
- Constructing a 100-bed temporary housing unit Community Corrections Center-Lincoln.

While these may be positive steps to take by NDCS it is difficult to see how they actually relate to the findings of the Culture Survey. The 12 hour shifts is a change that needs to be addressed with the state employees union and in the Culture Survey there were arguably more negative remarks about the 12 hour shifts than positive remarks. The supervisor program at the Nebraska State Penitentiary is a good step but it impacts a very small number of individuals. The Facility Security/Procedure Audits came about as a result of the escapes at the Lincoln Correctional Center and do address some safety concerns that may have been a part of the Culture Survey but it remains to be seen what changes will take place as a result of these audits and how they will impact the culture of NDCS. The construction of the temporary housing was an idea that was promoted by the OIG and the Nebraska Legislature and was not initially supported by NDCS. It will ease some pressure of the system but it is unclear how that is related to the Culture Survey other than indirect safety or overcrowding effects.

One issue that was discussed in both the OIG survey and the Culture Survey was the fear of retaliation. According to NDCS, despite a desire to address this, no one has been disciplined for retaliation within NDCS in the last year.

The Culture Survey was a notable effort by NDCS to understand the views of their staff. It gave the staff another avenue of sharing their views. The challenge now exists regarding how NDCS uses the input to make changes that will positively impact their employees. Arguably, there will

[34] http://www.corrections.nebraska.gov/pdf/NDCS percent20Culture percent20Study percent20-percent20Part percent201.pdf

[35] http://journalstar.com/legislature/prisons-culture-study-shows-worker-concerns-about-pay-safety-and/article_28c82bca-3e61-5447-9060-fff773a33f37.html

[36] Attachment 22: July 19, 2016 NDCS Press Release

be a direct correlation between the extent to which the findings of the Culture Survey are put into practice and the credibility of the NDCS Administration with its line staff.

INMATE POPULATION

As mentioned previously in this report, overcrowding of NDCS correctional facilities has changed little during the past year. Last September, NDCS had 5,311 inmates in their custody, including 198 state inmates in county jails. This September NDCS has 5,289 inmates in their custody, including 151 state inmates in county jails.[37]

Last September, NDCS facilities were operating at 156 percent of their design capacity.[38] If the inmates at county jails are included as part of the NDCS system, then it was operating at 162 percent of design capacity. This September those figures are at 157 percent and 161 percent of design capacity. County inmates should be included in this assessment due to the fact that the program that houses them in county jails will end by June 30, 2017.

According to the U.S. Department of Justice, 19 jurisdictions were operating their correctional facilities at more than 100 percent of their capacity in 2014.[39] Nebraska was the fourth highest state as far as operating facilities above design capacity. Alabama, Delaware and Illinois were the states operating facilities at a higher percentage of their design capacity.

Nebraska began a process with the Council of State Governments (CSG) in 2014 that was intended to slow the population growth in the correctional system. It was projected that Nebraska's correctional system would reach 170 percent of design capacity by 2020. As a result of the work of CSG, Legislative Bill 605 was passed by the Legislature. This legislation was intended to direct more individuals who were convicted of low-level offenses to probation, enhance supervision of parolees, and require post-release supervision for many inmates upon their release. It was *"expected to reduce Nebraska's prison population by 1,000 people per year and ensure supervision for an additional 300 people released from prison per year."*[40] At this point, data is still being collected and analyzed by CSG but the prison population has only slightly decreased. There is a CSG work group that is meeting on this issue and more information on this will be provided to the Legislature by the end of the year.

In addition to controlling who enters the correctional system on the front end, there are also two other factors that influence the population of the facilities in NDCS. The first is the ability for inmates to move quickly through the system. They can do this by taking classes or programs, becoming good candidates for parole, and then actually being paroled near their parole eligibility date. The second is the ability to assist those who leave the correctional system from returning to it.

In a June 21, 2016 report the CSG Justice Center found that:

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[37] Attachment 23: NDCS Population Spreadsheet

[38] According to the Bureau of Justice Statistics, Design Capacity is defined as "The number of inmates that planners or architects intended for the facility."

[39] Attachment 24: Excerpts from *Prisoners in 2014* by E. Ann Carson and the Bureau of Justice Statistics

[40] https://www.bja.gov/programs/justicereinvestment/nebraska.html

Current approaches to program delivery at NDCS silo program assignment and unnecessarily stretch program delivery out over time, leading to inefficiencies that increase costs to the state by delaying parole readiness. One-third of people within a year of their parole eligibility date are denied a parole hearing due to lack of programming, leading to numerous people jamming out of prison without supervision.

This has resulted in little change in the number of inmates being paroled. More information on parole and programming will be shared later in the report but it is important to know that parole is a key part of managing population.

It is also important to provide appropriate services to individuals when they reenter society. If the correct services are in place then fewer people are likely to return to the correctional system. NDCS has begun programs in recent years focused on reentry that will be discussed later in the report. Adult Parole Administration also has a role in this and their efforts will also be discussed later in the report.

NDCS has contracted with seven county jails to house state inmates. The number of inmates housed in the jails has fluctuated between approximately 130 and 200. They are held there for up to 90 days in order to ease overcrowding of the state correctional facilities. This past legislative session Director Frakes announced that he would be ending the program at the end of this fiscal year (June 30, 2017) due to his belief that there would be room for those inmates in state facilities as the population declined in the state system. A visit to the Hall County Jail by the OIG resulted in concerns being expressed by inmates about the quality of the food, their inability to go outside, the lack of programs, medical care, and how they were placed there. These were shared with NDCS. The OIG will visit all seven county jails before the end of 2016.

Another concern that emerged in April was the movement of some inmates from TSCI to the Hall County Jail. In an email to NDCS leaders, the OIG wrote:

Second, in yesterday's log there are some individuals who were moved from SMU West (and one from SMU B) to the Hall County Jail who do not appear to fit the criteria for the plan laid out before the Legislature regarding the use of the county jail program. One example is [redacted] *who was written up on March 22 for the "use of threatening language or gestures/fighting." Since October he lost 4.5 months of good time and received 157 days of disciplinary segregation. His TRD is 12/6/2038. Another example is* [redacted] *who was moved from SMU B (restrictive housing) to Hall County Jail and since February he has had four MRs that resulted in being placed on a total of 72 days of disciplinary segregation. In his case his TRD is 10/7/2016 but it does not appear that he has a connection to Hall County. In addition, he has been approved for Domestic Violence programming but will now be going to a location that offers no programming at all which means he is likely to jam out without receiving the programming recommended for him.*

In a later letter to Director Frakes, the OIG wrote in response to a statement that despite those concerns the inmates did actually meet the established criteria for placement in the jail program:

> *In addition, in the criteria provided to me regarding who is eligible to participate in the county jail program, it stated that no inmates convicted of certain Part One Offenses are eligible, including Assault 1st Degree.* [redacted] *was convicted of Assault of an Officer 1st Degree. A quick spot check of inmates in the county jail program also found another inmate who was convicted of Assault 1st Degree* [redacted]

The OIG recommended that *"the Department review the inmates currently in the county jail program to determine whether or not there are inmates who do not meet the criteria established by the Department or are not good candidates for the program based on other criteria."*[41]

A different use for some of the soon to be empty jail beds will be discussed later in the report.

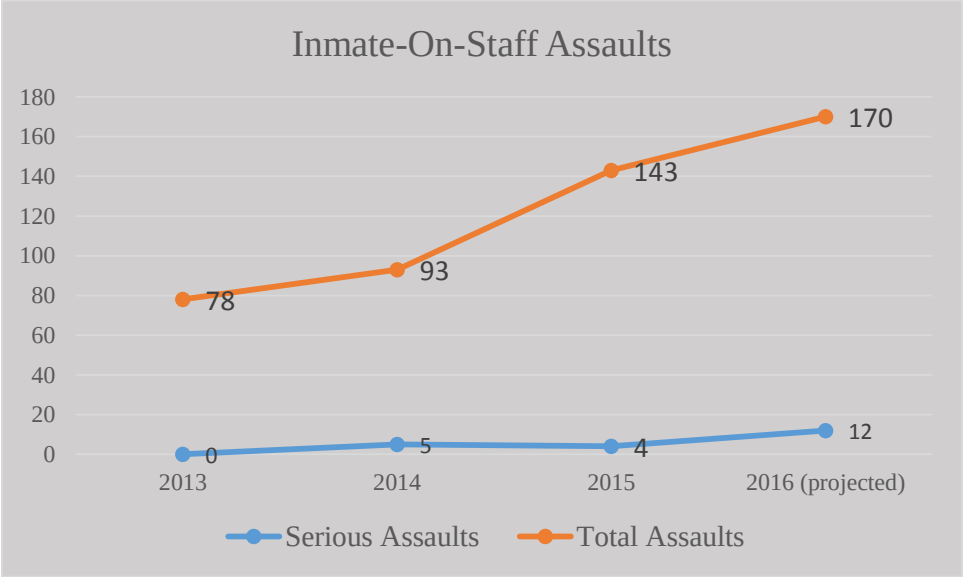
[41] Attachment 25: May 5, 2016 Letter to Director Frakes from the OIG

ASSAULTS

The issue of inmate-on-staff assaults emerged as a significant concern in early 2016 as more assaults reached the public eye. The OIG provided the LR 34 Committee with a memorandum on March 30, 2016 regarding staff assaults that contained preliminary assault data. The OIG shared the following with the LR 34 Committee:

> *My conclusion would be that it is unclear based on the data that I currently have whether or not the number of assaults that have occurred in the past few weeks is unusual. As you can see, the numbers during November, December and January fluctuated although none of the injuries were classified as serious injuries. While staff have been hospitalized during the recent rash of assaults it is unclear whether or not their injuries will be classified as serious until the investigations are complete. It would also appear, based on the information that I have reviewed, that the assaults are random incidents and are not connected. I will be asking the Department for additional data and information to help fill in the blanks and will provide an update to you in the near future.*

Data provided since by NDCS does show that there has been a consistent growth in staff assaults, including ones that result in serious injuries since 2013.



Data Source: Nebraska Department of Correctional Services

NDCS provided the following definition regarding serious injury to the OIG:

> *A serious injury is defined as an injury which requires urgent and immediate medical treatment and restricts the inmate's usual activity. Medical treatment should be more extensive than mere first aid (e.g. application of bandages to wounds or taking an x-ray). Examples of serious injury include stitches, setting of broken bones, treatment of concussion, partial/full loss of consciousness so as to cause person inability to defend oneself, being checked into the hospital, etc. Keep in mind that a trip to the hospital*

doesn't necessarily mean that there was serious injury. It depends on the treatment received after they were taken there that determines seriousness.

The OIG issued a memorandum on April 15, 2016 that was completed after the additional data was provided by the NDCS. It was unable to draw any conclusions as far as why the increase in assaults was taking place.[42] However, it did state that the OIG would continue to track this data, review the assault investigations, and ask questions of the Department. This has been done on a regular basis by the OIG but there is a need to do more.

As shown in the above chart, new data shows that there have been 85 total assaults during the first six months. Of these six have resulted in a serious injury. From 2013 to 2015 there were a total of 9 assaults that resulted in a serious injury.[43] This projection does not include any serious injuries that occurred since June 30, 2016 and there have been an increasing number of assaults in the past few months.

The newest data on inmate-on-inmate assaults found that those assaults are actually projected to decline compared to last year. Last year there were 233 assaults, of which 40 resulted in a serious injury. Through the first six months of this year there are 101 total assaults, with nine resulting in a serious injury.[44]

As a result of the increase of staff assaults, and specifically the incident where nine staff at the Lincoln Correctional Center were assaulted on August 24, 2016, Director Frakes sent memorandums to both the staff and the inmates regarding assaults and restrictive housing changes.[45] The memorandum to the inmates stated that *"The physical attacks against NDCS staff must stop now"* and it stated that the positive things that the inmate population want can't happen unless the attacks cease. He also attempted to clear up any confusion about the new changes to restrictive housing in order to make it clear to inmates that if they assault staff they will have a longer stay in restrictive housing. The letter to staff stressed his concerns regarding their safety and he also attempted to clear up misconceptions regarding the use of restrictive housing. These changes and misconceptions will be addressed later in this report.

Lincoln Correctional Center Assault

The OIG has value as an independent and objective evaluator of correctional and parole issues. The recent assaults at the Lincoln Correctional Center of nine staff members is a good example of how having a different set of eyes on a situation can benefit the system and outside entities interested in the correctional system.

The OIG's preliminary findings regarding these assaults is that despite statements to the contrary by NDCS, staffing may have played a part in the incident. Although the facility was at or slightly

[42] Attachment 26: April 15, 2016 OIG Memo on Staff Assaults
[43] Attachment 27: NDCS Inmate-on-Staff Assault Data
[44] Attachment 28: NDCS Inmate-on-Inmate Assault Data
[45] Attachment 29: September 1, 2016 Memos by Director Frakes

above its minimum staffing levels that day, it was actually understaffed when compared to the recommendations of the recent staffing analysis. In addition, staffing issues that result in delays in programming for inmates need to be understood. The OIG reviewed the programming needs and progress of all of the inmates involved in the assault. From what the OIG was able to view all of the inmates had programming needs identified, yet with only a couple of minor exceptions none of them have received any programming. Included in their programming needs were Anger Management and Aggression Replacement Training. Several had pending Clinical Violent Offender Review Team screenings or had a referral pending. Some of the inmates had other identified needs. Three of the individuals were past their parole eligibility date and one had their parole eligibility date two weeks after the incident. Two of the inmates identified by the OIG as being primarily involved with the assault were past their parole eligibility date and had been identified as needing a minimum of Anger Management programming.

In addition, while initial reports focused on the assaults possibly being related to an inmate who did not want to follow directions, a review of the video of the incident showed that there was action prior to the initial assault that needs to be more closely examined before any conclusions can be reached about the reason for the assault. Before issuing a final report to the Public Counsel and NDCS, the OIG intends to interview individuals involved with the assault. Under state law, the OIG has to wait until the Nebraska State Patrol has finished their investigation before the OIG can interview witnesses that also were interviewed by the Nebraska State Patrol.

It is important to examine the entire picture and dig deeper when possible. The OIG isn't saying that the inmates would not have committed those assaults if they had received the recommended programs and it clearly doesn't excuse what they did. However, if the system knows someone needs assistance with violence or anger and nothing is done than the system must also be held accountable.

OIG Changes

The OIG will continue to closely monitor assault information and data in the future. One signficant change that the OIG will make is to establish a better tracking mechanism for the assaults that are reported by NDCS to the OIG. The current process established by the OIG is flawed and needs to be altered no later than October 1, 2016. The new tracking mechanism will include fields that can be used to look for trends such as location, time, strategic threat group affiliation, day of the week, and past assault history.

RESTRICTIVE HOUSING

Legislative Bill 598

The Legislature passed LB 598 in 2015 which required NDCS to do the following regarding the issue of restrictive housing:

- Issue an annual report containing a long-term plan for the use of restrictive housing, with the explicit goal of reducing the use of restrictive housing, to the Governor and Legislature that includes the following:
    - The number of inmates held in restrictive housing;
    - The reason or reasons each inmate was held in restrictive housing;
    - The number of inmates held in restrictive housing who have been diagnosed with a mental illness as defined in section 71-907 and the type of mental illness by inmate;
    - The number of inmates who were released from restrictive housing directly to parole or into the general public and the reason for such release;
    - The number of inmates who were placed in restrictive housing for his or her own safety and the underlying circumstances for each placement;
    - To the extent reasonably ascertainable, comparable statistics for the nation and each of the states that border Nebraska pertaining to subdivisions (4)(a) through (e) of this section; and,
    - The mean and median length of time for all inmates held in restrictive housing;

- Establish a working group to advise NDCS on policies and procedures related to the proper treatment and care of offenders in long-term segregation or isolation. The Legislature also directed the Director to provide the work group with quarterly updates on NDCS's policies related to the work group's subject matter;

- Hold no inmate in restrictive housing unless done in the least restrictive manner consistent with maintaining order in the facility and pursuant to rules and regulations adopted and promulgated by NDCS pursuant to the Administrative Procedure Act (beginning July 1, 2016); and,

- Adopt and promulgate rules and regulations pursuant to the Administrative Procedure Act establishing levels of restrictive housing as may be necessary to administer the correctional system. Rules and regulations shall establish behavior, conditions, and mental health status under which an inmate may be placed in each confinement level as well as procedures for making such determinations. Rules and regulations shall also provide for individualized transition plans, developed with the active participation of the committed offender, for each confinement level back to the general population or to society.

The changes found in Legislative Bill 598 were primarily driven by the work of the Department of Correctional Services Special Investigative Committee in 2014 although NDCS had also been working on changes to their segregation system at that same time.

Legislative Work Group

The Work Group was created last fall and has been led by Director Frakes. It is the observation of the OIG that the Work Group has not had the impact that the Legislature hoped for when it came to advising NDCS on policies and procedures related to the proper treatment and care of offenders in long-term segregation or isolation.

The structure of the Work Group, as set out in Legislative Bill 598, was primarily made up of Department employees and there were only four members who were from outside NDCS (and two of them used to work for NDCS). This provided for an interesting dynamic in the group and there was not as much input from Department employees as the OIG would have liked to have seen.

The Ombudsman's office and the OIG participated in the meetings at the invitation of the Director even though we were not official members of the group. We provided input at the meetings and in the drafting of the rules and regulations but it was unclear whether any other individuals provided input outside of the meeting on the rules and regulations.

Despite these concerns, the OIG recognizes that the Work Group has an important role and as the changes for restrictive housing are made by NDCS they will likely become more involved, educated and active.[46] After discussing some of these concerns with Director Frakes, he shared that the wardens would attend the September 7, 2016 meeting and would be there to share their thoughts and experiences with the new changes. However, the agenda was changed and the wardens did not participate in the meeting. The meeting was productive despite this change due to productive contributions from many members of the work group.

NDCS also has an internal restrictive housing work group and has also been working with the VERA Institute on the issue. The VERA Institute was supposed to provide a report earlier this year but at the time of this report the VERA findings had not yet been delivered. The activities or membership of the internal restrictive housing work group have not been shared with the OIG or any of the outside members of the external work group.

Restrictive Housing Changes

After the rules and regulations regarding restrictive housing were drafted, a public hearing was held for them on May 9, 2016. There was a considerable amount of input provided at the hearing. As the process moved forward and the rules and regulations were adopted, Director Frakes agreed to review them again next year and amend them if necessary.

The new changes have been promised to alter the manner in which restrictive housing operates by having it be a means of managing risk and not acting like a punishment. Starting July 1, 2016 two categories of restrictive housing were instituted. Immediate Segregation is the short-term housing of inmates (no more than 30 days) who have exhibited behavior that creates a risk to themselves or others. Longer Term Restrictive Housing is an intervention intended to change

[46] At the September 7, 2016 meeting there was much more interaction between the members of the group. It is key that NDCS make sure that the four non-NDCS members are able to attend each meeting before scheduling the meetings since their participation is crucial.

behavior of inmates whose own behavior results, or may result, in a risk to the safety of themselves or others.

The internal and external regulations provide for a process of tracking those in restrictive housing and reviewing and continuing or discontinuing their stay there.

In order to be authorized for placement in longer term restrictive housing the central office multidisciplinary review team (MRDT) has to approve the placement. NDCS developed an outline that showed the parts of the process involved with continuing an inmate on Longer Term Restrictive Housing.[47] After one year, the Director of NDCS officially becomes involved in the decision-making though he is likely to be involved in some cases prior to that time.

At the September 7, 2016 Work Group meeting, it was shared that MRDT reviewed 254 cases in July and August (these were inmates who were in restrictive housing under the previous rules). 154 were approved for longer term restrictive housing, 90 were removed from restrictive housing, and ten were continued on longer term restrictive housing.

In order to be placed in restrictive housing, an inmate's placement must be based on one of six categories. According to NDCS the six categories are:

- A serious act of violent behavior (i.e., assaults or attempted assaults) directed at correctional staff and/or at other inmates;
- A recent escape or attempted escape from secure custody;
- Threats or actions of violence that are likely to destabilize the institutional environment to such a degree that the order and security of the facility is significantly threatened;
- Active membership in a "security threat group" (prison gang), accompanied by a finding, based on specific and reliable information, that the inmate either has engaged in dangerous or threatening behavior directed by the security threat group, or directs the dangerous or threatening behavior of others;
- The incitement or threats to incite group disturbances in a correctional facility; and,
- Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves and/or other inmates.

NDCS will be implementing a peer mentor pilot project in a restrictive housing unit no later than July 1, 2018. Inmates trained as peer mentors will provide support and guidance for restrictive housing inmates during the classification review process and assist those inmates in accomplishing their behavior and programming plan. This was an idea proposed to NDCS by members of the Work Group.

In addition to the restrictive housing changes, disciplinary segregation was also ended on August 11, 2016. This change means inmates will no longer be placed in restrictive housing as a form of discipline. The focus will be on providing more immediate and effective interventions for inmates who previously would have been placed in restrictive housing as a result of their behavior.

[47] Attachment 30: NDCS Longer Term Restrictive Housing Flow Chart

NDCS Report

The September 15, 2016 report on restrictive housing by NDCS will include a variety of data and insight on the use of restrictive housing in Nebraska. It will discuss direct releases of inmates from restrictive housing into the community, the relationship between mental illness and the use of restrictive housing, data comparisons with other states, restrictive housing demographics, and changes that took place on July 1, 2016. Earlier this year NDCS did provide another report to the Legislature that shared their long-term plan for restrictive housing.[48]

Changes and Misconceptions

An observation of the OIG regarding the changes to restrictive housing in NDCS is that there is a perception within NDCS that this effort has been primarily driven by the Nebraska Legislature. In fact, there have been many times when the OIG observed leaders of NDCS state that the Legislature was requiring them to do this.

These statements seemed to send the message to staff that this was being forced upon NDCS. In fact, NDCS started changes to restrictive housing practices prior to Director Frakes arriving in Nebraska. In addition, Director Frakes came to Nebraska with a reputation for implementing restrictive housing changes in the State of Washington. National reforms have demonstrated that Nebraska's restrictive housing practices were outdated and not especially successful.

NDCS has also had significant difficulties in tracking who was in restrictive housing and for how long they were there. In May, the OIG asked for specific information about inmates in a restrictive housing setting. A report was eventually developed by NDCS but when the OIG spot-checked two inmates their actual information did not match up with the information in the report. The purpose of requesting this data was to make sure that as the new changes were implemented that NDCS would actually know who was in restrictive housing for 90, 180 and 365 days. NDCS eventually cobbled together a system using spreadsheets, random checks and other methods that is tracking those who are in restrictive housing. Director Frakes shared that it will likely take at least two years to complete the information technology project that's needed for this purpose.

NDCS has been tracking those who release directly into the community from restrictive housing since 2015. However, prior to July 1, 2016, it did this only for those that spent the last 60 days or more of their sentence in restrictive housing. Prior to July 1, 2016, if someone was released from restrictive housing a few days before they discharged, it did not count as a direct release.

A situation was reviewed by the OIG regarding the practice of moving individuals from restrictive housing to general population for less than a day prior to their release. While these inmates all would not have been counted as direct releases due to their relatively short stay in restrictive housing, staff were told that there were individuals who were being moved into general population to avoid being considered a direct release. While no rules or regulations were

48 http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/591_20160630-181951.pdf

violated in those cases, it does raise a concern that this data could have been manipulated by short term moves to general population from restrictive housing of soon to be released inmates.

Since the changes to restrictive housing were enacted on July 1, 2016, the Ombudsman's office has seen a significant increase in contacts from inmates with concerns about the use of restrictive housing. The OIG will communicate with the Ombudsman's office in order to monitor and more fully understand the concerns of the inmates.

Another concern that has been expressed to the OIG is the impact of the restrictive housing changes on staff and their workload. Medical staff have to spend more time doing assessments and medical checks. Behavioral health staff have to spend more time making additional contacts with inmates. Protective services staff have extra responsibilities as well. While this extra work is intended to result in better outcomes and reviews of those placed in restrictive housing it does place an additional strain on an already stretched staff. As a result, the mantra of "do more with less" that has existed in NDCS for the last twenty years continues.

The final observation of the OIG regarding restrictive housing is that many barriers to a successful transition to a new restrictive housing program were actually set in place by NDCS.

Communication with the inmates and the staff was not sufficient. This resulted in an information vacuum in which staff and inmates both speculated about the coming changes and what their impact would be on both groups. While letters were sent to staff and inmates in June, they apparently did not result in appropriately informing each group.[49] Along with these letters, Director Frakes wrote an email to all of the wardens that explained the purpose of the letters. At the end he wrote, *"Please distribute these memos throughout your facilities, and ensure this information is effectively communicated with all staff. If your staff have questions that you cannot answer, please reach out to Deputy Director Sabatka-Rine."*[50]

Starting the next week, meetings with staff at each facility were held to discuss the changes to restrictive housing. These meetings were led by Deputy Director Diane Sabatka-Rine and Warden Robert Madsen. The OIG attended three of the town halls and it was apparent that there were concerns about the impact on staff, including the need for additional resources. They also had many questions about the changes. Meeting with staff to discuss these significant changes less than two weeks before the changes took place did not assist with the transition. Even Director Frakes acknowledged that there had been a lack of adequate communication in his September 1, 2016 letter to inmates when he wrote, *"There may be some confusion about the recent changes in Restrictive Housing (segregation)."*[51] While the OIG is cautiously optimistic about the possibility for positive improvements to the use of restrictive housing by NDCS, the three keys to success appear to be communication, consistency and programming.

[49] Attachment 31: June 8, 2016 and June 9, 2016 Letters to Staff and Inmates from Director Frakes
[50] Attachment 32: June 9, 2016 Email from Director Frakes to All Wardens
[51] Attachment 33: September 1, 2016 Letter to Inmates from Director Frakes

PROGRAMS

One of the most important issues in NDCS is programming. Programming is vital in the rehabilitation of the inmates, the management of a facility and the reduction in recidivism rates.

The OIG has identified some key areas of concern and need.

- First, required programs need to be identified early on and opportunities to participate in those programs need to be provided to inmates before their parole eligibility date;
- Second, appropriate levels of staffing are needed to administer programs throughout all the facilities and to build capacity of the programs;
- Third, the Board of Parole needs to have confidence in the programs being provided so that they will be more likely to parole inmates who have completed their programs; and,
- Fourth, more programs need to be available in the areas of education, substance abuse, behavioral health, and vocations/job-training.

There have been two recent reports regarding programming in NDCS as well as a program statement completed by Michael Rothwell, the NDCS Deputy Director of Programs and Community Services. These three documents provide detailed information about current programs and future needs and plans.

The CSG Justice Center issued their report on June 21, 2016.[52] The report was the culmination of a six month assessment of correctional programs in Nebraska. It recommended the adoption of a more evidence-based program assignment and sequencing strategy and a continuum of care in the community that is connected to programs found in NDCS. They found that NDCS delays the start of most programming until just prior to parole eligibility, or even later, and that many times inmates are not even aware that they need specific programs until they receive a case review from the Board of Parole. They laid out a strategy for the effective use of programming, including the directing of programming to high risk individuals, the use of a risk and needs assessment to determine programming, and shortening the length of time it takes to complete assessments and enter programming.[53] They also analyzed the programs currently in use and made recommendations for the use of additional programs in the future. In summary, they presented a new programming model to NDCS and laid out an implementation plan in order to accomplish all of their proposed recommendations.

Deputy Director Rothwell presented a Program Statement to Director Frakes that builds on the work of the CSG Justice Center on June 28, 2016. In the Program Statement he wrote, *"Current approaches to program delivery at NDCS silo program assignment and unnecessarily stretch*

[52] Attachment 34: Findings of the Justice Program Assessment of Nebraska's Prisons, CSG Justice Center, June 21, 2016

[53] NDCS recently began the use of the Strong-R tool to assess inmates in order to identify their programming needs.

program delivery out over time, leading to inefficiencies that increase costs to the state by delaying parole readiness." [54]

He presented his solution to the identified problems and discussed core programs that are needed, program staff needs, program management, funding and training.

On July 20, 2016 Ada Alvarez, Program Analyst for NDCS, issued a report that provided a qualitative analysis of the Violence Reduction Program, Sex Offender Programming iHeLP and oHeLP, and the Residential Treatment Community.[55] This was completed over a six month period and is the first of a three phrase report. The report is an internal work tool that works well with the CSG report by diving a little deeper than the CSG report. In the Executive Summary, the report stated:

> *This report encompasses the voice of inmates, clinical staff, and administration on the current status of the clinical programs and aims to identify why the programs are in their current situation and what their goals are. The key recommendations presented in this report include improving the environment for the inpatient programs, decreasing programming waitlist for screening and entering programs, implement strategies to overcome educational barriers, and addressing communication gaps within the behavioral health team.*

These three documents are excellent resources that can be used to gain a better understanding of the current status of programming in NDCS as well as their future needs.

An observation that was shared by many with the OIG during the past year was that NDCS didn't provide much in the way of programming for their inmates. As a result, the OIG worked with Dr. Lisa Jones and her staff to create a spreadsheet that contained information about all of the programs offered at NDCS.[56] It is document that was designed to change over time and to fill in the blanks as time allowed. It was a significant step forward for the OIG in that it was the first step in gaining a better understanding of what programs were actually being administered. The OIG intends to work with Dr. Jones' replacement to continually update the spreadsheet.

One other issue that was briefly reviewed by the OIG this past year was the number of individuals with a developmental disability in a correctional facility and the services available to them. The OIG was told facilities make "accommodations" for inmates with a developmental disability but they do not actually provide habilitative services for them.

[54] Attachment 35: June 28, 2016 Memo from Mike Rothwell to Scott Frakes
[55] Attachment 36: Clinical Programs Evaluation – Phase 1; Ada Alvarez, July 20, 2016
[56] Attachment 37: NDCS Program Spreadsheet

COMMUNITY CORRECTIONS

New Construction

At the request of the Governor and NDCS, the Legislature appropriated funds to construct a 160-bed female unit at the Community Corrections Center-Lincoln. Included in this project is a separate building for the Center's food service, a new canteen and additional classroom/program space. The unit will result in a net gain of 148 community custody beds due to changes at the Community Corrections Center-Omaha that will result in females no longer residing at that facility.

When this was proposed, many questions were raised by the OIG and others regarding the necessity of this project. The questions specifically were focused on why the facility would be located in Lincoln rather than Omaha and why would NDCS eliminate community corrections opportunities for women in Omaha.

Currently, there are 380 inmates at the Community Corrections Center-Lincoln and 167 at the Community Corrections Center-Omaha. However, more individuals in the state correctional system are from Omaha and not from Lincoln. In addition, women from the metro Omaha area are already treated differently because they go to the correctional facility York and it is harder for their families to visit. In the future they will transition to the Lincoln facility where they will eventually find a work release position in Lincoln. When they are discharged they will then have to restart the employment process when they move to Omaha. If they are able to serve the end of their sentence in Omaha they will be able to rebuild relationships with children who many are expected to parent once they are released, and find other supports such as housing, treatment options, employment and education.

Other Options

The OIG presented information to Director Frakes and the Legislature regarding other options to expanding the Community Corrections Center-Lincoln. These included using modular buildings to house inmates on a short-term basis in Omaha or following a model from the State of Washington that utilized smaller reentry facilities. Such facilities could be located statewide so that inmates could return to their home community for the final part of their transition from being incarcerated. The Legislature eventually provided NDCS with $1.8 million to be used for modular housing or classrooms. NDCS is using the funds to construct a 100-bed facility at the Community Corrections Center-Lincoln that will eventually be used as classroom/program space. After this was announced the OIG once again expressed a concern about not adding capacity in the Omaha metro area.

Related to this issue, the OIG asked for any materials that had been accumulated by NDCS regarding the building of modular classrooms and living units and the developing of smaller work release centers on February 17, 2016.[57] NDCS responded on April 21, 2016 that there had been a binder with information about modular options that had been assembled by Jeff Laabs

[57] Attachment 38: February 17, 2016 OIG Letter to Director Frakes

who worked in the purchasing area. Mr. Laabs gave it to his supervisor, Mary Carmichael, in 2015. Ms. Carmichael confirmed that she provided it to Director Frakes, who does not recall receiving it. Copies of what were in the binder were eventually provided to the OIG for review. The materials were quite informative and useful to the work of the OIG. To this date, no one interviewed by the OIG knows what ultimately happened to the binder while it was in the central office.

New County Jail Program

Previously in the report, the county jail program was discussed. This program consists of current inmates who are housed in local jails and NDCS pays a per diem rate to the county jail. This program is scheduled to end on June 30, 2017.

One suggestion that was provided to the OIG and has now been shared with NDCS is that NDCS explore the option of using local jails to house state inmates who are classified as a community custody inmate and are eligible for work release. If a local jail has beds that are free and can be used for work release, this could continue to relieve pressure on the state correctional system while also providing enhanced opportunities for inmates to transition into their home communities. For example, Hall County Jail has two actual work release units. When the OIG visited the facility earlier this year, only five beds out of over 30 were being utilized. If there are inmates from Hall County or neighboring counties that are eligible for work release, having them find employment in the community they are returning to makes much more sense and will usually result in a more successful transition.

The OIG worked with the Nebraska Association of County Officials to survey jail administrators and county sheriffs and six counties responded that they would be interested in working with NDCS on this proposal.

Work Release vs. Work Detail

At each community corrections center, inmates are assigned to either a work detail position or are on work release where they obtain a job in the community. Work detail positions are ones in which NDCS has a contract to fill either internally or with another state agency. The daily pay for these positions is $1.21, $2.25 or $3.78. Work release positions are actual jobs working in the community for a business. These positions pay regular wages.

In order to be housed at a community corrections center, an inmate has to be classified as community custody. Most inmates qualify for work detail positions before qualifying for work release positions. In recent correspondence with an official at a center, they said that the goal is to have all inmates employed in work release positions 30 days or more before their final Board of Parole hearing or their tentative release date (mandatory discharge date). If an inmate has a work release position they are able to save more money for their eventual transition to the community.

Currently, NDCS has a significant number of contracts for work release jobs. In fact, more than half of the inmates in the community corrections centers are needed to satisfy the terms of the

contracts. During a tour of a center, a corrections official shared how the work detail contracts were such a benefit because they saved money for the State of Nebraska. However, the purpose of the community corrections centers are not to save money for the state but to better prepare inmates for a successful reentry into the community. The priority should not be the fulfilling of contracts. If inmates are successfully transitioned into the community that would actually save much more tax dollars in the future for the State of Nebraska.

The OIG has been contacted by many inmates or former inmates who would like to see more work release opportunities. They believe that due to the number of contracts many inmates who are on work detail are kept there and not moved to work release. Several inmates had jobs lined up in the community but then were told that they had to wait because the work detail positions needed to be filled. Some of these individuals then lost those job opportunities. If an inmate is qualified and ready to be employed in work release positions, NDCS should do all that they can to make that happen.

Post CCC Checks

Individuals have contacted the OIG with other concerns related to the community corrections centers and the reentry process.

One such concern is the practice of withholding paychecks of those who recently left the centers. When someone leaves the center they still owe NDCS the $12 per day rent for when they resided there and also a payment to Victims Compensation. As a result, their next one or two paychecks are withheld by NDCS and the money for one or both of those two items are taken out and a new check is then provided to the former inmate. The OIG was asked to look into this practice because some individuals were experiencing significant delays in receiving a check back from NDCS. This delay impacted their ability to pay rent, buy groceries or pay other bills associated with their reentry into their community. After being contacted about this by the OIG, NDCS agreed to revise their process so that instead of issuing checks only on the 5th of the month and the 12th work day of the month, they will now issue checks every Wednesday.

Reentry

The Vocational and Life Skills Program was established by the Legislature in 2014 and the accompanying grant program for community groups has shown great promise for NDCS and those who reenter society from correctional facilities. The first grant cycle began in early 2015 and ended in June 2016. The second grant cycle began July 1, 2016. The programs that were funded in the second grant cycle include: Associated Builders and Contractors, Hope of Glory Ministries, Mental Health Association, Metropolitan Community College, ReConnect, ResCare, TRADE – Center for People in Need, and Western Alternative Corrections.

The funding for those eight groups during the next two years total nearly $7.4 million.[58] NDCS has contracted with the Nebraska Center for Justice Research at the University of Nebraska at Omaha to evaluate the program. The final reports for the first grant cycle will be provided to NDCS later this fall.

[58] Attachment 39: NDCS Handout on Grantees and Their Funding

The grant recipients are providing services in areas throughout Nebraska and they include a combination of programs, including housing, employment services, education, and vocational training.

There was an emphasis this year to provide more services inside facilities that would assist with the transition of people to the outside of the facilities. For example, the Mental Health Association of Nebraska is about to start WRAP (Wellness Recovery Action Program) at their third facility this fall. NDCS also focused on providing programs in several parts of the state including a special emphasis on north Omaha.

There were a number of other quality grant proposals submitted to NDCS that would undoubtedly benefit many others who are reentering society. If the funding was doubled then most of those proposals could be funded in the future.

The OIG was invited to view the grant process and was able to visit with most of the groups that submitted proposals. The OIG plans to visit all of the groups that were awarded grant dollars during the next year to learn more about their activities and those who participate in them. Several of the programs use peers (former inmates or other people who have participated in the criminal justice system), which they found to be an effective tool in assisting their participants. The OIG attended a federal conference on reentry in June 2016 and learned about reentry activities in other states and shared that information with NDCS. It appears as though the federal government is emphasizing the importance of peer support programs across the country.

Another part of the reentry effort by NDCS is to have reentry specialists meet with inmates at least three times during their incarceration. They meet with new inmates within their first 10 ten days of being taken into custody at NDCS, then about halfway through their sentence, and then in the last 120 days of their sentence. During these visits they discuss their need to have a reentry plan that includes where they are going to live, the relationships in their home community, their plans for a job, and the need to save any funds that they earn during their incarceration. Each inmate is provided a Reentry Workbook that is a combination of a guide and a planning document. If the OIG has any concern about this program, it is that there may be a need for additional reentry specialists as their current workload is quite high.

MEDICAL

The Vision of the Health Services Department is to strive to *"continually improve the health of the individual placed in our custody by developing integrated delivery systems that efficiently provide a continuum of needed, accessible and quality health services."*[59] In order to carry out this vision, NDCS has several challenges to overcome, including staffing levels, structure and layout of their medical facilities, antiquated record systems, dated medical equipment, and barriers to providing specialized care to inmates.

Inmate Health Plan

On July 1, 2016, NDCS released the Inmate Health Plan. The intent of the Plan is to demonstrate how NDCS complies with the provisions of the Nebraska Correctional Health Care Services Act, the law that defines the health care that NDCS needs to provide to the inmate population.

The plan is highly detailed and provides guidelines on the medical and behavioral health care provided to individuals while they are incarcerated. The Plan *"defines which services are medically necessary, but is not a contract or a guarantee of services to inmates."*[60] It will be important for the OIG to follow the progress of the Plan and its impact on inmates over the next year.

Technology

Experiences in other states have shown that health information technology can assist correctional agencies and facilities by increasing communication among providers, enhancing coordination of health care, and leading to cost savings. NDCS is severely limited by a lack of this technology, whether through the lack of electronic health records, connections to health information exchanges, the limited use of telemedicine, or even the dispensing of medication.

A project of the Substance Abuse and Mental Health Program at the Vera Institute of Justice called Justice and Health Connect is an excellent resource for learning how systems such as NDCS can fully utilize health information technology.[61]

A 2013 report by Justice and Health Connect showed the many benefits of moving into the technology age.[62] According to this report and many other articles, podcasts and resources on their web site, there are numerous examples of how utilizing this technology leads to better health outcomes, better connections to resources in the community, more cost-effective treatment options, improved medical decision making, better reentry planning, the reduction or elimination of duplicative procedures, and the development of a continuum of care between correctional facilities and community providers.

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[59] http://www.corrections.nebraska.gov/health.html
[60] Attachment 40: Health Services Inmate Health Plan, July 1, 2016
[61] http://www.jhconnect.org/
[62] Attachment 41: "Health Information Technology and the Criminal Justice System"; Justice and Health Connect

Some examples of the benefits of telehealth or telemedicine include a reduction in consult requests, increased access to medical and mental health specialists, the treating of more inmates each day, the willingness of more doctors to participate, diagnosing more quickly a medical issue which then prevents a patient crisis and the potential use of an hospital emergency room, and improving inmates' health.[63]

Some possible innovative uses of such practices could include the ability for improved hospice or palliative care and access to emergency room doctors after hours. It is vital that NDCS move forward in the pursuit of health information technology.

Consult Requests

Consult requests are a significant problem for the medical staff in correctional facilities. These are generated when it is determined by a medical provider that an inmate needs a medical assessment or procedure outside of a correctional facility. When these are done that means a travel order at a facility must take place. Due to staffing issues the number of travel orders that a facility can do in one day are quite small. However, the number of consult requests climbs each day which creates a significant backlog that may be impacting the health of the inmates. Information was recently shared with the Ombudsman's office that there were over 300 pending consult requests at the Nebraska State Penitentiary. However, they only carry out four travel orders a day. At that rate it will take 75 days to get to zero but at the same time more consult requests are being generated. This is just data from one facility and does not include emergency travel orders.

In addition to increasing the number of travel orders done each day, consideration may need to be given to taking a longer look at whether or not the procedures being authorized are medically necessary. The Department should review what other states do regarding this. One suggestion shared with the OIG is that a medical panel be established to review consult requests. The Department may want to consider reviewing how this is determined in Nebraska's Medicaid Program. If the process is changed there still must be an avenue for a speedy appeal by an inmate in order to guarantee that their right to appropriate health treatment is not restrained.

A work group was formed by NDCS on travel orders in July 2015. The purpose of the group was to "*Explore options and identify short-term and long-term improvements/efficiencies*" and "*Provide recommendations to Diane Sabatka-Rine*." It appears they met three times in July and August 2015 and discussed short term and long term solutions.[64] They submitted their recommendations to Deputy Director Sabatka-Rine on August 12, 2015. The group next met in February 2016.

[63] Attachment 42: State Prisons Turn to Telemedicine to Improve Health and Save Money; Michael Ollove, January 21, 2016

[64] Attachment 43: Medical Travel Orders – Workgroup meeting minutes from August 12, 2015

The Chair of the group, Deputy Warden Matt Heckman of the Lincoln Correctional Center, delivered the group's recommendations to Deputy Director Sabatka-Rine on March 4, 2016. The recommendations were focused on the short term and none of the long term suggestions from the first meetings were mentioned. In a March 4, 2016 email from Sabatka-Rine to Heckman she said to proceed with the first recommendation. The first recommendation was the establishing of a travel order scheduling team at three facilities. She asked if the group would continue to meet and explore additional recommendations and in his response Heckman indicated that they would. However, NDCS has not provided any other documentation to show that the group did indeed meet after February.[65]

Long term solutions that were discussed at the first set of meetings by the group in 2015 and were included in their meeting summary included:

- UNMC Partnership
    - Electronic Health Records
    - Omaha Pilot Project for Specialists
    - Build surgery centers behind walls
- Telehealth
    - Needs eMAR and E.H.R. software systems as foundation
- Federal/State/County Safekeeper
    - Acuity Travel Order drivers[66]

The OIG supports the group continuing to meet to further discuss short term and long term solutions and to develop short term and long term plans of action to address this issue. As evidence that this issue still needs to be resolved, a picture was taken of approved consult requests at one facility that were yet to be carried out. It measured two inches high.[67]

Staffing

As stated previously in the report, medical faces staffing challenges. One way to address this issue is to continue to work with medical education institutes to provide opportunities for health care and medical students to complete a part of their education inside a correctional facility.

NDCS may want to consider creating new positions to assist in their facilities such as medical assistants or medication aides. This could free up valuable time of other health care professionals and allow them to use their expertise and training in the most efficient manner.

Opportunities for additional training can be provided to staff in a number of ways including a certification process through organizations such as the American Correctional Association or

[65] Attachment 44: Emails Related to Activities of the Travel Order Work Group
[66] Attachment 43: Medical Travel Orders – Workgroup meeting minutes from August 12, 2015
[67] Attachment 45: Photo of Approved Consult Requests at the Nebraska State Penitentiary

online training through groups such as Swank Healthcare[68] or Medscape. These opportunities not only lead to a more professional workforce but one that is more invested in their future with NDCS.

As stated previously, NDCS also needs to become more competitive when competing for new employees through the offering of comparable salaries and touting the benefits of working in a correctional setting. To some, the challenges faced from working in such a setting can actually be seen as a selling point.

Planning for the Future

In order to move the medical field of NDCS into the future, there are a number of analyses that need to be done by the Health Services Department. First, a complete staffing analysis needs to be completed to determine the true needs of each of their facilities and the central office. Second, a complete analysis of their technology needs to be completed so they can move strategically into the future with their technological purchases. Third, an assessment of their current medical equipment needs to be completed in order to determine whether or not they are operating their facilities with state of the art equipment that can provide appropriate care for their patients. Fourth, the Department needs to fully understand why staff are so difficult to recruit and retain and become more strategic in attracting and keeping their valuable staff.

[68] Attachment 47: Swank Course Catalog (Swank recently provided information to NDCS that the cost per year for unlimited access to their online education program would cost $5,217 per year but NDCS did not commit to this agreement)

SUICIDE

On May 9, 2016 [redacted] committed suicide at TSCI. The OIG participated in a Critical Incident Review that was done by NDCS regarding the suicide. The Critical Incident Review Team issued a report to NDCS that focused on every aspect of Mr. [redacted] incarceration. The report reviewed the efforts of NDCS and the facility related to his incarceration and suicide and closely examined all practices related to suicide prevention, detection and emergency response. The OIG concurred with the findings of the Critical Incident Review and was impressed by the thoroughness and the professionalism of the members of the Critical Incident Review Team.

In the case of Mr. [redacted] it is the observation of the OIG that Mr. [redacted] was kept in restrictive housing too long, was not provided the care or treatment that he required, and his cries for help were not heard or were ignored. The Critical Incident Review included a number of recommendations for improvement related to those and other issues, including:

- The need for Medical/Contract Psychiatry/NDCS Mental Health to develop a better process of communicating information regarding an inmate, as well as coordinated care of that inmate;
- Enhanced access to NICaMS (NDCS's information system) for medical staff at the facility;
- Better triaging of inmate Interview Request forms that are received by medical or mental health, including both groups reviewing the forms;
- Enhanced training for all staff regarding the need to recognize requests for assistance. In this case Mr. [redacted] said a number of things such as "the medicine is not helping" or "I can't stand it longer; nobody helps," and no referrals were made as a result of his requests or statements;
- Enhanced and better use of interpreters, including their use during face-to-face contacts with inmates in need of interpretative services; and,
- Several recommendations related to the emergency response.

NDCS and the facility have begun efforts to review the work and the recommendations of the Critical Incident Review. The OIG will review these efforts and make any future recommendations as needed.

DEATHS

One of the requirements under state law for the OIG is to conduct investigations into deaths that take place of those incarcerated by the State of Nebraska. The OIG reviewed all of the deaths that took place in the Department since September 15, 2015 and have had grand juries convene on those deaths. The OIG concurred with the findings of the grand juries and have no specific recommendations to make to the Department as the result of those deaths. One exception is the death of [redacted]. As stated elsewhere in the report, Mr. [redacted] committed suicide. A grand jury has not been convened on Mr. [redacted] death but further thoughts on what can be learned from his death and changes that should be considered by NDCS related to his death are found in this report.

A memorandum regarding the death investigations and findings was provided to Director Frakes on September 2, 2016.

The OIG will establish a new mechanism for tracking inmate deaths beginning no later than October 1, 2016.

ESCAPE FROM THE LINCOLN CORRECTIONAL CENTER

Two inmates escaped from the Lincoln Correctional Center on June 9, 2016. NDCS, with assistance from individuals who work for the Department of Corrections in Virginia, completed a Critical Incident Review of the escape. The Review was a detailed and comprehensive examination of the escape. It made numerous findings and recommendations with which the OIG concurs. However, the OIG is continuing its investigation and will issue a report to NDCS no later than October 1, 2016. Preliminary concerns of the OIG include the impact of staff shortages on the facility's ability to operate in a secure manner, the impact of overcrowding on the facility, complacency of the staff at the facility (and possibly at other facilities) that led to security practices that did not meet the expectations of NDCS or the public, and the lack of security audits and additional oversight or accountability audits related to these security practices. In other words, the OIG has found that security practices did not meet the policies established by NDCS and that there few procedures in place or administered that made sure that certain security practices followed the prescribed procedures. The preliminary finding of the OIG is that the escapes were a result of a systemic failure related to the security and oversight of the Lincoln Correctional Center facility and possibly other facilities in the correctional system.

At this time, no staff or administrators have been disciplined by NDCS related to the escapes although some are pending discipline. The Warden of the Lincoln Correctional Center at the time of the escapes, Mario Peart, was not disciplined despite having failed to safely manage his facility, and retired on July 1, 2016. Upon his retirement, Director Frakes "*extended his, and the entire agency's, appreciation for his many years of dedicated service to the citizens of Nebraska."*[69] The ultimate question that needs to be answered by NDCS is where does accountability start and end regarding what took place at the Lincoln Correctional Center? Does NDCS believe that there were those in positions that reported to Warden Peart that did not correctly do their job and need to be held accountable? Are there those above Warden Peart who did not correctly supervise him, knew about his shortcomings as a facility leader, and need to be held accountable? These are questions that need to be addressed by NDCS in the near future.

[69] http://www.corrections.nebraska.gov/pdf/archivednews/Peart percent20Announces percent20Retirement.pdf

TSCI UPDATE

In May 2015, a riot took place at TSCI. Since that time there have been many attempted changes to the facility and the way it operates. Due to the complexity of the situation at TSCI and since conditions are continually changing at the facility, the OIG plans to submit a TSCI update to the Public Counsel, the LR 34 Committee, and the NDCS Director no later than December 1, 2016.

However, there have been a number of events that have taken place at TSCI during the past year that should be brought forward in this report but will be expanded upon in the later update.

Staffing throughout the facility remains precarious. As of September 6, 2016 there were 72 current vacancies just of correctional officers and corporals. TSCI knew of eight upcoming resignations and two upcoming transfers on that date. There were three people recently hired. This will result in an increase to 79 vacancies for those positions. There are currently two unit case worker vacancies with one upcoming resignation and one new hire. In addition, there are two recreation specialist positions vacant, three facility maintenance specialist positions vacant, and one canteen operator position vacant. This brings the number of known upcoming vacancies to a total of 87.[70] As of August 1, 2016 eight out of 12 behavioral health staff positions were vacant.[71]

The facility still remains in a type of emergency situation due to the number of staff vacancies. As a result protective services employees work 12 hour shifts. This practice has been in place since the riot.

An attempt was made to turn a previous restrictive housing unit (SMU West) into a maximum custody general population unit last fall. The cells were double bunked and inmates were moved into the unit. It was an attempt to increase the capacity at TSCI and provide some sort of population relief for the system. However, the change did not succeed for a number of reasons. The primary reason was that inmates were told that they were in a general population setting yet it was known to them as a restrictive housing unit. There were significant differences between SMU West and other general population areas, including day room space, yard space, access to such items as ice machines, and other definite differences. This upset the inmates who were residing there which resulted in continuous difficulties between inmates and staff.

The population was eventually decreased but it was still a restrictive housing unit that was housing general population inmates. After many months and many staff assaults, the unit was converted back to restrictive housing on April 19, 2016.[72] Director Frakes acknowledged the lack of success of their plan in an April 21, 2016 letter to Senator Les Seiler and stated that *"I will not risk any further injuries to staff by continuing to manage a maximum custody population at*

[70] Attachment 47: Email exchange between James Davis and Scott Busboom
[71] Attachment 12: Health Services Staffing Breakdown by Facility
[72] Attachment 48: April 18, 2016 Memorandum by Brad Hansen on SMU West

SMU-W."[73] While Warden Hansen and Director Frakes announced in April that they were open to proposals to better utilize SMU West, it remains a restrictive housing setting today.

In March, Warden Brian Gage resigned and was replaced by Warden Brad Hansen. Warden Hansen had worked in the central office in the security area and previously had been a Unit Administrator at the Nebraska State Penitentiary. Warden Gage never indicated in a public manner why he resigned.

Out of cell times at TSCI have increased and there are attempts being made to have more programming in the facility, including substance abuse treatment in the protective management unit and a WRAP (Wellness Recovery Action Program) group in the restrictive housing unit. Despite continual efforts by NDCS, Violence Reduction Program is not available at TSCI due to the inability to fill the positions needed to provide the program to inmates. A psychologist was hired to work in the restrictive housing unit but the facility psychologist position is still open.

As found elsewhere in this report, the suicide of Mr. [redacted] raised a number of issues that need to be addressed in the facility.

In summary, over the past several months there have been continuous issues at TSCI including numerous inmate-on-staff assaults and constant stress and tension throughout the facility. Staffing is still a significant problem. The facility was recently in a lockdown for several days and even during this time there were two inmate-on-staff assaults that took place. These are just some of the issues that have taken place at TSCI which is why it is key that the OIG spend additional time at TSCI over the next few months. The OIG will visit with staff, inmates and administration and then issue a much more complete update regarding the facility.

[73] Attachment 49: April 21, 2016 Letter from Director Frakes to Senator Les Seiler

NEW ASSESSMENT TOOLS

During the past year, NDCS has undertaken two different projects to improve assessments of inmates. The STRONG-R is a risk assessment instrument and the new classification tool determines an inmate's custody level.

STRONG-R

Legislative Bill 598 required NDCS to implement a risk assessment instrument. As a result, NDCS went through the contract process and selected the Static Risk and Offender Needs Guide for Recidivism (STRONG-R) and is contracting with Assessments.com in order to validate and customize the tool, as well as provide training on the instrument. The STRONG-R is an actuarial risk assessment that is used to predict recidivism, determine custody levels, and determine the needs of inmates coming into the correctional system. An article by Dr. Zach Hamilton, the developer of STRONG-R, and others, was recently published in *Criminal Justice and Behavior* that provides much greater detail about the tool.[74]

The STRONG-R is being phased in throughout NDCS, including new inmates being assessed with the tool when they enter the system. At an April 18, 2016 legislative hearing, Dr. Lisa Jones, former Director of NDCS Behavioral Health, testified *that "The STRONG-R will allow us to focus more clinical resources on inmates identified with higher risks and needs and facilitate completing screening and making treatment recommendations up-front while the inmates are at our Diagnostic and Evaluation Center."* At the same hearing, Director Frakes testified that *"The STRONG-R will serve as the foundation for the adoption of many evidence-based practices across NDCS and parole, including the parole supervision matrix and the Parole Board guidelines."*[75]

Legislative Bill 605 required the Board of Parole to use a validated risk and need assessment from NDCS to determine the risk of parolees to reoffend. As a result, they are also using the STRONG-R. It will be used at the beginning of the supervision period and every six months thereafter until the parolee is released from supervision. The phase in of the instrument has proven time consuming for parole staff as they have had to manually enter some of the instrument's 92 variables in addition to other manual steps that need to be completed in order for the STRONG-R to be completed. The Nebraska Parole Transition Implementation Plan's found that *"in the future, the instrument will be incorporated into the Department of Correctional Services automated case management system and there will be minimal data collection required for parole officers.*"[76] However, it is unclear what NDCS' plans are for reassessing their over 5000 inmates and how that will impact parole staff.

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[74] CRIMINAL JUSTICE AND BEHAVIOR, 2016, Vol. 43, No. 2, February 2016, 230–263. The Development and Validation of the STRONG-R Recidivism Risk Assessment Zachary Hamilton, et al.

[75] http://www.legislature.ne.gov/FloorDocs/104/PDF/Transcripts/SpecialCommittees/Department percent20of percent20Correctional percent20Services percent20Special percent20Investigative percent20Committee percent20hearing percent20.April percent2018, percent202016.pdf

[76] http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Parole_Board/585_20160603-101354.pdf

A concern that was initially raised regarding the STRONG-R was the fact that it had not been validated for the population at NDCS. The OIG contacted Dr. Hamilton and he indicated that this would be true of other instruments such as the YLS/CMI. Dr. Hamilton stressed that one of the strengths of the STRONG-R is that it designed to be tailored for each jurisdiction in which it is implemented. The goal of the STRONG-R is to be a more accurate predictor than other tools and in order for that to be the case it needs to be customized for that specific population. As data is collected over the next few years, the tool will be validated and evaluated using only Nebraska's data. It can then be modified to improve its accuracy. At the end of the contract period, NDCS will be able to determine whether or not the STRONG-R did meet the needs of the system.

Classification Tool

The purpose of a classification tool is to match the needs of an inmate with the resources in a correctional facility. As a result of the use of the tool, an inmate generally is classified as community, minimum, medium or maximum custody. At various times, the tool can be utilized to determine whether or not an inmate's classification has changed.

A review of the NDCS current classification system was completed in August 2016 by Dr. Zach Hamilton and Dr. Alex Kigerl as the result of a contract between The Nebraska Center for Justice Research at the University of Nebraska Omaha and NDCS. The review found that the classification system for NDCS was established in the 1970's and it was updated and modified in 2005. However, they found that there were two significant issues with the tool. First, inmates' scores were routinely over-classified. In other words, a minimum custody inmate could be classified as a medium custody or maximum custody inmate. Second, overrides took place approximately 40 percent of the time.

The contract also included the development and validation of a new classification tool for NDCS.[77] As a result, a new tool has been developed and will begin to be implemented later this year. In addition to the more accurate custody classification of inmates, the belief is that the tool will provide *"staff the flexibility to assign offenders to a lower/higher custody designation when agency or offender need requires"* and inform *"staff of an offender's likely infraction type and risk following a transfer to a new facility, providing the opportunity to differentiate supervision strategies once an offender is residing in their new facility.*"[78] The developers also stated that the new tool is quite a change from the current tool and made several recommendations to successfully implement it.

One other benefit of this new tool is that it should allow NDCS to better forecast their facility needs in the future. For instance, once every inmate is classified NDCS might see a shift in their custody levels. If there is an increase in minimum classifications and a decrease in maximum classifications this could impact their future priorities.

[77] http://www.unomaha.edu/college-of-public-affairs-and-community-service/nebraska-center-for-justice-research/documents/Hamilton.Kigerl percent20NDCS percent20Classification percent20Final percent20Report_2016-08-18.pdf

[78] Attachment 50: Excerpt from 2016 Nebraska Center for Justice Research Annual Report

DIVERSITY OF NDCS WORKFORCE

NDCS faces challenges regarding the diversity of their workforce. The latest report by the Nebraska Department of Administrative Services found that in 2014 only 231 employees of NDCS, or 10.4 percent, were minorities.[79] This percentage has been relatively steady during the previous ten years with a high of 11.5 percent in 2004 and a low of 9.3 percent in 2011. There were 100 African American employees, 75 Hispanic or Latino employees, seven American Indian or Alaskan Native employees, and 24 Asian or Pacific Islander employees in 2014. The latest quarterly data sheet by NDCS showed that nearly 45 percent of all inmates were minorities.[80]

In the past, NDCS has stated that due to the lack of a minority population in Nebraska it has been difficult to attract and retain minority employees. In fact, in 2015 slightly more than 10 percent of the state population was a minority population which is roughly the equivalent of the NDCS staff minority population.[81] However, Omaha's minority population consists of 27 percent of their total population and there are three correctional facilities in Omaha.

It is important that NDCS establish a program for the increased recruitment and employment of minority staff, including staff who speak Spanish and other languages that are prominent in the NDCS facilities. One reason for the need for the increased recruitment and retention of minority staff is that this can result in building a pipeline that results in more minorities being promoted into leadership positions in NDCS. Currently, there are very few minorities in NDCS leadership positions.

[79] Attachment 51: Excerpt from the State Personnel Division's 2015 Almanac
[80] Attachment 52: April-June 2016 NDCS Quarterly Data Sheet
[81] Attachment 53: United States Census Quick Facts for Nebraska

AUDITOR'S REPORT

In November 2015, the Nebraska State Auditor released an audit of NDCS. The audit was focused on the financial activity of NDCS. The report found a number of significant shortcomings, including communication issues, the overuse of manual processes, and a lack of accountability. It was the report's contention that this resulted in overpayments and excessive expenditures.[82]

The OIG has had several issues brought to him regarding the financial and business practices of NDCS, including inaccurate balances of inmate club accounts and delayed payments of bill. As a result, the OIG will ask the Legislative Performance Audit Committee to consider a performance audit of certain business practices of NDCS and to follow-up on the concerns raised in the report by the Nebraska State Auditor.

[82] http://mediaassets.kmtv.com/cms/docs/corrections-audit-11022015.pdf?_ga=1.30158588.29216941.1473309533

INMATE LETTERS

During the past year, the OIG has received numerous letters from inmates in the state correctional system. Keeping up with these letters has proven to be a challenge due to other demands of the position. However, these letters have played a significant part in educating the OIG about the correctional system. While many of the inmates shared personal circumstances or concerns that were more applicable to the work of the Ombudsman's office, they did present an idea of what was happening across the system. Many times the OIG would refer the individual to the Ombudsman's office but ask that person to keep them updated on their situation. Other letters did express concerns or raise issues surrounding the correctional system and fell under the domain of the OIG.

Currently, the OIG uses the Ombudsman's case management system for correspondence. In the fall, the OIG will be working with the Inspector General of Child Welfare to determine whether a case management system specifically designed for the two offices would be more efficient and appropriate for the OIG.

OTHER LETTERS AND MEMORANDUMS

During the course of the past year, the OIG issued several memorandums, emails, or letters to a number of people, including individual senators, legislative committees, and NDCS. Below are summaries of a sample of some of those letters, emails, or memorandums that were not included in other parts of this report:

- The OIG provided a memorandum to the LR 34 Committee on January 27, 2016 that included additional information on work release efforts in the State of Washington and data on inmates in Nebraska. The memorandum was a follow-up to a briefing by the Committee on January 26, 2016;[83]
- The OIG sent a letter to Senator Heath Mello on February 5, 2016 supporting additional funding for grant funding for the Vocational and Life Skills Program;[84]
- The OIG sent a letter to Senator Heath Mello on February 9, 2016 supporting Legislative Bill 733. LB 733 was a bill introduced by Senator Dan Watermeier that would have originally provided $2.5 million to NDCS for retention efforts;[85]
- The OIG sent a letter to Director Frakes on February 11, 2016 regarding a finding that the Nebraska Inmate Case Management System did not have data regarding the inmates assigned to the county jail program;[86]
- The OIG sent an email to Senator Seiler and members of the Appropriations Committee and the Judiciary Committee on February 25, 2016 providing additional data on turnover rates for certain correctional positions. This information was provided after a hearing on February 24, 2016;[87]
- The OIG provided a memorandum to Senator Schumacher and members of the Appropriations Committee and the Judiciary Committee on February 29, 2016 regarding information on the American Correctional Association;[88]
- The OIG wrote a letter to Director Frakes on March 17, 2016 expressing concerns related to the lack of action by Director Frakes in moving the central office outside smoking area off of state property as was required in their own administrative regulations;[89]
- The OIG provided a memorandum to the LR 34 Committee on April 14, 2016 with information that was requested for their upcoming hearing. Topics included assaults, staff retention, restrictive housing and mandatory discharges;[90] and,
- The OIG sent a letter to Director Frakes on June 11, 2016 requesting information on the escapes from the Lincoln Correctional Center. This was the first in a series of requests.[91]

[83] Exhibit 54:January 27, 2016 Memorandum
[84] Exhibit 55:February 5, 2016 Letter
[85] Exhibit 56:February 9, 2016 Letter
[86] Exhibit 57: February 11, 2016 Letter
[87] Exhibit 58: February 25, 2016 Email
[88] Exhibit 59: February 29, 2016 Memorandum
[89] Exhibit 60: March 17, 2016 Letter
[90] Exhibit 61: April 14, 2016 Memorandum
[91] Exhibit 62: June 11, 2016 Letter

PAROLE ADMINISTRATION TRANSITION

The Legislature passed Legislative Bill 598 to transfer the administration of the Adult Parole Administration from NDCS to the Board of Parole effective July 1, 2016. This resulted from the work of the Department of Correctional Services Special Investigative Committee in 2014.

The bill directed the Board of Parole and NDCS to develop and implement a strategic plan to make this transition. A transition plan director and other staff named in the bill were to be hired on or before January 1, 2016. The bill also required that parole officers be compensated substantially equal to other state employees who have similar responsibilities (probation staff).

The Board of Parole and NDCS contracted with Dr. Richard Wiener to lead this effort. His first report followed the directions he was provided by the two entities but members of the Legislature shared reservations about the initial effort.[92] In addition, the positions that the Board of Parole were to hire were not filled by January 1, 2016. After many meetings and discussion, the Board of Parole changed their plan and ended their contract with Dr. Wiener. They then contracted with William Burrell to finish the plan.

Mr. Burrell submitted the Nebraska Parole Transition Implementation Plan to the Board of Parole and NDCS on June 1, 2016. The intent of the Plan was to assist with a smooth and orderly transition, provide continuity of the parole function, assist with developing the management capacity to take on the additional responsibilities, make recommendations for additional needs and best practices in the future, and to develop a strategic plan for the Adult Parole Administration. Some highlights of the Plan were the following:

- A Transition Working Group was formed and assisted with the transition;
- Statutory changes were identified that need to be made during the 2017 legislative session;
- The budget of the Board of Parole will need to be adjusted;
- The Board of Parole is finishing its work with CSG on developing parole guidelines;
- Staff under the Board of Parole will increase from ten to 70 staff; and,
- Consideration should be given to reviewing the workload of the Board of Parole, especially the Chair.[93]

Earlier this year, the first two positions were filled by the Board of Parole. Julie Micek was hired as the Director of Supervision and Services and Nicole Miller was hired as the Staff Attorney.

Prior to the transition taking place, Director Micek reached out to her future staff in a number of ways, including town halls in Grand Island, Omaha, and Lincoln. The OIG attended the town halls in Grand Island and Lincoln. The staff voiced their concerns about the transition and asked many questions related to it. By the end of each of the town halls, it appeared as though many of

[92] http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Parole_Board/550_20151201-060228.pdf
[93] http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Parole_Board/585_20160603-101354.pdf

their concerns had been addressed or at least listened to by Director Micek. The most significant observation of the OIG at the town halls was that the upcoming changes had not been appropriately communicated with staff by NDCS. Among the questions the staff had were whether or not their salaries would increase as promised and what impact the new educational requirements for their jobs would have on them.[94] According to the Adult Parole Administration, the cost of adjusting their salaries to comply with Nebraska state statute is approximately $230,000 per year.

After a rocky start to the transition last fall, the Board of Parole and NDCS made significant strides and have worked well together. This coordinated effort resulted in the transition taking place by the statutory deadline of July 1, 2016 with a solid plan for the future.

[94] Attachment 63: APA/BOP Town Hall Meeting FAQ's

NDCS REPORTS

During the past year, NDCS published a number of reports, some of which are referred to in this report. To assist those who have an interest in learning more about Nebraska's correctional system, the reports and a link to each of them are listed below:

- NDCS Strategic Plan - http://www.corrections.nebraska.gov/pdf/NDCS percent20Strategic percent20Plan.pdf;
- Retention Funds - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/595_20160728-173008.pdf
- Vocational and Life Skills Report - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/490_20160402-172157.pdf
- Mandatory Discharge Report - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/577_20160328-174322.pdf
- Long Term Plan for Restrictive Housing - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/591_20160630-181951.pdf
- Airpark Feasibility Study - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/516_20151231-152413.pdf
- Mandatory Overtime Reduction Report - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/559_20151231-152325.pdf
- Behavioral Health Assessment - http://nebraskalegislature.gov/FloorDocs/104/PDF/Agencies/Correctional_Services__Department_of/558_20151231-152218.pdf
- Culture Study, Part One - http://www.corrections.nebraska.gov/pdf/NDCS percent20Culture percent20Study percent20- percent20Part percent201.pdf
- Culture Study, Part Two - http://www.corrections.nebraska.gov/pdf/NDCS percent20Culture percent20Study percent20- percent20Part percent202.pdf
- CSG Justice Program Assessment - http://www.corrections.nebraska.gov/pdf/2016 percent20Nebraska percent20Council percent20of percent20State percent20Governments percent20Justice percent20Program percent20Assessment.pdf
- 2014 Master Plan Report - http://www.corrections.nebraska.gov/pdf/NDCS percent20Master percent20Plan percent20Final percent20Report.pdf

RECOMMENDATIONS

Report Recommendations

Throughout the report there were many observations made by the OIG that resulted in these specific recommendations. The following are recommendations by the OIG related to the Nebraska Department of Correctional Services (NDCS):

1) Convene a work group on staff retention that includes people in positions throughout NDCS and individuals from outside NDCS;
2) Present salary proposals to the Department of Administrative Services that would either result in longevity pay or the establishment of a tiered plan system where an employee can be rewarded for reaching certain work goals, achievements or certifications. For example, positions of Corporal I, Corporal II, and Corporal III could be created. To move from one tier to the other the individual would have to be in their position for a certain period of time, take outside classes, gain a special certification or accomplish goals established by NDCS. Health services staff could achieve something similar if they receive a form of health professional certification.
3) Provide additional pay for employees who participate in extra duties that require additional training;
4) Contact the Department of Administrative Services and begin the process of seeking a reclassification of correctional nurses (including Registered Nurses and Licensed Practical Nurses);
5) End the $250 bonus program that is part of the $1.5 million retention plan and use the remaining funds to provide bonuses to employees who did not receive the $500 bonus that was announced in August 2016;
6) Place limits on the amount of overtime that an employee can work in one week;
7) Consider the banning of back to back 16 hour shifts by employees;
8) Provide quarterly updates to the Legislature and the Inspector General for Corrections on turnover rates, vacancy rates, and overtime data for all classifications of positions;
9) Place a renewed focus on improving communication between behavioral health administration and staff;
10) Review attempts in other correctional agencies to bring “new blood” into their agencies and develop short-term and long-term plans to do that for NDCS;
11) Continue to develop more program options for inmates that would assist them in being paroled, including the development of programs provided in foreign languages;
12) Complete a staffing analysis for the entire Department of Correctional Services;
13) Provide regular updates to the Legislature and the Inspector General of Corrections regarding any changes that are made as a result of the Culture Survey;
14) Continually review placements of inmates in the county jail program to check that the inmates who are placed there actually are qualified to participate in the program;
15) Establish a goal to implement the restrictive housing peer support pilot program no later than October 1, 2017;
16) Convene a work group on communication that includes people in positions throughout NDCS and individuals from outside NDCS including former inmates. The focus would be to address how NDCS administration can communicate more efficiently and effectively with staff and inmates;

17) Provide the Inspector General of Corrections and the members of the [redacted] suicide Critical Incident Review Team with regular updates on the progress of the recommendations made in the Critical Incident Review. NDCS should also do this for all Critical Incident Reviews that are done in the future;
18) Provide additional transparency regarding accountability for the conditions that led to the escapes from the Lincoln Correctional Center on June 9, 2016;
19) Develop a plan that would allow female inmates to be able to utilize community custody beds in the Omaha area after the female beds at the Community Corrections Center-Omaha cease to exist;
20) Review options pertaining to using county jails as work release placements for people who will be transitioning to areas near those county jails;
21) Review the necessity and the effectiveness of all work detail contracts;
22) Review how inmates in community corrections are determined to be eligible for work detail versus work release in order to determine whether or not changes could be made to make more inmates eligible for work release;
23) Propose an increase in funding to the Vocational and Life Skills grant program;
24) Expand the use of peer support programs by using inmates and people from outside NDCS. For example, consider using trained peers in restrictive housing settings or with individuals who turn down programming opportunities;
25) Reconvene the work group on travel orders and present a plan that has short-term and long-term solutions and related plans of action to the NDCS Director and the Medical Director no later than January 1, 2017;
26) Work with the Inspector General to update the programming spreadsheet on a quarterly basis;
27) Examine the benefits of establishing new positions in medical areas, such as medication aides or medical assistants, that would then allow other health services staff to focus on their more immediate responsibilities;
28) Work jointly with the Adult Parole Administration and the Board of Parole to present a plan to the Governor and the Legislature detailing how a correctional system overcrowding emergency would be administered;
29) Work with peer facilities in other states to establish video conferences or other communication opportunities for staff from those facilities to interact with comparable NDCS staff. The emphasis would be on communicating with staff who have gone through changes or situations similar to what is taking place in that particular NDCS facility; and
30) Establish a two-year pilot program in order to provide "a specialized program to provide services for individuals with a developmental disability as defined by the Division of Developmental Disabilities." The program would require that the Department contract with a provider certified by the Division and that they track data related to the program and report it to the Governor and Legislature. An emphasis of the program would be to assist with the successful re-entry of this population into the community.

Possible Innovative Ideas to Consider

During the course of the last year, numerous ideas for innovations or other changes in NDCS have also been brought to the attention of the OIG. Even though the OIG has not been able to closely review or assess them, it is important that they be shared in case there are others who would like to explore them further. Some may be studied more closely by the OIG in the coming year. Some of the ideas are described below:

- Reinstate physical standards for the hiring of correctional officers;
- Implement a minimum hiring age of at least 19 years old for correctional officers;
- Establish color coding in the medical areas so that inmates know where to go and that they have to adhere to that color. For example, if Inmate X needs to go to dental they follow the purple line and need to stay on the purple line. This could reinforce safety and security for those areas, or other areas to which it is applied;
- Consider the establishing of an employee advocate at all correctional facilities;
- Consider the establishing of a wellness nurse to assist staff and inmates with their wellness. For example, establish mission-related housing for inmates who have similar health issues and have the wellness nurse work with them to address their health conditions and place them in a situation where they can establish a new support system;
- One health care professional shared how they were asking terminally ill patients to journal about their experiences before and after the diagnosis so that they can share that work with future patients. The use of journaling can be done in many circumstances to assist people and to be a type of mentoring;
- Ask current inmates/potential mentors to prepare videos for new inmates that show them more about life in their new facility. It would give the new inmates ideas on what to expect and what they will experience as they begin living there. It also can assist with establishing positive relationships between the potential mentors and new inmates;
- Begin the process of studying how more fresh fruits and vegetables can be provided to inmates, possibly through relationships with the agricultural sector and the University of Nebraska. One possibility is to establish large gardens, greenhouses, etc. and have the inmates work in these areas in order to produce their own fruits and vegetables. In addition to improving diets it would provide job training opportunities for inmates. It could be called the G.O.O.D. program, Growing Our Own Dinner;
- Expand upon the new offerings at the Nebraska Correctional Center for Women: the yoga program and the Blue Room (a calming room for inmates in crisis);
- Partner with county jails to establish county jail reentry programs that are designed to keep people from acting in such a way that they return to county jails. NDCS could offer their new expertise on this issue to local counties;
- Explore the further use of pet therapy, including in restrictive housing settings;
- Consider the establishment of behavior incentive programs for inmate housing units based on positive examples from other jail and prison systems;

- Change the requirements for NDCS to receive county safekeepers. It is perceived by staff that some counties "dump" their problem inmates on NDCS and this only adds to the overcrowding issue at the Diagnostic and Evaluation Center;
- As NDCS moves forward on inmate councils, consider looking at more formalized examples from other states, such as New York;[95] and,
- Consider having an outside entity complete a study of the costs and benefits of maintaining significant overtime versus hiring additional staff.

[95] Attachment 64: 2015 New York State Inmate Liaison Committee Directive

OIG RESOURCES AND YEAR TWO GOALS

When the OIG was established in 2015, the one position that was funded was the Inspector General position. As a result, there are a lot of demands of the position. As a result, the OIG will have to improve how it prioritizes issues and understand that there will be issues or parts of the correctional and parole systems that will not be able to be closely examined due to a lack of time or resources. As this report lays out, there are a significant number of moving parts of the systems.

The goals for year two of the OIG are to:

- Build upon the infrastructure developed in year one;
- Spend a series of days, covering all three shifts, at each facility and provide specific assessments of each facility;
- Establish better tracking and review systems for serious injuries, deaths and assaults;
- Establish a better case management system for letters, emails and telephone calls that are received by the OIG as well as improve the response rate to those contacts;
- Provide detailed special reports or updates on specific issues, such as the situation at the Tecumseh State Correctional Institution;
- Learn more about issues impacting inmates and parolees by spending more time with those populations;
- Gain a better understanding of NDCS behavioral health and programming;
- Work to connect community behavioral health providers with NDCS behavioral health leaders;
- Visit the seven county jails that house state inmates;
- Visit parole offices throughout the state;
- Visit each program that receives funding from the Vocational and Life Skills Program;
- Establish a thriving internship program within the OIG by working with the Legislature to allow for additional resources for interns to utilize;
- Conduct follow-up surveys of NDCS employees and employees of the Adult Parole Administration;
- Complete the national Inspector General certification in March 2017;
- Conduct at least one survey of inmates at a facility;
- Review state statutes that established the Office of Inspector General and make recommendations to the Legislature regarding any need to amend the statutes based on the first year's operation; and,
- Always be open to suggestions for improvements.

The Office of Inspector General of Corrections would like to acknowledge the 15 years of service to the State of Nebraska and the Nebraska Department of Correctional Services by Deputy Director of Health Services, Dr. Randy Kohl. Dr. Kohl has been the Medical Director since 2001 for the Department and has shown an incredible dedication to his profession and the people who work and reside in the Department. Dr. Kohl will be retiring in October and will be sorely missed by all.

Congratulations Dr. Kohl and best wishes for a wonderful retirement!

ATTACHMENT 1

Criner, Erinn

From: Criner, Erinn
Sent: Monday, August 01, 2016 4:09 PM
To: Koebernick, Doug
Subject: requested information
Attachments: 2371_001.pdf; 2372_001.pdf

Hi Doug,

Attached and below is information requested.

1.) Agency mandatory V. voluntary graphs. Please note, that this report comes from our Telestaff software and does not include all overtime (it is a scheduling tool). As an example, if someone stays past their shift to write a report, it would not be captured here. Due to the 12 hour shifts, TSCI is not currently using Telestaff (so not included in the mandatory / voluntary report). Therefore, I've included reports from KRONOS (time keeping system) that includes all overtime. It does not track mandatory v voluntary though. (Attachment 2371)
2.) Turnover information by facility, with reason and tenure from 1.1.2016 - 6.30.2016 (Attachment 2372)
3.) Training costs for Corrections Officers is approximately $5,600. This does not include Instructor wages or building lease, etc.
    a. FY 15/16 587 started pre-service - 48 did not finish – 8%
    b. FY 13/14 526 started Pre-Service – 34 did not finish – 6%
    c. FY 14/15 462 started Pre-Service – 40 did not finish – 9%

4.) Protective Services Overtime dollars:
    a. FY 15 $7,656,497
    b. FY 14 $6,451,298
    c. FY 13 $5,652,351
    d. FY 12 $4,259,704
    e. FY 11 $3,348,281

As always, if you'd like to sit down and review this information or like for me to explain in further detail, I'll be available.

Thanks,
Erinn

Erinn Criner, Human Talent Director
Nebraska Department of Correctional Services
Office: (402)479-5752
Cell: (402)430-7483
Fax: (402)479-5719
erinn.criner@nebraska.gov

NEBRASKA
DEPARTMENT OF
CORRECTIONAL
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ATTACHMENT 2

1790

	Total Overtime (q3)												
	CCL	CCO	DEC	LCC	NCW	NCY	NSP	OCC	TSC	WEC	Total NDCS Overtime	Monthly Average	Systemwide Quarterly Average
Jan-14	366.00	159.75	837.25	1731.50	2262.75	314.25	6403.75	1436.50	4990.50	179.25	18681.50	1868.15	
Feb-14	466.25	131.00	1008.25	1962.75	1499.25	298.25	6345.75	1279.50	5944.00	197.00	19132.00	1913.20	19868.17
Mar-14	360.25	235.75	1051.50	2353.75	2079.25	437.75	7776.00	1445.50	5741.25	310.00	21791.00	2179.10	
Apr-14	385.25	227.75	756.50	2134.75	1347.25	574.25	7566.00	1144.00	5298.25	316.75	19750.75	1975.08	
May-14	491.25	102.00	1452.75	2740.92	1508.00	888.25	8732.00	2012.00	5505.50	531.00	23913.67	2391.37	22786.89
Jun-14	547.75	235.50	1601.00	2664.50	1875.25	622.00	8709.75	2219.50	5918.50	502.50	24696.25	2469.63	
Jul-14	455.75	178.50	1791.25	1698.00	1642.00	987.00	6606.00	1891.75	5941.25	455.75	21647.25	2164.73	
Aug-14	495.50	290.00	1581.75	2379.25	1911.75	970.00	8572.25	1783.00	9398.00	495.50	27877.00	2787.70	23612.75
Sep-14	345.75	106.00	1299.00	1768.00	1529.75	748.00	7232.50	1937.00	6002.25	345.75	21314.00	2131.40	
Oct-14	534.00	211.75	1672.75	1829.00	1367.00	702.25	7397.00	1916.75	6786.80	302.25	22969.55	2296.96	
Nov-14	477.25	144.00	1790.00	1903.92	1453.25	772.25	8115.75	1930.75	6382.25	281.50	23250.92	2325.09	21957.07
Dec-14	402.75	29.75	1318.25	1518.75	1563.00	796.00	7165.50	1427.50	5240.00	189.25	19650.75	1965.08	
Jan-15	492.25	72.25	2358.00	2415.75	1637.75	696.25	8078.25	1603.00	5541.25	329.75	23224.50	2322.45	
Feb-15	541.50	119.00	2204.50	1851.50	905.50	671.50	6937.50	1375.45	4886.00	269.50	19761.95	1976.20	22547.15
Mar-15	676.00	197.25	2695.50	2609.00	1454.75	890.50	8701.25	1377.75	5629.25	423.75	24655.00	2465.50	
Apr-15	742.75	215.50	2168.50	2349.50	1015.25	857.75	10141.25	1969.25	6763.75	532.25	26755.75	2675.58	
May-15	1202.25	551.00	3082.00	4946.50	1945.25	2349.00	16775.00	4228.00	14720.50	467.00	50266.50	5026.65	37535.92
Jun-15	821.75	397.25	2925.50	4038.50	1421.00	1502.00	13958.00	2994.50	7127.25	399.75	35585.50	3558.55	
Jul-15	728.92	348.25	2792.00	4492.00	1815.50	1424.75	12419.17	3088.67	7676.75	495.25	35281.26	3528.13	
Aug-15	888.09	224.25	2182.50	4950.45	2126.75	1337.75	12611.50	3012.60	8890.75	258.00	36482.64	3648.26	33295.15
Sep-15	527.50	227.50	1192.00	4113.47	1404.75	822.75	10645.00	1843.34	7068.25	277.00	28121.56	2812.16	
Oct-15	538.65	278.00	1418.00	4115.00	1299.25	980.50	10827.10	2335.75	8009.02	342.25	30138.52	3013.85	
Nov-15	346.25	184.00	1938.00	3821.50	1313.75	640.50	8683.25	1726.75	6411.35	299.75	25365.10	2536.51	26925.13
Dec-15	391.25	137.25	1564.50	4002.25	952.34	647.50	8988.00	2155.50	6204.18	229.00	25271.77	2527.18	
Jan-16	354.50	211.25	1631.25	4224.25	857.25	371.25	10454.00	1995.25	6452.01	380.25	26931.26	2693.13	

Feb-16	305.50	121.23	1333.75	3592.00	1058.50	349.75	9600.75	1421.25	5668.00	366.50	23817.23	2381.72	26453.66
Mar-16	329.25	224.25	1394.50	4275.00	1575.25	579.50	10439.50	2268.00	7200.00	327.25	28612.50	2861.25	
Apr-16	335.25	235.50	1967.50	5156.25	1635.75	539.00	11348.50	2506.00	7781.25	394.25	31899.25	3189.93	
May-16	355.25	230.75	2388.50	5004.00	1786.75	911.00	10724.75	2329.00	8169.75	562.25	32652.00	3265.20	31462.83
Jun-16	385.00	156.75	2370.75	4840.00	1972.75	1044.00	9849.00	2337.75	6552.75	328.50	29837.25	2983.73	
Jul-16											0.00	#DIV/0!	
Aug-16											0.00	#DIV/0!	0.00
Sep-16											0.00	#DIV/0!	
Oct-16											0.00	#DIV/0!	
Nov-16											0.00	#DIV/0!	0.00
Dec-16											0.00	#DIV/0!	
Jan-17											0.00	#DIV/0!	
Feb-17											0.00	#DIV/0!	0.00
Mar-17											0.00	#DIV/0!	
Totals	15139.7	6168.0	53967.5	95482.0	46216.6	24675.5	282004.0	60991.6	203900.6	10788.8	625584.7		
Average	504.7	205.6	1798.9	3182.7	1540.6	822.5	9400.1	2033.1	6796.7	359.6	26066.0		

Fac/Pos	AB# and Name	4* 60	5* 95	6* 262	7* 272	total gross 60	Total Gross 95	Total Gross 262	Total Gross 272	Total Gross
NSP/UCM*	[redacted]	2839.83	2687.83			$61,341.06	$29,414.51			$90,755.57
NSP/CO		1990.56	1869.31			$34,915.54	$16,792.25			$51,707.79
PB/SPO**		1534.00	1412.00	2.00	2.00	$34,862.34	$16,075.23	$44.50	$22.25	$51,004.32
NSP/CPL		2055.66	1929.66			$34,213.29	$16,629.22			$50,842.51
LCC/UCW		1847.59	1733.09			$32,235.63	$15,322.90			$47,558.53
HS-NSP/LPN		1591.00	1580.00			$30,829.66	$15,740.34			$46,570.00
OCC/CO		1818.35	1788.18			$30,285.23	$15,138.81			$45,424.04
NSP/CPL		1523.50	1406.25	0.00	0.00	$30,234.27	$14,190.35	$0.00	$0.05	$44,424.67
NSP/SGT		1718.93	1646.93		0.00	$28,655.63	$14,013.93		$10.06	$42,679.62
LCC/CPL		1635.93	1517.68			$27,211.93	$12,935.92			$40,147.85
NSP/SGT		1447.27	1347.02			$26,751.02	$12,853.77			$39,604.79
LCC/CO		1575.62	1559.12	-22.00	-22.25	$26,286.06	$13,267.29	-$367.02	-$188.53	$38,997.80
OCC/CPL		1556.71	1482.21			$25,901.96	$12,552.90			$38,454.86
TSCI/UCW		1377.31	1357.31			$24,021.86	$11,836.34			$35,858.20
NSP/CPL		1435.93	1274.68			$23,897.79	$10,697.91			$34,595.70
HS-NCCW/LPN		1097.25	1004.00			$22,344.45	$10,826.65			$33,171.10
OCC/CAPT		1258.76				$32,746.19				$32,746.19
NSP/UCM***		1250.75	897.75			$24,056.52	$8,677.18			$32,733.70
NSP/UCM		1083.50	1004.00			$22,249.02	$10,324.82			$32,573.84
NSP/CPL		1266.20	1160.70			$20,741.70	$9,838.75			$30,580.45
NSP/SGT		1066.09	999.84	-5.25	-5.50	$19,706.99	$9,510.60	-$97.18	-$41.19	$29,079.22
OCC/CPL		1207.44	1040.44			$20,102.19	$8,751.67			$28,853.86
NSP/CPL		1044.75	932.50	9.50	0.00	$19,701.25	$8,887.59	$179.33	-$0.10	$28,768.07
NSP/CPL		1121.78	1022.61			$18,416.90	$8,708.00			$27,124.90
LCC/CO		1146.50	1120.75			$17,753.85	$8,908.72			$26,662.57
NSP/UCW		1017.53	961.78			$17,754.75	$8,675.03			$26,429.78
NSP/UCW		1015.75	975.00			$17,704.21	$8,580.62			$26,284.83
OCC/SGT		944.86	879.61	7.83	7.83	$17,464.96	$8,472.81	$144.95	$74.82	$26,157.54
DEC/CPL		1103.91	903.16		0.00	$18,363.55	$7,529.35		$0.42	$25,893.32
NSP/CPL	8[redacted]	1079.69	910.94	-31.25	-23.25	$17,963.10	$7,698.87	-$520.53	-$195.24	$24,946.20
						$778,712.90	$352,852.33	-$615.95	-$317.46	$1,130,631.82

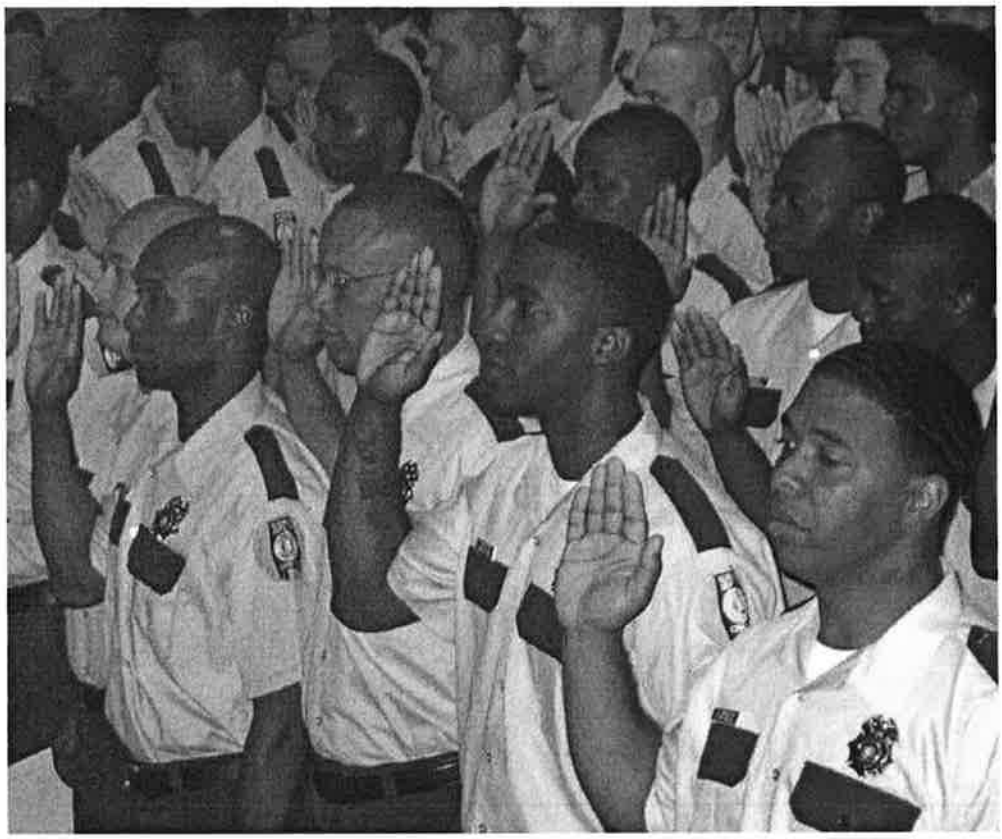
[redacted]

4* Overtime hours actually worked - 1.0x
5* Premium pay overtime hours (used for pay only) 0.5x
6* Backpay of overtime hours actually worked - 1.0x
7* Backpay of premium pay overtime hours (used for pay only) 0.5x

/km 8.3.16

ATTACHMENT 4

Some Alabama corrections officers make more in overtime than regular pay, records show



Newly sworn correctional officers take a duty oath during their graduation ceremony in Selma, Ala., in 2010. For a time, the Alabama Department of Corrections reduced recruitment efforts because of budget cuts, which led to a spike in overtime costs. (Birmingham News file photo)

By **Brendan Kirby**
on July 06, 2014 at 7:00 AM, updated July 07, 2014 at 6:36 AM

and **Casey Toner | ctoner@al.com**

From 2009 through 2013, Irvin Harris made an average of $49,351 a year in base pay working as a corrections officer at Kilby Correctional Facility – a salary that puts him close to the median household income in Alabama.

Add in his overtime, though, and his pay roughly doubles to $98,550 a year on average – placing him among the highest-paid employees in state government.

ALABAMA'S PRISON PROBLEM

Records from the Alabama Department of Finance show that Harris earned the most overtime pay in the Department of Corrections during that five-year period, $245,997. But he is far from alone. Ten employees, in fact, made more in overtime than their base salaries as supervisors struggled to fill shifts amid staffing shortages. Each of the 20 employees with the highest amount of overtime made at least $28,870 in extra pay.

Overtime costs in the prison system swelled the past three years as officials tried to deal with shortages caused by a hiring freeze **prompted by budget cuts.**

Alabama corrections officer charged with assault for choking, hitting inmate

Gov. Robert Bentley's prison plan dies in Legislature

Bentley prison plan scaled back, then dies

Gov. Robert Bentley's prison plan advances, then stalls

Last chance today for Gov. Robert Bentley's prison plan

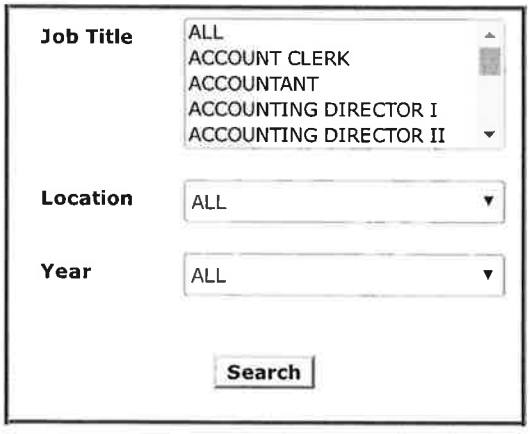
All Stories

"I think that's what's driving the overtime pay scale. And it's actually cheaper to use overtime than hiring a full-time employee," said state Sen. Cam Ward, R-Alabaster. "The benefits package is what kills you."

Overtime pay at Alabama's prisons

Search through pay records for the Alabama Department of Corrections between 2009 and 2013. You can search by a job title, place of work, or year paid.

To search for pay for multiple job titles, hold Ctrl on a PC or Cmnd on a Mac to multi-select.



Source: Alabama Department of Corrections

Online Database by Caspio

The department in calendar year 2013 shelled out more than $20.8 million in overtime to 2,995 employees – about two-thirds of the total workforce. But that overtime was not distributed evenly. Although the median overtime amount was $3,754.36, 27 employees made more than 10 times that amount.

According to officials at the Department of Corrections, overtime decisions are made by managers at each prison.

"Most overtime is voluntary, and these COs with high overtime earnings are the ones volunteering for it," said Kristi Gates, a spokeswoman for the department.

[MORE: Employees in one Alabama prison earned $2.9 million in overtime last year]

Less staff, more overtime

The $20.8 million spent on overtime last year came after a four-year period in which the department averaged $13.8 million in overtime.

Gates said the prisons must have a minimum of 2,350 to 2,400 corrections officers. In the fiscal year that ended in September, the system averaged 2,150.

That staffing level required about $11 million in overtime to make up the difference, she said. That is on top of the $8 million in overtime that is built into the system by the use of 12-hour shifts by 10 of the state's prisons.

Since it takes months for a new officer to be recruited and complete the 12-week training program, staff shortages can lag years after budget cuts, according to administrators.

Lonnie Golden, an economics and labor employment relations professor at Penn State University at Abington, said many law enforcement agencies across the country have faced similar issues as elected leaders slashed budgets amid the recession and sluggish economy that followed.

"You have this vicious-cycle situation, where you have to rely on overtime to cover past budget cuts," he said.

When agencies base overtime on seniority, he said, that means that the highest-paid employees get most of the overtime. "It can run it up in a hurry," he said.

The recipients of the extra work and additional pay, at the standard time-and-a-half rate, are not determined by a sophisticated effort to identify the most able or most deserving.

Personnel files indicate that many of the top overtime earners have been disciplined for rules violations. Some have been suspended or dismissed.

Harris, for instance, received a suspension from June 16-18 in 2010, for bringing books, a newspaper and a phone charger into the prison in March of that year against department rules. He also received a reprimand following a February 2010 conviction on a charge of driving under the influence of alcohol and a three-day suspension in 1997 for leaving his post.

The No. 2 overtime earner, Leroy Jamison Jr. resigned in 2002 during the middle of an investigation into possible misconduct. Personnel records show that despite a recommendation that he not be rehired, the department did so in November 2004, and he currently works at Kilby Correctional Facility. He declined to comment.

Experts warn against excessive OT

Extreme amounts of overtime raise questions about the effectiveness of those employees. Several experts said too many hours on the job lead to fatigue, which is bad for the employee and the institution.

"The commonly held belief is that it reaches a point, particularly in stressful jobs – including all law enforcement positions and health care positions – where a range of things happens," said Richard Greene, the president of the public policy and management consulting firm Barrett & Greene. "You become too worn out to do the job you're asked to do. You make inadvertent mistakes."

Greene said most employees can handle short bursts of overtime without too much difficultly. The danger comes with repeated overtime over longer periods, he said.

"It's when you reach the point where you reach sleep deprivation," he said.

Golden, the Penn State-Abington professor, said voluntary overtime generally is better than mandatory overtime. But he added the advantages of voluntary overtime can be reduced when the employee signs up for extra hours out of necessity.

"But in a way, if there's a bankruptcy, it's not really voluntary," he said.

John Violanti, a research professor in the Department of Epidemiology and Environmental Health at the State University of New York at Buffalo, said it is important to get at least six hours of sleep. He said law enforcement officers working overtime – and in some cases, second jobs – often do not get that.

"I think working too many hours can cause fatigue," he said. "The health of corrections officers is not great. ... High fatigue can cause a lot of errors on the job."

Violanti said even with regular sleep, workers simply are not as sharp at the end of long shifts.

"Working 12- and 14-hour shifts and doubling back, you're going to lose focus," he said.

Staffing decisions in Alabama prisons are the purview of supervisors at each institution, Gates said. But she acknowledged that excessive overtime is not the ideal.

"It's always a concern," she said. "We recognize that fact as well."

Experts said burnout increases, as well.

"The morale already is incredibly low," said Ward, the state senator who heads the Legislature's prison reform committee.

Overtime in the commissioner's office

One of the biggest overtime earners last year was not a corrections officer or other employee at a prison but a captain assigned to the commissioner's office. Cynthia Nelson's $43,480 in overtime pushed her total earnings to $107,285, according to records.

Nelson, who retired at the end of March, declined to comment. Gates said Nelson racked up overtime working weekends and traveling to job fairs across the state to sign new officers.

"At the time, she was a one-woman recruitment force for the state," she said.

Gates said the department, following the recommendation of a prison task force in late 2013, revamped the recruitment office. Now, a captain supervises three lieutenants stationed throughout the state.

She said the effort goes along with attempts to increase the full-time workforce and reduce overtime.

"We're still trying to swing the momentum back to where we had been," she said.

This month, the department will launch its first non-residential academy, in Elmore County. Gates said officials hope to attract people interested in becoming correctional officers who cannot or will not commit to spending 12 weeks away from home at the agency's academy in Selma.

The Department of Corrections is placing special emphasis on attracting more female corrections officers, she said. She noted that 12 female corrections officers graduated in April, the most in four years. Fifteen women currently are enrolled, she added.

APPENDIX 1 – Staff Retention Statistics

Nebraska Department of Correctional Services

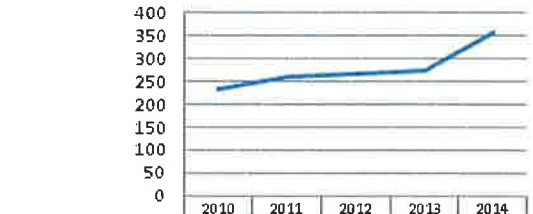
Staff Retention Statistics

November 2015

Director Scott R. Frakes

NDCS strives to retain quality staff. In order to track progress toward this outcome, NDCS will measure changes in: (1) the rate of employee turnover, (2) the rate of overtime hours accumulated among custody and unit staff, and (3) the number of vacancies among custody and unit staff.

Turnover among Security and Unit Staff in Calendar Year (excludes promotions)



	2010	2011	2012	2013	2014
# Staff Turnover	233	259	267	275	359
Rate per Auth. FTE	18.46	20.49	21.68	22.81	28.64

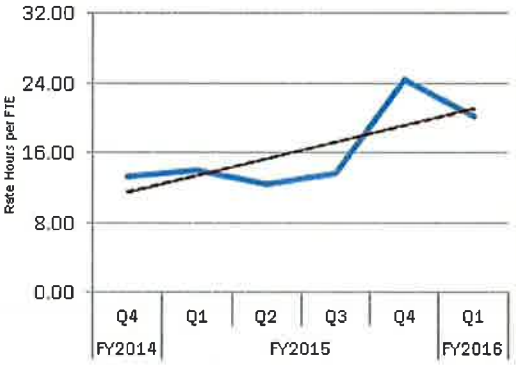
Staff Retention:

- The rate of turnover among correctional officers, corporals, sergeants, and case workers has increased over the past 5 calendar years.
- The rate of mandatory overtime for custody and unit staff has averaged 5.55 hours per FTE for the past 5 quarters.
- During FY2015, NDCS averaged about 96 vacancies in security and unit staff positions per month.

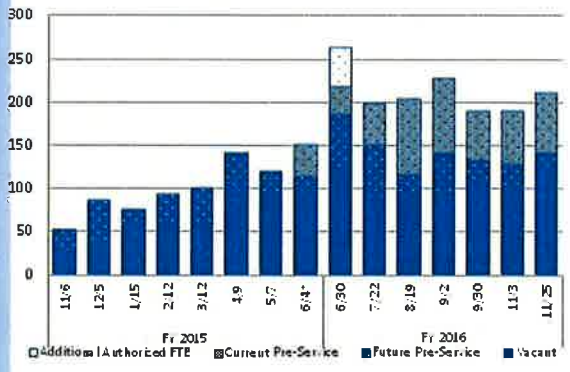
Employee Retention

Research has shown correctional officers face higher levels of stress than workers in other lines of work.[1] Over time, extended exposure to occupational stress can increase the risk of serious medical conditions and have negative effects on workers' emotional and behavioral wellbeing.[2,3] These impacts may lead to decreases in staff morale and higher rates of turnover among key positions as staff search for jobs in less stressful environments. As turnover increases and fewer staff are available to perform necessary job functions, the likelihood of internal promotions decreases and the amount of money spent on overtime pay for existing employees increases. NDCS currently faces higher than normal rates of turnover among essential custody and unit staff. In order to increase employee retention, NDCS will take steps necessary to fill vacancies through increased internal promotions and efforts to enhance staff recruitment. Not only will this alleviate levels of stress among NDCS employees, it will also increase efficiencies within the department's operations by reducing the amount of money dedicated to overtime expenditures.

Agency Weekly Overtime Rates per FTE (Non-Vacant)



Agency Vacancies*



References

1 Garland, B., Hogan, N., & Lambert, E. (2014). Antecedents of role stress among correctional staff: A replication and expansion. Criminal Justice Policy Review, 25(5), 527-550.

2 Ganster, D. C., & Rosen, C. C. (2013). Work stress and employee health: A multidisciplinary review. Journal of Management, 39(5), 1085-1122.

3 Rosenthal, T., & Alter, A. (2012). Occupational stress and hypertension. Journal of the American Society of Hypertension, 6(1), 2-22.

*NOTE: Vacancies include positions where hiring decisions have been made, but new employees have not yet completed Staff Training Academy. These vacancies only reflect positions for correctional officers, corporals, sergeants, and unit caseworkers. June 4, 2015 forward "Preservice" counts include both current and future pre-service attendees, rather than only future attendees.

Monthly Protective Services Turnover

	January	February	March	April	May	June	July	August	September	October	November	December	Total
2010	17	13	21	22	17	25	24	20	30	15	13	16	233
2011	23	15	26	18	23	23	30	15	24	23	23	16	259
2012	20	20	20	26	19	31	19	33	20	18	24	16	266
2013	18	21	21	21	25	24	16	27	27	22	25	28	275
2014	25	19	30	25	33	29	46	41	25	29	28	29	359
2015	41	25	45	32	36	40	36	32	24	25	31	20	387
2016	26	21	37	47	40	30							201

ATTACHMENT 7

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: LR 34 Special Committee Members
From: Doug Koebernick, Office of Inspector General
Re: TSCI Turnover
Date: April 19, 2016

At Monday's hearing, Director Frakes discussed staff turnover rates. I recently compiled some data for Senator Watermeier and realized that I should have shared it with each of you regarding TSCI turnover rates.

When turnover rates are discussed by the Department, they are not specific to a position and they do not include transfers or promotions. In other words, if someone is a corporal at TSCI and they transfer to the Omaha Correctional Center this does not count as turnover as measured by the Department at TSCI. In addition, if the corporal is promoted to sergeant at TSCI this does also not count as turnover as measured by the Department even though the position of sergeant did actually turnover. I'm attaching an email exchange between Erinn Criner, Human Resources Administrator of the Department and myself that explains this and also shows the turnover rates (as measured by the Department) at TSCI during 2015 (Attachment A). I would encourage you to reach out to Ms. Criner should you have any questions. I have found her to be a straightforward and helpful person who has responded to me in a timely manner whenever I have asked for data or explanations from her.

In order to gain a better understanding of the staff changes from year to year I asked TSCI for their work rosters that contained employees and their positions on January 1, 2015 and January 1, 2016. Chart A shows the number of positions listed on each of those dates. It also shows how many of those positions had new people in them at the end of one year. I took this information and converted it into two turnover rates. As you can see, there is a significant level of turnover. What is not included in this chart is that 23 individuals transferred from TSCI to other facilities. Attachment A has data on the transfers to other facilities. It also shows how they report the turnover rates at TSCI, as well as showing that 134 out of 431 positions experienced turnover.

I have shared the data in Chart A with the Department on more than occasion and they have not indicated that they disagree with the actual data.

CHART A

POSITION	# on January 1, 2015	# on January 1, 2016	Total Turnover	Left Position, Stayed at TSCI	Left TSCI	Total Turnover %	Turnover % for those that left facility
Captain	3	3	0	0	0	0%	0%
Lieutenant	6	6	1	1	0	16.70%	0%
Sergeant	22	25	7	1	6	31.80%	28.60%
Corporal	115	109	34	7	27	29.60%	23.50%
Officer	105	82	73	25	48	69.50%	45.70%
Unit Administrator	1	1	0	0	0	0%	0%
Unit Manager	7	5	3	1	2	28.60%	14.30%
Unit Case Manager	18	17	3	0	3	16.70%	16.70%
Unit Caseworker	47	38	28	5	23	59.60%	48.90%

[redacted]

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

TSCI Staffing

Criner, Erinn <erinn.criner@nebraska.gov> Fri, Mar 11, 2016 at 2:14 PM
To: "Koebernick, Doug" <dkoebernick@leg.ne.gov>, "Davis, Kim" <kdavis@leg.ne.gov>

Good afternoon,

Our turnover report does not detail out each rank. Below is our Protective Services turnover for the Calendar Year 2015. Protective Services includes Corrections Officers, Corporals, Sergeants, and Caseworkers. Other includes the other classifications listed in your below email as well as administrative staff.

Below is Turnover specific to TSCI for 2015.

Position	Turnover	Authorized FTE	Turnover %
Protective Services	117	321	36.4%
Other	17	110	15.5%
Total	134	431	31.1%

Additionally, per your request, for 2015 there were 23 lateral transfers to other DCS facilities. For turnover purposes, we do not consider internal transfers or promotions as turnover since they are still with the agency:

[redacted]

Lateral Transfers (not included above)

Protective Services	18
other	5
lateral trxf	23

Promotions to another facility (not included above)

Protective Services	2.00
other	2.00
promotions	4.00

Transfers to another state agency (INCLUDED above)

Protective Services	7
Other	1
total	8

Ms. Davis – if you or Senator Watermeier have further questions, I'd be glad to meet with you as well to detail out the turnover data and our current recruiting and retention efforts.

Thank you,

Erinn

Erinn Criner, HR Administrator

Nebraska Department of Correctional Services

Office: (402)479-5752

Cell: (402)430-7483

Fax: (402)479-5719

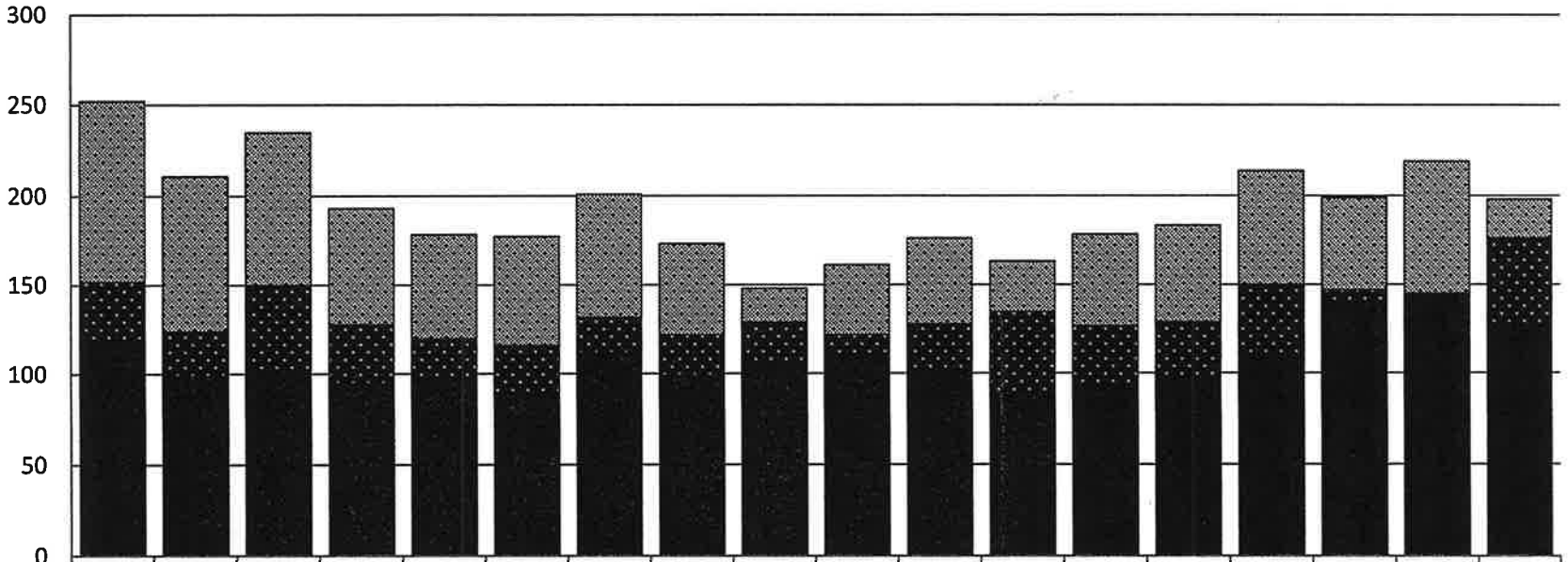
erinn.criner@nebraska.gov

Maximizer | Individualization | Arranger | Positivity | Woo

Vacancies for Correctional Officers, Corporals, Sergeants, and Unit Caseworkers

8/[illegible]16

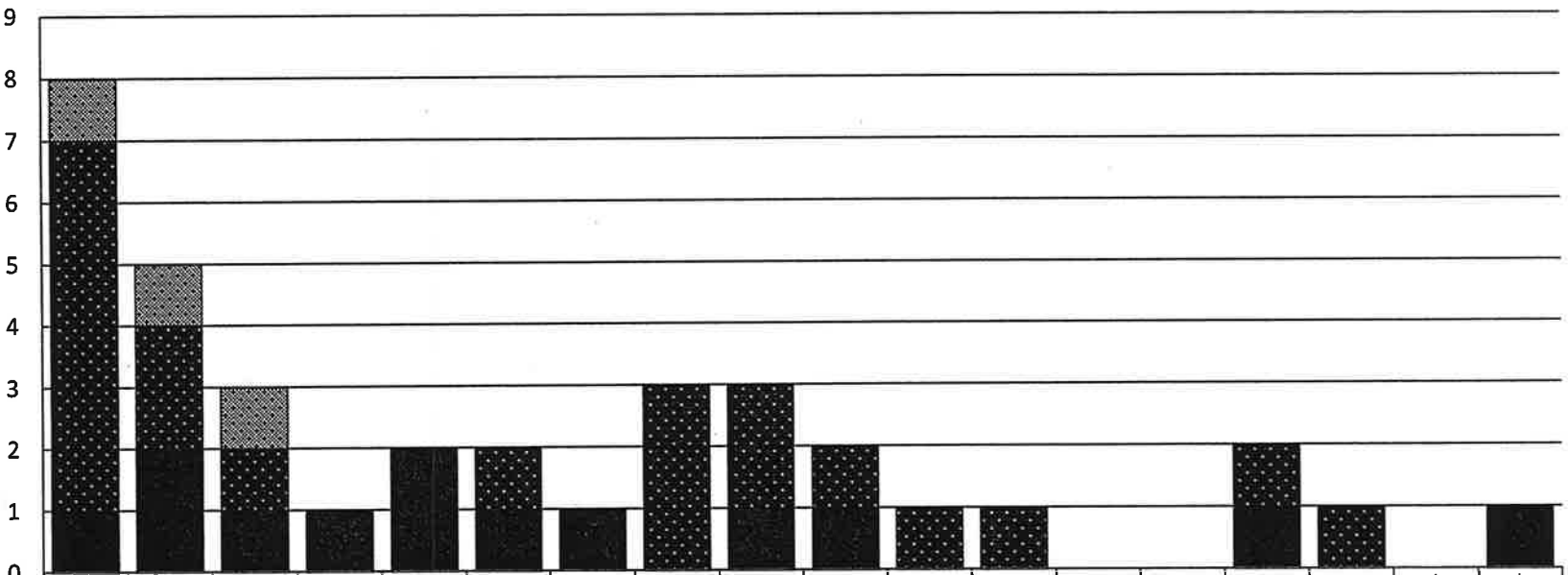
Protective Services Vacancies, Agency-wide



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Newly Authorized																		
Pre-Service	100	87	85	65	58	61	69	51	19	39	48	28	51	54	64	52	74	22
Future Pre-Service	33	25	50	33	23	29	20	23	24	13	26	45	36	31	41	8	2	51
Vacant	119	99	100	95	97	87	112	99	105	109	102	90	91	98	109	139	143	125

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

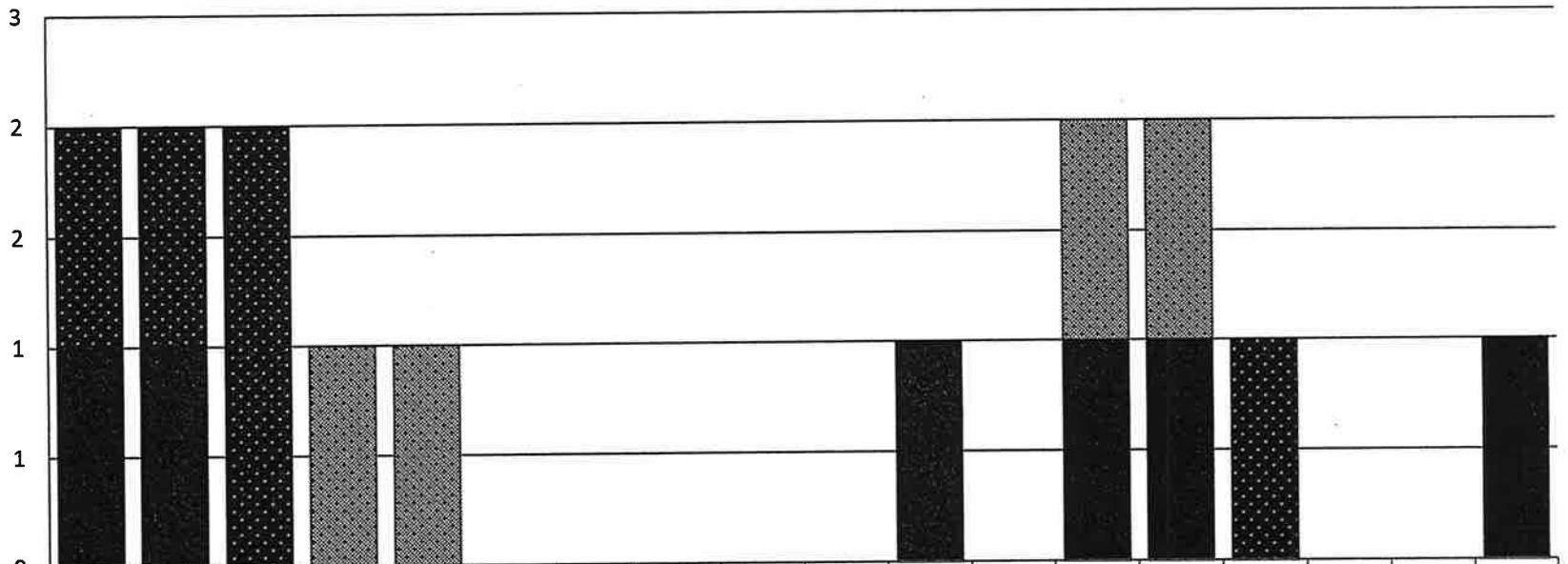
Protective Services Vacancies, CCL



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Future Pre-Service	6	2	1	0	0	1	0	3	2	1	1	1	0	0	1	1	0	0
Vacant	1	2	1	1	2	1	1	0	1	1	0	0	0	0	1	0	0	1

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

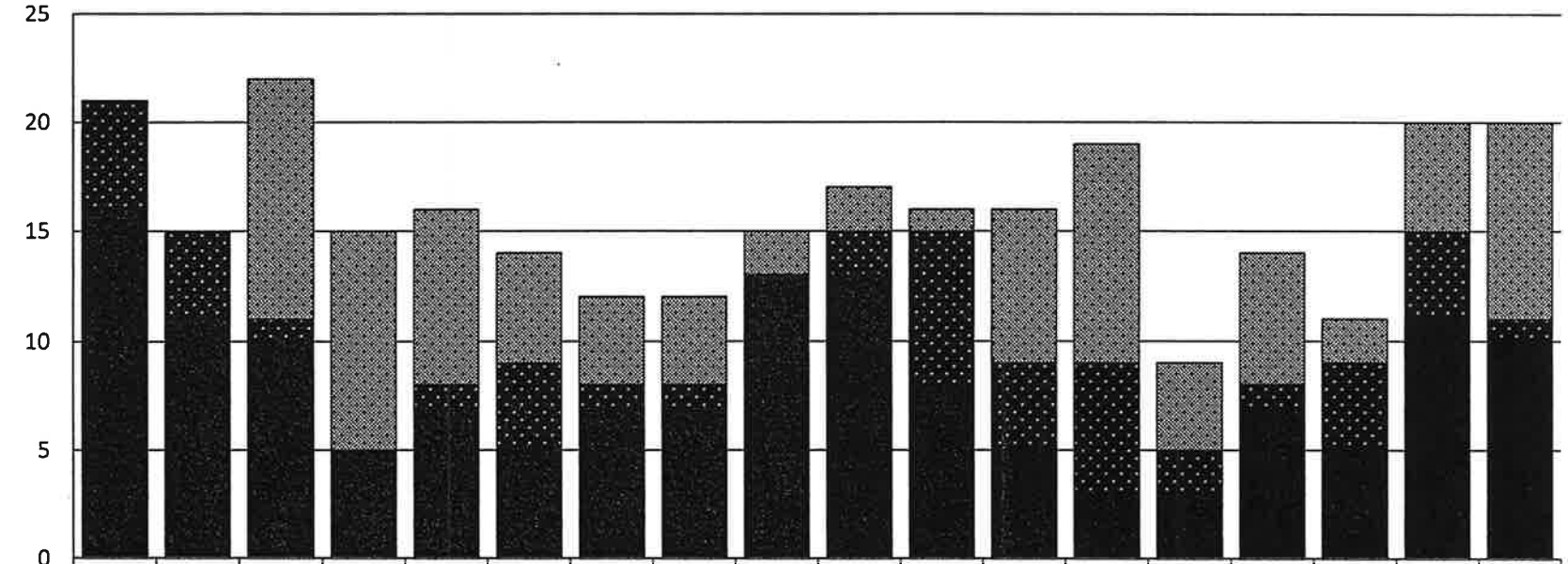
Protective Services Vacancies, CCO



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	0	0	0	1	1	0	0	0	0	0	0	0	1	1	0	0	0	0
Future Pre-Service	1	1	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0
Vacant	1	1	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	1

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

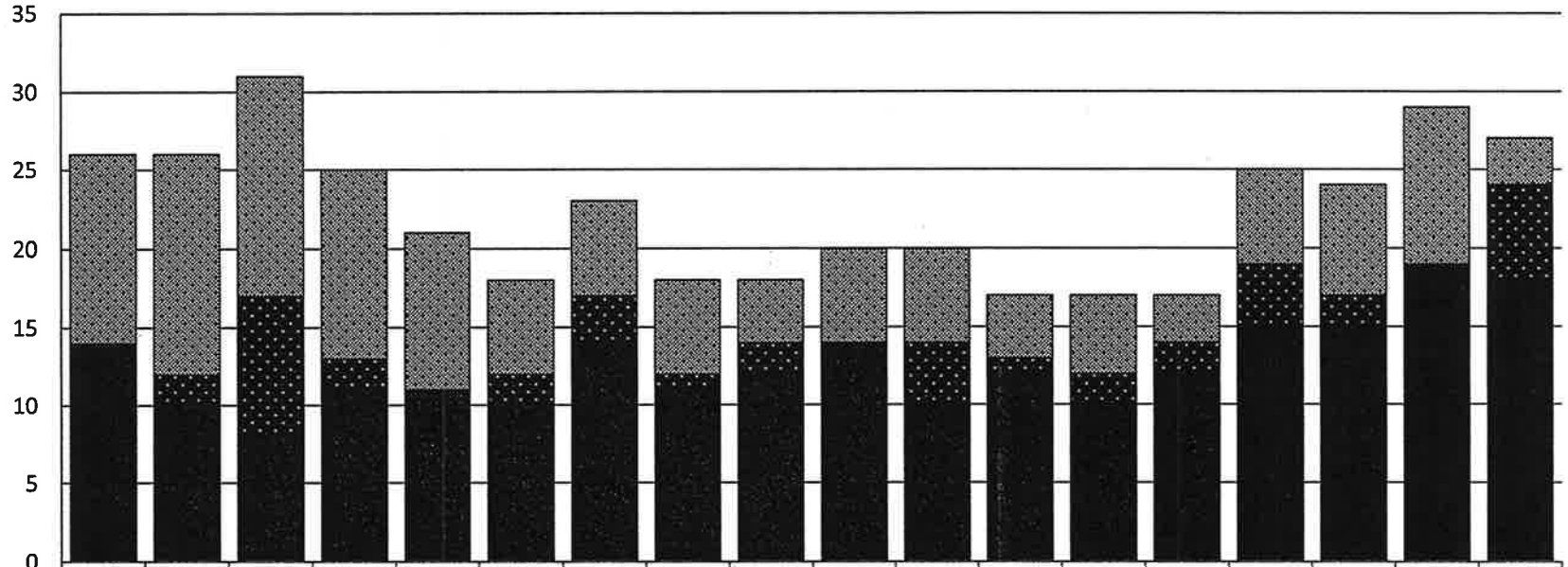
Protective Services Vacancies, DEC



	6/30 FY2016	7/22 FY2016	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7
			FY2016															
Current Pre-Service	0	0	11	10	8	5	4	4	2	2	1	7	10	4	6	2	5	9
Future Pre-Service	5	4	1	0	1	4	1	1	0	2	7	4	6	2	1	4	4	1
Vacant	16	11	10	5	7	5	7	7	13	13	8	5	3	3	7	5	11	10

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

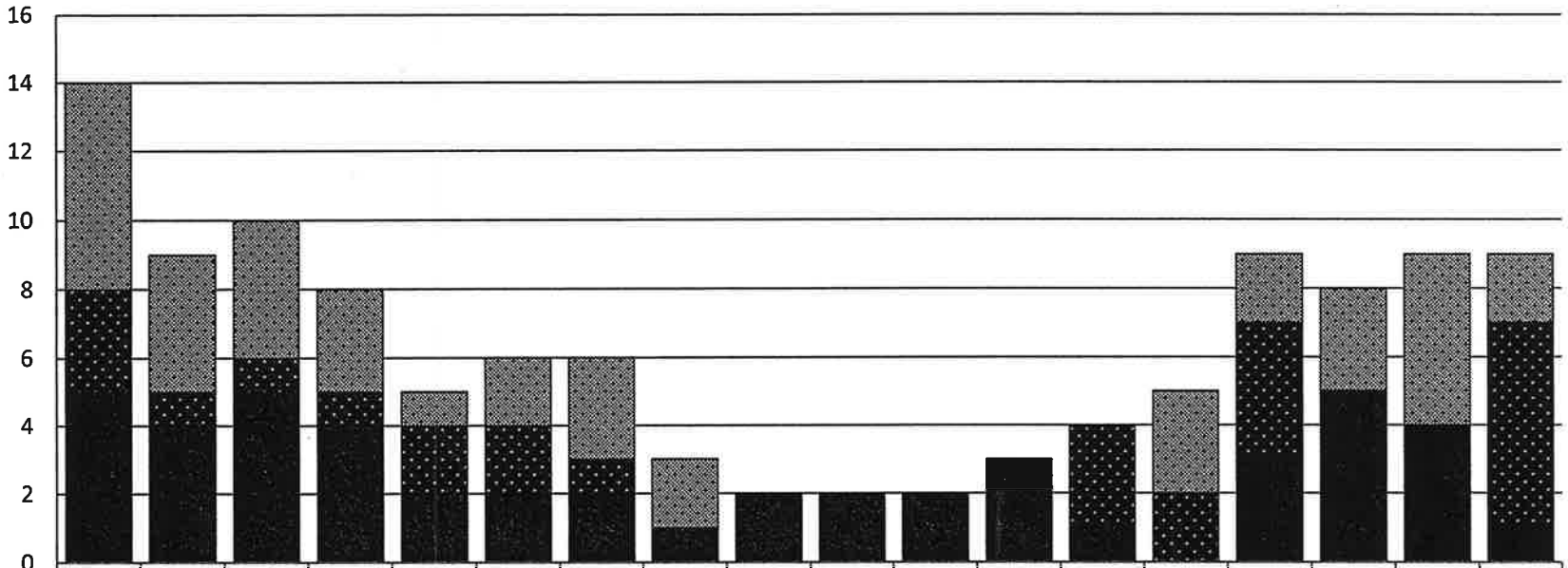
Protective Services Vacancies, LCC



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	12	14	14	12	10	6	6	6	4	6	6	4	5	3	6	7	10	3
Future Pre-Service	0	2	9	2	0	2	3	1	2	0	4	1	2	2	4	2	0	6
Vacant	14	10	8	11	11	10	14	11	12	14	10	12	10	12	15	15	19	18

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

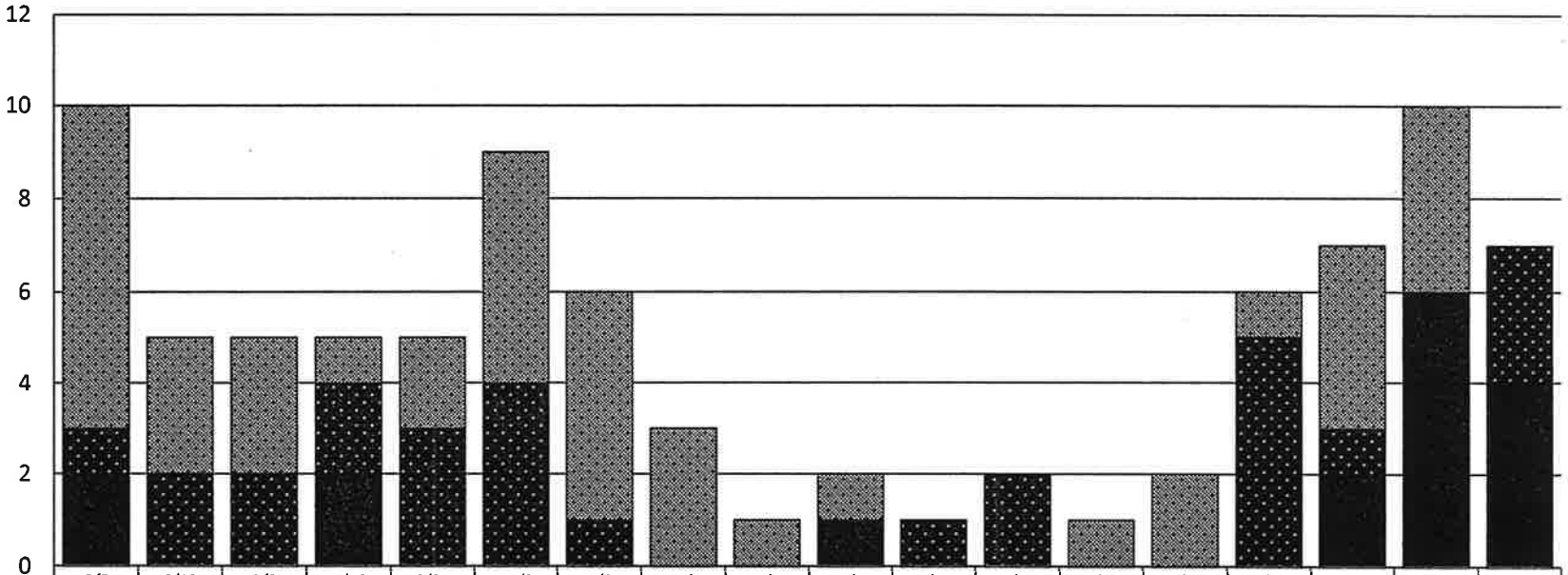
Protective Services Vacancies, NCW



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	6	4	4	3	1	2	3	2	0	0	0	0	0	3	2	3	5	2
Future Pre-Service	3	1	1	1	2	2	1	0	0	0	0	0	3	2	4	0	0	6
Vacant	5	4	5	4	2	2	2	1	2	2	2	3	1	0	3	5	4	1

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

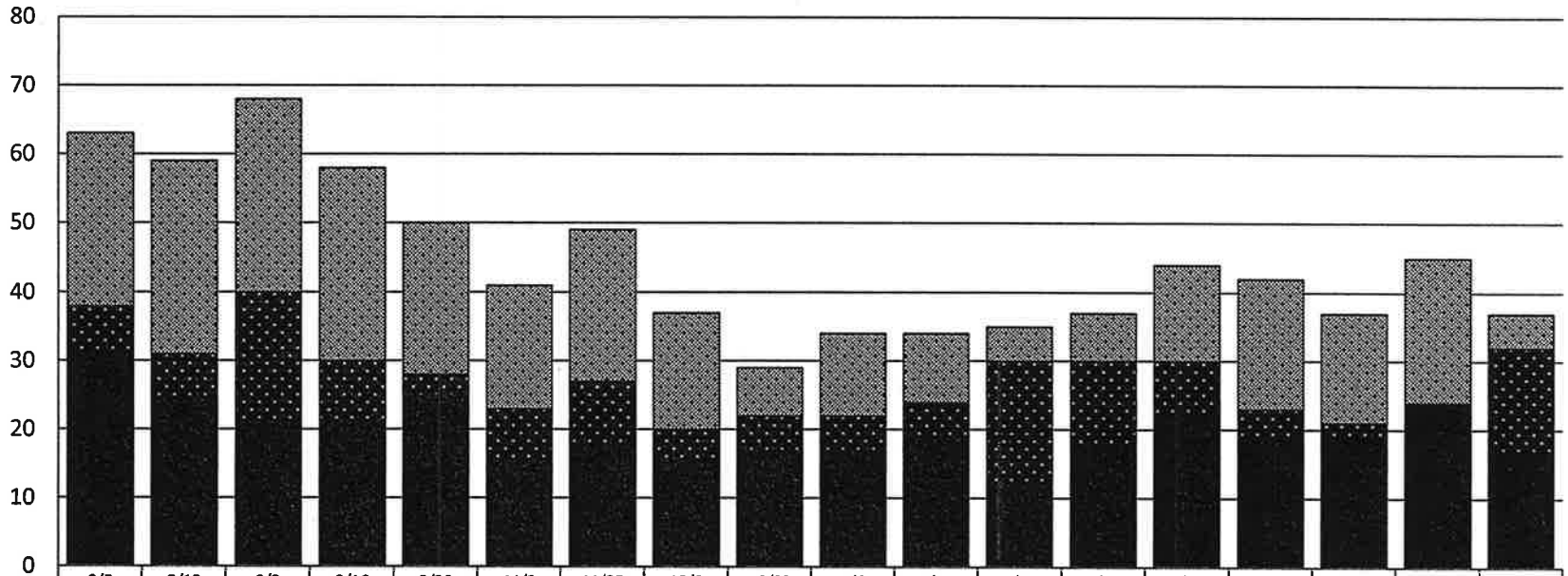
Protective Services Vacancies, NCY



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	7	3	3	1	2	5	5	3	1	1	0	0	1	2	1	4	4	0
Future Pre-Service	1	2	2	2	3	4	1	0	0	0	1	2	0	0	5	1	0	3
Vacant	2	0	0	2	0	0	0	0	0	1	0	0	0	0	0	2	6	4

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

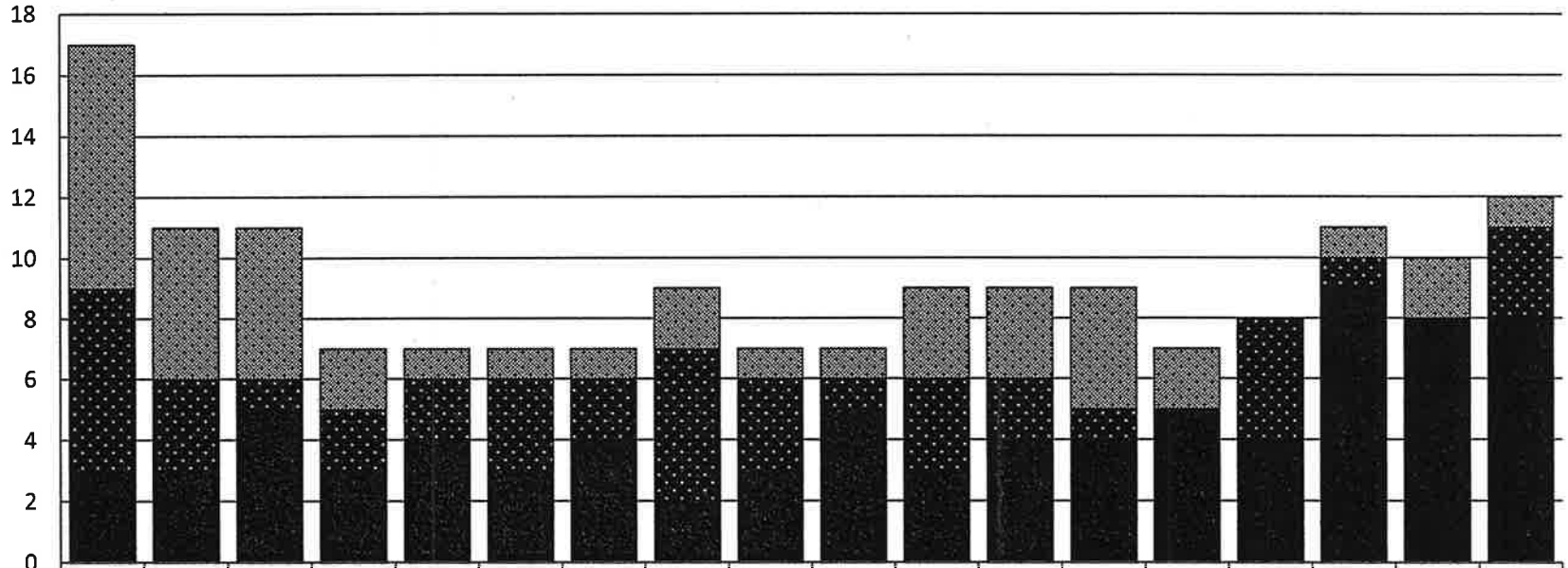
Protective Services Vacancies, NSP



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	25	28	28	28	22	18	22	17	7	12	10	5	7	14	19	16	21	5
Future Pre-Service	7	7	19	9	3	8	9	5	5	5	5	18	12	8	4	2	1	15
Vacant	31	24	21	21	25	15	18	15	17	17	19	12	18	22	19	19	23	17

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

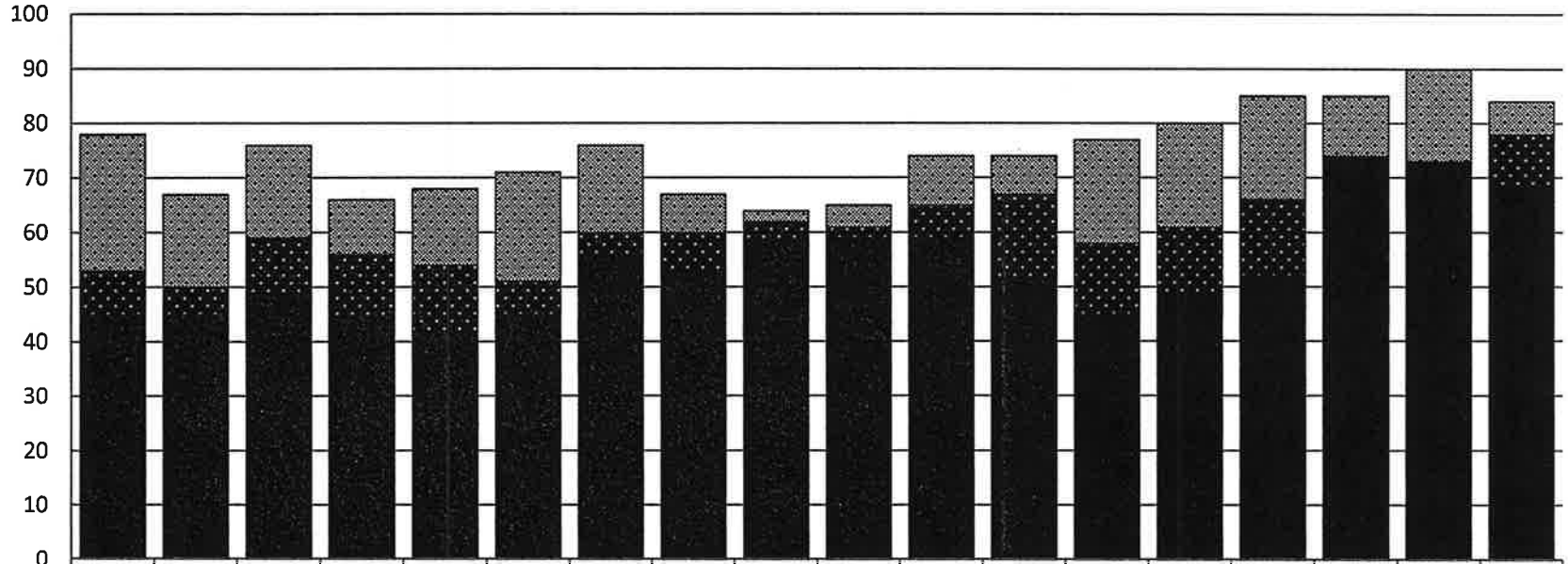
Protective Services Vacancies, OCC



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	8	5	5	2	1	1	1	2	1	1	3	3	4	2	0	1	2	1
Future Pre-Service	6	3	1	2	2	3	2	5	3	1	3	2	1	0	4	1	0	3
Vacant	3	3	5	3	4	3	4	2	3	5	3	4	4	5	4	9	8	8

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

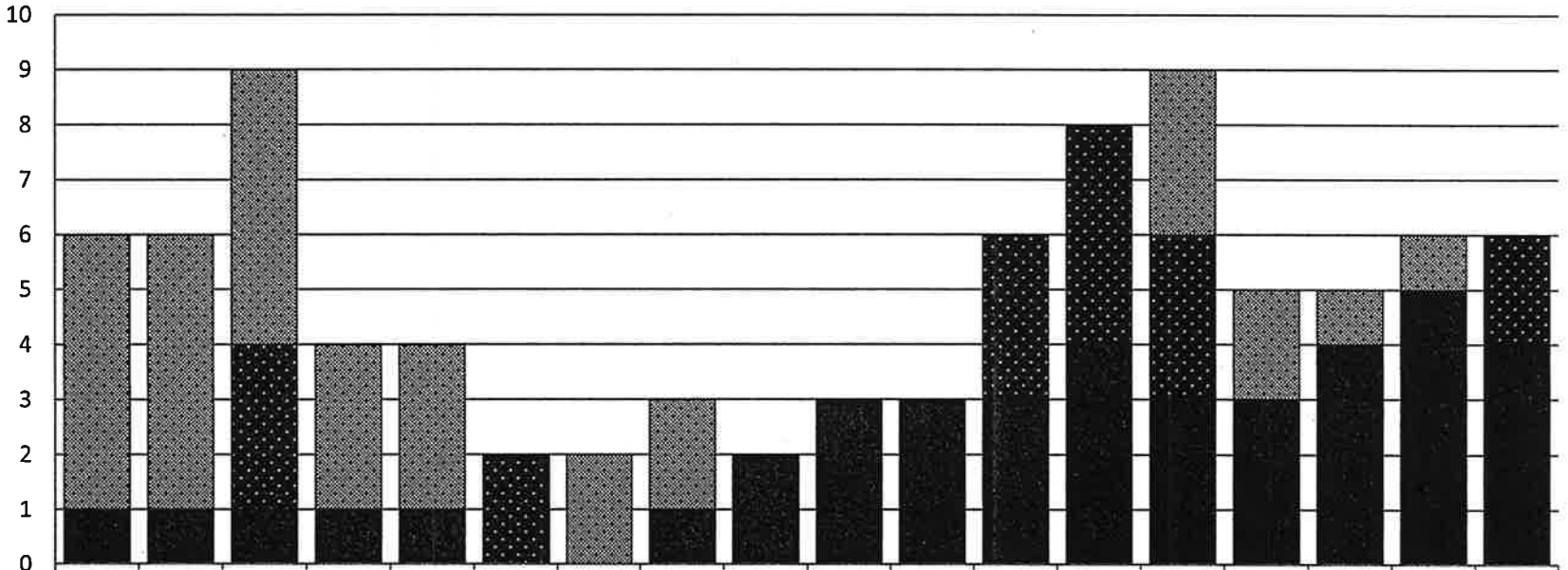
Protective Services Vacancies, TSC



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	25	17	17	10	14	20	16	7	2	4	9	7	19	19	19	11	17	6
Future Pre-Service	8	5	11	12	12	6	4	7	4	2	6	16	13	12	14	0	0	10
Vacant	45	45	48	44	42	45	56	53	58	59	59	51	45	49	52	74	73	68

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

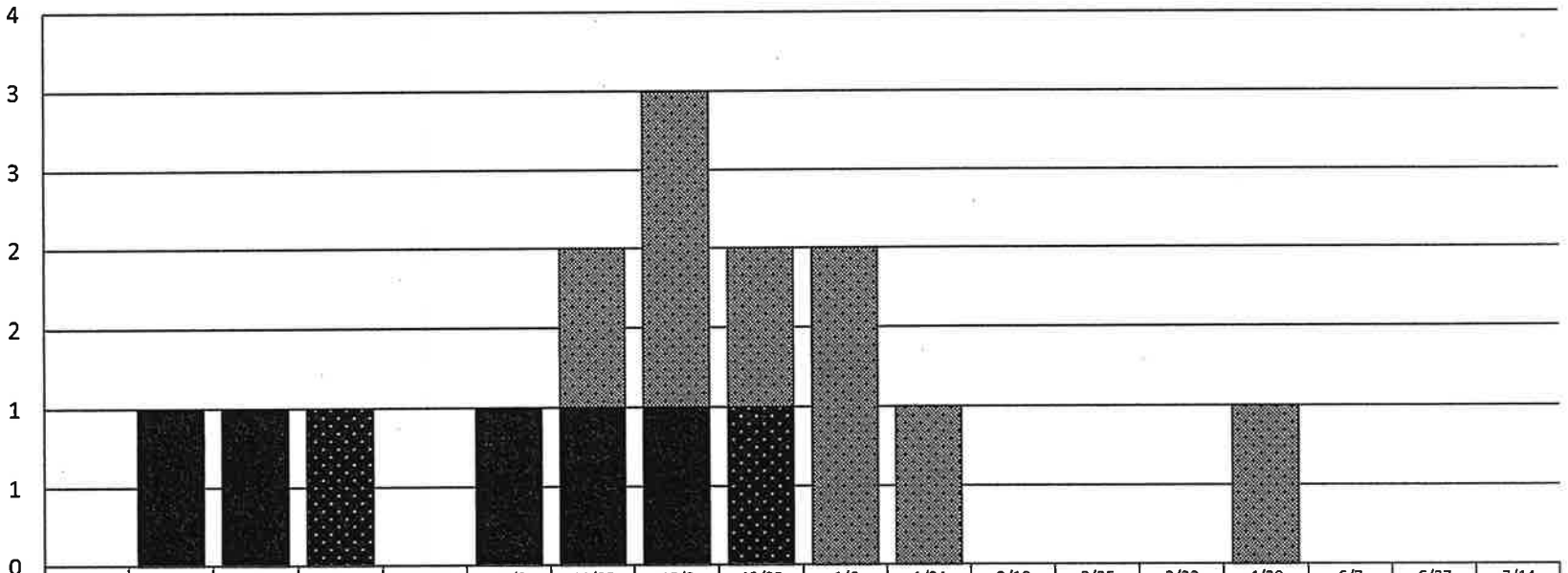
Protective Services Vacancies, WEC



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	5	5	5	3	3	0	2	2	0	0	0	0	0	3	2	1	1	0
Future Pre-Service	0	0	3	0	0	2	0	0	0	0	0	3	4	3	0	0	0	2
Vacant	1	1	1	1	1	0	0	1	2	3	3	3	4	3	3	4	5	4

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

Protective Services Vacancies, CSI



	8/5	8/19	9/2	9/16	9/30	11/3	11/25	12/9	12/23	1/6	1/24	2/10	2/25	3/22	4/20	6/7	6/27	7/14
	FY2016																FY2017	
Current Pre-Service	0	0	0	0	0	0	1	2	1	2	1	0	0	0	1	0	0	0
Future Pre-Service	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0
Vacant	0	1	1	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0

*Prior to 6/4/2015, pre-service vacancies included only those scheduled for a future pre-service class and did not count individuals currently in training.

State of Nebraska Agency Vacancy Report

June 30, 2016

Agency **Correctional Services - Agency 46**

Position ID	Job Code	Description	Full or Part Time	Date Vacated/Created	Minimum Hourly Rate	Minimum Annual Rate	Last Held Hourly Rate	Total Base Pay
04600009	S01312	WORD PROCESSING SPECIALIST II	Full time	6/13/2016	$11.47	$23,849.28	$11.47	$23,849.28
04600040	G57852	FACILITIES ENGINEERING MANAGER	Full time	6/20/2016	$28.22	$58,701.76	$31.41	$65,334.88
04600047	E57822	FACILITIES CONSTRUCTION COORDINATOR II	Full time	3/7/2016	$24.36	$50,660.48	$24.82	$51,615.20
04600049	K19613	FEDERAL AID ADMINISTRATOR III	Full time	2/8/2016	$23.03	$47,902.40	$24.18	$50,298.56
04600121	A19211	ACCOUNTANT I	Full time	3/7/2016	$16.04	$33,369.44	$16.04	$33,369.44
04600143	V04313	BUYER III	Full time	6/13/2016	$23.17	$48,187.36	$24.33	$50,596.00
04600146	S01841	STAFF ASSISTANT I	Full time	1/11/2016	$14.19	$29,523.52	$14.72	$30,615.52
04600302	N74212	PSYCHIATRIST/CLINICAL	Full time	7/24/2014			$105.10	$218,605.92
04600304	N75420	PHYSICIAN	Full time	4/13/2016			$102.09	$212,345.12
04600310	H75312	REGISTERED NURSE	Full time	4/15/2016	$20.72	$43,093.44	$25.90	$53,867.84
04600317	H75312	REGISTERED NURSE	Full time	9/19/2015	$20.72	$43,093.44	$23.31	$48,480.64
04600323	I75210	LICENSED PRACTICAL NURSE	Full time	4/18/2016	$15.52	$32,275.36	$19.40	$40,343.68
04600325	H75312	REGISTERED NURSE	Full time	3/7/2016	$20.72	$43,093.44	$27.21	$56,594.72
04600348	A04312	BUYER II	Full time	6/16/2016	$20.05	$41,697.76	$20.05	$41,697.76
04600363	V75313	NURSE SUPERVISOR	Full time	8/22/2015	$22.35	$46,477.60	$24.63	$51,234.56
04600366	H75312	REGISTERED NURSE	Full time	2/2/2016	$20.72	$43,093.44	$26.54	$55,211.52
04600376	D75410	PHYSICIAN ASSISTANT	Full time	4/4/2016	$31.82	$66,185.60	$39.63	$82,420.00
04600377	D75350	NURSE PRACTITIONER	Full time	6/18/2016	$31.82	$66,185.60	$38.46	$80,000.96
04600379	H75312	REGISTERED NURSE	Full time	3/13/2015	$20.72	$43,093.44	$25.33	$52,682.24
04600380	I74430	MEDICAL TECHNOLOGIST	Full time	5/14/2016	$16.12	$33,537.92	$20.44	$42,517.28
04600381	I75210	LICENSED PRACTICAL NURSE	Full time	5/16/2015	$15.52	$32,275.36	$15.94	$33,144.80
04600383	H75312	REGISTERED NURSE	Full time	12/16/2015	$20.72	$43,093.44	$20.72	$43,093.44
04600387	S01412	SECRETARY II	Full time	5/30/2016	$11.92	$24,783.20	$11.92	$24,783.20
04600402	D74150	DENTIST	Full time	7/11/2015	$38.19	$79,426.88	$61.68	$128,284.00

ATTACHMENT 10

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Position ID	Job Code	Description	Full or Part Time	Date Vacated/Created	Minimum Hourly Rate	Minimum Annual Rate	Last Held Hourly Rate	Total Base Pay
04600404	I74110	DENTAL ASSISTANT	Full time	2/11/2016	$12.07	$25,109.76	$12.07	$25,109.76
04600416	D74150	DENTIST	Full time	11/4/2015	$38.19	$79,426.88	$47.73	$99,276.32
04600513	H72432	MENTAL HEALTH PRACTITIONER II	Full time	8/22/2015	$20.18	$41,970.24	$20.18	$41,970.24
04600517	H72432	MENTAL HEALTH PRACTITIONER II	Full time	6/16/2016	$20.18	$41,970.24	$21.49	$44,695.04
04600524	N74823	PSYCHOLOGIST/LICENSED	Full time	9/21/2015			$39.76	$82,704.96
04600535	H72432	MENTAL HEALTH PRACTITIONER II	Full time	5/7/2016	$20.18	$41,970.24	$20.18	$41,970.24
04600569	N74823	PSYCHOLOGIST/LICENSED	Full time	5/24/2016			$36.06	$75,000.64
04601816	M84631	CORR INDUSTRIES SHOP OPERATOR	Full time	6/14/2016	$16.24	$33,783.36	$16.24	$33,785.44
04601839	V79122	CORR INDUSTRIES LAUNDRY MANAGER	Full time	4/25/2013	$27.73	$57,682.56	$38.91	$80,936.96
04602321	P66111	CORR OFFICER	Full time	5/29/2016	$15.49	$32,227.52	$15.49	$32,227.52
04602343	M80210	FOOD SERVICE SPECIALIST	Full time	6/13/2016	$13.96	$29,034.72	$15.14	$31,482.88
04602351	P66112	CORR CORPORAL	Full time	5/2/2016	$16.66	$34,646.56	$16.66	$34,646.56
04602365	P66112	CORR CORPORAL	Full time	3/16/2016	$16.66	$34,646.56	$15.49	$32,227.52
04602376	P66112	CORR CORPORAL	Full time	5/24/2016	$16.66	$34,646.56	$15.49	$32,227.52
04602389	P66112	CORR CORPORAL	Full time	5/18/2016	$16.66	$34,646.56	$15.49	$32,227.52
04602399	P66441	CORR UNIT CASEWORKER	Full time	6/2/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602420	P66112	CORR CORPORAL	Full time	3/9/2016	$16.66	$34,646.56	$17.97	$37,371.36
04602433	P66111	CORR OFFICER	Full time	6/23/2016	$15.49	$32,227.52	$15.49	$32,227.52
04602440	P66111	CORR OFFICER	Full time	5/17/2016	$15.49	$32,227.52	$15.49	$32,227.52
04602520	V66442	CORR UNIT CASE MANAGER	Full time	9/21/2015	$18.34	$38,138.88	$19.25	$40,048.32
04602521	V66442	CORR UNIT CASE MANAGER	Full time	4/4/2016	$18.34	$38,138.88	$19.25	$40,048.32
04602542	P66441	CORR UNIT CASEWORKER	Full time	5/28/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602560	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$18.42	$38,305.28
04602562	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$17.45	$36,293.92

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04602569	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602571	P66441	CORR UNIT CASEWORKER	Full time	5/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602577	P66441	CORR UNIT CASEWORKER	Full time	4/1/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602578	P66441	CORR UNIT CASEWORKER	Full time	4/16/2016	$17.45	$36,293.92	$17.45	$36,293.92
04602810	M84582	STATIONARY ENGINEER SENIOR	Full time	11/16/2015	$15.11	$31,426.72	$16.87	$35,091.68
04603202	S19111	ACCOUNTING CLERK I	Full time	6/20/2016	$11.60	$24,117.60	$11.92	$24,783.20
04603407	M80210	FOOD SERVICE SPECIALIST	Full time	5/30/2016	$13.96	$29,034.72	$16.78	$34,896.16
04603505	M84150	FACILITY MAINTENANCE SPECIALIST	Full time	4/14/2016	$15.11	$31,426.72	$17.90	$37,238.24
04603722	P66112	CORR CORPORAL	Full time	5/16/2016	$16.66	$34,646.56	$16.66	$34,646.56
04603784	P66112	CORR CORPORAL	Full time	5/30/2016	$16.66	$34,646.56	$16.66	$34,646.56
04603825	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$17.45	$36,293.92
04603834	P66441	CORR UNIT CASEWORKER	Full time	6/30/2016	$17.45	$36,293.92	$17.45	$36,293.92
04603873	P66441	CORR UNIT CASEWORKER	Full time	4/4/2016	$17.45	$36,293.92	$17.45	$36,293.92
04603874	P66441	CORR UNIT CASEWORKER	Full time	6/25/2016	$17.45	$36,293.92	$17.89	$37,202.88
04603892	P66441	CORR UNIT CASEWORKER	Full time	5/3/2016	$17.45	$36,293.92	$17.45	$36,293.92
04603894	P66111	CORR OFFICER	Full time	5/18/2016	$15.49	$32,227.52	$15.49	$32,227.52
04604001	N74823	PSYCHOLOGIST/LICENSED	Full time	9/7/2015			$40.56	$84,356.48
04604335	P66112	CORR CORPORAL	Full time	6/26/2016	$16.66	$34,646.56	$16.66	$34,646.56
04604343	P66112	CORR CORPORAL	Full time	4/2/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604355	P66112	CORR CORPORAL	Full time	4/18/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604359	P66112	CORR CORPORAL	Full time	5/9/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604363	P66112	CORR CORPORAL	Full time	4/2/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604379	P66112	CORR CORPORAL	Full time	2/25/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604385	P66112	CORR CORPORAL	Full time	4/28/2016	$16.66	$34,646.56	$15.49	$32,227.52

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04604413	P66112	CORR CORPORAL	Full time	4/2/2016	$16.66	$34,646.56	$21.36	$44,426.72
04604415	P66111	CORR OFFICER	Full time	3/21/2016	$15.49	$32,227.52	$15.49	$32,227.52
04604421	P66111	CORR OFFICER	Full time	6/30/2016	$15.49	$32,227.52	$15.49	$32,227.52
04604434	P66111	CORR OFFICER	Full time	6/1/2016	$15.49	$32,227.52	$15.49	$32,227.52
04604435	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04604701	V02863	CORR RECORDS MANAGER II	Full time	6/13/2016	$19.34	$40,218.88	$20.71	$43,074.72
04604705	P66112	CORR CORPORAL	Full time	3/27/2016	$16.66	$34,646.56	$15.49	$32,227.52
04604708	P66112	CORR CORPORAL	Full time	4/30/2016	$16.66	$34,646.56	$16.66	$34,646.56
04605006	G66912	CORR ASSISTANT WARDEN II	Full time	2/8/2016	$26.32	$54,753.92	$28.23	$58,716.32
04605117	P66112	CORR CORPORAL	Full time	6/27/2016	$16.66	$34,646.56	$16.66	$34,646.56
04605176	P66112	CORR CORPORAL	Full time	5/21/2016	$16.66	$34,646.56	$17.45	$36,293.92
04605225	P66112	CORR CORPORAL	Full time	6/26/2016	$16.66	$34,646.56	$17.45	$36,293.92
04605230	P66112	CORR CORPORAL	Full time	4/21/2016	$16.66	$34,646.56	$17.45	$36,293.92
04608955	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	10/14/2015	$17.46	$36,316.80	$17.46	$36,316.80
04608956	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	12/14/2015	$17.46	$36,316.80	$17.82	$37,063.52
04609001	G66555	CORR PAROLE ADMINISTRATOR/ADULT	Full time	6/11/2016	$25.85	$53,774.24	$32.07	$66,705.60
04609344	M80210	FOOD SERVICE SPECIALIST	Full time	5/28/2016	$13.96	$29,034.72	$13.96	$29,034.72
04611005	V09123	ADMINISTRATIVE ASSISTANT III	Full time	5/16/2016	$20.18	$41,970.24	$21.19	$44,068.96
04612081	V80230	FOOD SERVICE MANAGER	Full time	6/3/2016	$15.98	$33,230.08	$16.78	$34,892.00
04612085	M80210	FOOD SERVICE SPECIALIST	Full time	2/22/2016	$13.96	$29,034.72	$13.96	$29,034.72
04612271	M84624	AUTOMOTIVE/DIESEL MECHANIC	Full time	6/11/2016	$17.72	$36,857.60	$17.72	$36,857.60
04612538	P66113	CORR SERGEANT	Full time	6/17/2016	$18.51	$38,504.96	$18.51	$38,504.96
04612544	G11930	STAFF & PARTNERSHIP DEVELOPMENT COORDINATOR	Full time	3/21/2016	$25.82	$53,713.92	$34.58	$71,930.56

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04612609	P66112	CORR CORPORAL	Full time	6/17/2016	$16.66	$34,646.56	$15.49	$32,227.52
04612647	P66441	CORR UNIT CASEWORKER	Full time	5/1/2016	$17.45	$36,293.92	$17.45	$36,293.92
04612680	P66112	CORR CORPORAL	Full time	6/19/2016	$16.66	$34,646.56	$15.49	$32,227.52
04612701	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612702	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612713	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612716	P66111	CORR OFFICER	Full time	5/5/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612739	P66111	CORR OFFICER	Full time	6/23/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612758	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612776	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612777	C66552	CORR PAROLE OFFICER/SENIOR	Full time	5/20/2016	$17.48	$36,362.56	$17.48	$36,362.56
04612805	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612815	P66111	CORR OFFICER	Full time	5/30/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612820	P66111	CORR OFFICER	Full time	3/11/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612834	P66112	CORR CORPORAL	Full time	6/13/2016	$16.66	$34,646.56	$17.49	$36,379.20
04612840	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
04612903	P66113	CORR SERGEANT	Full time	6/13/2016	$18.51	$38,504.96	$18.51	$38,504.96
04613081	V66443	CORR UNIT MANAGER	Full time	6/13/2016	$19.71	$40,998.88	$20.70	$43,049.76
04613089	P66441	CORR UNIT CASEWORKER	Full time	5/1/2016	$17.45	$36,293.92	$17.45	$36,293.92
04613142	K09122	ADMINISTRATIVE ASSISTANT II	Full time	6/13/2016	$17.46	$36,316.80	$18.33	$38,132.64
04613164	V66442	CORR UNIT CASE MANAGER	Full time	6/25/2016	$18.34	$38,138.88	$19.25	$40,048.32
04613281	P66441	CORR UNIT CASEWORKER	Full time	4/9/2016	$17.45	$36,293.92	$17.45	$36,293.92
04613301	P66441	CORR UNIT CASEWORKER	Full time	5/2/2016	$17.45	$36,293.92	$21.49	$44,705.44
04614072	K01412	SECRETARY II	Full time	4/2/2016	$11.92	$24,783.20	$13.16	$27,362.40

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04614076	S05712	CORR CANTEEN OPERATOR	Full time	5/15/2016	$13.76	$28,614.56	$14.72	$30,615.52
04614152	M05221	WAREHOUSE TECHNICIAN	Full time	3/1/2016	$13.20	$27,464.32	$13.87	$28,853.76
04614311	V09213	BUSINESS MANAGER III	Full time	5/30/2016	$23.04	$47,912.80	$24.19	$50,308.96
04615112	M84582	STATIONARY ENGINEER SENIOR	Full time	11/1/2015	$15.11	$31,426.72	$22.65	$47,107.84
04615123	M84582	STATIONARY ENGINEER SENIOR	Full time	3/21/2016	$15.11	$31,426.72	$18.89	$39,282.88
04650019	P66113	CORR SERGEANT	Full time	5/2/2016	$18.51	$38,504.96	$18.51	$38,504.96
04650022	H77043	RECREATION SPECIALIST	Full time	3/21/2016	$16.24	$33,777.12	$16.24	$33,777.12
04650055	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	12/20/2014	$17.46	$36,316.80	$17.08	$35,518.08
04650062	P66441	CORR UNIT CASEWORKER	Full time	2/22/2016	$17.45	$36,293.92	$17.46	$36,314.72
04650064	P66441	CORR UNIT CASEWORKER	Full time	12/11/2015	$17.45	$36,293.92	$17.45	$36,293.92
04650092	P66112	CORR CORPORAL	Full time	6/6/2016	$16.66	$34,646.56	$16.66	$34,646.56
04660002	G66912	CORR ASSISTANT WARDEN II	Full time	5/30/2016	$26.32	$54,753.92	$31.94	$66,443.52
04661062	H77043	RECREATION SPECIALIST	Full time	10/30/2015	$16.24	$33,777.12	$16.24	$33,777.12
04661065	H77043	RECREATION SPECIALIST	Full time	5/16/2016	$16.24	$33,777.12	$17.06	$35,486.88
04662000	N74823	PSYCHOLOGIST/LICENSED	Full time	6/23/2016			$48.08	$100,000.16
04662011	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	6/1/2015	$17.46	$36,316.80	$18.35	$38,157.60
04662015	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	5/2/2016	$17.46	$36,316.80	$16.58	$34,480.16
04662016	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	5/27/2015	$17.46	$36,316.80	$18.35	$38,159.68
04664033	P66112	CORR CORPORAL	Full time	12/16/2013	$16.66	$34,646.56	$15.93	$33,138.56
04664040	P66112	CORR CORPORAL	Full time	1/18/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664041	P66112	CORR CORPORAL	Full time	9/25/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664042	P66112	CORR CORPORAL	Full time	1/6/2014	$16.66	$34,646.56	$15.93	$33,138.56
04664046	P66112	CORR CORPORAL	Full time	3/26/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664048	P66112	CORR CORPORAL	Full time	1/16/2014	$16.66	$34,646.56	$15.93	$33,138.56

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04664051	P66112	CORR CORPORAL	Full time	3/15/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664053	P66112	CORR CORPORAL	Full time	1/13/2014	$16.66	$34,646.56	$15.93	$33,138.56
04664056	P66112	CORR CORPORAL	Full time	12/28/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664061	P66112	CORR CORPORAL	Full time	8/23/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664069	P66112	CORR CORPORAL	Full time	5/16/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664072	P66112	CORR CORPORAL	Full time	11/16/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664073	P66112	CORR CORPORAL	Full time	9/24/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664080	P66112	CORR CORPORAL	Full time	2/8/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664104	P66112	CORR CORPORAL	Full time	4/1/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664110	P66112	CORR CORPORAL	Full time	8/23/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664116	P66112	CORR CORPORAL	Full time	11/16/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664120	P66112	CORR CORPORAL	Full time	5/30/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664122	P66112	CORR CORPORAL	Full time	3/7/2016	$16.66	$34,646.56	$17.45	$36,293.92
04664125	P66112	CORR CORPORAL	Full time	4/30/2016	$16.66	$34,646.56	$16.69	$34,704.80
04664126	P66112	CORR CORPORAL	Full time	12/28/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664127	P66112	CORR CORPORAL	Full time	1/11/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664134	P66112	CORR CORPORAL	Full time	4/22/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664142	P66112	CORR CORPORAL	Full time	5/2/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664143	P66112	CORR CORPORAL	Full time	6/13/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664145	P66112	CORR CORPORAL	Full time	3/21/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664148	P66112	CORR CORPORAL	Full time	8/10/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664149	P66112	CORR CORPORAL	Full time	4/18/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664151	P66112	CORR CORPORAL	Full time	8/24/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664153	P66112	CORR CORPORAL	Full time	11/16/2015	$16.66	$34,646.56	$16.66	$34,646.56

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04664154	P66112	CORR CORPORAL	Full time	8/27/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664161	P66112	CORR CORPORAL	Full time	8/24/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664163	P66112	CORR CORPORAL	Full time	2/26/2016	$16.66	$34,646.56	$15.49	$32,227.52
04664173	P66112	CORR CORPORAL	Full time	10/30/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664202	P66111	CORR OFFICER	Full time	6/25/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664210	P66111	CORR OFFICER	Full time	4/9/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664215	P66111	CORR OFFICER	Full time	6/27/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664216	P66111	CORR OFFICER	Full time	5/7/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664218	P66111	CORR OFFICER	Full time	5/16/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664222	P66111	CORR OFFICER	Full time	5/17/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664245	P66111	CORR OFFICER	Full time	5/16/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664246	P66111	CORR OFFICER	Full time	5/16/2016	$15.49	$32,227.52	$17.45	$36,293.92
04664248	P66111	CORR OFFICER	Full time	3/27/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664253	P66111	CORR OFFICER	Full time	3/21/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664259	P66111	CORR OFFICER	Full time	6/3/2016	$15.49	$32,227.52	$15.88	$33,028.32
04664260	P66111	CORR OFFICER	Full time	5/30/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664264	P66111	CORR OFFICER	Full time	4/18/2016	$15.49	$32,227.52	$15.88	$33,028.32
04664302	P66111	CORR OFFICER	Full time	5/23/2016	$15.49	$32,227.52	$15.49	$32,227.52
04664310	P66112	CORR CORPORAL	Full time	8/24/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664317	P66112	CORR CORPORAL	Full time	9/12/2015	$16.66	$34,646.56	$16.66	$34,646.56
04664322	P66112	CORR CORPORAL	Full time	4/2/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664327	P66112	CORR CORPORAL	Full time	4/17/2016	$16.66	$34,646.56	$16.66	$34,646.56
04664332	P66112	CORR CORPORAL	Full time	12/22/2015	$16.66	$34,646.56	$15.49	$32,227.52
04665034	P66441	CORR UNIT CASEWORKER	Full time	6/22/2016	$17.45	$36,293.92	$17.45	$36,293.92

State of Nebraska Agency Vacancy Report

June 30, 2016

Agency **Correctional Services - Agency 46**

Position ID	Job Code	Description	Full or Part Time	Date Vacated/Created	Minimum Hourly Rate	Minimum Annual Rate	Last Held Hourly Rate	Total Base Pay
04666010	V80230	FOOD SERVICE MANAGER	Full time	5/30/2016	$15.98	$33,230.08	$16.78	$34,892.00
04666017	M80210	FOOD SERVICE SPECIALIST	Full time	5/30/2016	$13.96	$29,034.72	$16.78	$34,892.00
04694207	P66112	CORR CORPORAL	Full time	6/13/2016	$16.66	$34,646.56	$16.66	$34,646.56
04694213	P66112	CORR CORPORAL	Full time	6/22/2016	$16.66	$34,646.56	$16.66	$34,646.56
04694314	P66112	CORR CORPORAL	Full time	6/6/2016	$16.66	$34,646.56	$16.66	$34,646.56
04694502	V66442	CORR UNIT CASE MANAGER	Full time	6/24/2016	$18.34	$38,138.88	$19.25	$40,048.32
04694520	P66441	CORR UNIT CASEWORKER	Full time	5/8/2016	$17.45	$36,293.92	$17.45	$36,293.92
04694522	P66441	CORR UNIT CASEWORKER	Full time	5/31/2016	$17.45	$36,293.92	$17.45	$36,293.92
04694528	P66441	CORR UNIT CASEWORKER	Full time	6/1/2016	$17.45	$36,293.92	$17.45	$36,293.92
04696020	N74823	PSYCHOLOGIST/LICENSED	Full time	8/24/2015			$44.06	$91,644.80
04696028	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	8/27/2015	$17.46	$36,316.80	$17.46	$36,316.80
04696030	C72792	CHEMICAL DEPENDENCY COUNSELOR	Full time	5/2/2016	$17.46	$36,316.80	$18.76	$39,018.72
60000126	P66112	CORR CORPORAL	Full time	5/16/2016	$16.66	$34,646.56	$17.45	$36,293.92
60000133	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
60000135	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
60000139	P66111	CORR OFFICER	Full time	6/17/2016	$15.49	$32,227.52	$15.49	$32,227.52
60000146	I75210	LICENSED PRACTICAL NURSE	Full time	3/21/2016	$15.52	$32,275.36	$17.85	$37,117.60
60000279	P66112	CORR CORPORAL	Full time	5/7/2016	$16.66	$34,646.56	$15.49	$32,227.52
60000282	P66111	CORR OFFICER	Full time	3/7/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001264	P66441	CORR UNIT CASEWORKER	Full time	6/22/2016	$17.45	$36,293.92	$17.45	$36,293.92
60001313	V66442	CORR UNIT CASE MANAGER	Full time	1/1/2016	$18.34	$38,138.88	$19.25	$40,048.32
60001339	D75410	PHYSICIAN ASSISTANT	Full time	6/13/2016	$31.82	$66,185.60	$53.28	$110,824.48
60001390	P66111	CORR OFFICER	Full time	6/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001409	P66441	CORR UNIT CASEWORKER	Full time	2/8/2016	$17.45	$36,293.92	$17.45	$36,293.92

State of Nebraska Agency Vacancy Report

June 30, 2016

Agency **Correctional Services - Agency 46**

Position ID	Job Code	Description	Full or Part Time	Date Vacated/Created	Minimum Hourly Rate	Minimum Annual Rate	Last Held Hourly Rate	Total Base Pay
60001677	H77043	RECREATION SPECIALIST	Full time	3/17/2016	$16.24	$33,777.12	$16.24	$33,777.12
60001699	P66111	CORR OFFICER	Full time	5/13/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001701	P66111	CORR OFFICER	Full time	5/28/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001702	P66111	CORR OFFICER	Full time	5/30/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001711	P66111	CORR OFFICER	Full time	5/15/2016	$15.49	$32,227.52	$15.49	$32,227.52
60001729	P66112	CORR CORPORAL	Full time	9/14/2012	$16.66	$34,646.56	$14.49	$30,145.44
60001733	P66112	CORR CORPORAL	Full time	11/30/2015	$16.66	$34,646.56	$16.66	$34,646.56
60001735	P66112	CORR CORPORAL	Full time	11/21/2015	$16.66	$34,646.56	$16.66	$34,646.56
60001739	P66112	CORR CORPORAL	Full time	9/20/2015	$16.66	$34,646.56	$16.66	$34,646.56
60001746	P66441	CORR UNIT CASEWORKER	Full time	3/15/2016	$17.45	$36,293.92	$17.45	$36,293.92
60003341	M80210	FOOD SERVICE SPECIALIST	Full time	6/18/2016	$13.96	$29,034.72	$13.96	$29,034.72
60003948	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$17.45	$36,293.92
60003951	P66441	CORR UNIT CASEWORKER	Full time	6/5/2016	$17.45	$36,293.92	$17.45	$36,293.92
60003963	V66442	CORR UNIT CASE MANAGER	Full time	6/13/2016	$18.34	$38,138.88	$19.25	$40,048.32
60004930	P66112	CORR CORPORAL	Full time	4/21/2016	$16.66	$34,646.56	$17.45	$36,293.92
60005043	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005044	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005045	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005046	P66441	CORR UNIT CASEWORKER	Full time	4/22/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005047	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005048	P66441	CORR UNIT CASEWORKER	Full time	6/13/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005063	M08802	ELECTRONICS TECHNICIAN SENIOR	Full time	11/7/2015	$17.46	$36,316.80	$17.46	$36,316.80
60005207	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005208	P66441	CORR UNIT CASEWORKER	Full time	5/2/2016	$17.45	$36,293.92	$17.45	$36,293.92

State of Nebraska Agency Vacancy Report

June 30, 2016

Agency **Correctional Services - Agency 46**

Position ID	Job Code	Description	Full or Part Time	Date Vacated/Created	Minimum Hourly Rate	Minimum Annual Rate	Last Held Hourly Rate	Total Base Pay
60005347	P66441	CORR UNIT CASEWORKER	Full time	3/22/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005415	H72432	MENTAL HEALTH PRACTITIONER II	Full time	9/21/2015	$20.18	$41,970.24	$20.18	$41,970.24
60005556	M84150	FACILITY MAINTENANCE SPECIALIST	Full time	5/18/2015	$15.11	$31,426.72	$14.78	$30,736.16
60005674	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005675	P66441	CORR UNIT CASEWORKER	Full time	6/3/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005676	P66441	CORR UNIT CASEWORKER	Full time	6/18/2016	$17.45	$36,293.92	$17.45	$36,293.92
60005677	P66441	CORR UNIT CASEWORKER	Full time	6/6/2016	$17.45	$36,293.92	$17.45	$36,293.92
60006721	C72342	CERTIFIED MASTER SOCIAL WORKER	Full time	6/17/2016	$21.49	$44,695.04	$19.99	$41,577.12
60006722	C72342	CERTIFIED MASTER SOCIAL WORKER	Full time	11/9/2015	$21.49	$44,695.04	$21.49	$44,695.04
60006865	H72432	MENTAL HEALTH PRACTITIONER II	Full time	9/7/2015	$20.18	$41,970.24	$25.29	$52,601.12
60007728	P66441	CORR UNIT CASEWORKER	Full time	3/12/2016	$17.45	$36,293.92	$17.45	$36,293.92
60008275	P66111	CORR OFFICER	Full time	4/4/2016	$15.49	$32,227.52	$15.49	$32,227.52
60008293	P66112	CORR CORPORAL	Full time	5/2/2016	$16.66	$34,646.56	$15.49	$32,227.52

Total Positions **252**

Agency Directors are responsible for agency internal HR functions. The data presented in this report is the responsibility of each agency.
For classified labor contract positions, the minimum hourly rates represent the actual minimum hiring rates.
For classified non-contract positions, the minimum hourly rates represent the minimum permanent rates.
Non-classified position (those with 'N' codes in the 'Job Code' field) may or may not have minimum hourly/annual rates as they are established by the hiring agency.
In some cases, minimum hourly rates may be more than last held hourly rates due to understaffing position.
Reported positions are Full-Time Regular, Part-Time Regular, Working Out-of-Class, One-Time Grant and Constitutional Officers participating in this report.
Data in this report reflects agency updates as of the date of the report was run and represents Full-Time (1 FTE) and Part-Time (less than 1 FTE) positions.
Job offers may have already been made to applicants or current employees for positions on this report.

ATTACHMENT 11

Information for Senator Bolz 6-14-16

1. How many psychiatrists are currently on staff? There are currently 2 psychiatrists on staff: Dr. Martin Wetzel and Dr. Natalie Baker.

2. How many psychiatrists are working with the Department on a contract basis? There are currently 3 ARPN's or Psychiatric Nurse Practitioners currently working on a contract basis with the Department.

3. How many psychiatrists do you expect to have on staff in the next few months? In the next year? We are currently advertising for 1 psychiatrist position to fill a vacancy created by a retirement.

4. Inmate to behavioral health staff ratio by facility. The table below provides the number of inmates with a behavioral health diagnosis as well as the 2016 average daily population for each facility and the ratio of diagnosed inmates to treatment staff.

Facility	Female[1]	Male[1]	Diagnosed Pop[1]	2016 ADP[2]	Treatment Staff	Ratio
CCL[3]	67	282	**349**	385	7	55-1
CCO[4]	21	128	**149**	170	4	37.3-1
DEC		309	**309**	398	9	34.3-1
LCC		454	**454**	504	22	20.6 -1
NCW	262		**262**	343	14	18.7-1
NCY		56	**56**	65	3	18.7-1
NSP		1,176	**1,176**	1,353	37	31.8-1
OCC		706	**706**	764	17	41.5-1
TSC		882	**882**	1,034	8	110.2-1
WEC		166	**166**	175	6	27.7-1
Grand Total	**350**	**4,159**	**4,509**	**5,191**	**127**	**35.5 -1**

[1] Male, female and total number of inmates with a behavioral health diagnosis, including substance abuse

[2] 1/1/2016 – 6/14/2016 Inmate Average Daily Population

[3] Includes 6 substance abuse treatment staff located at Trabert Hall in Lincoln

[4] Includes 4 substance abuse staff at the Omaha State Office Building.

5. Status of VRP Positions at TSCI: The Department has filled the VRP psychologist position and is still in the process of advertising for the two LMHP positions.

6. Use of VRP Funds. The Department is in the process of scheduling a VRP training in October of 2016 with international experts in violence reduction programming from Canada.

7. Total # of positions by facility: Behavioral Health currently has 161 FTE. There are an additional 5 contracted behavioral staff currently. 1 psychiatrist, 3 psychiatric nurse practitioners and 1 mental health practitioner. See #8 below for a breakdown by facility.

8. Total # of staffing vacancies by facility: Out of a total of 161 positions within behavioral health, there are currently 34 total vacancies: 8 Psychologists, 1 Psychiatrist, 9 Mental Health Practitioners, 8 chemical dependency counselors, 2 Social Workers, 1 nurse practitioner, 1 registered nurse, 1 clinical program manager and 3 support staff. These include positions that have become vacant due to recent promotions to fill leadership positions within behavioral health and newly created positions from LB 598 that we have been unable to fill to date.

The table below provides the total number of employees, the number of vacancies by facility. The table below lists the vacancies by position and facility.

Facility	Total # of Posistions	Vacancies
Diagnostic and Evaluation Center (DEC)	9	0
Lincoln Correctional Center (LCC)	31	9
Nebraska Correctional Center for Women (NCCW)	16	2
Nebraska Correctional Youth Facility (NCYF)	3	0
Nebraska State Penitentiary (NSP)	44	7
Omaha Correctional Center (OCC)	20	3
Tecumseh State Correctional Institution (TSCI)	14	6
Work Ethic Camp (WEC)	7	1
Community Corrections Lincoln (CCL)	7	0
Community Corrections Omaha (CCO)	4	0
Other*	6	6
Total	161	34

*Other includes Central Office and unfilled positions that have not yet been assigned to a facility.

9. Waiting List Information – The current waiting lists for substance abuse, sex offender and violence offender programs are provided below.

Substance Abuse Treatment:

OCC/SAU—96 beds, 96 in treatment (Waiting List = 56)
TSCI/SAU—72 beds, Just started new program 13 in treatment, 9 starting 4/18 (Waiting List = 78)
NSP/RTC-100 beds, 100 in treatment (Waiting List = 114)
NCCW/SAU-48 beds, 48 in treatment (Waiting List = 51)

Sex Offender Services:

bHeLP - 17 just beginning treatment (Waiting List = 33)
oHeLP – 50 in treatment (Waiting List = 67)
iHeLP – 52 in treatment (Waiting List = 28)

Violent Offender Services:

DV (Domestic Violence) – 62 in treatment (Waiting List for DV with CVORT Review=99)
AM (Anger Management)– 68 in treatment (Waiting List for AM with CVORT Review=91)
VRP(Violence Reduction Program) – 8 in treatment (Waiting List = 84)

*Waiting List for DV without CVORT Review is around 90 each.
*Waiting List for AM without CVORT Review is around 90 each.

ATTACHMENT 12

Health Services Staffing breakdown by Facility

*As of 8-1-16

CCCL	Filled	Vacant	Total
Chem Dependency Counselor	0	1	1
Physician Assistant	1	0	1
Registered Nurse	1	0	1

Central Office	Filled	Vacant	Total
Administrative Staff	7	0	7
Medical Director	1	0	1
Nursing Director	1	0	1
Nurse - RN	2	0	2
Behavioral Health Admin	1	0	1

DEC	Filled	Vacant	Total
Dental Staff	1	2	3
LPN	2	2	4
RN	8	2	10
DON/Nurse Supervisor	2	0	2
X-Ray Tech	1	0	1
Behavioral Health	6	0	6
Medical Providers	2	1	3
Optometry Aide	1	0	1
Lab Scientist	1	0	1
Admin Staff	2	0	2

LCC	Filled	Vacant	Total
Behavioral Health Staff	19	6	25
Adinistrative Staff	2	1	3
LPN	2	0	2
RN	1	1	2
Providers	1	2	3
Dental Staff	1	1	2
DON/Nurse Supvervisor	1	0	1

NCCW	Filled	Vacant	Total
Behavioral Health Staff	11	3	14
LPN	3	0	3
RN	3	0	3
DON/Nurse Supervisor	1	1	2
Administrative Staff	3	0	3
Providers	1	0	1

NCYF	Filled	Vacant	Total
Behavioral Health Staff	3	0	3

NSP	Filled	Vacant	Total
Behavioral Health Staff	26	9	35
LPN	3	0	3
RN	7	2	9
DON/Nurse Supervisor	2	0	2
Administrative Staff	9	0	9
Dental Staff	3	1	4
Optometric Aide	1	0	1
Laboratory Staff	2	0	2
Providers	1	2	3

OCC	Filled	Vacant	Total
Behavioral Health Staff	20	2	22
LPN	3	1	4
RN	3	1	4
DON/Nurse Supervisor	2	0	2
Administrative Staff	2	1	3
Providers	2	0	2

Pharmacy	Filled	Vacant	Total
Pharmacist	2	0	2
Pharmacy Techs	7	0	7
Pharmacy Manager	1	0	1

Trabert Hall	Filled	Vacant	Total
Behavioral Health Staff	4	2	6

TSCI	Filled	Vacant	Total
Behavioral Health Staff	4	8	12
Administrative Staff	2	0	2

WEC	Filled	Vacant	Total
Behavioral Health Staff	6	1	7
Nurse Supervisor	1	0	1
RN	3	0	3

ATTACHMENT 13

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

May 20, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

Recently I've had many discussions with nursing staff who have expressed concerns about their own salary and also the ability of the Department of Correctional Services to attract and retain quality nurses due to the salaries offered by the Department.

It was brought to my attention that the Division of Behavioral Health within the Nebraska Department of Health and Human Services recently worked with the Department of Administrative Services to reclassify nurses who are employed at the regional centers. I visited with a human resource employee at the Department of Health and Human Services about this process and the result and learned that the starting pay for these new positions is going to be $23.826/hour. The previous classification of the position started at a salary of $20.718/hour. The Division of Behavioral Health was able to demonstrate to the Department of Administrative Services that nurses who work in the psychiatric field face different challenges than a nurse in other settings. Based on my conversations and from what I've seen, I would think that the Department of Correctional Services could make a similar case. The nurses in the Department of Correctional Services face unique challenges on a daily basis and I greatly appreciate their service to your population.

With all that said, I would recommend that the Department of Correctional Services contact the Department of Administrative Services in the near future and begin the process of seeking a reclassification of correctional nurses (including Registered Nurses and Licensed Practical Nurses). In addition, I would suggest that the Department consider putting forth a proposal where they would set up a tiered system of advancement which would reward a nurse (or other health professionals for that matter) for obtaining a certification from an organization like the National

Commission on Correctional Health Care. The Commission currently provides a Health Professional Certification for mental health staff, nurses and physicians.

Thank you for your consideration of my recommendation.

Sincerely,

Doug Koebernick

cc: Dr. Kohl
John Wilson
Erinn Criner

ATTACHMENT 14

Nebraska Department of Correctional Services Behavioral Health

Treatment provider to inmate ratio* as of 5/9/2016 (by each institution).

*Ratio determined by counting the number of direct care mental health staff (*not counting the adjunct staff)* compared to each institution/program's current census.

A **treatment provider** is defined as direct contact/service provision (ie. therapy, chemical dependency counseling, didactic, etc.), individual sessions, group sessions, MHOD/emergency coverage, etc.

- *Psychiatrist or psychiatric provider, nursing, social work, clerical, etc. ARE NOT included in this ratio comparison as their responsibilities are often divided between multiple facilities/programs.*

Diagnostic and Evaluation Center (DEC): current census = **403**

1 Psychologist
2 LMHP
3 Psychologist I/Psych Associate
1 part-time extern
1 full-time Secretary (*not counted as direct care*)

- **DEC** ratio **403** to 6.5 = **62** inmates per one provider
- **Clinical ratio 403** to 3.5 clinical providers = **115.14** inmates per treatment provider (DEC Psych Associates conduct evaluations & LMHP provide treatment)

Lincoln Correctional Center (LCC) : current/total census of LCC is **504**

LCC **Mental Health Unit (MHU):** current census = **67**

1 Psychologist (with one psychologist vacancy)
1 Clinical Program Manager for Mental Health Services
2 LMHP Supervisor
3 LMHP
1 Behavioral Health Case Worker
1 LADC
(*One ADON, three RNs, one social worker are not counted as direct care*)

- MHU ratio **67** to 9 = **7.4** inmates per one treatment provider

LCC **Secure Mental Health Secure (SMH):** current census = 30

1 Clinical Program Manager for Mental Health Services.
1 LMHP Supervisor
2 LMHP
3 Behavioral Health Case Workers
(*One ADON, three RNs, one social worker are not counted as direct care*)

- **SMH** ratio **30** to 7 = **4.29** inmates per one treatment provider

LCC **Inpatient Healthy Lives Program (iHeLP):** current census = 52

1 Psychologist
1 LMHP supervisor
1 LMHP (with 2 LMHP vacancies)

- **iHeLP** ratio **52** to 3 = **17.3** inmates per one treatment provider

Nebraska Department of Correctional Services Behavioral Health

LCC **-General prison population:** current census= **345** (Includes: general prison population, protective custody, and the non-programming restrictive housing inmates)

1 Clinical Program Manager for Mental Health Services
2.5 LMHP (with one LMHP position split between the LCC and the NSP)
1 Full-time Secretary, *1 ADON, 3 RNs, 1 social worker* (*not counted as direct care)*

- **LCC-** GP/PC/RH ratio **345** to **3.5** = **98.57** inmates per one treatment provider

Nebraska Correctional Center for Women (NCCW) : current census = **346**

2 Psychologist
4 MHP
1 full-time Secretary (*not counted as direct care*)

*NCCW ratio *after subtracting the NCCW- SAU census of 40* from the total **346** = **306**.

- **NCCW** ratio **306** to 6 = **51** inmates per one treatment provider

NCCW – SAU current census = **40**

4 CDC -2 supervisors, 2 CDC (with two CDC vacancies)
1 Secretary (*not counted as direct care*)

- **NCCW-SAU** ratio **40** to **4** = **10** inmates per one treatment provider

Nebraska Center Youth Facility (NCYF) : current census = **62**

1 Psychologist
1 LMHP Supervisor.
1 full-time LMHP (with one MHP vacancy)

- **NCYF** ratio is **62** to **3** = **20.66** inmates per one treatment provider

Nebraska State Penitentiary (NSP) : current census = **1353**

1 Psychologist (this position is vacant)
1 Psychologist I
1 MHP Supervisor
5 full-time MHP
1 part-time MHP (with time split between the NSP and the LCC)
1 part-time Psych Extern
1 full-time Secretary (vacant) (*not counted as direct care*)
1 part-time Secretary (*not counted as direct care*)

*NSP ratio *after subtracting the NSP- RTC census of 100* from the total 1352 = 1253.

- **NSP** ratio is **1253** to **8** = **156.63** inmates per one treatment provider

NSP – Residential Therapeutic Community (RTC): current census = **100**

1 Psychologist (with one psychologist vacancy)
1 Program Manager
1 LMHP
9 CDC, LMHP, PLMHP; or CDC Supervisors

NSP-RTC (*continued*)

1 Administrative Assistant III (*not counted as direct care*)
1 Administrative Secretary (*not counted as direct care*)
2 Staff Assistant I (*not counted as direct care*)

- **NSP- RTC** ratio **100** to **12** = **8.33** inmates per one treatment provider

Omaha Correctional Center (OCC) : current census = **776**

1 Psychologist
1 Psychologist I
1 Clinical Program Manager for Sex Offender Services
1 MHP supervisor
5 LMHP (2 vacant)
1 Full-time Secretary (*not counted as direct care*)

OCC ratio *after subtracting the OCC- SAU census of **78*** from the total of **776** = **698**

- **OCC** ratio is **698** to 8 = **87.25** inmates per one treatment provider

OCC – Substance Abuse Unit (SAU): current census = **78**

7 CDC
1 MHP

- **OCC -SAU** ratio is **78** to **8** = **9.75** inmates per one treatment provider

Tecumseh State Correctional Institution (TSCI): current census = **1013**

1 Psychologist
1 Psychologist for VRP
1 Clinical Program Manager for Violent Offender Services
1 LMHP Supervisor
2 LMHP (currently 2 LMHP vacancies & 2 LMHP-VRP vacancies)
1 full-time Secretary (*not counted as direct care*)

TSCI ratio *after subtracting the TSCI-SAU census of 21* from the total **1013** = **992**.

- **TSCI** ratio is **992** to 6 = **165.33** inmates per one treatment provider

****TSCI – SAU** current census = **21**

3 CDC (one supervisor 2 CDC)
1 Secretary

- **TSCI-** SAU ratio is 21 to 3 = **7** inmates per one treatment provider.

Work Ethic Camp (WEC): current census = **172**

6 CDC

- WEC ratio is 172 to 6 = **28.66** inmates per one treatment provider

[redacted]

ATTACHMENT 15

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: Senators Heath Mello and Dan Watermeier
From: Doug Koebernick, Office of Inspector General
Re: LB 733 Information
Date: February 11, 2016

At yesterday's hearings on the budget of the Department of Correctional Services and LB 733, Director Frakes shared that there may be constitutional or Executive Order concerns regarding the providing of bonuses to staff within his department.

The idea of bonuses and merit pay raises was discussed during the LR 34 hearing in November. In mid-November I talked with Director Frakes on a number of issues including those suggestions. I shared with him that a member of his staff had told me that they were told they couldn't provide bonuses due to a constitutional issue. When I told him that I had talked to people familiar with this issue and they were unable to pinpoint why it would be unconstitutional he said that he was under the impression that it was actually an Executive Order issued by Governor Ben Nelson that was the barrier. He suggested that I ask Sharon Pettid from the Governor's office about that Executive Order. I emailed her and asked for a copy of that Executive Order. A week later I received a reply from Bill Wood at DAS that said that under the labor contract the Department could provide merit increases/bonuses to employees. He did not share any constitutional concerns or any Executive Order with me. I shared this email with Director Frakes and Sharon Pettid and wrote, "I think this should clear up any confusion about the ability to use merit raises or bonuses..." In the nearly three months since that exchange I have not received any information about the constitutional issue or the Executive Order and actually thought that these concerns had been addressed. I am meeting with Sharon Pettid tomorrow to go over my staff survey and will ask her about those issues at that time.

I am attaching a few documents for you with this memorandum. First, I have the three emails that were discussed above. Second, I have a list of all Executive Orders signed by Governor Ben Nelson. I was unable to find any that discussed salaries or bonuses. I also reviewed Executive Orders signed by Governor Mike Johanns and Governor Dave Heineman and was unable to find any on this topic. Third, I am enclosing a copy of an Executive Order signed by Governor Heineman that rescinded a previous Executive Order by Governor Nelson.

If you have any questions for me or would like me to look into this issue further please do not hesitate to contact me.

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

Culture Survey

Doug At unicameral <dkoebernick@leg.ne.gov>
To: "Pettid, Sharon" <sharon.pettid@nebraska.gov>

Tue, Nov 17, 2015 at 4:51 PM

Sharon,

I met with Director Frakes and he suggested I contact you regarding a question I asked of him. I asked him about the possibility of providing merit pay or bonuses to staff and he said that there was an Executive Order that prohibits the use of either tool. Could you provide information to me regarding that Executive Order? He didn't have the details on it but said that you would.

Thanks so much,

Doug Koebernick

Sent from my iPad
[Quoted text hidden]

NAPE Contract Section 11.1.1

4 messages

Wood, William <William.Wood@nebraska.gov> Tue, Nov 24, 2015 at 1:31 PM
To: "Koebernick, Doug" <dkoebernick@leg.ne.gov>
Cc: "Pettid, Sharon" <sharon.pettid@nebraska.gov>, "Frakes, Scott" <scott.frakes@nebraska.gov>

Mr. Koebernick:

Sharon Pettid asked me to respond to your November 17, 2015, correspondence regarding whether Department of Correctional Services employees are eligible for merit and/or bonus increases. The majority of the employees providing security services, at the Department of Correctional Services, are in the protective Service Bargaining Unit represented by NAPE/AFSCME, Local 61.

Section 11.1.1 of the 2015-2017 Labor Contract between the State of Nebraska and NAPE/AFSCME, Local 61 provides that:

Nothing in this Agreement prevents the Employer from providing, in addition to the provisions of this Article, merit increases/bonuses to employees.

This provision first appeared in the Labor Contract in 2007-2009. It was proposed by NAPE and the purpose was to make NAPE covered employees eligible for merit and bonus increases if funding were available to grant such increases and management determined that it would be appropriate to grant them.

For future reference go to the NAPE/AFSCME Labor Contract which can be found on the Employee Relations website at: das.nebraska.gov/emprel/. Look under the heading Labor Contract Information and the sub heading Publications.

If you should need additional information, please contact me.

William J. Wood

Chief Negotiator/Administrator

1526 K Street, Suite 120, P.O. Box 95061, Lincoln NE 68509-5061

Phone: 402.471.4106

FAX: 402.471.3394

William.wood@nebraska.gov

www.das.state.ne.us

NEBRASKA
AdministrativeServices
Employee Relations Division

Doug Koebernick <dkoebernick@leg.ne.gov> Tue, Nov 24, 2015 at 1:38 PM
To: "Wood, William" <William.Wood@nebraska.gov>
Cc: "Frakes, Scott" <scott.frakes@nebraska.gov>, "Pettid, Sharon" <sharon.pettid@nebraska.gov>

Thank you for the information. I think this should clear up any confusion about the ability to use merit raises or bonuses for those employees.

I appreciate you sharing this with me.

Doug

91-1	Create Nebraska Rural Development Commission	01/14/91
91-2	Elected representative designation for purposes of approving certain private activity bonds.	01/15/91
91-3	Establish guidelines for allocating Nebraska State Ceiling	01/16/91
91-4	Implement State Government Recycling Initiative	01/31/91
91-5	Adopt usage of alkaline permanent paper for documents	05/01/91
91-6	Authorize FY91 Drug Interdiction and Counter-Drug Activities Support Plan	05/13/91
91-7	Reallocation of State Ceiling to NIFA	06/10/91
91-8	Implement Western Regional Waste Management Protocol	09/18/91
91-9	Authorize FY92 Drug Interdiction and Counter-Drug Activities Support Plan	09/23/91
91-10	Reallocation of State Ceiling to NIFA	11/18/91
91-11	Create Nebraska Criminal Justice Drug Policy Board	12/18/91
92-1	Create Nebraska Development Network	01/27/92
92-2	Create State Emergency Response Commission	03/18/92
92-3	Create Nebraska Occupational Information Coordinating Committee	03/31/92
92-4	Alter schedule for allocations under State Ceiling	05/07/92
92-5	Establish waiver authority for commercial driver's licenses for custom harvesters	05/22/92
92-6	Authorize FY93 Nebraska Counter Drug Support Plan	06/10/92
92-7	Create Nebraska Affordable Housing Commission	Undated
92-8	Create Nebraska Home-Based Business Association	07/06/92
92-9	Continue Nebraska Criminal Justice Drug and Violent Crime Policy Board (*see* Exec. Order 91-11)	07/27/92
92-10	Continue Nebraska Rural Development Commission (*see* Exec. Order 91-1)	11/10/92
92-11	Reallocation of State Ceiling to NIFA	11/__/92
93-1	Create Nebraska Juvenile Justice Advisory Board	03/30/93
93-2	Create Nebraska Alternative Fuels Committee	04/22/93
93-3	Authorize FY94 Nebraska Counter Drug Support Plan	06/01/93
93-4	Create Nebraska Water Council	06/07/93
93-5	Establish waiver authority for commercial driver's licenses for custom harvesters	07/16/93
93-6	Reallocation of State Ceiling to NEBHELP	09/16/93
93-7	Create Nebraska Commission for Child Protection	Undated
93-8	Create Governor's Youth Advisory Council	10/21/93
94-1	Implement Government Mandates Relief Initiative	01/05/94
94-2	Accept assignment of concurrent jurisdiction of three Federal properties in Omaha and Grand Island	01/13/94
94-3	Create Governor's Task Force for Disaster Recovery	01/19/94
94-4	Authorize FY95 Nebraska Counter Drug Support Plan	06/06/94
94-5	Create Nebraska Commission for National and Community Service	07/26/94
94-6	Create Nebraska Interagency Council on the Homeless	09/21/94
94-7	Reallocation of State Ceiling to NIFA	12/15/94
95-1	Give Secretary of State approval authorization re: Private Activity Bonds	01/06/95
95-2	Establish Nebraska Health Policy Project	01/25/95
95-3	Establish Nebraska Transportation Efficiency Project	02/08/95

95-4	Establish competitive process for selection of contractual services	04/05/95
95-5	Reallocate $15 million of State Ceiling to NIFA	04/07/95
95-6	Advise State agencies to adopt procedures for handling proposed rules and regulations	05/10/95
95-7	Authorize FY96 Nebraska Counter Drug Support Plan	06/13/95
95-8	Implement Nebraska State Government Re-Employment Program	07/05/95
95-9	Advise State agencies of protection of private property rights	07/20/95
95-10	Continue Nebraska Juvenile Justice Advisory Board (*see* Exec. Order 93-1)	10/05/95
95-11	Reallocate $45 million of State Ceiling to NIFA	12/11/95
95-12	Accept exclusive jurisdiction of Cornhusker Army Ammunition Plant in Grand Island	12/18/95
96-1	Create Information Resources Cabinet	01/10/96
96-2	Authorize FY97 Nebraska Counter Drug Support Plan	05/02/96
96-3	Reallocate $22.5 million of State Ceiling to NIFA	09/24/96
96-4	Reallocate $22.5 million of State Ceiling to NIFA	12/26/96
97-1	Reallocate $15 million of State Ceiling to NIFA	02/28/97
97-2	Authorize FY98 Nebraska Counter Drug Support Plan	05/21/97
97-3	Reallocate $15 million of State Ceiling to NIFA	08/01/97
97-4	Reallocate $42 million of State Ceiling to NIFA	08/01/97
97-5	Create Human Resources Investment Council (HRIC)	10/17/97
97-6	Create Governor's Cabinet on Quality Education	11/05/97
97-7	Create Nebraska Information Technology Commission	11/19/97
98-1	Advise State agencies to use renewable energy resources and technologies, water conservation techniques, energy-conserving designs, and energy-efficient practices and technologies wherever cost-effective	01/12/98
98-2	Create Commission on Nontraditional Opportunities for Women (C-NTOW)	02/09/98
98-3	Reallocation of State Ceiling	04/08/98
98-4	Establish the Nebraska Commission on Housing and Homelessness	05/13/98

Dave Heineman
Governor

STATE OF NEBRASKA
OFFICE OF THE GOVERNOR
P.O. Box 94848 • Lincoln, Nebraska 68509-4848
Phone: (402) 471-2244 • gov.heineman@gov.ne.gov

MEMORANDUM

TO: **All State Agencies, Boards, and Commissions**

FROM: **Governor Dave Heineman** Dave Heineman

DATE: **September 1, 2005**

RE: **State Agency Regulation Promulgation Procedures**

Please find enclosed with this memorandum a copy of the executive order that I issued today. The order entirely rescinds Executive Order #95-6 which had set forth certain procedures for agencies to follow when promulgating proposed rules and regulations. On September 4, 2005, the provisions of LB 373 (Neb. Laws 2005) become effective and all state agencies will be required to comply with the procedures of the new law when promulgating proposed regulations.

ATTACHMENT 16

NEBRASKA
DEPARTMENT OF
CORRECTIONAL
SERVICES

Prison Staffing Analysis

Custody Staff

August 2015 – July 2016

Team Members:

Barbara Lewien, Warden – Omaha Correctional Center
Michele Capps, Deputy Warden – Nebraska State Penitentiary
Thomas English, Major – Omaha Correctional Center
Michael Kinney, Lieutenant – Diagnostic & Evaluation Center
Chris Peters, Business Manager – Federal Surplus Property
Chasidy Bryl, Administrative Assistant I – Omaha Correctional Center

Main Table of Contents

Executive Summary

This project was initiated by the Nebraska Department of Correctional Services (NDCS) in August 2015 when NDCS agreed to host a training offered by the National Institute of Corrections (NIC) on Prison Staffing Analysis. This report contains information and language from the report written by the NIC Consultants as a result of observations made during the training period.

Twenty NDCS staff members were identified for participation in the training which served as the starting point for a comprehensive review of the staffing systems for the state's correctional facilities. The Director selected a team of five from this training to move forward with a full scale staffing analysis of all custody positions within the NDCS.

The report that follows contains a brief history and summary of the individual analyses completed throughout the Department. Since Nebraska has a relatively small correctional system, the team was able to complete a staffing analysis at each facility. It is recommended that further analysis be performed in other job classifications and departments within each facility, Central Office and Staff Training Academy.

Please note changes may have been made to positions, posts and schedules throughout the Department since this project began. For example, a post needing a female staff member may have been placed open for bid. The bidding process may have resolved this need.

Brief History and Preparation

On August 10-13, 2015, selected participants attended the NIC Prison Staffing Analysis training which included on-site training at three of the NDCS facilities. NIC Consultants, Joseph Tony Stines, Meg and Russ Savage and Kevin Gilson were the selected Technical Resource Providers.

On August 25, 2015, a small team was formed from the training participants to lead NDCS through the comprehensive staffing analysis of custody staff throughout the Department. The Staffing Analysis Team members were:

- Barbara Lewien, Warden – Omaha Correctional Center
- Michele Capps, Deputy Warden – Nebraska State Penitentiary
- Thomas English, Major – Omaha Correctional Center
- Michael Kinney, Lieutenant – Diagnostic and Evaluation Center
- Chris Peters, Business Manager – Federal Surplus Property

Chasidy Bryl, Administrative Assistant I – Omaha Correctional Center was asked to join the team to provide administrative support.

Other staff who participated in the NIC training were called upon to assist in the individual analyses held at each facility.

Schedule

Prior to beginning the staffing analysis, the team met multiple times to discuss the approach and schedule. Tours of the larger facilities were also arranged and completed. Each team member was assigned to chair two facility staffing analyses and to complete the subsequent reports. The schedule was set up as follows:

- Omaha Correctional Center (OCC) – October 2015
- Community Corrections Center – Omaha (CCCO) – November 2015
- Tecumseh State Correctional Institution (TSCI) – November 2015
- Nebraska Correctional Youth Facility (NCYF) – December 2015
- Lincoln Correctional Center (LCC) – January 2016
- Community Corrections Center – Lincoln (CCCL) – January 2016
- Diagnostic and Evaluation Center (DEC) – January 2016
- Nebraska Correctional Center for Women (NCCW) – January 2016
- Nebraska State Penitentiary (NSP) – February 2016
- Work Ethic Camp (WEC) – February 2016

Staffing Analysis Data Collection Instruments

The approach focused on four factors central to staffing decisions within NDCS. First, is the Institutional Profile. Next, the routinely scheduled activities conducted within the facility as recorded on an Activities Chart. Then, the actual staffing rosters identified as Current Post Plan – Previous Relief Factor, Current

Post Plan – Current Relief Factor and Proposed Post Plan are provided. Last, the staffing model for each custody level. The team developed the staffing model specifically for NDCS as one did not previously exist. Each analysis contains these documents as well as other specific information and recommendations for that facility.

The main components of the Institutional Profile are mission, physical design, population characteristics and programming and operational issues. The mission of each facility can have a significant impact on staffing. All ten facilities, while sharing the same overall mission of public safety, are difficult to compare, even those with the same or similar custody classifications. Making the assumption each facility would need the same staffing would be a critical error given that each facility's mission and physical plant can drive staffing decisions. The mission directs employees to make decisions consistent with operational goals and ensures employees are utilized in an appropriate manner. Caution should be taken to avoid having the physical plant as the sole factor in dictating staffing patterns.

It is necessary to determine the custody level of the inmates and any rules governing staffing requirements. Many of the facilities throughout NDCS have multiple custody levels within a single perimeter. In such cases, the inmate population drives the decisions to staff for each individual location housing different custody levels.

Facility operational issues relating directly to a facility will have an impact on staff such as the methods used for inmate movement, visitation and so on.

The Daily Activities Chart is a snap shot of the most important daily activities occurring within the facility. It can provide a view of where employees should be throughout a 24-hour day. There are events occurring frequently but at irregular intervals, thus making it difficult to chart actual dates and times; however, they are significant in that they require staff to complete these tasks. An example of such an event would be a medical emergency.

The Current and Proposed Post Plan documents are detailed documents showing the existing and recommended post plan for a facility. These documents show the staffing patterns for 24-hour periods, show relationships between posts, ensure backup and cover all operations and activities.

The staffing model indicates the basic staffing patterns for each of the security levels identified within NDCS to include: maximum, medium, minimum, community and TSCI Restrictive Housing. Lastly, the housing unit staffing model for each custody level is also included. Since NDCS has no two facilities alike, each facility has specific staffing patterns deviating from the model.

Statewide Recommendations

Relief Factor – The relief factor was calculated using the formula provided by NIC with the assistance of the Human Resource Department.

The relief factor utilized for these analyses for an 8-hour day, 7-day position is 1.74. The relief factor for an 8-hour day, 5-day position is 1.25. These relief factors were previously 1.90 and 1.30, respectively.

Please note the Current Post Plan is shown using the previous relief factors as well as the current relief factors utilized.

These relief factors should be reviewed regularly to ensure they are reflective of the needed staffing patterns.

Roster Management System and Administrative Support – The current system utilized is a good system; however, it is noted the Lieutenants spend a great deal of time with roster management and not enough time is available for supervising and leading employees. Consideration should be given to utilizing an Administrative Assistant position at each facility to manage this system so that supervisors can be present and visible throughout their facility, assist staff as needed, provide direction, training and other essential tasks.

Inmate Transportation – This is likely the most significant staffing shortfall within the Department. A large number of travel orders and transfers occur with no staff allotted for these facility needs. Inmate transportation from secure facilities takes staff away from assigned duties and creates overtime.

Unit Management – With the exception of the Work Ethic Camp where Unit Caseworkers provide much of the inmate programming, it is recommended that Unit Caseworkers, Corporals and Officers be classified into one job classification. For the purposes of this report, the title of Corporal was used on all proposed staffing post plans.

Post Orders – Many post orders are lengthy and difficult for staff to follow. Consideration should be given to removing language and information from post orders that is not necessary to a particular post.

Incident Management – The analyses address whether sufficient employees are assigned to ensure safety while supplying the needed control and observation of inmates. While adding employees does not necessarily increase safety, a strong visible command and control of the facility has the ability to improve officer and inmate safety.

Video Monitoring /Intel – This has often been assigned as a collateral function onto other positions. Dedicated staff for the purposes of monitoring and surveillance have the potential to increase officer and inmate safety as well as assist in quick identification for intel purposes.

Supervisory – The SAT recommends utilization of the Unit Management philosophy. Unit staff should be assigned a case load and custody assigned to supervise the housing unit operations and security. Assigning Sergeants to the overall supervisory functions will add a strong, visible command within the units.

Yard Staff – It was noted during the analyses that yard staff were utilized for many assignments, removing them from the yard supervision. These positions should be designated and not pulled for other assignments.

Front Entrance Security – Establishing the tone upon entrance into the facilities will assist in overall facility control and safety. It is vital to all NDCS facilities for entry/exit points to be of the highest security. Dedicating staff positions to these entry points is highly recommended.

Summary

Upon completion of the Department-wide analyses, the following summarizes the staffing requests. Please refer to the individual facility staffing analysis for detailed information pertaining to each facility.

NEW FTE REQUESTED

	Position				
Facility	**Corporal**	**Sergeant**	**Lieutenant**	**Captain**	**TOTALS**
CCCL	1	1	(1)	1	**2**
CCCO	(3)	5	1	1	**4**
DEC	3	1	0	0	**4**
LCC	30	14	0	0	**44**
NCCW	13	6	1	0	**20**
NCYF	(2)	4	0	0	**2**
NSP	17	8	(1)	0	**24**
OCC	21	5	1	0	**27**
TSCI	(5)	8	0	0	**3**
WEC	5	0	3	0	**8**
TOTALS	**80**	**52**	**4**	**2**	**138**

Conclusion

We would like to thank the facility administrations in accommodating the teams completing the analyses. Also, thank you to all individuals who assisted in the analyses and supervisors giving staff time to complete these tasks. Lastly, thank you to Director Frakes, the Central Office Administration and the NIC Consultants for assistance and guidance provided throughout this project.

As we move forward as an agency, a continuation of these efforts into other job classifications and departments should be considered. The agency will benefit from ensuring the right number of staff are assigned to the right place at the right time doing the work appropriate to the job classification.

To view the individual attachments, please click on the specific attachment below.

Attachments:

1. Complete NDCS Staffing Model
2. Community Corrections Center – Lincoln (CCCL) Staffing Analysis
3. Community Corrections Center – Omaha (CCCO) Staffing Analysis
4. Diagnostic and Evaluation Center (DEC) Staffing Analysis
5. Lincoln Correctional Center (LCC) Staffing Analysis
6. Nebraska Correctional Center for Women (NCCW) Staffing Analysis
7. Nebraska Correctional Youth Facility (NCYF) Staffing Analysis
8. Nebraska State Penitentiary (NSP) Staffing Analysis
9. Omaha Correctional Center (OCC) Staffing Analysis
10. Tecumseh State Correctional Institution (TSCI) Staffing Analysis
11. Work Ethic Camp (WEC) Staffing Analysis

ATTACHMENT 17

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

One Team – One Vision

NDCS Quarterly Data Sheet

April – June 2016

Statistics†

Contents:

Inmate Population

April – June 2016

	Design Capacity	Average Daily Population	% of Capacity
CCC-L	200	384	192.00%
CCC-O	90	170	188.88%
DEC	160	401	250.62%
LCC	308	502	162.99%
NCCW	275	343	124.72%
NCYF	68	61	89.71%
NSP	718	1,348	192.75%
OCC	396	768	193.94%
TSCI	960	1,024	106.67%
WEC	100	180	180.00%
TOTAL DCS:			
Apr –Jun 2016	3,275	5,186	158.35%
Apr – Jun 2015	3,275	5,217	159.32%

NDCS' County Jail Population

April – June 2016

County	Average Daily Population
Buffalo County	3
Dawson County	17
Hall County	60
Lincoln County	20
Phelps County	24
Platte County	11
Saline County	5
Total	**141**

Race

Race	# of Inmates	% of Inmates
White	2,828	55.1%
Black	1,364	26.6%
Hispanic/Latino	640	12.5%
American/Alaskan Native	209	4.1%
Asian	43	0.8%
Hawaiian/Pacific Islander	6	0.1%
Other	24	0.5%
Data Unavailable	17	0.3%

Average Age

37.57

Gender

Gender	# of Inmates
Female	433
Male	4,698
Total	5,131

Crime Type

Type	# of Inmates	Percent
Part I*	1,923	37.5%
Part II**	3,208	62.5%
Total	5,131	100%

*Murder (1st and 2nd Degree), Manslaughter, 1st Degree Assault, 1st Degree Sexual Assault, 1st Degree Sexual Assault of a Child, Robbery
**All other Offenses

Most Serious Offenses

Offense Category	Percent
Sex Offenses	18.7%
Assault	12.8%
Drugs	12.0%
Homicide	11.8%
Weapons	10.3%
Robbery	8.1%
Theft	7.5%
Burglary	6.5%
Motor Vehicle	6.1%
Fraud	2.6%
Other	1.9%
Restraint	1.0%
Morals	0.4%
Arson	0.4%

Inmate Classification

Custody Level	# of Inmates	% of Total
Maximum	1,033	20.1%
Medium	1,742	33.9%
Minimum	1,389	27.0%
Community	540	10.5%
Unclassified	427	8.3%
Total	5,131	100%

3 Year Recidivism Rate (FY12)

Facility	22.8%
Parole	34.1%
Total	30.1%

†As of June 30, 2016 unless otherwise noted

ATTACHMENT 18

http://journalstar.com/plan-for-corrections-employee-retention-funds/article_5f9abd8e-3709-51c7-bf2d-bd79f905fe3d.html

‹
PREVIOUS

Viking Foundation grant helps Boys & Girls Club expand career exploration program

›

Plan for Corrections employee retention funds

JoANNE YOUNG Lincoln Journal Star Jun 15, 2016

The Legislature allocated $1.5M to NDCS for FY 2015-2016 which "shall only be used for strategies to retain quality staff in workforce shortage areas at institutions operated by the Department. At least $150,000 of this appropriation shall be used in the retention of staff within the Division of Health Services." To carry out our mission and goals we must retain quality staff.

We have listened to valuable feedback from staff, other stakeholders and policymakers on this topic to identify and prioritize options for use of these funds. Below is a brief summary of the NDCS retention strategies.

1. Retaining staff includes allowing them the opportunity to grow and promote. We need to provide better training and professional development opportunities for staff at all levels:

a. Professional Development Bonus – Cover the cost of the course(s) and provide a bonus to staff who complete selected online training courses.

b. Behavioral Health Symposium – Host a behavioral health symposium to provide professional growth opportunities for NDCS employees, and highlight the work of the NDCS behavioral health department.

c. Health Care Staff Continuing Education– Pay for required continuing education requirements for licensed health care employees.

d. Licensed Alcohol and Drug Counselor Certification – Pay for costs of behavioral health staff who acquire LADC certification outside of the normal tuition reimbursement program.

e. Staff Training Academy Technology Upgrades – Upgrade technology at the staff training academy to move to computer-based instruction.

2. Correctional staff work under a heightened state of alertness in a stressful environment much of their workday. This level of stress can be exhausting and lead to physical and mental health issues. Employees need techniques and strategies to cope with the unique challenges and stress they experience in the correctional environment.

a. Resiliency Training - "Corrections Fatigue to Fulfillment" is a program developed to address the long-term impact on overall health and functioning of corrections staff due to corrections-related workplace stress, the issues specific to the prison environment.

Director Scott R. Frakes

b. Staff Support Training - Contracted training provided to victim advocates at each facility to provide an additional support for staff who are struggling with the difficulties of the job.

3. Work-life balance is important in maintaining a work force that can also deal with the challenging work environment of corrections. We have heard we don't offer the amenities needed given the long hours correctional officers spend on the job. For TSCI staff, in particular, the need to commute adds hours to an often already-lengthy work day.

a. Staff Wellness Centers - Develop wellness centers to provide staff access to exercise equipment, relieve stress and promote engagement.

b. Commuting Bonus for TSCI - Provide a monthly commuting bonus to TSCI employees based on how far they live from TSCI. Discretionary positions (the warden), psychologists and medical staff are not eligible.

4. To effectively manage the diverse behavioral health needs of our population, behavioral health staff need education and training in best practices.

a. Schema-Focused Training – Evidence-based integrated therapy approach that focuses on changing long-standing patterns of thinking, which prevent individuals from benefiting from traditional forms of treatment.

b. Trauma-informed care training – Training for clinicians, which informs treatment approaches to recognize the trauma their clients have experienced.

We believe the strategies identified will provide greater opportunity to retain quality staff and, in turn, relieve some of the stress employees face due to vacancies. In order to ensure all strategies are implemented and impact data is tracked, it is necessary to create a temporary position to manage these projects. NDCS will work with State Personnel to develop an SOS position to complete this work.

Reach the writer at 402-473-7228 or jyoung@journalstar.com.

On Twitter @LJSLegislature.

Prisons will use $1.5 million for professional staff development

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JoAnne Young | Lincoln Journal Star

JoAnne Young covers everything from the trickles to the tidal waves that flow from the statehouse and the agencies and people it governs.

ATTACHMENT 19

Memorandum

To: LR 34 Committee
Speaker Galen Hadley
Senator Dan Watermeier
Senator Dan Hughes
Senator Mark Kolterman
Senator Kathy Campbell

From: Doug Koebernick, Office of Inspector General

Re: NDCS Staff Survey Results

Date: January 11, 2016

Background
In order to gain insight from the employees of the Nebraska Department of Correctional Services (NDCS) and to introduce them to the Office of Inspector General of Corrections, a Google survey was provided to the staff during the month of December. It was patterned after a similar survey provided to the staff at the Beatrice State Developmental Center in 2008/09 as part of the legislative work of the Developmental Disabilities Special Investigative Committee.

Survey Process and Response Rate
The first group of staff that the survey was distributed to was anyone with an email address that was listed as working for a correctional facility. There were 1035 individuals who received an email with the survey. Over 51% of those individuals responded to the survey.

The second group of staff that the survey was distributed to was anyone with an email address that was listed as working for "Correctional Services Administration." The survey was sent to 404 individuals who were listed under this category. This category would include a variety of individuals including those who work at facilities for the Division of Health Services. Over 35% of those individuals responded to the survey.

Not everyone at NDCS has an email address so in the message to the staff they were asked to share the survey with those who did not have email. Some mailed in a completed survey and others utilized the link to the survey that was provided by their co-worker via a personal device. There was nothing that limited staff from responding more than once so it is possible that some people may have responded more than one time.

Survey Results
Attachment 1 has the results for the first group that received the survey. The first question that was asked regarded where they worked. Using this information a spreadsheet (Attachment 2)

was created that provides the results for each of the facilities. The spreadsheet also includes the overall facility results and the administration results.

Nearly all of the questions included the option of selecting "other" for an answer. In those cases, staff provided their own answer. This provided a great deal of additional insight regarding their experiences. If you would like to learn more about those answers please contact me.

The survey met the goals of gaining valuable insight from NDCS staff and introducing the Office of Inspector General to these staff. The actual surveys were shared with the Director of NDCS in December and the final results have also been shared with the Director.

NDCS Culture Survey

Last July, the Director of NDCS announced that a culture study would be done throughout NDCS. He recently set out an email to NDCS staff that provided an update on the survey. In the email he stated that the interviewing process (they are interviewing over 300 staff members) was nearly done and that once the research team completed their analysis a report will be completed and shared with the NDCS staff. At that time he will also share any plans for follow-up action.

Future Surveys

My intent is to send out similar surveys on a regular basis in order to gain additional insight and to keep in contact with the staff. Consideration is also being given to surveying inmates during the upcoming months.

If you have any input or feedback that you would like to provide it would be greatly appreciated.

Attachment #1

dkoebernick@leg.ne.gov
Edit this form

606 responses

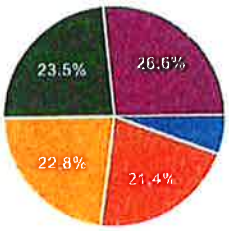
View all responses

Summary

Which facility do you work at within the Nebraska Department of Correctional Services?

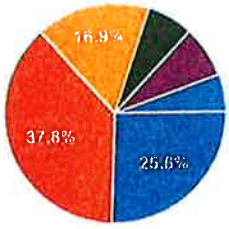
Central Office	12	2.3%
TSCI	101	19.2%
NSP	77	14.6%
CCC-L	21	4%
DEC	32	6.1%
CCC-O	15	2.8%
OCC	75	14.2%
LCC	55	10.4%
WEC	18	3.4%
NCCW	42	8%
NCYF	59	11.2%
Parole Administration	0	0%
Board of Parole	0	0%
Other	20	3.8%

How long have you been employed by NDCS?



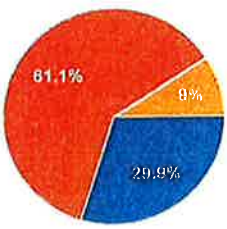
Less than a year	30	5.7%
1-3 years	112	21.4%
4-8 years	119	22.8%
9-15 years	123	23.5%
More than 15 years	139	26.6%

In the past two weeks, how much overtime have you worked?



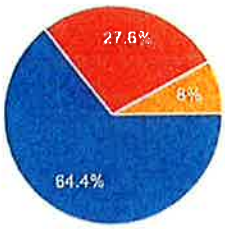
None	135	25.6%
1-8 hours	199	37.8%
9-16 hours	89	16.9%
17-24 hours	35	6.6%
more than 24 hours	40	7.6%
Other	29	5.5%

Do you believe the starting salary you were provided when you began at the Department was appropriate for your position?



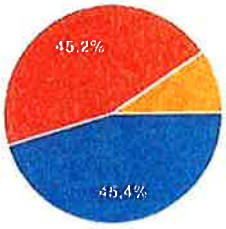
yes	157	29.9%
no	321	61.1%
Other	47	9%

During the past month have you generally felt safe in your work environment?



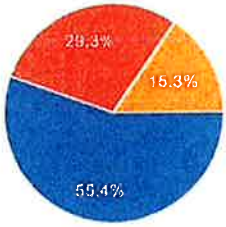
yes	**331**	64.4%
no	**142**	27.6%
Other	**41**	8%

Do you look forward to coming to work on most days?



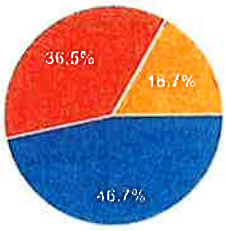
yes	**236**	45.4%
no	**235**	45.2%
Other	**49**	9.4%

Do you feel you can approach a supervisor with any concerns you have regarding your work environment?



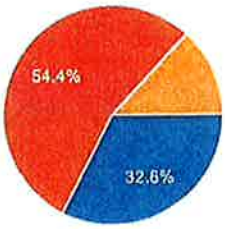
yes	**286**	55.4%
no	**151**	29.3%
Other	**79**	15.3%

If you have approached a supervisor with any such concerns, do you feel that they wanted to hear your concerns?



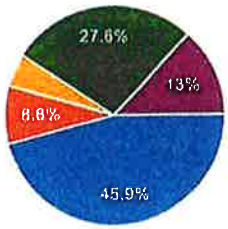
yes	**243**	46.7%
no	**190**	36.5%
Other	**87**	16.7%

Would you recommend a job at the Department to a friend or a family member?



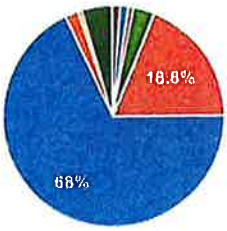
yes	**167**	32.6%
no	**279**	54.4%
Other	**67**	13.1%

Where do you see yourself three years from now?



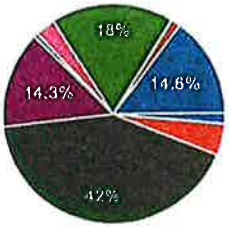
Working within the Department	**236**	45.9%
Working in the corrections field but in a different agency	**44**	8.6%
Retired	**25**	4.9%
Working outside the corrections field	**142**	27.6%
Other	**67**	13%

In order to retain employees within the Department, what would you say is the primary change that the Department could make to keep people from leaving the Department?



Salary advancement each year above the hiring wage	**351**	68%
Hire additional staff	**10**	1.9%
Reduce overtime	**3**	0.6%
Improve staff morale	**23**	4.5%
Provide additional supports for staff	**6**	1.2%
Allow for more input from staff	**6**	1.2%
Provide more opportunities for promotion	**4**	0.8%
Better communication regarding how decisions are made that impact the ability to successfully do your job	**16**	3.1%
Other	**97**	18.8%

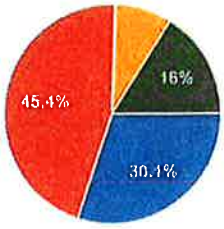
When you have had co-workers leave employment with the Department, what do you believe was their primary reason for leaving?



Termination	**8**	1.6%
Too much overtime	**24**	4.7%
Too little overtime	**0**	0%
Salary	**215**	42%
Job stress	**73**	14.3%
Retirement	**3**	0.6%
Unsafe working conditions	**15**	2.9%
Lack of support from supervisors/administration	**92**	18%

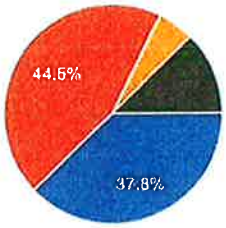
Correctional position in another agency	7	1.4%
Other	75	14.6%

If you work directly with inmates what is your opinion of programming available to them?



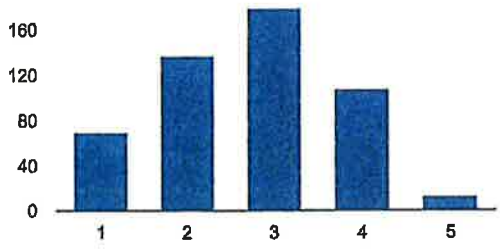
Appropriate programming exists that meets the needs of the inmates	147	30.1%
Additional programming is needed for the inmates	222	45.4%
Too much programming is available for the inmates	42	8.6%
Other	78	16%

If you work directly with inmates what is your opinion of mental health and behavioral health services available to them?



Appropriate mental health/behavioral health services are available to the inmates	182	37.8%
More mental health/behavioral health services are needed for the inmates	214	44.5%
Too much mental health/behavioral health services are available to inmates	26	5.4%
Other	59	12.3%

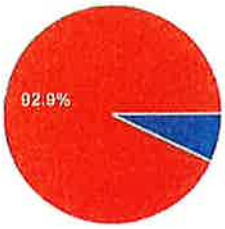
What is your level of satisfaction of working at the Department?



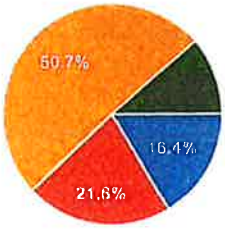
Low: 1	70	13.8%
2	137	27%
3	179	35.3%
4	108	21.3%
High: 5	13	2.6%

If you could change one thing at the Department that would move the Department forward for the good of the staff and the inmates, what would it be?

Keep things the same	17	3.7%
Other	222	47.9%

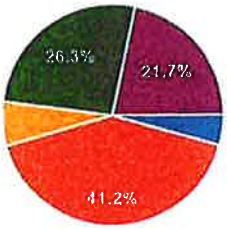


Where is the Nebraska Department of Correctional Services headed in the next couple of years?



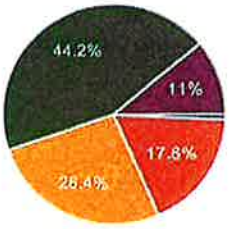
In a positive direction	**82**	16.4%
In a negative direction	**108**	21.6%
Not sure which direction it is headed at this time	**254**	50.7%
Other	**57**	11.4%

What do you feel is the best way for the Office of Inspector General to receive valuable and constructive input from the employees of the Department?



Utilize the state employees union	**22**	4.4%
Utilize online surveys	**205**	41.2%
Utilize written surveys	**32**	6.4%
Schedule employee town halls at each facility	**131**	26.3%
Other	**108**	21.7%

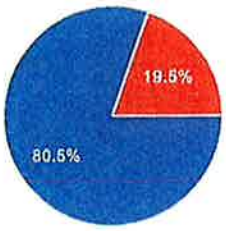
What is your opinion of the Nebraska Legislature and its' concern about the employees of the Nebraska Department of Correctional Services?



The Legislature supports the employees of the Department of Correctional Services	**4**	0.8%
The Legislature needs to provide additional resources and support to the Department so that its' employees can fulfill its mission	**88**	17.6%
The Legislature needs to make a better effort to engage the employees in order to understand their concerns	**132**	26.4%

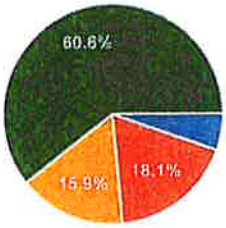
The Legislature does not value the employees of the Department	**221**	44.2%
Other	**55**	11%

Are you an hourly or salary employee?



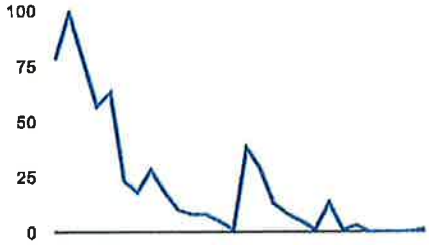
Hourly	**404**	80.5%
Salary	**98**	19.5%
Other	**0**	0%

How much time do you typically spend with inmates during your work day?



None	**27**	5.4%
Less than 25% of your time (but more than none)	**91**	18.1%
26% to 50% of your time	**80**	15.9%
More than 50% of your time	**304**	60.6%

Number of daily responses



Attachment #2

COMPARISON OF SURVEY RESULTS

(Percentage)

Do you believe the starting salary you were provided when you began at the Department was appropriate for your position?	FACILITY SURVEY	ADMINISTRATION SURVEY	TSCI SURVEY	NSP SURVEY	NCCW SURVEY	LCC SURVEY	OCC SURVEY	DEC SURVEY	WEC SURVEY	CCC-L SURVEY	CCC-O SURVEY	NCYF SURVEY
YES	29.9	37.1	21	40	48.8	33.3	27	28.1	55.6	38.1	40	23.7
NO	61.1	57.3	76	57.3	41.9	63	62.2	71.9	44.4	52.4	53.3	74.1
OTHER	9	5.6	3	2.7	9.3	3.7	10.8	0	0	9.5	6.7	8.5
During the past month have you generally felt safe in your work environment?												
YES	64.4	84.3	32	60	85.4	66.7	61.3	74.2	94.4	85	73.3	73.2
NO	27.6	8.6	55	37.3	12.2	29.6	29.3	19.4	5.6	5	20	16.1
OTHER	8	7.1	13	2.7	2.4	3.7	9.3	6.6	0	10	6.7	10.7
Do you look forward to coming to work on most days?												
YES	45.4	71.8	30	45.8	53.5	54.5	42.5	56.2	55.6	61.9	40	42.6
NO	45.2	21.8	65	48.6	41.9	41.8	54.8	37.5	33.3	33.3	46.7	33.3
OTHER	9.4	6.3	5	5.6	4.7	3.6	2.7	6.3	11.1	4.8	13.3	24.1
Do you feel you can approach a supervisor with any concerns you have regarding your work environment?												
YES	55.4	74.6	37.3	63.5	52.4	51.9	59.4	84.4	55.6	81	73.3	54.5
NO	29.3	13	56.6	31.1	16.7	27.8	33.8	12.5	27.8	9.5	6.7	23.6
OTHER	15.3	12.3	6.1	5.4	31	20.4	6.8	3.1	16.7	9.5	20	21.8
Would you recommend a job at the Department to a friend or a family member?												
YES	32.6	43.9	12.8	29.7	50	41.8	32	37.5	38.9	38.1	33.3	45.5
NO	54.4	42.4	73.4	56.8	42.5	47.3	64	53.1	61.1	38.1	60	41.8
OTHER	13.1	13.7	13.8	13.8	7.5	10.9	4	9.4	0	23.8	6.7	12.7

	FACILITIES	ADMIN	TSCI	NSP	NCCW	LCC	OCC	DEC	WEC	CCC-L	CCC-O	NCYF
Where do you see yourself three years from now?												
Working within the Department	45.9	55.6	45.8	50.7	60	45.3	37.3	65.6	44.4	47.6	40	32.7
Working in the corrections field but in a different agency	8.6	4.2	7.3	10.7	2.5	11.3	9.3	21.9	5.6	9.5	6.7	9.1
Retired	4.9	7.7	1	5.3	7.5	3.8	2.7	0	5.6	19	13.3	10.9
Working outside the corrections field	27.6	22.5	35.4	25.3	22.5	30.2	36	6.3	27.8	14.3	26.7	29.1
Other	13	9.9	10.4	8	7.5	9.4	14.7	6.3	16.7	9.5	13.3	18.2
In order to retain employees within the Department, what would you say is the primary change that the Department could make to keep people from leaving the Department?												
Salary advancement each year above the hiring wage	68	57.4	63.2	58.9	57.5	65.5	78.4	84.4	72.2	76.2	86.7	76.4
Hire additional staff	1.9	6.4	4	5.5	0	1.8	0	0	0	0	0	1.8
Reduce overtime	0.6	1.4	1	1.4	2.5	0	0	0	0	0	0	0
Improve staff morale	4.5	6.4	7.7	8.2	7.5	5.5	1.4	3.1	5.6	0	0	0
Provide additional supports for staff	1.2	1.4	0	1.4	2.5	5.5	0	0	0	0	0	1.8
Allow for more input from staff	1.2	1.4	1	1.4	0	3.6	0	0	0	0	0	0
Provide more opportunities for promotion	0.8	1.4	0	1.4	0	1.8	1.4	0	5.6	0	0	0
Better communication regarding how decisions are made that impact the ability to successfully do your job	3.1	5.7	3	5.5	2.5	1.8	0	0	0	9.5	0	3.6
Other	18.8	18.4	20.4	16.4	27.5	14.5	18.9	12.5	16.7	14.3	13.3	16.4

	FACILITIES	ADMIN	TSCI	NSP	NCCW	LCC	OCC	DEC	WEC	CCC-L	CCC-O	NCYF
When you have had co-workers leave employment with the Department, what do you believe was their primary reason for leaving?												
Termination	1.6	0	1	1.4	0	3.6	1.3	6.5	0	0	0	1.9
Too much overtime	4.7	4.3	9.1	4.1	20.5	3.6	2.6	0	0	0	0	0
Too little overtime	0	0	0	0	0	0	0	0	0	0	0	0
Salary	42	50	26.2	40.5	23.1	38.2	52	74.2	33.3	23.8	73.3	63.5
Job stress	14.3	11.4	17.2	10.8	7.7	16.4	13.3	6.5	11.1	28.6	6.7	5.8
Retirement	0.6	2.1	0	1.4	0	0	0	0	0	0	0	0
Unsafe working conditions	2.9	1.4	7.1	4.1	0	7.3	0	0	0	4.8	0	1.9
Lack of support from supervisors/administration	18	19.3	25.3	18.9	28.2	12.7	17.3	3.2	38.9	14.3	13.3	17.3
Correctional position in another agency	1.4	1.4	1	1.4	0	1.8	0	3.2	5.6	14.3	6.7	1.9
Other	14.6	10	13.1	17.6	20.5	16.4	13.3	6.5	11.1	14.3	0	7.7
What is your level of satisfaction of working at the Department?												
1 (low)	13.8	4.9	26.3	17.8	7.7	10.9	20	18.8	0	0	7.1	1.9
2	27	14.8	31.6	27.4	30.8	25.5	30.7	12.5	27.8	19	21.4	26.4
3	35.3	33.8	31.6	31.5	38.5	32.7	33.3	28.1	44.4	42.6	50	45.3
4	21.3	36.6	10.5	17.8	23.1	27.3	16	34.4	27.8	38.1	21.4	22.6
5 (high)	2.6	9.9	0	5.5	0	3.6	0	6.3	0	0	0	3.8
Where is the Nebraska Department of Correctional Services headed in the next couple of years?												
In a positive direction	16.4	30.3	5.4	21.9	18	20.6	9.3	37.5	17.6	9.5	6.7	13.2
In a negative direction	21.6	10.6	41.3	27.4	10.3	18.9	21.3	18.8	5.9	9.5	20	13.2
Not sure which direction it is headed at this time	50.7	47.9	44.6	38.4	59	41.5	58.7	43.4	58.9	76.2	60	66
Other	11.4	11.3	8.7	12.3	12.8	18.9	10.7	0	17.6	4.8	13.3	7.5

	FACILITIES	ADMIN	TSCI	NSP	NCCW	LCC	OCC	DEC	WEC	CCC-L	CCC-O	NCYF
What is your opinion of the Nebraska Legislature and its' concern about the employees of the Nebraska Department of Correctional Services?												
The Legislature supports the employees of the Department of Correctional Services	0.8	2.9	0	1.4	0	0	0	0	0	0	0	3.8
The Legislature needs to provide additional resources and support to the Department so that its' employees can fulfill its mission	17.6	29.5	7.4	16.7	13.2	22.2	15.1	31.3	16.7	14.3	26.7	30.2
The Legislature needs to make a better effort to engage the employees in order to understand their concerns	26.4	21.6	16	27.8	44.7	24.1	31.5	15.6	38.9	23.8	20	22.6
The Legislature does not value the employees of the Department	44.2	30.9	66	45.8	28.9	33.3	41.1	50	38.9	42.9	53.3	34
Other	11	15.1	10.6	8.3	13.2	20.4	12.3	3.1	5.6	19	0	9.4

ATTACHMENT 20

Memorandum

To: Rosalyn Cotton
Scott Frakes
Cathy Gibson-Beltz
Senator Kate Bolz
Senator Les Seiler

From: Doug Koebernick, Office of Inspector General

Re: Parole Administration Survey Results

Date: December 14, 2015

On December 7th, I emailed a Google survey to the 57 employees listed in the online state directory for the Office of Parole Administration. As of today 41 of the 57 employees had responded to the survey. The intent of the survey was to gain input from them regarding their thoughts on their career, the Office of Parole Administration and the upcoming transition. I'm including the responses with this memorandum and most are self-explanatory. There were several opportunities for written comments by the staff and those are not included in the results. However, listed below are a number of questions and a summary of the written responses to those questions. If you have any questions regarding this survey and the results please feel free to contact me.

Question 4: What is the favorite part of your position?
Of the many responses to this question the overriding comment was that they enjoyed the opportunity to help parolees move forward in their lives.

Question 5: What is the most challenging part of your position?
There were a number of challenges presented by the staff. The primary challenges expressed were the increasing workload, the need for more and improved training, concerns about continual changes in policies and procedures and the lack of programming and services for parolees.

Question 7: What is your reaction to the December 1st Transition Project Plan?
Most staff had not received or read the plan and only a few had a reaction to it. Those that did respond did not think the plan clarified how the transition would take place as they move forward.

Question 8: Have you discussed the transition with Dr. Wiener or a member of his staff prior to the issuing of the December 1st Transition Project Plan? and Question 9: If so, could you please describe your interaction with Dr. Wiener or his staff?

In the December 1st report, Dr. Wiener provided information that he met with "key position holders in the NPA, the NDCS Director, members of the Parole Board, Administrative Staff of the Board, and Staff reporting directly to the NDCS Director" to assist with formulating the plan. Only two of the survey respondents indicated that they had met with Dr. Wiener or his staff prior to December 1st. Since the report details who was met with to assist in formulating the plan this number probably is not a surprise but the question was asked in order to gain a better understanding of the process and the extent of the contact throughout the Office of Parole Administration. Most of the written comments submitted just indicated that they had not met with him or his staff.

Question 11: Do you believe that the Office of Parole Administration can be successfully moved to the Board of parole by July 1, 2016?

In response to this question 13 people answered "yes" and 16 people answered "no." Ten others submitted written comments and of those six said "yes" with some additional thoughts regarding their answer, including the need for additional communication, transparency, and support from the Department of Correctional Services, the Office of Parole Administration and the Board of Parole. Of the remaining four who provided written comments, they all indicated that they needed more information in order to accurately answer the question.

Question 12: If you do not think the move can successfully take place by July 1, 2016 would you please provide your thoughts on why that is the case?

Many written comments were provided in answering this question. There were a lot of concerns about the need for more communication and information in order to make the transition a successful one. Other concerns included the need for additional tools and resources, questions on pay and policies, the need for the Department of Correctional Services, the Office of Parole Administration and the Board of Parole to work together, and even some thoughts on whether those entities really want to see this transition take place.

Question 13: Do you have any other thoughts that you would like to share regarding the upcoming move of the Office of Parole Administration to the Board of Parole?

Just like Question 12, there were numerous written comments submitted for this question. However, the comments were wide ranging and the only consistency in those comments was the desire for more communication and transparency as part of this transition process. There seemed to be an underlying frustration by many with the process and while some are excited about the transition others are less so.

Question 14: Do you have any other thoughts that you would like share about the Office of Parole Administration?

There were many comments submitted for this question and they are similar to previously expressed comments.

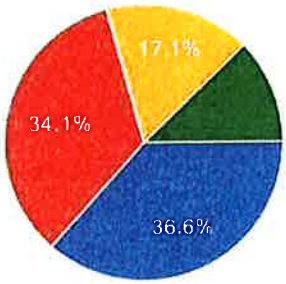
Attachment: Parole Administration Survey Results

42 responses

View all responses

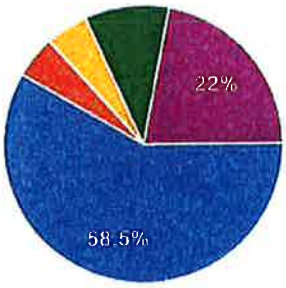
Summary

(1) **How long have you worked in the Office of Parole Administration?**



0-3 years	**15**	36.6%
4-8 years	**14**	34.1%
9-15 years	**7**	17.1%
More than 15 years	**5**	12.2%

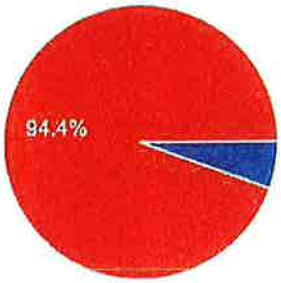
(2) **Where do you see yourself three years from now?**



Working in the Office of Parole Administration	**24**	58.5%
Retired	**2**	4.9%
Job outside of state government	**2**	4.9%
Job in another stage agency	**4**	9.8%
Other	**9**	22%

3

If you said you would not being working in the Office of Parole Administration three years from now, why would that be? (Select "Other" and provide additional remarks)



Please select "Other" and enter your answer	1	5.6%
Other	17	94.4%

4

What is the favorite part of your position?

Please select "Other" and enter your answer	0	0%
Other	37	100%

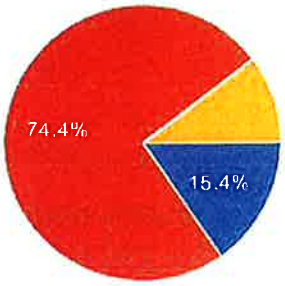
5

What is the most challenging part of your position?

Please select "Other" and enter your comments	0	0%
Other	39	100%

6

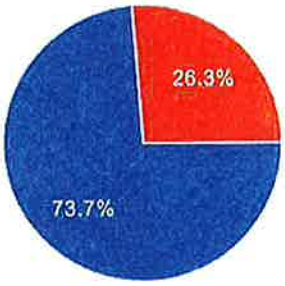
Have you been provided the December 1st Transition Project Plan by Dr. Richard Wiener that begins to lay out how to move the Office of Parole Administration from NDCS to the Board of Parole?



yes	6	15.4%
no	29	74.4%
Other	4	10.3%

7

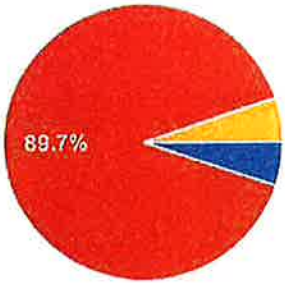
What is your reaction to the December 1st Transition Project Plan?



I have not read the plan.	28	73.7%
Other	10	26.3%

8

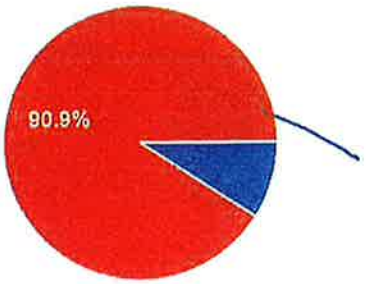
Have you discussed the transition with Dr. Wiener or a member of his staff prior to the issuing of the December 1st Transition Project Plan?



yes	2	5.1%
no	35	89.7%
Other	2	5.1%

9

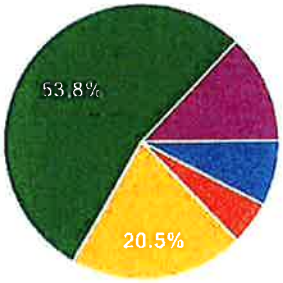
If so, could you please describe your interaction with Dr. Wiener or his staff?



20 provided comments

10

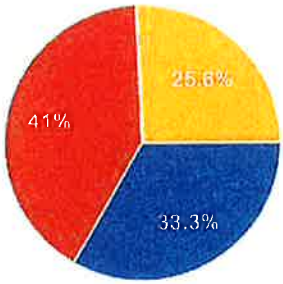
How do you think that the moving of the Office of Parole Administration to under the Nebraska Board of Parole will impact how you are able to do your job?



Will not change how I do my job	3	7.7%
Will negatively impact how I do my job	2	5.1%
Will positively impact how I do my job	8	20.5%
I'm not sure how it will impact my ability to do my job	21	53.8%
Other	5	12.8%

11

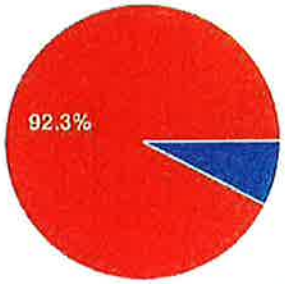
Do you believe that the Office of Parole Administration can be successfully moved to the Board of Parole by July 1, 2016?



yes	13	33.3%
no	16	41%
Other	10	25.6%

12

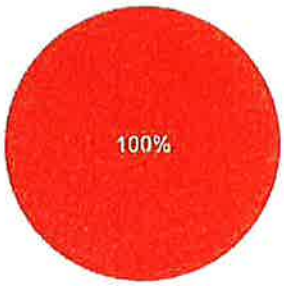
If you do not think the move can successfully take place by July 1, 2016 would you please provide your thoughts on why that is the case?



2 -
24 - other

13

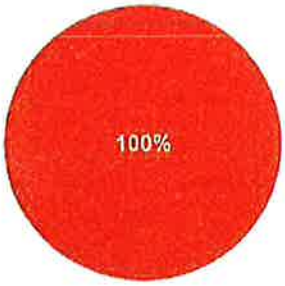
Do you have any other thoughts that you would like to share regarding the upcoming move of the Office of Parole Administration to the Board of Parole?



Please select "Other" and enter your comments	**0**	0%
Other	**30**	100%

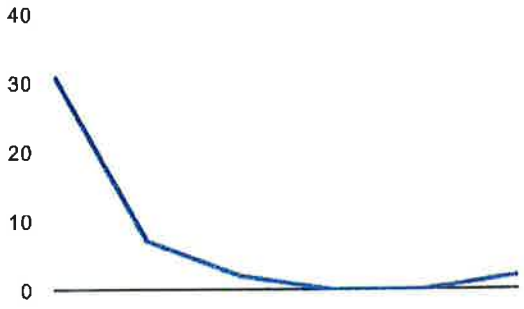
14

Do you have any other thoughts that you would like to share about the Office of Parole Administration?



Please select "Other" and enter your comments	**0**	0%
Other	**25**	100%

Number of daily responses


40
30
20
10
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ATTACHMENT 21

D

Process Improvement Question for the Inspector General fo

QUESTIONS RESPONSES 277

Process Improvement Question for the Inspector General for Corrections

Form description

If you could make one change to improve your work area, shift or facility within the Nebraska Department of Correctional Services (I will think of these as "process improvements"), what would it be?

Long answer text

If you would like, please leave your name, your position and where you work.

Long answer text

Image title

Excerpts from the one question IG survey, August 29, 2016:

I feel in order to succeed in any career path you need to have the tools to complete the requested duties.

Quality of staff rather than just hiring (quantity) to fill a vacant spot, in order for that to occur funding needs to be provided / obtained for the qualified candidates.
Medical staffing, thinking outside the box; utilize medical assistants, medication aides in place of LPN's & RN's in the medical clinics, then pull all the LPN's & RN's to the Skilled Nursing Facility (SNF) area, so they are able to get back and do nursing duties. This could bring a bigger pool to pick from and staff the medical areas.

Have the residency program (medical & mental health) rotation for a year or longer so we could be able to grow and possibly recruit our own.

I think the biggest change that would improve all work areas would come down to one word - accountability. Accountability for inmates, staff and visitors is needed. Inmates need to be held accountable for their actions in a way that staff can understand and appreciate.

Telehealth really needs to be researched for the safety and security of the community, employees and facility. Telehealth will help decrease the number of medical travel order. Also telehealth is a win win situation with the specialized community providers wanting to provide services through the telehealth process. This could be an efficient and effective process especially with the unusual medical cases. By coming into the 21st century with medical equipment to include electronic medical records will decrease the possibility of medication errors; along with the ability to read the documentation without fail or question. It can be frustrating trying to find an inmate medical chart during an emergency. Medical staff would be able to alleviate undue stress by utilizing the electronic medical records and it is very beneficial for continuum of medical care as well as the organization of time management for employees.

Give the tools needed to complete the job: electronic medication administration record, electronic health record, fill vacancies with qualified nursing staff (at present we have zero RN applicants for Lincoln). These are my top choices for process improvements (in my opinion).

I would recommend that people promoted into leadership roles actually have experience in the areas they are promoted into. Far too often we promote staff into situations they are not ready for, nor do they have the experience to make appropriate decisions. Our hiring process is somewhat flawed in that we are hiring people who have no idea how to talk with people in general. Communication skills are a very important aspect of our job and we are lacking in that area. Our biggest problem is mutual respect with one another and with the inmates. Inmates are people just like us and need to be treated with the same respect that we demand. I have worked for this department for almost 30 years and started as an Officer and no one has ever asked me if I had any ideas on how to help fix what is going on in this department. I work overtime almost every weekend and I'm out there working with the line staff.

Bring back hiring standards! We hire anyone and everyone as long as they're alive. There are too many new staff members that have no business in corrections. This not only jeopardizes the safety of that person, but it jeopardizes the safety of everyone working as well as the inmates and anyone else that steps foot on NDCS Property.
I feel communication is lacking from area to area, not just administration to front line staff but vice versa. It seems like sometimes we just rely on a memo or an email and assume everyone has access to or reads these memos. I think just making sure everyone knows and understands what is going on makes it feel more like a team atmosphere. If we are truly expressing a "one team one vision" environment I think we need to make everyone feel as part of the team from the warden, to caseworkers, to guards, to kitchen employees, to warehouse workers, to canteen staff. I hear most days that "well no one told me that" and I wish we could eliminate that phrase from the DOC

100% enforcement of inmate rules. If the rule is not able to be enforced 100% of the time, then the rule needs to be eliminated. Discipline must be progressive. Restrictive Housing must be utilized until the inmate no longer poses a threat to staff or other inmates.

Clear communication to Supervisors/Managers so they can clearly communicate and promote teamwork and buy in for the changes that are desired. As it stands, changes are made, sent out by mass notification without input from those it effects and the Supervisors/Managers have to field the complaints and questions from disgruntled staff without being equipped with the knowledge to do so.

Retaliation has to stop. One of the reasons nobody voices anything is fear of retaliation. Good old boy system has to go away as well. If your not in the club its a horrible and hostile environment to work in. Different treatment between men in the department and women. Race plays a factor as well.

More staff so you are not working a Housing Unit with 1 caseworker for 2 galleries with close to 128 inmates.

Lower the count at the Diagnostic and Evaluation Center so that cots are not needed. At times we may have to lock down and still have close to 150 maximum security inmates not secured in cells. Also leads to high tension in the Housing Units that are meant for 32 not 53 .

Increased Staffing. Our workload on Restrictive Housing has increased over 25% due to double celling (new come-along procedures, increased showers/yards/phones/kiosk) and we did not receive a staffing increase to assist with the additional duties. My unit runs at a 4-man minimum. 5 should be the new minimum.

This is just for NCYF- Anyone who is going to work here, needs an extra day of training on youth development. I am not a hug a thug- but- staff here needs to know that some of our inmates brains, really are NOT fully developed. Especially fetal alcohol kids, and ones that have used drugs since they were 10. I have worked in a treatment center prior to working here. It really helped me, when I learned how drugs, especially in the womb, effected to develop of their brain.

Case management staff are more available to work release inmates who work a variety of shifts. Work release inmates receive more targeted preparation for re-entry.

Better communication between security and program staff. I feel that having a better system of communication would be helpful when doing my job. Now that RHU is not utilized as a place for disruptive inmates we are not aware of the inmates that are taken to speak with the Major about their disruptive behavior. The only time I am aware is if a MR is placed in the system. With this being said as a therapist it is difficult to help correct their negative behaviors if we are not aware.

Treat the inmates like they are inmates. If they refuse to transfer or to move to another cell/housing unit/facility then put them in seg like it used to be. Make them accountable for their actions.

We need more staff. We are trying to do too much with too few resources. This leads to overworked and frustrated staff.

More medical staff for the amount of patients we have. Better wages for staff retention. Competent management.

You acknowledge that we exist, and have asked us for our opinion. That is a dramatic change from the past. Too bad that we have come to this point of nuclear meltdown before the governor and legislature came to this realization. Remember, all of your servants whether we are teachers, work on your road crews or man your prisons deserve the same respect.

All DCS employees need an email address. The department will not allow IT to create an email account for all employees. There is a cumbersome process to be followed to request/approve an email address for a new staff member. This is a waste of staff time and money. All other state agencies create email accounts automatically for new employees, FTE, Contract, Temp, etc. We have asked over and over again and have been told it's too expensive. We only have about 250 that don't have email accounts. Administration wants to improve communication but will not approve this measure. I cannot understand in this day and age how this can be denied.

That support staff not be taken for granted. It would be nice to know that my hard work is appreciated and that someone actually cares what is happening with me in my personal life at times. No one ever asks about anything or how I am doing.

ATTACHMENT 22

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Director Scott R. Frakes

Media Release

July 19, 2016
For Immediate Release

FOR MORE INFORMATION CONTACT:
Andrew D. Nystrom, Communications Director
402-479-5713; andrew.nystrom@nebraska.gov

NDCS Launches Initiatives Addressing Issues Raised in Culture Survey

LINCOLN, Neb. – The Nebraska Department of Correctional Services announces, today, the implementation of initiatives aimed at addressing recruitment and retention challenges identified by agency staff in the NDCS Staff Culture Survey published May 2016.

The initiatives, a direct result of feedback provided in the survey, include areas concerning staffing, overtime, engagement, and safety, and should be in-place or near-completion by Fall 2016.

12-hour Shift Pilot Program at Tecumseh State Correctional Institution (TSCI): Central Office and TSCI staff will work together to create a pilot Protective Services staffing pattern that offers a combination of 8 and 12-hour shifts as requested by staff in the survey. This approach will give staff the flexibility to select work shifts that best meet their professional, personal and family needs. The 12-hour shifts will provide a combination of days off that include either Saturday or Sunday, and a reduction in the amount of mandatory overtime created by the current staffing pattern.

1st-Level Supervisors (Shift Sergeants) Pilot Program at the Nebraska State Penitentiary (NSP): The current organizational "chain-of-command" for Protective Services staff has Correctional Lieutenants serving as the evaluating supervisor for more subordinates that can be managed effectively and efficiently. There are some lieutenants with more than 50 direct reports. This is an unmanageable span-of-control and has a direct impact on employee engagement. According to many modern organizational experts, about 15 to 20 subordinates per supervisor or manager is more ideal while being dependent upon a variety of factors. This pilot program at NSP will create a new supervisory job class for the Protective Services ranks: Correctional Sergeants who are responsible for direct-supervision and evaluation of staff. This new job class will receive additional compensation commensurate with the additional responsibilities.

Facility Security/Procedure Audits: The escape of two inmates from the Lincoln Corrections Center on June 10th led to the identification of areas of improvement regarding security practices and security hardware. The agency has completed thorough security audits at all 10 facilities and is completing corrective action plans to address deficiencies. Security practices and systems are foundational to keeping staff, inmates and the public safe. Due to operational security

sensitivities, specifics regarding these improvements will be withheld until they are completed. Upon completion, the agency will share the specifics with interested parties to include the public.

100-bed Temporary Housing Unit at Community Correctional Center – Lincoln (CCCL): The FY2017 NDCS budget included a $1.8 million allocation to construct temporary housing for 100 inmates aimed at alleviating population issues there. NDCS is partnering with the architectural firm of Carlson West Povondra (CWP) to design a structure that can be built quickly and will provide flexibility of use. The building will initially be used to provide housing for 100 community custody inmates, with the ability to convert it to programming space when it is no longer needed for housing. The target to complete construction and occupy the space is September 2017.

"Our agency is undergoing remarkable changes," Scott Frakes, NDCS director, said. "The honesty, integrity and commitment to improving our agency is evident from the response to the survey and has directly-led to many of the initiatives we are undertaking. Employee engagement is contagious and the rates at which staff are implementing improvements is impressive and gaining momentum every day. We are on the right path as an organization," Frakes said.

-30-

ATTACHMENT 23

Sep-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Column2
370	384	378	388	387	388	388	382	388			380	CCC-L
161	159	161	170	174	176	161	166	173			167	CCC-O
386	368	423	393	393	384	394	403	406			425	DEC
499	501	506	510	510	498	502	504	509			494	LCC
332	330	332	334	343	343	347	346	337			326	NCCW
69	66	64	68	68	64	65	62	58			52	NCYF
1298	1327	1312	1352	1375	1354	1355	1353	1327			1324	NSP
773	752	745	759	769	767	770	776	775			765	OCC
1046	1062	1051	1030	1039	1050	1022	1013	1017			1030	TSCI
179	184	182	167	175	186	178	172	175			175	WEC
198	165	161	201	160	165	149	141	134			151	County Jail
5113	5133	5154	5171	5233	5210	5182	5177	5165			5138	Total without Jail
5311	5298	5315	5372	5393	5375	5331	5318	5299			5289	Total with Jail
1042		1063										Regular Parole
3275	3275	3275	3275	3275	3275	3275	3275	3275			3275	Design Capacity
156%	157%	157%	158%	160%	159%	158%	158%	158%			157%	% of Design Capacity
162%	162%	162%	164%	165%	164%	163%	162%	162%			161%	% of Design Capacity (including jailed inmates)
4585	4585	4585	4585	4585	4585	4585	4585	4585			4585	Inmate Population at 140% of Design Capacity
726	713	730	787	808	790	746	733	714			704	Number of inmates that need to be decreased to reach 140% of Design Capacity
4093	4093	4093	4093	4093	4093	4093	4093	4093			4093	Inmate Population at 125% of Design Capacity
1218	1205	1222	1279	1300	1282	1238	1225	1206			1196	Number of inmates that need to be decreased to reach 125% of Design Capacity

ATTACHMENT 24

U.S. Department of Justice
Office of Justice Programs
Bureau of Justice Statistics

September 2015, NCJ 248955

Bulletin

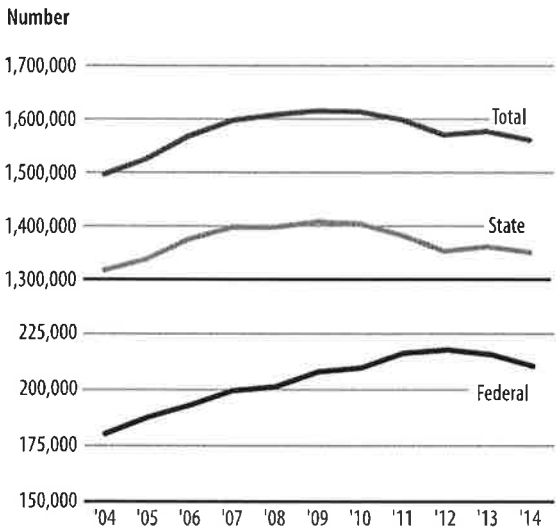
Prisoners in 2014

E. Ann Carson, Ph.D., *BJS Statistician*

At yearend 2014, the United States held an estimated 1,561,500 prisoners in state and federal correctional facilities, a decrease of approximately 15,400 prisoners (down 1%) from December 31, 2013. A third (34%) of the decrease was due to fewer prisoners under the jurisdiction of the Federal Bureau of Prisons (BOP), which declined for the second consecutive year (**figure 1**). Prisoners sentenced to more than 1 year in state or federal prison declined by almost 1% (down 11,800 prison inmates) from yearend 2013 (1,520,400) to yearend 2014 (1,508,600). The number of prisoners housed in private facilities in the United States decreased by almost 2% in 2014 to 131,300 prison inmates.

The statistics in this report are based on the Bureau of Justice Statistics' (BJS) National Prisoner Statistics (NPS) program, which collects annual data from state DOCs and the BOP on prisoner counts, prisoner characteristics, admissions, releases, and prison capacity. The 2014 NPS collection is number 90 in a series that began in 1926. Forty-nine states and the BOP reported NPS data for 2014, while data for Alaska were obtained from other sources or imputed. (See *Methodology.*)

FIGURE 1
Total, state, and federal U.S. prison population, 2004–2014



Note: Counts based on all prisoners under the jurisdiction of state and federal correctional authorities.
Source: Bureau of Justice Statistics, National Prisoner Statistics, 2004–2014.

HIGHLIGHTS

- The number of prisoners held by state and federal correctional authorities on December 31, 2014 (1,561,500) decreased by 15,400 (down 1%) from yearend 2013.
- The federal prison population decreased by 5,300 inmates (down 2.5%) from 2013 to 2014, the second consecutive year of decline.
- On December 31, 2014, state and federal correctional authorities held 1,508,600 individuals sentenced to more than 1 year in prison, 11,800 fewer inmates than at yearend 2013.
- The number of women in prison who were sentenced to more than 1 year increased by 1,900 offenders (up 2%) in 2014 from 104,300 in 2013 to 106,200 in 2014.
- The decline in the BOP population in 2014 was explained by 5% fewer admissions (down 2,800) than in 2013.
- The imprisonment rate declined from 621 prisoners per 100,000 U.S. residents age 18 or older in 2013 to 612 per 100,000 in 2014.
- In 2014, 6% of all black males ages 30 to 39 were in prison, compared to 2% of Hispanic and 1% of white males in the same age group.
- Violent offenders made up 54% of the state male prison population at yearend 2013, the most recent year for which data were available.
- The BOP housed 40,000 prisoners in private secure and nonsecure facilities at yearend 2014, which represents 19% of the total federal prison population.
- Half of males (50%) and more than half of females (59%) in federal prison were serving time for drug offenses on September 30, 2014.

BJS Celebrating 35 years

TABLE 2
Prisoners under jurisdiction of state or federal correctional authorities, by sex, December 31, 2013 and 2014

Jurisdiction	2013			2014			Percent change, 2013–2014		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
U.S. total[a]	1,576,950	1,465,592	111,358	1,561,525	1,448,564	112,961	-1.0%	-1.2%	1.4%
Federal[b]	215,866	201,697	14,169	210,567	196,568	13,999	-2.5%	-2.5%	-1.2%
State[a]	1,361,084	1,263,895	97,189	1,350,958	1,251,996	98,962	-0.7%	-0.9%	1.8%
Alabama[c]	32,381	29,660	2,721	31,771	29,182	2,589	-1.9	-1.6	-4.9
Alaska[d,e,f]	5,081	4,450	631	5,216	4,568	648	:	:	:
Arizona[c]	41,177	37,402	3,775	42,259	38,295	3,964	2.6	2.4	5.0
Arkansas	17,235	15,904	1,331	17,874	16,476	1,398	3.7	3.6	5.0
California	135,981	129,684	6,297	136,088	129,706	6,382	0.1	0.0	1.3
Colorado	20,371	18,556	1,815	20,646	18,738	1,908	1.3	1.0	5.1
Connecticut[f,g]	17,563	16,328	1,235	16,636	15,510	1,126	:	:	:
Delaware[f]	7,004	6,405	599	6,955	6,361	594	-0.7	-0.7	-0.8
Florida	103,028	95,757	7,271	102,870	95,567	7,303	-0.2	-0.2	0.4
Georgia	54,004	50,445	3,559	52,949	49,438	3,511	-2.0	-2.0	-1.3
Hawaii[f]	5,632	4,972	660	5,866	5,198	668	4.2	4.5	1.2
Idaho[c]	8,242	7,176	1,066	8,117	7,080	1,037	-1.5	-1.3	-2.7
Illinois	48,653	45,737	2,916	48,278	45,390	2,888	-0.8	-0.8	-1.0
Indiana	29,913	27,078	2,835	29,271	26,396	2,875	-2.1	-2.5	1.4
Iowa	8,697	7,983	714	8,838	8,086	752	1.6	1.3	5.3
Kansas[c,g]	9,763	9,026	737	9,663	8,881	782	:	:	:
Kentucky	21,030	18,717	2,313	21,657	19,084	2,573	3.0	2.0	11.2
Louisiana	39,299	37,071	2,228	38,030	35,955	2,075	-3.2	-3.0	-6.9
Maine	2,173	2,013	160	2,242	2,063	179	3.2	2.5	11.9
Maryland	21,335	20,410	925	21,011	20,100	911	-1.5	-1.5	-1.5
Massachusetts	10,950	10,143	807	10,713	9,985	728	-2.2	-1.6	-9.8
Michigan	43,759	41,700	2,059	43,390	41,267	2,123	-0.8	-1.0	3.1
Minnesota	10,289	9,566	723	10,637	9,901	736	3.4	3.5	1.8
Mississippi	21,969	20,352	1,617	18,793	17,448	1,345	-14.5	-14.3	-16.8
Missouri	31,537	28,755	2,782	31,942	28,836	3,106	1.3	0.3	11.6
Montana	3,642	3,230	412	3,699	3,311	388	1.6	2.5	-5.8
Nebraska	5,026	4,656	370	5,441	5,001	440	8.3	7.4	18.9
Nevada[h]	/	/	/	12,537	11,452	1,085	:	:	:
New Hampshire	3,018	2,781	237	2,963	2,715	248	-1.8	-2.4	4.6
New Jersey	22,452	21,427	1,025	21,590	20,571	1,019	-3.8	-4.0	-0.6
New Mexico	6,931	6,276	655	7,021	6,348	673	1.3	1.1	2.7
New York	53,550	51,193	2,357	52,518	50,192	2,326	-1.9	-2.0	-1.3
North Carolina	36,922	34,430	2,492	37,096	34,455	2,641	0.5	0.1	6.0
North Dakota[c]	1,576	1,419	157	1,718	1,514	204	9.0	6.7	29.9
Ohio	51,729	47,579	4,150	51,519	47,311	4,208	-0.4	-0.6	1.4
Oklahoma	27,547	24,769	2,778	27,650	24,799	2,851	0.4	0.1	2.6
Oregon	15,517	14,212	1,305	15,075	13,799	1,276	-2.8	-2.9	-2.2
Pennsylvania[c]	51,422	48,760	2,662	50,694	47,936	2,758	-1.4	-1.7	3.6
Rhode Island[f]	3,361	3,169	192	3,359	3,201	158	-0.1	1.0	-17.7
South Carolina	22,060	20,669	1,391	21,401	20,032	1,369	-3.0	-3.1	-1.6
South Dakota[c]	3,682	3,240	442	3,608	3,199	409	-2.0	-1.3	-7.5
Tennessee	28,521	26,069	2,452	28,769	26,160	2,609	0.9	0.3	6.4
Texas	168,280	154,450	13,830	166,043	151,717	14,326	-1.3	-1.8	3.6
Utah[c]	7,077	6,415	662	7,026	6,364	662	-0.7	-0.8	0.0
Vermont[f]	2,078	1,924	154	1,979	1,823	156	-4.8	-5.2	1.3
Virginia	36,982	34,133	2,849	37,544	34,529	3,015	1.5	1.2	5.8
Washington	17,984	16,535	1,449	18,120	16,666	1,454	0.8	0.8	0.3
West Virginia	6,824	6,016	808	6,896	6,065	831	1.1	0.8	2.8
Wisconsin[g]	22,471	21,232	1,239	22,597	21,219	1,378	:	:	:
Wyoming	2,310	2,050	260	2,383	2,106	277	3.2	2.7	6.5

Note: Jurisdiction refers to the legal authority of state or federal correctional officials over a prisoner, regardless of where the prisoner is held.

/Not reported. Estimated count added into state and U.S. jurisdictional totals. See *Methodology*.

: Not calculated.

[a]Includes imputed counts for Alaska, which did not submit 2014 National Prisoner Statistics (NPS) Program data in time to be included in this report. See *Methodology*.

[b]Includes inmates held in nonsecure privately operated community corrections facilities and juveniles held in contract facilities.

[c]State has updated 2013 population counts.

[d]Alaska did not submit sex-specific jurisdiction counts in NPS in 2013. See *Methodology*.

[e]Alaska did not submit 2014 NPS data in time for this report, but jurisdiction totals were obtained from a report to the state legislature. See *Methodology* for details on imputation of 2014 data.

[f]Prisons and jails form one integrated system. Data include total jail and prison populations.

[g]State has changed reporting methodology, so 2014 counts are not comparable to those published for earlier years. See *Jurisdiction notes*.

[h]Nevada did not submit 2013 NPS data in time for this report. See *Methodology* for details on imputation of 2013 data that were used in state and U.S. totals.

Source: Bureau of Justice Statistics, National Prisoner Statistics, 2013–2014.

TABLE 7 (continued)
Admissions and releases of sentenced prisoners, by jurisdiction, 2013 and 2014

	Admissions[a]					Releases[b]				
Jurisdiction	2013 Total	2014 Total	Percent change, 2013–2014	2014 New court commitments[c]	2014 Parole violations[c,d]	2013 Total	2014 Total	Percent change, 2013–2014	2014 Unconditional[e,f]	2014 Conditional[e,g]
West Virginia	3,573	3,544	-0.8%	1,885	1,217	3,780	3,468	-8.3%	1,004	2,001
Wisconsin[k]	7,343	6,134	:	4,129	1,975	5,475	5,433	:	252	5,105
Wyoming	1,004	937	-6.7	752	185	895	862	-3.7	264	586

Note: Counts based on prisoners with a sentence of more than 1 year.

/Not reported.

:Not calculated.

[a]Excludes transfers, escapes, and those absent without leave (AWOL), and includes other conditional release violators, returns from appeal or bond, and other admissions. See *Methodology*.

[b]Excludes transfers, escapes, and those AWOL, and includes deaths, releases to appeal or bond, and other releases. See *Methodology*.

[c]U.S. and state totals by type of admission exclude counts for Alaska. See *Jurisdiction notes*.

[d]Includes all conditional release violators returned to prison for either violations of conditions of release or for new crimes.

[e]U.S. and state totals by type of release exclude counts for California because the state was unable to report detailed information on releases. See *Jurisdiction notes*.

[f]Includes expirations of sentence, commutations, and other unconditional releases.

[g]Includes releases to probation, supervised mandatory releases, and other unspecified conditional releases.

[h]The Sentencing Reform Act of 1984 eliminated the federal parole system but allowed courts to impose a term of supervised release after imprisonment as part of an inmate's sentence. Some persons with unconditional releases from the Bureau of Prisons may be released to community supervision.

[i]Prisons and jails form one integrated system. Data include total jail and prison populations.

[j]Alaska did not submit 2014 National Prisoner Statistics (NPS) admission or release data. Release-type data for 2014 were obtained from data submitted by Alaska to the National Corrections Reporting Program.

[k]Counts for 2014 admissions and releases are not comparable to earlier years due to a change in reporting methodology.

[l]Counts for 2014 admissions are not comparable to earlier years due to a change in reporting methodology.

[m]State did not submit admissions or release data in 2014 to NPS. See *Methodology*.

[n]State did not submit 2013 NPS data. See *Methodology* for details on imputation of 2013 data.

Source: Bureau of Justice Statistics, National Prisoner Statistics, 2013–2014.

Nineteen jurisdictions were operating their prison facilities at more than 100% maximum capacity in 2014

The yearend 2014 custody populations of the BOP and 18 states exceeded the maximum measure of their prison facilities' capacity. The BOP and 28 states had more prisoners in custody than their minimum number of beds (table 8). BJS reports three different measures of capacity: the operational capacity, which is based on the ability of the staff, programs, and services to accommodate a certain size population; the rated capacity, which measures the number of beds assigned by a rating official to each facility; and the design capacity, which is the number of beds that the facility was originally designed to hold. Although many jurisdictions cannot report all three types of capacity, most provide at least two types. Based on these data, BJS calculates the percent capacity of facilities based on the custody population for the largest (maximum) and smallest (minimum) capacity measures.

Prison facilities in Illinois held 48,300 inmates at yearend 2014, 150% of the rated capacity of 32,100 (maximum), and 171% of the design capacity of 28,200 (minimum). BOP facilities were officially rated to house 132,700 inmates, but 170,000 prisoners were in custody at yearend 2014, which was 128% of the maximum capacity reported. Other jurisdictions with more inmates housed than the maximum number of beds for which their facilities were designed, rated, or intended include Ohio (132%), Massachusetts (130%), and Nebraska (128%).

TABLE 8
Prison facility capacity, custody population, and percent capacity, December 31, 2014

Jurisdiction	Type of capacity measure			Custody population	Custody population as a percent of—	
	Rated	Operational	Design		Lowest capacity[a]	Highest capacity[a]
Federal[b]	132,731	...	...	169,840	128.0%	128.0%
State						
Alabama[c]	...	26,145	13,318	25,664	192.7	98.2
Alaska[d]	...	5,352	...	5,188	96.9	96.9
Arizona	37,681	42,961	37,681	35,181	93.4	81.9
Arkansas	15,450	15,429	15,529	15,250	98.8	98.2
California[c]	...	127,594	87,187	119,071	136.6	93.3
Colorado	...	14,502	14,502	16,687	115.1	115.1
Connecticut	/	/	/	16,167	/	/
Delaware[c]	5,649	5,210	4,161	6,730	161.7	119.1
Florida[e]	...	109,191	...	100,873	92.4	92.4
Georgia[e]	59,566	53,418	...	52,719	98.7	88.5
Hawaii	...	3,527	2,491	3,965	159.2	112.4
Idaho[c,e]	7,010	6,858	6,858	7,497	109.3	106.9
Illinois	32,095	32,095	28,212	48,278	171.1	150.4
Indiana	...	30,517	...	28,073	92.0	92.0
Iowa[f]	7,276	7,276	7,276	8,209	112.8	112.8
Kansas	9,180	9,233	9,164	9,539	104.1	103.3
Kentucky	12,164	11,590	11,925	12,114	104.5	99.6
Louisiana[e]	18,121	15,686	16,764	18,710	119.3	103.3
Maine	2,339	2,133	2,339	2,199	103.1	94.0
Maryland[g]	...	23,465	...	21,236	90.5	90.5
Massachusetts	...	...	8,029	10,447	130.1	130.1
Michigan[c,h]	44,919	43,939	...	43,359	98.7	96.5
Minnesota	...	9,454	...	9,576	101.3	101.3
Mississippi[e]	...	26,008	...	13,069	50.2	50.2
Missouri[c]	...	31,673	...	31,903	100.7	100.7
Montana	1,679	...	...	1,687	100.5	100.5
Nebraska[c]	...	4,094	3,275	5,228	159.6	127.7
Nevada	/	/	/	12,693	/	/
New Hampshire[c]	...	2,723	2,190	2,723	124.3	100.0
New Jersey	18,584	19,958	23,108	18,633	100.3	80.6
New Mexico	6,840	7,708	7,708	3,876	56.7	50.3
New York	51,480	51,868	50,960	52,362	102.8	101.0
North Carolina	...	43,815	37,503	37,348	99.6	85.2
North Dakota	1,479	1,479	1,479	1,325	89.6	89.6
Ohio	34,986	...	...	46,151	131.9	131.9
Oklahoma	16,529	18,638	16,529	19,126	115.7	102.6
Oregon	...	...	14,997	14,492	96.6	96.6
Pennsylvania	47,945	47,945	47,945	48,538	101.2	101.2
Rhode Island	3,989	3,774	3,973	3,133	83.0	78.5
South Carolina	...	23,269	...	20,948	90.0	90.0
South Dakota[c]	...	3,622	...	3,497	96.5	96.5
Tennessee	16,844	16,403	...	15,699	95.7	93.2
Texas[c]	159,583	153,331	159,583	139,879	91.2	87.7
Utah	...	7,191	7,431	5,307	73.8	71.4
Vermont	1,681	1,681	1,322	1,548	117.1	92.1
Virginia[i]	...	30,514	24,219	28,480	117.6	93.3
Washington[i]	...	16,744	...	17,180	102.6	102.6
West Virginia	4,647	5,923	5,097	5,867	126.3	99.1
Wisconsin[c]	...	22,918	17,181	22,572	131.4	98.5
Wyoming	2,288	2,288	2,407	2,114	92.4	87.8

...Not available. Specific type of capacity is not measured by state.

/Not reported.

[a]Population counts are based on the number of inmates held in custody of facilities operated by the jurisdiction. Excludes inmates held in local jails, other states, or private facilities unless noted.

[b]Due to differences in the dates when data were extracted, the federal custody count reported for the calculation of capacity excludes 3,990 inmates compared to the yearend custody data reported in the National Prisoner Statistics (NPS).

[c]State defines capacity in a way that differs from BJS's definition. See *Jurisdiction notes*.

[d]Alaska did not report 2014 capacity or custody population data to NPS. Estimates derived from a report to the state legislature. See *Methodology*.

[e]Private facilities included in capacity and custody counts.

[f]Both capacity and custody counts exclude inmates in community-based work release facilities.

[g]State did not report 2014 capacity counts to NPS. Data are from 2013.

[h]Capacity counts include institution and camp net operating capacities and the population of community programs on December 31 because these programs do not have a fixed capacity.

[i]State has changed reporting methodology, so 2014 capacity counts are not comparable to those published for earlier years. See *Jurisdiction notes*.

Source: Bureau of Justice Statistics, National Prisoner Statistics, 2014.

ATTACHMENT 25

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

May 5, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

Last week, I emailed Deputy Director Sabatka-Rine, Warden Hansen and yourself regarding my concerns about the movement of certain inmates from TSCI to the Hall County Jail. In the effort to move men out of SMU West and other parts of TSCI, it appeared as though inmates were moved to the Hall County Jail who did not meet the criteria for the use of the county jail program as I understood them. In my email, I wrote the following:

"Second, in yesterday's log there are some individuals who were moved from SMU West (and one from SMU B) to the Hall County Jail who do not appear to fit the criteria for the plan laid out before the Legislature regarding the use of the county jail program. One example is Gary Jackson #81476 who was written up on March 22 for the "use of threatening language or gestures/fighting." Since October he lost 4.5 months of good time and received 157 days of disciplinary segregation. His TRD is 12/6/2038. Another example is Shawn Howard #82011 who was moved from SMU B (restrictive housing) to Hall County Jail and since February he has had four MRs that resulted in being placed on a total of 72 days of disciplinary segregation. In his case his TRD is 10/7/2016 but it does not appear that he has a connection to Hall County. In addition, he has been approved for Domestic Violence programming but will now be going to a location that offers no programming at all which means he is likely to jam out without receiving the programming recommended for him."

I did receive a response from Warden Hansen to my email and the answer provided to me was that these are inmates who volunteered to go to the Hall County Jail. While this may be true, I remain concerned for the following reasons:

1) Mr. Howard still will not get the programming that he was recommended to receive before he mandatorily discharges.

2) It may be construed that inmates who recently received misconduct reports and possibly received disciplinary segregation are able to avoid the consequences of their actions.
3) Moving inmates who have been in a restrictive housing setting for a great deal of time to a county jail would seem to be contrary to the goal of transitioning an inmate from restrictive housing to general population.

In addition, in the criteria provided to me regarding who is eligible to participate in the county jail program, it stated that no inmates convicted of certain Part One Offenses are eligible, including Assault 1st Degree. Mr. Jackson was convicted of Assault of an Officer 1st Degree. A quick spot check of inmates in the county jail program also found another inmate who was convicted of Assault 1st Degree (Anton Warley #68952).

With all this said, I would recommend that the Department review the inmates currently in the county jail program to determine whether or not there are inmates who do not meet the criteria established by the Department or are not good candidates for the program based on other criteria.

Thank you for your consideration of my recommendation.

Sincerely,

Doug Koebernick

ATTACHMENT 26

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: LR 34 Special Committee Members
From: Doug Koebernick, Office of Inspector General
Re: Additional Staff Assault Data
Date: April 15, 2016

Earlier I provided you with a memorandum in preparation for Monday's hearing. In the memorandum I stated that I was awaiting data on staff assaults that was broken down by facility in 2013, 2014 and 2015. I have since received that data from the Department. It will be shared with you by Director Frakes on Monday but I'd like to share it with you ahead of the hearing.

Facility Assault Data

The Department previously provided data for 2013 through 2015 regarding inmate on staff assaults. They shared with me that the data for 2013 was actually inaccurate and the accurate data is in my attachment. The difference is that there were 14 more assaults than previously reported. Of those assaults there were 10 more assaults that resulted in a non-serious injury and four additional "thrown substances" assaults. In my previous memo I shared that there was an increase in staff assaults from 2013 to 2014 and this data indicates that the increase was lower than previously reported.

I'm including the data for the four facilities who have experienced the most assaults (DEC, LCC, NSP and TSCI). Of the remaining facilities none had more than four assaults in a given year and none experienced an increase from 2014 to 2015.

Over the three years, DEC experienced 3, 10, and 20 assaults. This increase was primarily driven by an increase in non-serious injury assaults. In Table A, the population of DEC is shown to have fluctuated during the period from January 1, 2013 to January 1, 2016.

Over the three years, LCC experienced 21, 26 and 45 assaults. This increase was the result of an increase in non-serious injury assaults and "thrown substances" assaults. During the first five months of 2015 there were a total of four assaults. Assaults then increased so that there were five in June, 12 in July, eight in August, seven in September, and then dropped off during the next two

months before increasing to seven in December. Table A shows that the population of LCC remained stable during that time period.

Over the three years, NSP experienced 3, 14 and 32 assaults. This increase was also the results of an increase in non-serious injury assaults and "thrown substances" assaults. However, the assaults in 2015 ranged from zero to five in each of the months so there wasn't the significant change that LCC experienced last year. Table A shows that the population of NSP only increased 6.5% during those years.

Over the three years, TSCI experienced 41, 34, and 41 assaults. "Thrown substances" assaults actually decreased but non-serious injury assaults increased. In 2015 only three months had more than three assaults (May – eight, October – six, and December – 11). Table A shows that the population of TSCI increased 12.8% during the time period.

TABLE A

	DEC	LCC	NSP	TSCI
1/1/2013	474	493	1266	960
1/1/2014	418	505	1301	1028
1/1/2015	491	507	1312	1026
1/1/2016	355	511	1348	1041
Population Change	-25%	4%	6%	8%

Conclusions?

Unfortunately, I am unable to draw any conclusions from this data. It is a bit eye-opening that NSP only had three assaults reported in 2013 but had 32 assaults reported in 2015. The cause of that increase is unclear. TSCI experienced a decrease in 2014 but an increase in 2015 despite the facility being much more controlled in the latter half of 2015. I thought DEC's increase might be explained by an increase in overcrowding but the population was high at the beginning of 2013. LCC's increase could be explained by the changing of their population to more inmates with mental health diagnoses. Even though I am unable to draw any conclusions at this time it is important that my office continue to track this data, review the assault investigations, and ask questions of the Department.

With all that said, or not said, I am interested in hearing Director Frakes present this data and also present the Department's thoughts on why the assaults on staff have increased.

Inmate-on-Staff Assault Data
4/15/2016

NDCS 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	7	4	5	3	0	2	0	4	6	5	5	1	42
Thrown Substances	3	2	1	1	0	9	3	5	3	3	4	2	36
Totals	10	6	6	4	0	11	3	9	9	8	9	3	78

NDCS 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	1	0	0	1	1	1	1	0	0	5
Without Serious Injury	4	4	2	2	1	2	3	7	7	8	10	4	54
Thrown Substances	1	1	4	6	3	4	3	5	1	2	0	4	34
Totals	5	5	6	9	4	6	7	13	9	11	10	8	93

NDCS 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	1	0	0	0	0	0	0	1	2	0	0	0	4
Without Serious Injury	1	8	3	4	12	7	13	10	8	8	5	11	90
Thrown Substances	0	1	3	2	3	6	10	5	3	0	6	10	49
Totals	2	9	6	6	15	13	23	16	13	8	11	21	143

Note: 2013 numbers corrected on 4/15/2016

Source: ASCA PBMS submitted data

By: Juan Jimenez

DEC 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	0	0	0	0	0	0	0	0	0	1	1	2
Thrown Substances	0	0	0	0	0	0	0	0	1	0	0	0	1
Totals	0	0	0	0	0	0	0	0	1	0	1	1	3

DEC 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	1	0	0	1
Without Serious Injury	0	0	0	1	0	0	0	0	1	3	0	1	6
Thrown Substances	0	0	0	0	0	0	0	1	0	1	0	1	3
Totals	0	0	0	1	0	0	0	1	1	5	0	2	10

DEC 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	3	0	1	1	1	3	3	0	1	2	2	17
Thrown Substances	0	1	0	0	0	1	0	0	0	0	1	0	3
Totals	0	4	0	1	1	2	3	3	0	1	3	2	20

Source: ASCA PBMS submitted data

By: Juan Jimenez

LCC 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	1	1	4	1	0	0	0	3	3	1	0	0	14
Thrown Substances	1	2	1	0	0	1	0	1	0	1	0	0	7
Totals	2	3	5	1	0	1	0	4	3	2	0	0	21

LCC 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	1	1	0	1	0	2	1	0	1	4	3	14
Thrown Substances	0	1	2	3	3	2	0	1	0	0	0	0	12
Totals	0	2	3	3	4	2	2	2	0	1	4	3	26

LCC 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	1	0	0	0	0	0	0	0	0	0	0	0	1
Without Serious Injury	1	0	0	0	0	3	5	7	6	0	1	3	26
Thrown Substances	0	0	0	1	1	2	7	1	1	0	1	4	18
Totals	2	0	0	1	1	5	12	8	7	0	2	7	45

Source: ASCA PBMS submitted data

By: Juan Jimenez

NSP 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	0	1	0	0	0	0	0	0	2	0	0	3
Thrown Substances	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	1	0	0	0	0	0	0	2	0	0	3

NSP 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	1	0	1	0	0	0	2
Without Serious Injury	1	1	0	0	0	0	1	1	2	2	1	0	9
Thrown Substances	0	0	0	0	0	0	0	2	1	0	0	0	3
Totals	1	1	0	0	0	0	2	3	4	2	1	0	14

NSP 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	1	1	0	0	0	2
Without Serious Injury	0	1	1	1	4	1	4	0	2	1	1	1	17
Thrown Substances	0	0	2	1	0	0	1	3	2	0	4	0	13
Totals	0	1	3	2	4	1	5	4	5	1	5	1	32

Source: ASCA PBMS submitted data

By: Juan Jimenez

TSCI 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	3	2	0	2	0	2	0	0	2	1	3	0	15
Thrown Substances	2	0	0	1	0	8	3	2	2	2	4	2	26
Totals	5	2	0	3	0	10	3	2	4	3	7	2	41

TSCI 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	1	0	0	0	0	0	0	0	0	1
Without Serious Injury	2	2	0	1	0	1	0	3	2	2	4	0	17
Thrown Substances	1	0	2	3	0	2	3	1	0	1	0	3	16
Totals	3	2	2	5	0	3	3	4	2	3	4	3	34

TSCI 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	1	0	0	0	1
Without Serious Injury	0	3	2	2	6	2	0	0	0	6	1	5	27
Thrown Substances	0	0	1	0	2	1	2	1	0	0	0	6	13
Totals	0	3	3	2	8	3	2	1	1	6	1	11	41

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Inmate-on-Staff Assault Data
4/15/2016

NDCS 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	7	4	5	3	0	2	0	4	6	5	5	1	42
Thrown Substances	3	2	1	1	0	9	3	5	3	3	4	2	36
Totals	10	6	6	4	0	11	3	9	9	8	9	3	78

NDCS 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	1	0	0	1	1	1	1	0	0	5
Without Serious Injury	4	4	2	2	1	2	3	7	7	8	10	4	54
Thrown Substances	1	1	4	6	3	4	3	5	1	2	0	4	34
Totals	5	5	6	9	4	6	7	13	9	11	10	8	93

NDCS 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	1	0	0	0	0	0	0	1	2	0	0	0	4
Without Serious Injury	1	8	3	4	12	7	13	10	8	8	5	11	90
Thrown Substances	0	1	3	2	3	6	10	5	3	0	6	10	49
Totals	2	9	6	6	15	13	23	16	13	8	11	21	143

Note: 2013 numbers corrected on 4/15/2016

Source: ASCA PBMS submitted data

By: Juan Jimenez

DEC 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	0	0	0	0	0	0	0	0	0	1	1	2
Thrown Substances	0	0	0	0	0	0	0	0	1	0	0	0	1
Totals	0	0	0	0	0	0	0	0	1	0	1	1	3

DEC 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	1	0	0	1
Without Serious Injury	0	0	0	1	0	0	0	0	1	3	0	1	6
Thrown Substances	0	0	0	0	0	0	0	1	0	1	0	1	3
Totals	0	0	0	1	0	0	0	1	1	5	0	2	10

DEC 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	3	0	1	1	1	3	3	0	1	2	2	17
Thrown Substances	0	1	0	0	0	1	0	0	0	0	1	0	3
Totals	0	4	0	1	1	2	3	3	0	1	3	2	20

LCC 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	1	1	4	1	0	0	0	3	3	1	0	0	14
Thrown Substances	1	2	1	0	0	1	0	1	0	1	0	0	7
Totals	2	3	5	1	0	1	0	4	3	2	0	0	21

LCC 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	1	1	0	1	0	2	1	0	1	4	3	14
Thrown Substances	0	1	2	3	3	2	0	1	0	0	0	0	12
Totals	0	2	3	3	4	2	2	2	0	1	4	3	26

LCC 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	1	0	0	0	0	0	0	0	0	0	0	0	1
Without Serious Injury	1	0	0	0	0	3	5	7	6	0	1	3	26
Thrown Substances	0	0	0	1	1	2	7	1	1	0	1	4	18
Totals	2	0	0	1	1	5	12	8	7	0	2	7	45

NSP 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	0	0	1	0	0	0	0	0	0	2	0	0	3
Thrown Substances	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	0	0	1	0	0	0	0	0	0	2	0	0	3

NSP 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	1	0	1	0	0	0	2
Without Serious Injury	1	1	0	0	0	0	1	1	2	2	1	0	9
Thrown Substances	0	0	0	0	0	0	0	2	1	0	0	0	3
Totals	1	1	0	0	0	0	2	3	4	2	1	0	14

NSP 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	1	1	0	0	0	2
Without Serious Injury	0	1	1	1	4	1	4	0	2	1	1	1	17
Thrown Substances	0	0	2	1	0	0	1	3	2	0	4	0	13
Totals	0	1	3	2	4	1	5	4	5	1	5	1	32

TSCI 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	3	2	0	2	0	2	0	0	2	1	3	0	15
Thrown Substances	2	0	0	1	0	8	3	2	2	2	4	2	26
Totals	5	2	0	3	0	10	3	2	4	3	7	2	41

TSCI 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	1	0	0	0	0	0	0	0	0	1
Without Serious Injury	2	2	0	1	0	1	0	3	2	2	4	0	17
Thrown Substances	1	0	2	3	0	2	3	1	0	1	0	3	16
Totals	3	2	2	5	0	3	3	4	2	3	4	3	34

TSCI 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	1	0	0	0	1
Without Serious Injury	0	3	2	2	6	2	0	0	0	6	1	5	27
Thrown Substances	0	0	1	0	2	1	2	1	0	0	0	6	13
Totals	0	3	3	2	8	3	2	1	1	6	1	11	41

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NDCS 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	7	4	5	3	0	2	0	4	6	5	5	1	42
Thrown Substances	3	2	1	1	0	9	3	5	3	3	4	2	36
Totals	10	6	6	4	0	11	3	9	9	8	9	3	78

NDCS 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	0	0	1	0	0	1	1	1	1	0	0	5
Without Serious Injury	4	4	2	2	1	2	3	7	7	8	10	4	54
Thrown Substances	1	1	4	6	3	4	3	5	1	2	0	4	34
Totals	5	5	6	9	4	6	7	13	9	11	10	8	93

NDCS 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	1	0	0	0	0	0	0	1	2	0	0	0	4
Without Serious Injury	1	8	3	4	12	7	13	10	8	8	5	11	90
Thrown Substances	0	1	3	2	3	6	10	5	3	0	6	10	49
Totals	2	9	6	6	15	13	23	16	13	8	11	21	143

NDCS 2016 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	0	1	2	3	0	0							6
Without Serious Injury	2	3	14	10	11	3							43
Thrown Substances	4	7	9	5	4	7							36
Totals	6	11	25	18	15	10							85

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Inmate-on-Inmate Assault Data
8/30/2016

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NDCS 2010 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	3	1	4	1	2	2	2	6	4	4	1	2	32
Without Serious Injury	7	14	19	12	15	14	13	9	10	12	5	12	142
Thrown Substances	0	0	0	0	0	0	0	1	1	0	0	0	2
Totals	10	15	23	13	17	16	15	16	15	16	6	14	176

NDCS 2011 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	4	4	8	2	2	2	3	5	0	1	8	3	42
Without Serious Injury	13	13	10	10	21	16	5	16	7	11	21	9	152
Thrown Substances	2	0	0	1	0	0	1	3	0	0	2	0	9
Totals	19	17	18	13	23	18	9	24	7	12	31	12	203

NDCS 2012 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	2	2	4	4	5	3	5	1	0	2	1	0	29
Without Serious Injury	14	18	14	11	16	16	21	6	18	23	17	6	180
Thrown Substances	1	0	0	0	0	0	0	0	0	0	0	0	1
Totals	17	20	18	15	21	19	26	7	18	25	18	6	210

NDCS 2013 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	2	1	2	4	3	1	3	7	7	5	4	2	41
Without Serious Injury	11	13	18	19	14	20	14	13	16	25	9	12	184
Thrown Substances	0	1	0	0	0	0	0	0	0	0	1	0	2
Totals	13	15	20	23	17	21	17	20	23	30	14	14	227

Source: ASCA PBMS submitted data

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By: Juan Jimenez

Inmate-on-Inmate Assault Data
8/30/2016

NDCS 2014 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	4	5	2	4	4	3	5	1	5	6	6	4	49
Without Serious Injury	17	9	12	15	11	12	17	8	15	17	17	20	170
Thrown Substances	1	0	0	1	0	2	0	2	0	1	0	1	8
Totals	22	14	14	20	15	17	22	11	20	24	23	25	227

NDCS 2015 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	6	4	1	2	5	3	4	6	4	1	1	3	40
Without Serious Injury	15	15	18	12	18	25	14	13	12	17	13	16	188
Thrown Substances	0	0	1	0	2	0	1	1	0	0	0	0	5
Totals	21	19	20	14	25	28	19	20	16	18	14	19	233

NDCS 2016 Inmate-on-Inmate Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
With Serious Injury	2	1	4	0	1	1	0	0	0	0	0	0	9
Without Serious Injury	12	14	7	29	12	16	0	0	0	0	0	0	90
Thrown Substances	1	0	0	0	1	0	0	0	0	0	0	0	2
Totals	15	15	11	29	14	17	0	0	0	0	0	0	101

Source: ASCA PBMS submitted data

By: Juan Jimenez

ATTACHMENT 29

Director Scott R. Frakes
September 1, 2016

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

The FRAKES Files

16-14

Dear NDCS Teammates,

I know that safety is a concern for each one of you and I want you to know that I care, I am concerned, I support you and I will hold those responsible for those assaults accountable.

With the recent events at LCC, NSP and TSCI, there has been a need to lock facilities down for periods of time. I've shared my philosophy on lockdowns before, but I want to re-state it now. Facility lockdowns are done to ensure people are safe - inmates, staff, the public. Though perceived as punishment, I don't authorize lockdowns to punish people. They are done to regain control of a facility, or prevent actions that could lead to people getting hurt. They are an extreme step to take. They completely disrupt the flow of the prison, for everyone involved. They are labor intensive. Once implemented, they become huge resource drains - and can be difficult to end. I don't like lockdowns, but they have an important place in prison management.

There is some belief, by staff and inmates, that inmates will only go to restrictive housing for a short time if they assault staff. Restrictive housing placements are about risk not punishment. An inmate who assaults a staff member presents a risk to the safety and security of a facility and, therefore, will be placed in restrictive housing. The amount of time will depend on the inmate and the level of risk he/she presents. The new restrictive housing policy requires Central Office approval for Longer-Term Restrictive Housing assignments. If an inmate presents a continued risk to the safety and security of the facility, the assignment will continue.

The important thing to remember is that locking people up does not change behavior. We have to role model appropriate behavior and provide programming opportunities to change criminal thinking. Changing behavior isn't about coddling inmates; it's how we keep people safe.

If a person harms another on the street, comes to prison and doesn't change thinking or behavior, the person is likely to recidivate. Some would say that's fine, if they commit a crime, they should come back to prison. I don't debate that, but I don't want another person to be harmed. I don't want you harmed; I don't want our neighbors harmed. Public safety is about so much more than keeping people inside the walls. We also want communities to be safe when inmates reenter.

I have attached a letter that will be distributed to the inmate population today. I want to make it clear to the population and to you that violence against staff will not be tolerated.

S Frakes

NEBRASKA
DEPARTMENT OF
CORRECTIONAL
SERVICES

Director Scott R. Frakes

Memorandum

DATE: September 1, 2016

TO: NDCS Inmate Population

FROM: Scott R. Frakes, Director

RE: Staff Assaults

The physical attacks against NDCS staff must stop now. You have said you want more time out of cell, more freedom of movement, more programs, more jobs, more opportunities to leave prison and not come back. These things cannot happen until the violence stops.

It is a very small part of the population that is engaging in the direct attacks, but there are many more of you that are contributing to the problem. By refusing to follow lawful orders, by inciting others, by cheering when staff is assaulted – you are part of the problem. The majority of the population is suffering because of the acts of a few.

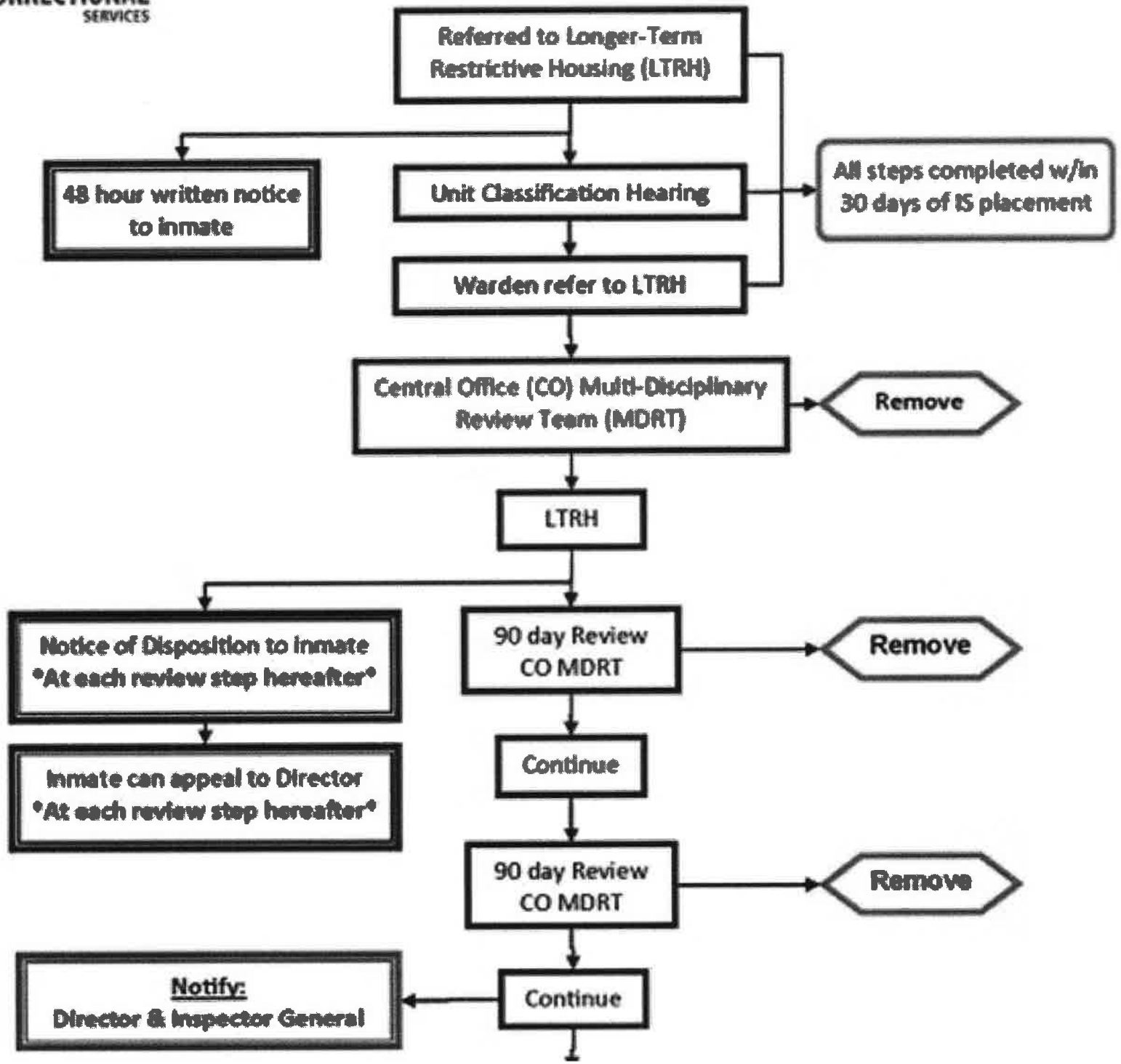
There may be some confusion about the recent changes in Restrictive Housing (segregation). If you assault staff you will be assigned to Longer-term Restrictive Housing. You will be given a behavior and programming plan, and provided opportunities to change your behavior. You won't be moved to a less restrictive setting until you demonstrate an appropriate level of risk.

Your assignment to restrictive housing is a classification action, not a disciplinary sanction. It is not time driven. Classification assignments are based on the risk you present. If you assault staff, you present the highest level of risk – and you will be housed consistent with that risk. In addition to being removed from general population, you will lose up to two years of good time and be referred for prosecution for felony assault.

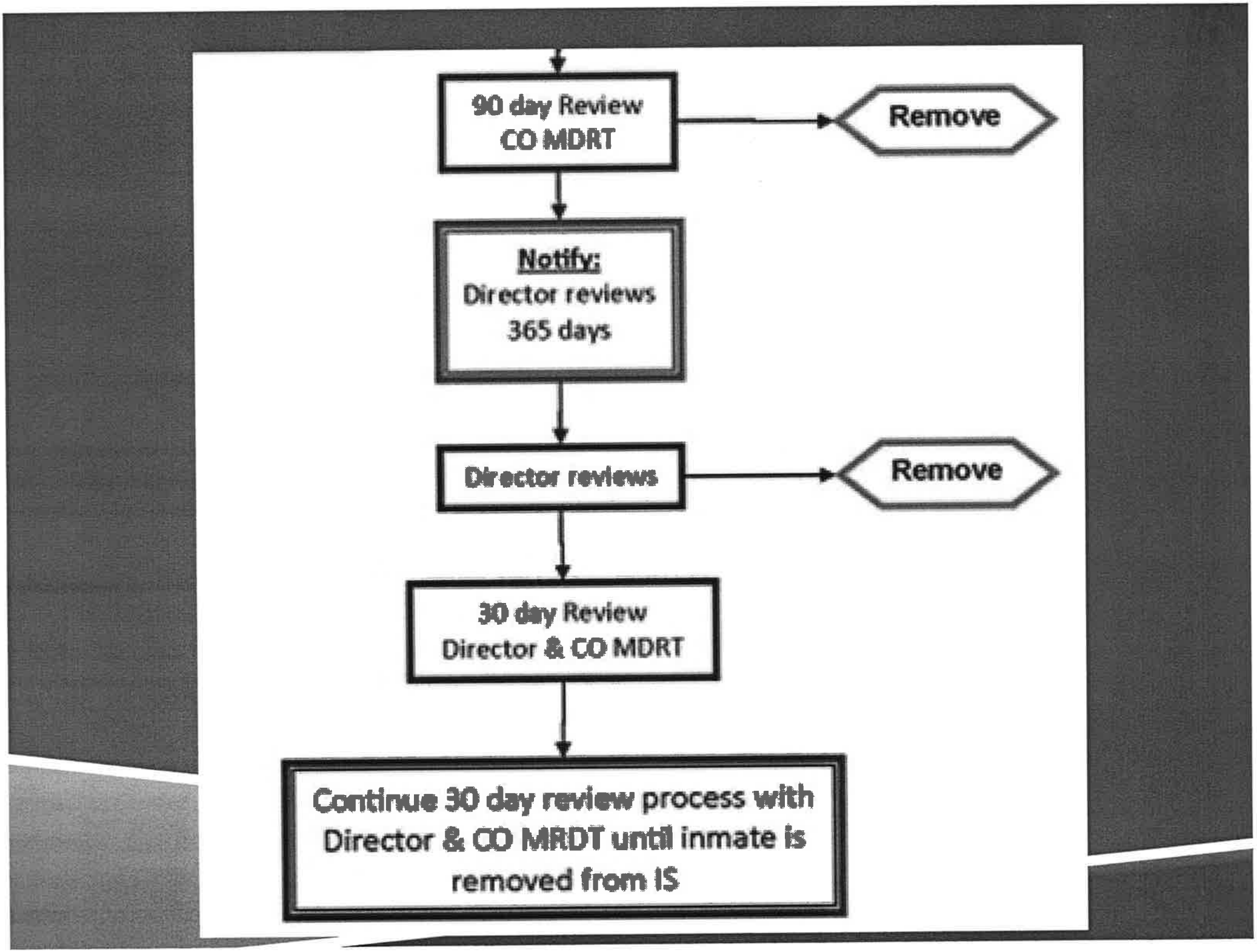
Violence is unacceptable and will not be tolerated. You say that change is needed, and I've told you I agree. The pace at which we create positive change will be significantly slower if violence continues.

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

RESTRICTIVE HOUSING—LONGER-TERM RESTRICTIVE HOUSING



ATTACHMENT 30


90 day Review
CO MDRT
Remove
Notify:
Director reviews
365 days
Director reviews
Remove
30 day Review
Director & CO MDRT
Continue 30 day review process with
Director & CO MRDT until inmate is
removed from IS

ATTACHMENT 31

STATE OF NEBRASKA

DEPARTMENT OF CORRECTIONAL SERVICES
Scott R. Frakes
Director

Pete Ricketts
Governor

June 8, 2016

NDCS Inmate Population

We are in the process of implementing significant reforms to the use of restrictive housing. The changes include more reviews, tighter time frames for decision making, and structured plans for transitioning people out of longer-term restrictive housing. We are stepping away from the use of restrictive housing as a punishment. Restrictive housing will be used to manage risk.

Effective July 11, 2016, Disciplinary Segregation will no longer be authorized as a sanction for rule violations. Inmates serving disciplinary segregation sanctions as of July 11, 2016 will complete sanctions of up to 30 additional days under the rules for Immediate Segregation. Existing sanctions of greater than 30 days will be reduced to 30 days, and the inmate will be reviewed for appropriate housing assignment. Assignment to Longer-term Restrictive Housing assignment will be considered for those inmates that present significant risk.

The elimination of Disciplinary Segregation has no impact on the decision making process that leads to placing a person in restrictive housing. If you present a clear risk as defined in the rules and regulations, you will be removed from general population to keep people safe.

Scott Frakes, NDCS

STATE OF NEBRASKA

DEPARTMENT OF CORRECTIONAL SERVICES
Scott R. Frakes
Director

Pete Ricketts
Governor

June 9, 2016

NDCS Staff,

We are in the process of implementing significant reforms to the use of restrictive housing. The changes include more reviews, tighter time frames for decision making, and structured plans for transitioning people out of longer-term restrictive housing. We are stepping away from the use of restrictive housing as a punishment. Restrictive housing will be used to manage risk.

Immediate Segregation will be used for risk assessment. Longer-term Restrictive Housing will be used as an intervention for inmates that cannot be safely held in any other housing location. The draft rules and regulations were shared with staff last month. The rules are now in the final stages of promulgation and will go into effect July 1, 2016, as required by legislation enacted in 2015.

The body of research around the impacts of restrictive housing continues to grow. There is increasing evidence that severely reducing human contact changes how people think and act, often in ways that increase their risk to others. Recently published research supports what many NDCS staff and corrections professionals across the county have concluded; disciplinary segregation does not have a positive impact on changing behavior. Using restrictive housing to punish people may make us feel better, but it does not produce the results we need.

Effective July 11, 2016, Disciplinary Segregation will no longer be authorized as a sanction for rule violations. Inmates serving disciplinary segregation sanctions as of July 11, 2016 will complete sanctions of up to 30 additional days under the rules for Immediate Segregation. Existing sanctions of greater than 30 days will be reduced to 30 days, and the inmate will be reviewed for appropriate housing assignment. Assignment to Longer-term Restrictive Housing assignment will be considered for those inmates that present significant risk.

The elimination of Disciplinary Segregation has no impact on the decision making process that leads to placing an inmate in restrictive housing. If an inmate presents a clear risk as defined in the rules and regulations, the inmate will be removed from general population to keep people safe.

Scott Frakes, NDCS

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

FW: D-Seg elimination - inmate version

Frakes, Scott <scott.frakes@nebraska.gov> Thu, Jun 9, 2016 at 11:07 AM
To: DCS CEO <DCS.CEO@nebraska.gov>
Cc: DCS Executive Staff <DCS.ExecutiveStaff@nebraska.gov>, "Hansen, Anne" <Anne.Hansen@nebraska.gov>, "Cotton, Rosalyn" <Rosalyn.Cotton@nebraska.gov>, "Koebernick, Doug" <dkoebernick@leg.ne.gov>

Wardens,

Please read this entire e-mail and the attached memos. This is a significant change to our practices/culture. I've talked about how eliminating D-Seg does not eliminate the use of restrictive housing, but it's going to take a lot of conversation with our staff – and we'll have to prove it. Important points:

As it is **today**, very few people go from general population to serve a disciplinary segregation sanction. We believe they did something to create a significant risk. We put them in IS. A violation is written up and a hearing held. A sanction of DS is given. The inmate serves the sanction, then rolls back to IS. Depending on the situation, the inmate goes back to an appropriate GP bed or they get referred to AC for a longer assignment in restrictive housing. While an inmate is in restrictive housing they may receive additional DS sanctions. Since they are already in RH, the sanction results in a loss of privileges – and may result in a greater length of time spent in RH.

Starting on July 12th it will look like this: We believe they did something to create a significant risk. We put them in IS. "Assessments" are done and decisions made about the level of risk presented. Depending on the situation, the inmate goes back to an appropriate GP bed or they get referred for assignment to Longer-term Restrictive Housing. Their behavior while in IS can impact the decision to refer and the assignment to Longer-Term RH. If they continue to demonstrate significant risk while in IS, an LT-RH assignment may be needed. Assignment to LT-RH is not for punishment, only to address risk. If placed on LT-RH, return to a less restrictive housing assignment is based on the inmate's behavior and engagement in pro-social activities; by their demonstrating a reduction in their risk to others.

Eliminating D-Seg will reduce the overall amount of time people spend in RH (bed days), but will have little impact on initial placements in IS. People will still be held accountable. It will not decrease safety.

Please distribute these memos throughout your facilities, and ensure this information is effectively communicated with all staff. If your staff have questions that you cannot answer, please reach out to Deputy Director Sabatka-Rine.
Thank-you.

2 attachments

D-Seg elimination.pdf
54K

D-Seg elimination - inmate version.pdf

ATTACHMENT 33

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Director Scott R. Frakes

Memorandum

DATE: September 1, 2016

TO: NDCS Inmate Population

FROM: Scott R. Frakes, Director

RE: Staff Assaults

The physical attacks against NDCS staff must stop now. You have said you want more time out of cell, more freedom of movement, more programs, more jobs, more opportunities to leave prison and not come back. These things cannot happen until the violence stops.

It is a very small part of the population that is engaging in the direct attacks, but there are many more of you that are contributing to the problem. By refusing to follow lawful orders, by inciting others, by cheering when staff is assaulted – you are part of the problem. The majority of the population is suffering because of the acts of a few.

There may be some confusion about the recent changes in Restrictive Housing (segregation). If you assault staff you will be assigned to Longer-term Restrictive Housing. You will be given a behavior and programming plan, and provided opportunities to change your behavior. You won't be moved to a less restrictive setting until you demonstrate an appropriate level of risk.

Your assignment to restrictive housing is a classification action, not a disciplinary sanction. It is not time driven. Classification assignments are based on the risk you present. If you assault staff, you present the highest level of risk – and you will be housed consistent with that risk. In addition to being removed from general population, you will lose up to two years of good time and be referred for prosecution for felony assault.

Violence is unacceptable and will not be tolerated. You say that change is needed, and I've told you I agree. The pace at which we create positive change will be significantly slower if violence continues.

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS
Collaborative Approaches to Public Safety

Findings of the Justice Program Assessment of Nebraska's Prisons

Bree Derrick, Project Manager
Sara Friedman, Policy Analyst
Jennifer Kisela, Senior Policy Analyst

June 21, 2016

NEBRASKA CAN IMPROVE ITS PRISON PROGRAMMING AND REDUCE RECIDIVISM

Nebraska invests millions of dollars annually in rehabilitative programming in prisons. To better understand if these programs are effective, the Nebraska Department of Correctional Services (NDCS) requested that The Council of State Governments (CSG) Justice Center conduct an in-depth assessment of institutional programs to identify how the department can modify its investments to maximize recidivism reduction.

After a 6-month review, staff have found that NDCS uses several state-of-the-art risk-reducing programs. However, the people who need these programs face clear and persistent barriers to accessing them. **Current approaches to program delivery at NDCS silo program assignment and unnecessarily stretch program delivery out over time, leading to inefficiencies that increase costs to the state by delaying parole readiness.** One-third of people within a year of their parole eligibility date are denied a parole hearing due to lack of programming, leading to numerous people jamming out of prison without supervision.[1]

State leaders set a clear mandate for NDCS to reduce jam outs and better prepare people to return to the community from prison. Prison programs are an important component of this, but NDCS' lack of staffing capacity to deliver programs in a timely manner and inability to target programs to the right people reduces the potential impact of the state's investment in recidivism reduction.

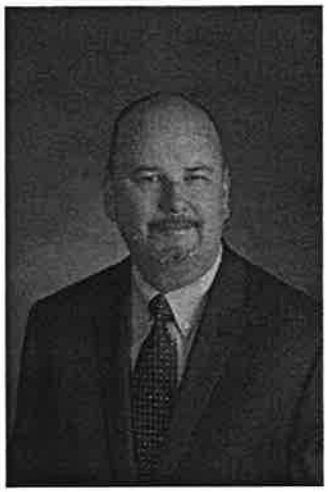
Nebraska's investments in prison-based programming could have greater impact if NDCS adopted a more evidence-based program assignment and sequencing strategy:

- Use a streamlined assessment to direct people into programs more quickly;
- Make program assignments based on an individual's risk, needs, and time to parole eligibility;
- Modify programs to allow multiple need areas to be addressed simultaneously;
- Expand capacity by adding to the array of core risk-reducing programs (i.e., cognitive behavioral interventions that address criminal thinking) and increase how often they are provided by dedicating some staff to running programming; and
- Develop a system to monitor program delivery and outcomes over time.

Additionally, the state of Nebraska should:

- Increase access to evidence-based community programs for justice-involved populations.
- Incentivize service providers to create a continuum of care in the community that is coordinated with prison programming models.

A DESIRE TO REDUCE RECIDIVISM THROUGH PROGRAMMING



"NDCS is committed to improving recidivism-reduction interventions in our prisons and increasing our capacity to provide quality programming, which is why I requested this assessment. The improvements we make to our programming based on these recommendations will ensure people return to our neighborhoods having had the opportunity to make positive change. Our mission is described in three words; Keep People Safe. Programming is how we transform lives and keep our prisons and communities safe."

—Scott Frakes, Director, NDCS

"The purpose of our prisons is to protect the safety of the people of Nebraska. As we work towards this goal, our prison system must more effectively reduce recidivism. To this end, we must deter offenders that have served their time from committing new crimes as they reenter society."

—Governor Pete Ricketts

THE JUSTICE PROGRAM ASSESSMENT

The Justice Program Assessment (JPA) looks at recidivism-reduction program impacts. Program impacts are the result of the integration of several key elements: targeting the right people based on risk, relying on effective programs, and implementing programs with quality and fidelity. With these elements in place, a system is more likely to reduce recidivism.

While traditional program evaluations may focus solely on the impacts of one program, the JPA examines all three aspects of program functionality and funding allocations within an entire system.

The **JPA system analysis** commenced in November 2015, and was completed in May 2016. During this time, CSG Justice Center staff completed eight site visits to gather information, observe practices, and speak with staff:

8 adult correctional institutions visited out of Nebraska's 9 adult facilities

24 sex offender, substance use, cognitive behavioral, and violence prevention programs observed

50+ clinical and programming staff and **25+** inmates interviewed

75,000+ offender records analyzed

THE JPA IS FOCUSED ON CORE RISK REDUCING PROGRAMS

Research clearly shows that core risk-reducing programs are those that target criminogenic risk factors, or those aspects of an individual that are directly related to future criminality.

Andrews, Bonta, & Wormith[2] identify eight criminogenic risk factors, with criminal history, criminal thinking, criminal associates, and criminal personality pattern topping the list as being the most predictive of future offending.

In Nebraska, this means the JPA focused on programs that address criminal thinking, sex offending, substance use disorders, and violence reduction. These programs were selected because they directly target priority risk factors and address some of the most significant public safety threats.

While additional programs exist (e.g., educational/vocational, victims' impact, etc.), and in some cases were observed during the JPA, the focus of findings are on programs identified as core risk reducing. It is important to note that research has demonstrated that programming in other areas, such as employment, needs to address criminal thinking in addition to any traditional approach (e.g., job readiness skills) in order to be effective at reducing recidivism.[3]

Predictors of Criminal Behavior

Most predictive

Domains
History of Criminal Behavior
Antisocial Attitudes, Values, and Beliefs
Antisocial Peers
Antisocial Personality Characteristics
Lack of Employment Stability and Educational Achievement
Family and/or Marital Stressors
Substance Use
Lack of Prosocial Leisure Activities

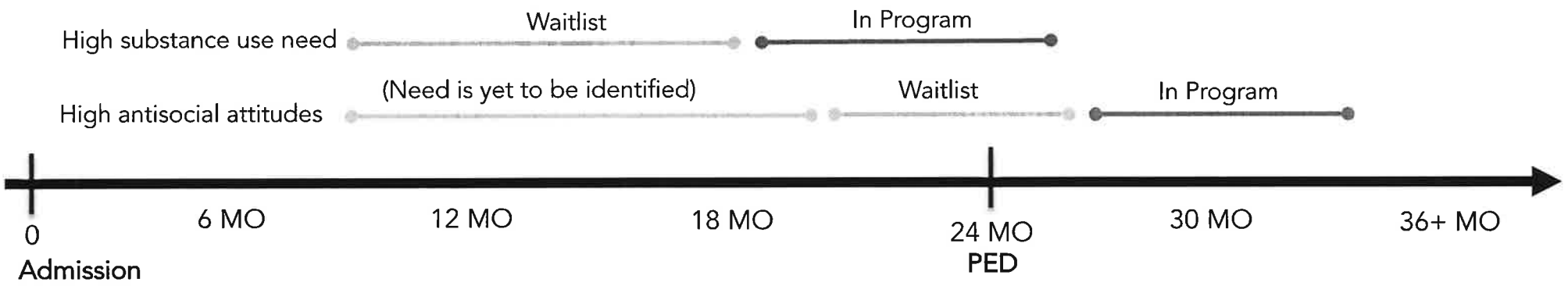
Least predictive

THE CURRENT MODEL OF PROGRAMMING DELIVERY AT NDCS

NDCS' current program referral model delays the start of programming until just prior to parole eligibility at the earliest and prioritizes only one main intervention. Programming delays are exacerbated by capacity limitations. Referral into cognitive behavioral programming for antisocial attitudes is driven by Board of Parole requirements or an individual's interest instead of assessment at the beginning of admission to NDCS. As a result, an individual may be unaware he or she needs to enroll in this type of program until a case review with the Board. Additionally, cognitive behavioral programming is often inaccessible while attending other programs, like substance use or sex offender treatment.

Case example: An individual arrives at NDCS with a four year sentence and is parole eligible after two years. He is assessed for violence and substance use and found to only need residential substance use treatment programming. After 9 months he is transferred to a facility which offers residential substance use treatment and requests to be put on the waitlist. When attending a Board of Parole case review he is notified by the Board that they would like him to have cognitive behavioral programming to address his criminal thinking prior to being granted parole. As a result, the individual is placed on a waitlist for programming and delayed being paroled from the institution.

Example: Current System for Assessment and Referral



JPA FRAMEWORK OVERVIEW

STRATEGY	FRAMEWORK	PRACTICES
1	Target the right people based on risk (Who)	✓ ASSESS RISK ✓ PROGRAM BASED ON RISK ✓ ADDRESS MULTIPLE NEEDS
2	Rely on effective programs (What)	✓ USE RESEARCH ✓ INTEGRATE SERVICES ✓ INTENSITY AND SPEED ✓ OFFER A CONTINUUM
3	Implement with quality and fidelity (How Well)	✓ IMPLEMENT CONSISTENTLY ✓ ENSURE FIDELITY ✓ EVALUATE PROGRAMS ✓ TRAIN STAFF
4	Reduce recidivism and take action (Action)	✓ FISCAL ANALYSIS ✓ IMMEDIATE NEXT STEPS ✓ LONGER TERM ACTIONS ✓ EXPECTED RESULTS

1. Who should receive programming?

Goal: Prioritize programming resources for individuals who are most likely to reoffend

FINDINGS

NDCS misses opportunities to identify risk and needs and target program resources accordingly.

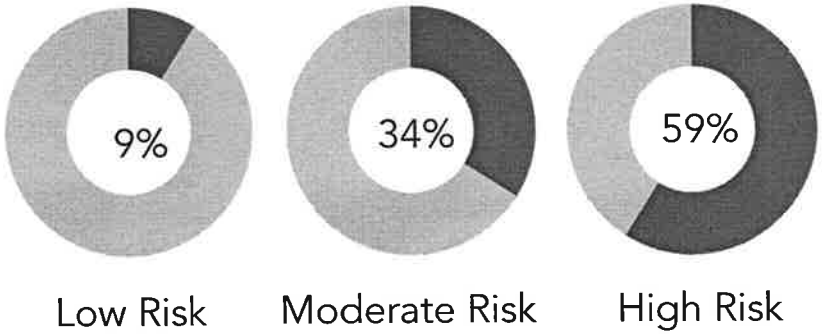
- ✗ No general criminogenic risk and needs tool currently in use
- ✓ STRONG-R assessment tool beginning July 2016
- ✓ A number of assessments in use for specific types of risk (e.g., sex offender) and needs (e.g., substance use)
- ✗ Resources wasted on duplicative assessments
- ✗ Long waits for program assessment and program entry
- ✗ Programs do not address multiple criminogenic needs

PROGRAMS SHOULD BE DIRECTED TO HIGHER-RISK INDIVIDUALS

Risk is defined as the likelihood of reoffending. Criminogenic risk assessment helps identify risk level and sort people into similar categories of risk.

EXAMPLE

Rate of Recidivism by Risk Level for a Community Supervision Sample[4]



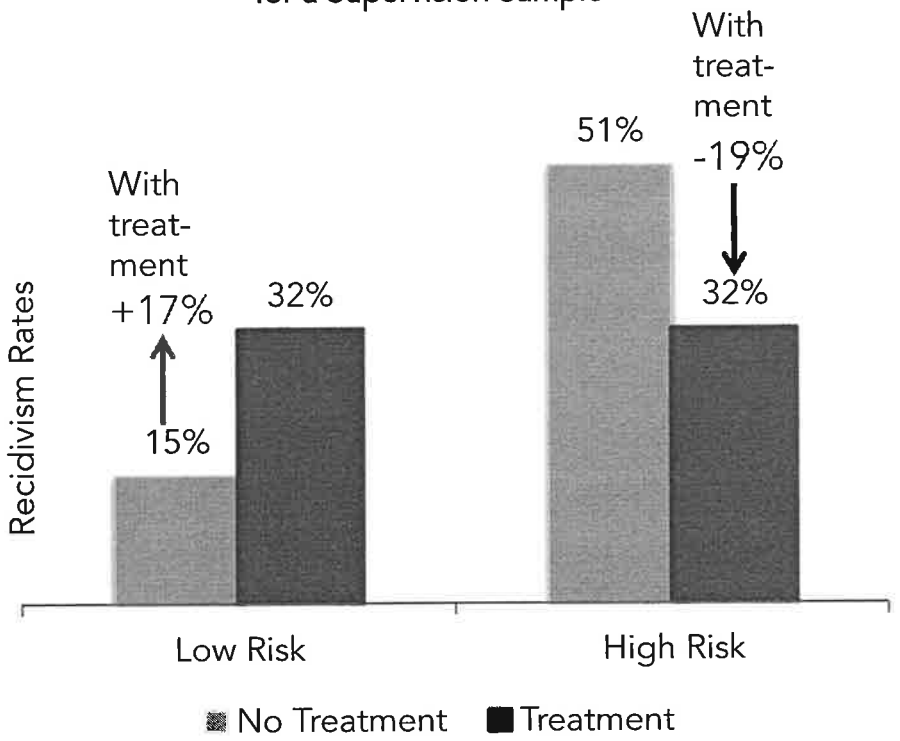
Risk assessments are actuarial tools which help group people according to their likelihood of reoffending. In the study above,* low-risk individuals had a 9% likelihood of recidivating, moderate-risk had a 34% chance of recidivating, and high-risk had a 59% chance of recidivating.

* The study is not specific to the Nebraska population.

Lack of meaningful risk categories among individuals can lead to wasting scarce resources, over-treating/over-supervising, and under-treating/under-supervising.

Studies have shown that treating low-risk people actually *increases recidivism*, while treating high-risk people with high-intensity programming dramatically decreases recidivism. Further, providing very low-intensity programming to high-risk people does little, if anything, to reduce recidivism.

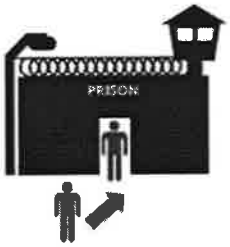
Recidivism Rates by Risk Level and Treatment Dosage for a Supervision Sample[5]



NEBRASKA'S CURRENT ASSESSMENT PROCESS INCLUDES SIGNIFICANT DUPLICATION

Pre-sentence Investigation (PSI)

PSI assessments include: general criminogenic risk and screenings for substance use, sex offending, and some types of violence



At Prison Intake

Intake assessments include: safety, mental health status, classification, and initial clinical screenings for substance use, sex offending, and violence

NEBRASKA FINDINGS

Approximately 80–85% of all admissions have a PSI completed, which includes a number of risk and needs assessments. Upon admission to NDCS, all individuals are reassessed on many of the same instruments (e.g., SASSI, Static-99R) and will soon be reassessed again with the STRONG-R.

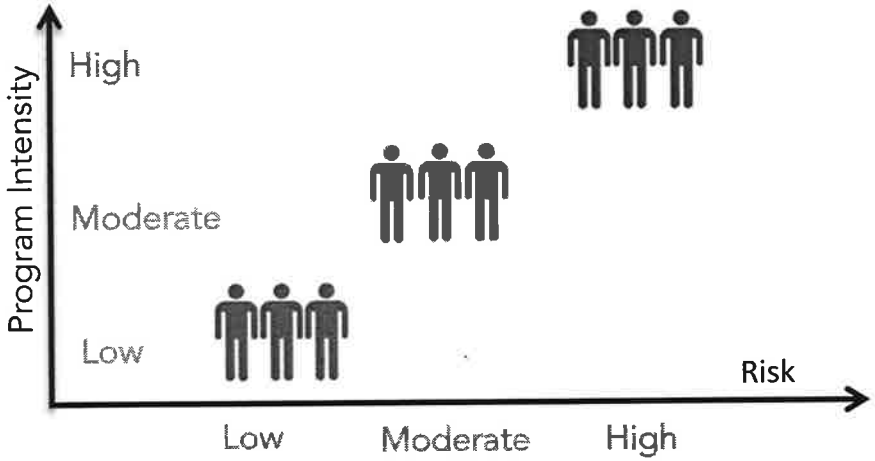
RECOMMENDATIONS

Improve information sharing to limit redundant assessment and make better use of the PSI information. If reassessment is necessary, leverage PSI information to reduce redundant interviewing of the individual and streamline processes. Focus initial rollout of the STRONG-R on those individuals who have more than 18 months to serve in prison.

USE A RISK AND NEEDS ASSESSMENT TO DETERMINE PROGRAMMING

BEST PRACTICE STANDARDS

1. Using a validated risk and needs tool correctly to target the high-risk population ensures that people are placed into the most impactful programming based on their personal risk and needs.[6]
2. Program type should be matched to the risk level of the individual: intense programming for high-risk offenders can significantly reduce recidivism, while too much programming for low-risk offenders can increase recidivism.[7]



NEBRASKA FINDINGS

The lack of a criminogenic risk and needs tool is detrimental to program placement.

- NDCS is currently in the process of adopting the STRONG-R risk and needs assessment, with the expectation that staff will begin administering the assessment in July 2016.
- It is not clear if all high-risk people receive programming that is appropriate for their risk type, as the STRONG-R is not yet in place and NDCS is not fully leveraging PSI assessment information. Criminally diverse people who are overall high- risk but are not high-need in a particular category, like substance use, may be slipping through the cracks.

RECOMMENDATIONS

Once the STRONG-R is fully implemented, use it to assess all individuals entering prison in order to identify programming needs. In the period before full STRONG-R implementation, use PSIs to inform program placement, especially for people with short sentence lengths. Once a baseline profile of an annual admissions cohort is established, modify programming availability to meet needed program levels based on risk and needs.

SHORTEN THE TIMEFRAME TO CONDUCT ASSESSMENT AND ENTER PROGRAMMING

NEBRASKA FINDINGS

Long delays for both program assessment and delivery prevent inmates from being released by PED.

- NDCS does not fully use the many assessment results available in an inmate's pre-sentence investigation (PSI) and often duplicates assessments unnecessarily.

- Inability to deliver programming prior to Parole Eligibility Date (PED) contributes to people jamming out of prison without supervision.

The Board of Parole declined to set a parole hearing for 33% of people who were within a year of PED because of incomplete programming.[8]

- NDCS has recently taken commendable steps to shift placement of inmates into programming earlier in their sentences and expediting clinical needs assessments.

However, there are still long delays between assessment and program start. On average, people wait more than a year to receive programming.

- Clinical review teams, which make programming recommendations, operate in silos so that individuals end up only working toward one programming goal at a time and are often not on assessment or program waitlists simultaneously.

RECOMMENDATIONS

Leverage PSI assessment information to assist in completing the STRONG R during admissions. Additionally, limit initial programming assessment by clinical review teams to those who score moderate to high risk on the STRONG-R and have complex clinical issues that complicate program selection.

Plan program delivery based on time to serve:

- **Fewer than 6 months in prison** – Expedite moderate and high risk individuals into cognitive behavioral programs for criminal thinking that can be started within NDCS and finished in community. Leverage clinical assessments completed with the PSI to assist with community referrals.

- **6 - 18 months in prison** – Prioritize cognitive behavioral programs for criminal thinking as soon as possible. Make other programming recommendations based on individual needs within 90 days of admission. Lengthy programs can be started within NDCS and finished in the community.

- **Greater than 18 months in prison** – Administer the STRONG-R within 30 days and additional clinical assessments within 60 days of admission. Address multiple needs prior to parole eligibility.

TARGET MULTIPLE CRIMINOGENIC NEEDS

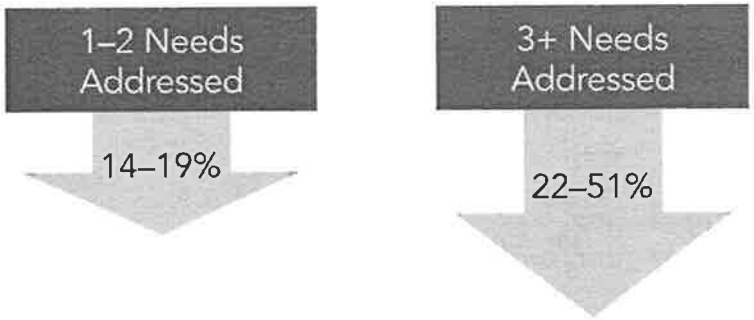
BEST PRACTICE STANDARDS

1. Programs that target multiple criminogenic needs are more successful at reducing recidivism than programs that target only one criminogenic need, or only non-criminogenic needs.[9]

2. Program placement decisions should be based first on an individual's overall risk score and then on that person's assessed needs.[10]

3. A comprehensive individual case plan should prioritize and sequence programming based on individual needs, parole eligibility, and custody levels.

Reductions in Recidivism



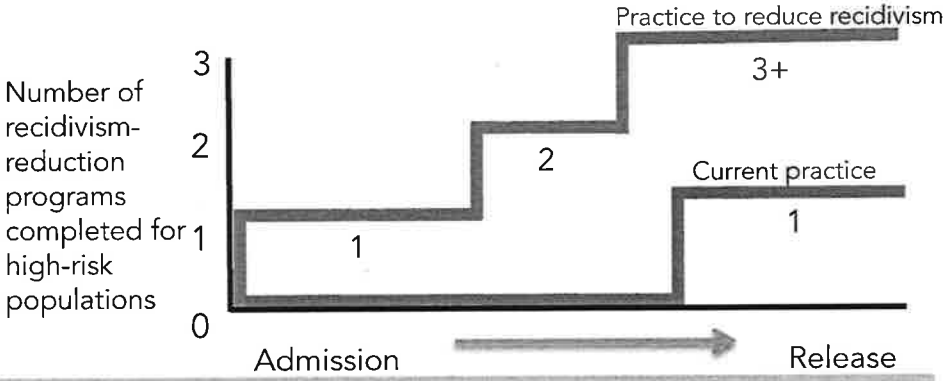
NEBRASKA FINDINGS

Failure to target multiple criminogenic needs reduces the impact of NDCS interventions.

- NDCS prioritizes programming based on an individual's primary need area, which results in directing a person into one program to the exclusion of other important programming (e.g., an individual may have to leave residential substance use treatment to participate in sex offender treatment programing).

- NDCS programming recommendations occur in silos, creating a fractured programming plan.

- Leaving programming to the end of a person's sentence means many offenders will complete only one program.



RECOMMENDATIONS

Identify the full risk and needs profile of each person and determine the top 3–4 dynamic risk areas. Use holistic case plan to track program recommendations and alter programming schedules to allow inmates to access multiple programs at once. Sequence programming so that criminal thinking problems are addressed early in the prison stay.

2. What programs should NDCS use?

Goal: Rely on programs with demonstrated impact on recidivism and/or a research-driven approach

FINDINGS

NDCS misses opportunities to use non-clinical interventions to reduce recidivism and is not able to serve everyone who needs programs.

- ✓ Most NDCS core programs use nationally recognized, evidence-based curricula
- ✗ Staff depart from curricula and leave out graduated skills practice too often
- ✗ Participant groups are mixed by risk-level
- ✗ Programming is delivered slowly—only a few hours per week
- ✓ Very strong clinical staff deliver high-quality services, and there are programming levels of care to treat diverse levels of need
- ✓ NDCS is in the process of expanding programs to address criminal thinking
- ✗ Programs in the community do not adequately provide a continuum of services to address the needs of the parole population

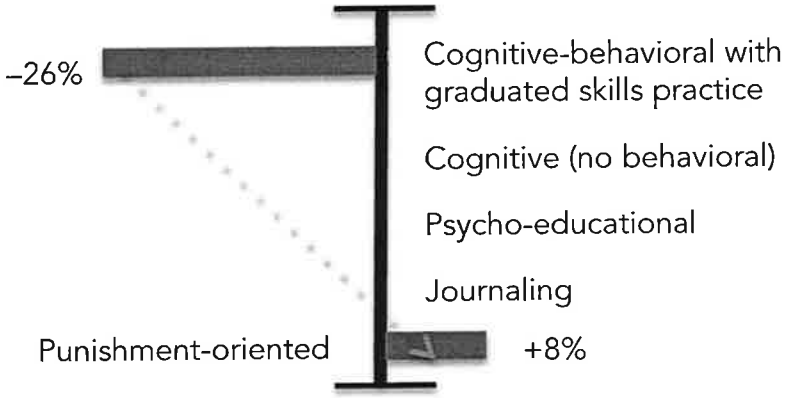
USE RESEARCH-DRIVEN CURRICULA TO TEACH NEW SKILLS

BEST PRACTICE STANDARDS

1. The most effective programs at reducing recidivism use a cognitive-behavioral approach.[11]

2. Cognitive-behavioral programs include the demonstration of new skills and require participants to practice new skills to replace antisocial or maladaptive behaviors. This graduated skills practice is critical to behavior change.

Changes in Recidivism by Program Type[12]



RECOMMENDATIONS

Continue to use existing research-based curricula and require graduated skills practice for core programs. Restrict modifications from being made to established curricula manuals. Add additional cognitive-behavioral program which targets criminal thinking and incorporates graduated skills practice.

NEBRASKA FINDINGS

Programs use leading evidence-based curricula but often go off script; NDCS needs more programming to address criminal thinking, the top dynamic risk factor for reoffending.

- NDCS uses premier programs that rely on evidence-based practices

Curriculum	Target Area	Modality	Research Summary
Good Lives Model	Sex Offending	CBI	✓ Effective
Violence Reduction	Criminality / Violence	CBI	✓ Effective
New Directions	Substance Use	CBI	✓ Effective

- These programs have rigorous empirical support, but are frequently modified by staff, which nullifies research findings for the models. Graduated skills practice is frequently left out.
- The primary criminal thinking curricula at NDCS, Moral Reconation Therapy (MRT), lacks graduated skills practice, a core cognitive-behavioral component.
- In the past year, only 170 individuals have completed programming to address criminal thinking. Program capacity is expanding with 334 individuals actively attending group. An estimated 1,400 newly admitted individuals should receive cognitive-behavioral programming annually.*

*Estimation based on proportion of 2015 annual admissions expected to be high or moderate risk

USE PROGRAMS RESPONSIVE TO DIVERSE NEED LEVELS

BEST PRACTICE STANDARDS

1. High-need individuals should have more immediate and intensive programming with closer clinical oversight than others.[13]

2. Systems should offer a continuum of programs that include non-clinical and clinical interventions and cover outpatient, intensive outpatient, and residential programming.

Continuum of Programming

Structured correctional programs | Outpatient | Intensive Outpatient | Residential, medically-monitored programs

NEBRASKA FINDINGS

NDCS should maintain various levels of clinical programming and expand the use of structured correctional programming that can be delivered by non-clinicians.

- A vast majority of programming at NDCS is provided by those with clinical licensure, but these clinicians only spend a fraction of their time delivering programs. This resource-intensive approach greatly limits access to programming.

- NDCS programs administered by clinicians are stacked at the highest end levels of care with very little programming for individuals with various needs, like criminal thinking errors. This approach relies on hiring and retaining clinical staff, which is a constant barrier at NDCS.

- Individual programs do not adequately integrate interventions to meet the multiple needs of the highest-risk offenders.

- NDCS does not currently offer gender-responsive programming that addresses women's unique path to prison.

RECOMMENDATIONS

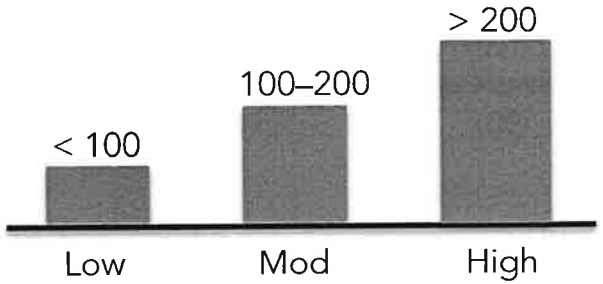
Expand non-clinical correctional programming delivered by trained paraprofessionals while keeping clinical programming levels intact. Increase the use of integrated treatment options that address multiple needs. Provide gender-responsive programming to incarcerated women.

INCREASE PROGRAM INTENSITY AND SPEED OF PROGRAM DELIVERY

BEST PRACTICE STANDARDS

1. Moderate-risk people require 100–200 hours of programming, and high-risk individuals require 200–300 hours of programming to impact recidivism, which can be done in prison or in the community.[14]

Program Dosage (in hours) by Risk Level



2. Programs that are provided in a milieu (e.g., a therapeutic community) should ensure that a majority of time is spent in structured therapeutic tasks aimed at reducing recidivism.[15]

NEBRASKA FINDINGS

Programs are delivered more slowly than recommended, and inmates may not be receiving an adequate dosage.

- NDCS programming is delivered at a very slow speed, the groups often meeting only once a week but spread out over many months or years, which leaves ample room to streamline program delivery.

E.g., 16 hours of programming may take 16 weeks to deliver under the current model

NDCS could deliver the same dosage of programming more quickly (8 weeks)

- Without comprehensive case planning and program delivery tracking, it is not clear if people are receiving the recommended number of programming hours.

RECOMMENDATIONS

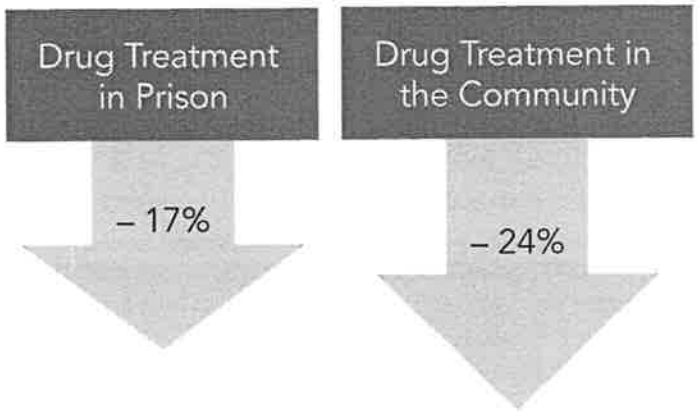
Streamline program delivery to provide programs at a greater speed and ensure program completion ahead of an individual's parole eligibility date (PED) for individual's serving long sentences. **Individuals serving fewer than 6 months in prison** should be placed in programs that can begin within NDCS and completed in the community to meet recommended dosage hours. **Individuals serving 6-18 months in prison** should first be placed in programs they can complete while incarcerated, and then in programs they can complete in the community. **Individuals serving greater than 18 months** in prison should meet dosage thresholds with a combination of programs provided in advance of PED. Increase overall program capacity by using prison programming space after hours and on the weekends and re-allocating staff time to focus more on programming delivery.

ESTABLISH A CONTINUUM OF SERVICES INTO THE COMMUNITY

BEST PRACTICE STANDARDS

1. Programs are more effective at changing offender behavior when they are conducted in the community.[16] This allows people to build and keep protective factors in place that reduce the likelihood of recidivism. It also allows program participants to practice new skills in real-life situations.

Impact on Recidivism Rates



2. Parole-eligible individuals should only be denied parole due to lack of program completion when a program is unavailable in the community or if the individual poses a public safety risk without it.[17]

NEBRASKA FINDINGS

Community programs do not adequately meet the needs of people reentering society after being in prison.

- Currently, the Board of Parole is often forced to deny or delay parole to inmates due to long waitlists for prison programming and a lack of adequate options for programming in the community.
- Parolees have some access to services at Office of Probation Administration (OPA) reporting centers but more can be done to promote new contracts in the community and help providers work with the correctional population.
- Inmates are only accepted into NDCS programs that they can complete while incarcerated, even if the program model allows for entry into a community group for completion.
- Adult Parole Administration has limited funding to provide adequate substance use and criminal thinking programming.

RECOMMENDATIONS

Coordinate prison and community-based programming for people who are on post-release supervision and parole. Allocate additional resources to provide programming to parolees in the community based on assessed risk and needs. Incentivize community providers to work with individuals under supervision and require providers to be trained in effective interventions for correctional populations.

3. How well are programs delivered?

Goal: Ensure programs are implemented with quality and fidelity and track outcomes

FINDINGS

NDCS needs to develop policies and procedures that ensure quality programming over time.

- ✓ Staff have a good rapport with program participants
- ✓ New facilitators of sex offender programs receive intensive on-the-job training and are observed delivering programming by supervisors
- ✗ Ongoing staff training is inadequate to sustain high-quality programs over time
- ✗ No structured quality assurance checks are in place
- ✗ Program delivery is inconsistent across facilities
- ✗ NDCS does not collect standardized data metrics across all programs

MONITOR PROGRAMS TO ENSURE FIDELITY AND INCREASE PROGRAM EFFECTIVENESS

BEST PRACTICE STANDARDS

1. Programs are more effective at reducing recidivism when they are run with fidelity to the program model. It is important to conduct ongoing observations to ensure continuing fidelity.[18]

2. Data should be collected and analyzed at the client, staff, programming, and agency level to provide an overall picture of how programming investments are impacting the system.[19]

3. Programs should undergo periodic evaluations using validated tools like the Correctional Program Assessment Inventory or the Correctional Program Checklist.[20]

4. Further, formal outcome evaluation studies should be conducted only when conditions exist that would make the results generalizable (i.e., there is stability in program model and consistency in delivery).[21]

NEBRASKA FINDINGS

NDCS currently lacks a quality assurance mechanism to monitor programming. Data collection is highly variable across programs, and there is no current ability to assess programs with a validated tool.

- With few exceptions, program facilitators are not observed conducting groups and are not given feedback on fidelity to the established model, facilitation skills, or managing group dynamics.

- NDCS facilitators and supervisors are able to make modifications to curricula and/or treatment models, causing inconsistencies in the quality and content of programs across locations.

- NDCS data related to programming is largely collected at facility or unit level with inconsistent entry into agency data systems.

RECOMMENDATIONS

Create policies that require regular quality assurance checks to be done on all programs. Provide feedback to facilitators to enhance their skills. Develop a review process where in-house experts identify any modifications that need to be made to a program and ensure the changes are consistent with the research and are applied across all facilities. Train NDCS staff to conduct validated program assessment on all core risk-reducing programs at least once every 3 years. Standardize programming data elements in NDCS data systems and require all programs to document programming and quality assurance measures in a timely manner.

ENHANCE STAFF SELECTION AND TRAINING FOR PROGRAM FACILITATORS

BEST PRACTICE STANDARDS

1. Studies show that even evidence-based curricula can increase recidivism when facilitated poorly.

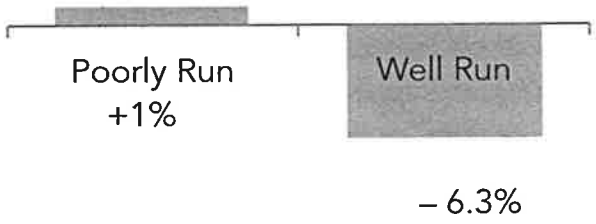
2. Initial staff training on curricula should be conducted by appropriately trained or licensed individuals as recommended by the program developer.

3. Ongoing training is necessary to provide high-quality programming. When facilitators receive annual training on evidence-based practices and service delivery for justice-involved individuals, outcomes are improved.[22]

4. Staff who have a minimum of an associate's degree in criminal justice or the social sciences produce better treatment effects.[23]

5. Facilitators who are committed to helping others, enthusiastic, respectful, empathetic, and engaging have a greater impact on reducing recidivism. [24]

Change in Recidivism by Quality of Facilitation of Cognitive-Behavioral Program[25]



NEBRASKA FINDINGS

NDCS does not have ongoing training for program facilitators, which impacts their ability to continually deliver high-quality programming.

- Certain NDCS staff have been trained to facilitate specific curricula. However NDCS does not have in-house trainers or regular booster trainings to sustain efforts long-term.
- Program facilitators have many other responsibilities, like crisis management, so attention is often split many ways.
- NDCS has not set a minimum standard for program facilitator education or skill set, with the exception of programs requiring clinical licensure.
- NDCS does not routinely provide training on evidence-based practices. Many of the clinical staff are experts in a particular treatment model but not on best practices for justice-involved individuals generally.

RECOMMENDATIONS

Dedicate some staff to solely facilitate programs. Identify additional staff who are interested and meet minimum educational qualifications in facilitating programming. Support staff skill development through initial and booster training efforts. Develop in-house trainers for core programs to sustain efforts and integrate agency trainers into job training, booster, and quality assurance efforts.

4. How does NE take action to improve programs?

Goal: Begin immediate implementation of recommendations to improve program effectiveness and reduce recidivism

Timeline	
In Progress	Implementing risk assessment, using trained paraprofessionals for some program facilitation, increasing staff training, and creating quality assurance measures
2017 Fiscal Year	Increase program capacity, streamline assessment and program recommendations, standardize curricula delivery, deploy quality assurance checks, and improve programming and fiscal data collection.
2018–2019 Fiscal Years	Modify program availability to meet population risk levels, sequence criminal thinking early in the prison stay, meet dosage thresholds, and use integrated treatment options. Coordinate prison and community-based programming and develop a robust system to regularly train staff and assess programs.

FISCAL ANALYSIS

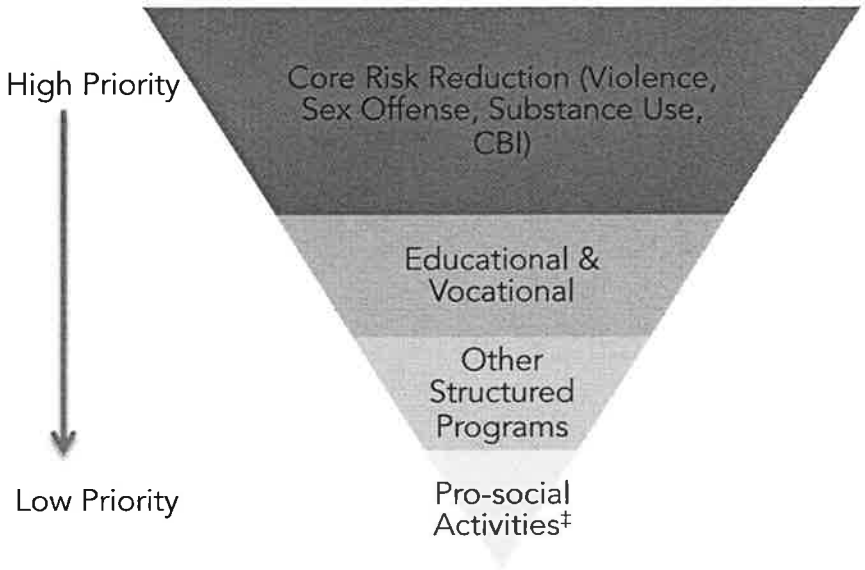
NDCS allocates* approximately $5.1 million per year toward core risk-reducing programming.†

NDCS tracks expenditures by each department without individual program costs broken out. For example, NDCS can track expenditures for the Chemical Dependency department, but isn't able to pinpoint funds spent on residential substance use treatment programs versus non-residential substance use treatment programs. Therefore, the CSG Justice Center was able to estimate programming costs within larger NDCS departments that provide core risk-reducing programs, but cannot determine per-program costs.

Nebraska Core Risk-Reducing Categories Funding Allocation

Substance Use	$2,234,592
Mental Health (includes sex offender treatment and violence reduction programs)	$2,839,833
Cognitive Behavioral (MRT)	$86,701
TOTAL	**$5,161,126**

Programs by Priority and Potential Investment



As a result of how NDCS tracks expenditures, the CSG Justice Center is unable to fully examine the average cost per individual receiving programming or the proportion of total programming funds allocated to core risk-reducing programs, such as residential substance use programming or sex offender treatment.

With more robust programming data, as recommended in the previous section, and better defined programming categories for fiscal tracking, in the future Nebraska can determine if it is investing appropriately in programs that reduce recidivism.

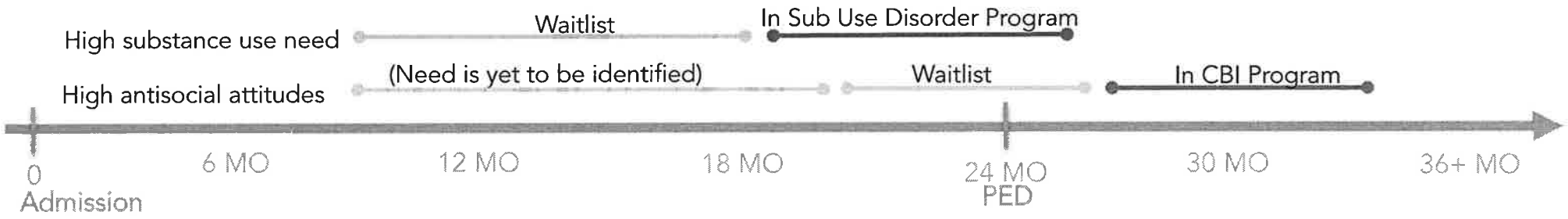
* Allocation may not reflect funds actually spent. Expenditures are expected to be lower due to staff openings.
† Cost estimates based on percentage of staff time estimated to go to programming.
‡ E.g., religious groups, recreation, self-help groups, etc. to supplement structured therapeutic hours

RECOMMENDATIONS

Begin to track programming-related expenditures in separate fiscal categories. Fiscal data should be collected such that it allows disaggregation of costs attributable to staffing and costs for program materials. Ensure that ongoing allocations prioritize risk-reducing programs; increase funding for programming to address criminal thinking.

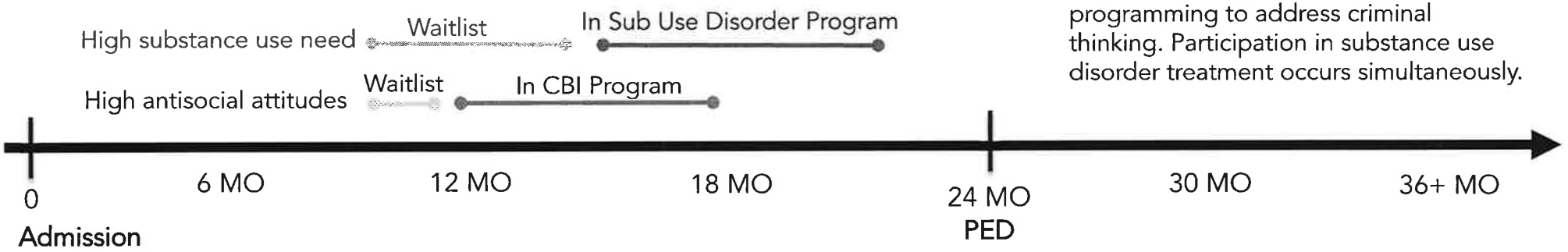
A MORE IMPACTFUL PROGRAMMING MODEL

Current System for Assessment and Referral



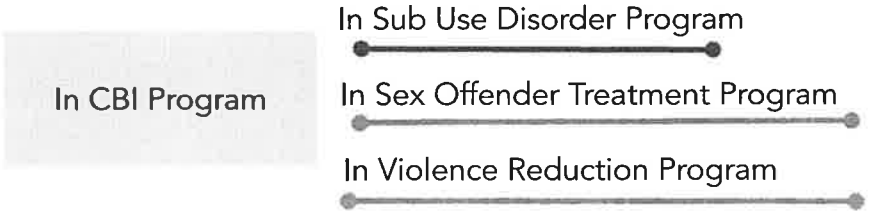
An improved system would target multiple criminogenic needs simultaneously.

Proposed System for Assessment and Referral: Concurrent Programming



In this example, moderate and high-risk individuals are immediately placed into programming to address criminal thinking. Participation in substance use disorder treatment occurs simultaneously.

Proposed System for Assessment and Referral: Criminal Thinking Programming as Central



In this example, programming to address criminal thinking serves as foundational programming and then programming to address specific needs, like violence or sex offending, are offered as needed. It is not likely that an individual will require all four program listed here.

IMMEDIATE NEXT STEPS TO TACKLE PROGRAMMING CHALLENGES

Better leverage risk assessment information	During initial STRONG-R implementation, put policies and procedures in place to leverage existing information from the PSI. Use the STRONG-R to determine the full risk and needs profile of each individual, identify programming priorities, and serve as the trigger for additional clinical assessments.
Stop modifying evidence-based curricula delivery	Continue to use existing research-based curricula and restrict modifications from being made to it. Require graduated skills practice in core programming, rather than allowing it to be optional.
Increase program capacity	Begin implementing changes that would allow for use of programming space after hours and on weekends, shifting staff responsibilities to allow time for more direct services, and reorganizing program delivery so that it is faster.
Support program facilitation staff	Create a training plan for staff to improve their program facilitation skills and begin to provide regular feedback to facilitators on how they are doing. Identify non-clinical staff who are interested and meet minimum educational qualifications to facilitate programming.
Improve data collection	Standardize programming data collection measures in NDCS data systems and require all programming metrics to be accurately documented.

LONGER-TERM ACTIONS TO REDUCE RECIDIVISM AND SUSTAIN PROGRAM IMPROVEMENTS

Increase integrated treatment options	Modify program delivery to allow inmates to access multiple programs at once if needed. Offer programs at a higher intensity and sequence programs so that dosage thresholds can be met by a combination of programs in advance of the parole eligibility date.
Optimize programming recommendations for varying sentence durations	Consider sentence length when identifying an individual's programming priorities. Individuals serving fewer than 6 months in prison should only enter programs they can continue in the community. Individuals who are medium or high risk and serving 6-18 months in prison should begin a cognitive behavioral intervention for criminal thinking as soon as possible. Individuals serving greater than 18 months in prison should be sequenced in programming in advance of PED.
Shift programming staff & expand training	Increase use of trained paraprofessionals, who meet minimum educational requirements, in program delivery to free up clinical staff time. Develop in-house trainers for core programs to support staff skill development through initial and booster trainings.
Ensure programs continue to operate with fidelity	Develop a quality assurance review process where in-house experts identify any modifications that need to be made to a program and ensure the changes are made consistently across the facilities. Conduct program assessments for all core risk-reducing programs, using a validated tool, at least once every three years.
Build capacity to treat people returning to the community	Incentivize community-based providers to treat people leaving prison and promote training on effective interventions for criminal justice-involved populations. Coordinate prison and community-based programming by allowing inmates to start programs in prison and finish on post-release supervision or parole.

EXPECTED IMPLEMENTATION RESULTS AFTER THREE YEARS

☑ **Every** high-risk individual will have access to risk-reducing programs to address multiple criminogenic needs by PED. Program assignment decisions will take into account sentence length to better serve individuals with varying amounts of time in prison.	☑ **100%** of people will receive general criminogenic risk assessment upon admission to NDCS.	☑ There will be a continuum of services from facilities to the community, so people can have **continuity of care** upon release delivered by providers trained to serve the correctional population.
☑ High-risk people will receive programming to address criminal thinking at the **beginning** of their sentence to reduce their risk and assist with behavior management.	☑ Routine cases will be given initial programming recommendations without clinical review. Clinical review teams will only assess the highest need and most complex cases, freeing up clinical staff time for therapeutic tasks.	☑ Core programs will serve individuals based on their risk level, giving priority to those who have a higher risk. Low-risk people will be directed to community-based opportunities.
☑ Core risk-reducing programs will be delivered more quickly to shorten completion time and increase capacity. By using trained paraprofessionals, clinical staff time will be reserved for the most intensive programs that serve the highest risk individuals.	☑ NDCS will have the capacity to train staff **annually** in program facilitation and evidence-based practices so programs are delivered consistently over time.	☑ Robust data collection measures and quality assurance checks will track how programs are being used and help evaluate program effectiveness.

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ATTACHMENT 35

DATE: June 28, 2016

TO: Scott Frakes, Director

FROM: Michael Rothwell, Deputy Director
Programs and Community Services

SUBJECT: Program Statement

Overview

With the advent of the Strong R it will be imperative to engage offenders in programs designed to address their highest risks. The current system attempts to move inmates into programs based on their PED. Often times the offender is identified too late to successfully complete programs. A 6-month review by CSG Justice Center staff found that the people who need programs face clear and persistent barriers to accessing them. Current approaches to program delivery at NDCS silo program assignment and unnecessarily stretch program delivery out over time, leading to inefficiencies that increase costs to the state by delaying parole readiness.

Solution

The Strong R, case plan, and all related assessments will be completed within 90 days of admission. The case plan will identify the highest risks of the offender with specific recommendations to core programs. The JPA recommended adopting more evidence-based programs:

- Use a streamlined assessment to direct people into programs more quickly;
- Make program assignments based on an individual's risk, needs, and time to parole eligibility;
- Modify programs to allow multiple need areas to be addressed simultaneously;
- Expand capacity by adding to the array of core risk-reducing programs (i.e., cognitive behavioral interventions that address criminal thinking) and increase how often they are provided by dedicating some staff to running programming; and
- Develop a system to monitor program delivery and outcomes overtime.

The programs outlined in the program statement will address the recommendations made in the JPA.

Core programs are identified as:

Moral Reconation Therapy (MRT)

A cognitive behavioral intervention that serves as an introductory program. Moral Reconation Therapy is a cognitive skills program where offenders participate in a group setting and focus on thinking errors. "It is a systematic, cognitive-behavioral, step-by-step treatment strategy designed to enhance self-image, promote growth of a positive, productive identity, and facilitate the development of higher stages of moral reasoning. All of these goals are ultimately demonstrated by more appropriate behavior on the part of the program participants.

Thinking for a Change (T4C)

A higher level cognitive behavioral intervention designed to use role play and thinking reports. This will be initially offered as a transitional program within the last 2 years at WEC and NCCW. Some current facilitators could be trained later as trainers to expand the program. 10 staff at WEC and NCCW have been trained in Thinking for a Change.

Beyond Anger and From the Inside Out

This would be a 16 week program.

Beyond Anger – Connecting with Self and Others is a four-week curriculum helps clients in institutional settings and community corrections address anger, reconciliation, and emotion management and provides guidelines for daily living. Role plays and testimonials by inmates help clients explore spouse and family issues, forgiveness and letting go of the past. The program stresses how to take action, deal with feelings, and make positive progress.

From the Inside Out – Taking Personal Responsibility for the Relationships in Your Life. This is a 12 week curriculum provides clients in institutional settings and community corrections tools for building, strengthening, and maintaining relationships. Concrete examples, specific advice, inmate testimonials, and role plays teach inmates how to improve relationships by taking personal responsibility for them.

The anger management program would be offered at 8 facilities excluding the work release facilities. The program will be facilitated by nonclinical staff who will be trained in this model.

Living Skills

Understanding and practicing the skills needed for daily living are tremendously important, especially in today's economic climate. Living skills is divided into two unique components: Personal Growth and Practical Guidance.

Personal Growth covers the internal skills needed to be a positive member of a community. Topics include:

- Making decisions
- Refusal skills
- Interpersonal skills
- Values and responsibilities
- Setting and attaining goals
- Parenting and child development

Practical Guidance provides information on the day-to-day external skills needed to live a healthy life. Topics include:

- Hygiene and self-care
- Sexual Health
- Looking for work
- Education
- Managing Money
- Securing housing

Both Personal Growth and Practical Guidance are provided on a CD-ROM and two DVDs. Each topic includes a four-session facilitator guide, reproducible client handouts and workbook. Videos show each skill in action.

This program will be offered to offenders in restrictive housing. This is a DVD program with workbooks that could be utilized either in cell or in small groups. This will be offered at TSCI, NSP, LCC, NCCW and NCYF. Non-clinical staff will be utilized to facilitate this program.

Living in Balance

Listed on the National Registry of Evidenced-based Programs and Practices (NREPP) and updated to meet DSM-5 classifications, this flexible program draws from cognitive-behavioral, experiential and Twelve Step approaches to help clients achieve lifelong recovery.

This is a program used for violence reduction, Domestic Violence as well as to supplement substance Abuse programs. LIB will be offered at NCCW, TSCI, WEC, and NSP.

Healthy Sexual Relationships

This will be a companion program to LIB or Beyond Anger that focuses on domestic violence. Oftentimes people in recovery struggle with relationships, and sexual relationships can present some of the biggest challenges. As part of the Recovery series by Hazelden Publishing, Healthy Sexual Relationships in Recovery offers advice from experts who address three distinct areas:

- **Physical Sexual Health** addresses sexually transmitted diseases, infections, exams, and pregnancy.
- **Mental Sexual Health** deals with a person's security, trust of others, self-image, and confidence when it comes to making healthy choices.
- **Abuse** explains the different forms and cycles of abuse, healthy boundaries, safety, and self-care, and the next step in regaining empowerment after abuse.

Beyond Trauma

This will only be offered at NCCW. This is a joint venture with Prison Fellowship using material by Stephanie Covington. This is a gender specific trauma informed program for the women.

Program Staff

The core programs will be offered by nonclinical staff. This would include case managers and case workers at the various facilities. Given the staffing shortage, two staff will be identified to offer each program. These co-facilitated groups will last for 6 months each to enable the respective staff to develop confidence and proficiency. Once demonstrated, an additional group will be added. A small cadre of potential trainers will be identified for future training and expansion.

Program Management

The introduction of new programs will require oversight and supervision to ensure fidelity to the material and within the groups. The following positions are requested:

- Program Manager – Responsible for the oversight of Anger Management, Domestic Violence, Living Skills, Living in Balance, and Beyond Trauma. This position will also be responsible for coordinating program placement with case managers, coordinating

program training, managing waiting lists and coordinating with research and planning data collection and quality assurance.

- Volunteer Coordinator (AAIII) – This position would be responsible for coordinating non-religious activities such as Alternatives to Violence Program at the prisons. This position would be responsible for working with AA/NA external volunteers, and external volunteers working with service clubs in prisons. This position would coordinate the development and implementation of the Peer 2 Peer Program. The Volunteer Coordinator will work with prisons to ensure the service clubs and volunteer programs adhere to prosocial values that support the core programs. The Volunteer Coordinator will also work with the facilities to develop an annual volunteer of year function, followed by a recognition program at Central Office for a volunteer of the year chosen from the facilities.

Required Funding

Program Manager - $24.025/hr plus benefits
Volunteer Coordinator (AAIII) - $20.662/hr plus benefits

Materials – See Attached Quotes
$10,664.56

Training – 16 staff NCCW, TSCI, WEC, NSP
Two day training $4,200 for trainer plus travel expenses (See Attached)

ATTACHMENT 36

CLINICAL PROGRAMS EVALUATION-PHASE 1

This report contains the qualitative analysis of the Violence Reduction Program, Sex Offender Programming iHeLP and oHeLP, and the Residential Treatment Community.

Program Analyst
Ada Alvarez
Date: July 20, 2016

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Executive Summary

I was hired by the Nebraska Department of Correctional Services (NCDS), Research Division, to conduct internal analysis of the programs offered at NDCS. This report uses various research methods to measure the progress and effectiveness of clinical programs offered by NDCS. The process includes three phases. The first consists of evaluating qualitative data. Inmates and staff were interviewed to obtain a holistic perspective of the clinical programs. Phase Two will incorporate quality assurance and data collection. Lastly, Phase Three will be quantitative analyses where I will use statistical modeling to assess effectiveness of clinical programs. Over a six-month period I evaluated the following programs: Violence Reduction Program (VRP), iHeLP (Inpatient Sex Offender Program), oHeLP (Outpatient Sex Offender Program), and Residential Treatment Community (RTC).

Throughout this evaluation process I gathered information about topics such as the housing unit, educational level of inmates, intensity of program, training for staff, progress assessment for inmates, and parole readiness. This report encompasses the voice of inmates, clinical staff, and administration on the current status of the clinical programs and aims to identify why the programs are in their current situation and what their goals are. The key recommendations presented in this report include improving the environment for the inpatient programs, decreasing programming waitlist for screening and entering programs, implement strategies to overcome educational barriers, and addressing communication gaps within the behavioral health team.

Introduction

The purpose of this program evaluation is to provide an objective perspective of the current status of clinical programs and to provide recommendations for improvements of program implementation and data collection. There are three phases to this process. The first phase consisted of interviewing inmates, unit staff, facilitators, supervisors, program managers, and decision-makers to obtain an understanding of the status of each program, data collection methods, learn the strengths and areas in need of improvement, as well as identify the goals for each program. The second phase consists of quality assurance. In this phase I will be using the clinical staff as a resource for knowledge to create an assessment to measure fidelity to the program model. Phase three will be assessing the quantitative data for the programs. I will be conducting analysis and developing reports to see the effects of programs on inmate behavior (Misconduct Reports), recidivism reports, and analyzing the exit surveys. This information herein was gathered during the six months I have been working on phase one in evaluating the Violence Reduction Program (VRP), iHeLP (Inpatient Sex Offender Program), oHeLP (Outpatient Sex Offender Program), and Residential Treatment Community (RTC).

Qualitative Methodology

As a whole I will be using the multi-method approach in evaluating clinical programs. My intent was to start off with quantitative analysis, but in the process I came across various data discrepancies. There are multiple historical records that must be updated, missing start/end dates for programming due to inaccurate data entry, data has been overwritten when updated, and terminations/withdrawals are not consistently tracked on NICaMS. For these reasons I started this project by conducting qualitative analysis to provide me with a rich understanding and context for the later quantitative analysis. Specifically, I used exploratory research to obtain more information for a problem that has not been clearly defined.

In my interview questionnaire I took a grounded theoretical approach, which is an inductive paradigm to research. I used initial guiding questions addressing core concepts, but the questionnaire was not intended to be a static or confining tool. The questionnaire was to guide the research while allowing flexibility to incorporate topics that came up organically during the interview process. The sample size is 98: 48 staff members (unit staff, facilitators, supervisors, program managers, and administration) and 50 inmates. There were five survey instruments used and each instrument was tailored to the specific job classification. Questions were identical within job classification. Participation was voluntary and the opportunity to participate was offered to all Behavioral Health (BH) staff involved in Residential Treatment Community, Violence Reduction Program, and the Sex Offender Programs iHeLP and oHeLP via email.

Inmate interviews were drawn from samples of those who were terminated from a program by staff, those who self-terminated, refusals, completed unsatisfactory, and completed

adequate/satisfactory. In order to obtain this sample the program managers for each program were contacted and asked to provide a random sample of the inmates from the various levels of program. The need to contact staff directly for this list is because refusals and terminations are not tracked on NICaMS.

Once all the data was collected I analyzed the responses for themes and patterns until I reached a saturation point. This means that when going through the interview responses the same information became repetitive and no new information was added. The results of the interviews helped me to determine the goals behavioral health has and also to discover ideas and insights for various issues in programming.

The interview results reported for each program (VRP, iHeLP, oHeLP, RTC) will begin with a description of the clinical review team. Then a description of the program will be followed with the topics pertaining to the program. After that the behavioral health goals will be described and the barriers to achieving those. Lastly, there will be a description of what my role is in working with behavioral health in helping them accomplish their goals.

Clinical Violence Offender Review Team- CVORT

Clinical Violence Offender Review Team makes decisions for initial recommendations, termination, placing an inmate on probation within the program, inmate progression (whether to go to the next phase), and treatment outcome (satisfactory, adequate, or unsatisfactory). CVORT contains about six members and no CVORT member is a facilitator for VRP. CVORT utilizes the Pre-Sentence Investigation (PSI), class study, occasionally staff input (such as inmate's supervisor for job, unit staff feedback) and the inmate's institutional behavior to make decisions. When there is no PSI available CVORT will delay making a decision until they have tried to get

the most information possible, such as police records. All of these documents must be compiled for each inmate prior to the meeting where CVORT will review them.

The current process of preparing information for CVORT is the program manager for violent offenders collects all information available for the inmates that are next on the list to review. This program manager will then work on reviewing the cases that are clearly identifiable to which program an inmate needs: the so called "black and white" cases. At the meeting only the difficult cases are brought for review. Due to the abundant amount of paperwork, CVORT would benefit from a staff assistant who could help in preparing the paperwork for the CVORT meetings, as well as in screening individuals for the "black and white" cases. This would free up time for a LMHP to do duties where a mental health individual is needed.

There is verbal consensus of the decisions made as well as a signed document showing agreement. CVORT members are allowed to dissent to a recommendation and document that formally. There must be at least three members in agreement for a recommendation to be made. If all six members are present, there must be a majority vote. *See Appendix 1 for the statistics of the current status of CVORT workload and information related to VRP completion.

Violence Reduction Program-VRP

The Violence Reduction Program is a 9-12 month program. It is inpatient and meets twice a week for two hours. Each group contains a maximum of twelve individuals. VRP is divided into three phases. The current training method for the facilitators for VRP is informal. Not all facilitators have gone through formal training from Dr. Wong on the model. Facilitators have cognitive behavioral training and learn on the job to facilitate for VRP with the guidance of facilitators already trained in the model.

There is currently no quality assurance in VRP. Because of staff's high workload, formal quality assurance has not been a priority, exit surveys, however, are conducted to obtain feedback from inmates. The current progress assessment is semi-formal assessment. Staff rely on the notes they take after each group session and observations of how inmates are interacting with their peers and other staff to determine the inmate's level of progression. This is used in conjunction with the treatment plan. The quantifiable aspect of the progress assessment is the Violence Risk Scale [VRS], which is used to inform the treatment plan and should be completed at the beginning and end of treatment. This scale allows for participants to demonstrate increased understanding of risk factors and progression through the stages of change. Scores on the VRS can go down based on the second evaluation and this is the preferred way to document progress.

Entry to the Violence Reduction Program

At intake, if inmates obtain a violence offense score greater than six then they are put on the CVORT screening waitlist. Inmates wait approximately 715 days from admission to program recommendation. There is variance in days waiting caused by an individual's sentence structure in number of days waiting. Currently the list for screening holds 805 individuals. Inmates are screened based on parole eligibility date, tentative release date, and other clinical factors. An average of 50% of inmates starts VRP before their parole eligibility date (PED). An average of 9% of inmates complete the program before parole eligibility date with an adequate or satisfactory completion. There are various contributing factors to why an inmate may not complete before parole eligibility date including inmate behavior, placements in restrictive housing, program length, and granted parole.

Many inmates prefer to jam out because they are not able to start/finish VRP with adequate time before PED. Although there was negative feedback on the wait time to get into

VRP, inmates did admit that after going through the whole program they saw why it took so long and understood more of the frustrations that staff have in having only minimum resources. Facilitators observe resistance from inmates and also notice that they do not have that mentality to change due to motivation for programming being low.

The recommendation for this issue is to reduce the waiting period for programming. A barrier to meeting this need is that there are only three VRP facilitators and two groups running at the time of this report. More facilitators will be trained in October 2016 to obtain more groups and meet inmate needs. In addition, operational changes are being made to ensure that inmates are screened and recommended for programming within 90 days of admission to NDCS. Another barrier is the allocation of space for the group sessions. Parole is a major incentive inmates have in completing VRP. Alternative recommendations include offering a different incentive for programming such as priority on wait list to obtain job skills like construction or a welding certificate.

Dosage of the Violence Reduction Program

Inmates would like to see an increase in intensity of the program because there are too many free days. Inmates indicated that having group sessions three times per week would be most beneficial. In addition, inmates would like more one-on-one meetings with facilitators. Facilitators are challenged however, because they must also provide multiple mental health services/duties such as responding to emergencies, counseling general prison population, segregation among others, along with providing VRP. Currently facilitators are meeting inmates individually at least five times for each major project, at the end of each phase, and then as requested. Each facilitator has a case load of eight participants when two groups are running. The estimated time VRP facilitators spend on one group each week: 4 hours for the group sessions,

1.5 hours for group notes, 3 hours to review projects and assignments, 2 hours to prepare for sessions, and 2-6 hours for paperwork including discharge summaries, creating documents for CVORT referrals, responding to kites, and others. Facilitators spend approximately 14 hours a week, or 56 hours a month, for a single VRP group. When two groups are running VRP facilitators spend about 28 hours per week, or 112 hours a month, on VRP. A recommendation for this issue would be to obtain staff dedicated just for VRP. This would allow for more one-on-one sessions with inmates and to increase intensity of program.

Duties for one Violence Reduction group	Hours per week
Group sessions	4 hours
Group Notes	1.5 hours
Review of Projects and Assignments	3 hours
Preparation for sessions	2 hours
Paperwork: discharge summaries, creating documents CVORT referrals, responding to kites, and others	2-6 hours
An approximate total spend on VRP per week	14 hours
An approximate total spent on VRP per week with two groups running	28 hours

Housing Unit for the Violence Reduction Program

Inmates perceive the unit staff needs to do more monitoring and provide a better therapeutic environment. The unit staff does obtain information about the program from the VRP facilitators, but they would still like a formal training to deal with volatile inmates. A recommendation for this would be to create a training curriculum about the program for the unit staff. This would allow for the unit staff to be more knowledgeable about the program and to be

aware of the expectations of the program. Also, it would give insight to unit staff on what to monitor for in the unit and how to provide guidance so that inmates can be successful in the program.

There are 20 cells per gallery and 40 inmates per gallery in the VRP unit. When there are two VRP groups running (about 24 inmate's total) inmates are housed with about 16 general population inmates. For the most part, inmates do not like having to move to the VRP unit where they feel more provoked to do violent actions. Inmates perceive that other inmates and staff pick on VRP members since they are usually close to their tentative release date and know they are trying to not misbehave. Also, inmates don't like being demoted to medium/max custody. The inmates would rather just not take VRP just to avoid being in that setting. They note it is not a therapeutic setting and it is a very stressful environment. All inmates interviewed said the worst part of VRP is being in that unit.

Facilitators teach inmates on how to deal with those who are "bullying" and to use skills from VRP to overcome those challenges. Facilitators would like a unit just for VRP members. Unit staff rotates frequently creating inconsistency with treatment of inmates in unit. A recommendation for this issue would be to separate VRP members from inmates in the general population. Also, create permanent unit staff positions that are dedicated to the VRP unit. This would allow for those unit staff members to go through intense training specific to VRP so that knowledge is obtained about the program and its expectations. Trust and rapport can be built with the inmates and the unit staff can be mentors when counselors are not present.

Education Barriers in the Violence Reduction Program

Inmates struggle with reading, writing, and vocabulary needed for VRP and would like a pre-requisite program. When facilitators encounter education barriers they consult with CVORT

to obtain feedback on ways to handle these issues. VRP facilitators conduct verbal tests at the end of phase assessments, when they notice inmates have poor writing skills but appear to comprehend material. Facilitators conduct one-on-one sessions with those that request help in their projects and homework. CVORT will recommend probation when facilitators express concerns of lack of motivation or progress. Probation is an intervention method that is meant to encourage participants. The purpose of it is to provide inmates with an opportunity to meet goals that will address certain areas of concerns. Moral Reconation Therapy is staged to be a pre-requisite program to take before intensive treatment. A recommendation to better meet inmate needs in education would be to collaborate with education to obtain Test of Adult Basic Education [TABE] results prior to VRP. Education can customize their material on vocabulary and enhance writing skills to better prepare inmates prior to entering VRP. The Strong-R can also assist in screening those who have not completed General Educational Development (GED) and require those inmates to be referred to education.

Assessment of Progression in the Violence Reduction Program

Inmates have concerns about their evaluation of progression by CVORT. Inmates would like CVORT to conduct an interview prior to making determinations of program completion. The process for assessment of progression is that facilitators gather information from their notes and the treatment plan of the inmates as well as they go to the VRP unit every Tuesday to check on the inmate behavior and talk with the unit managers. There is a log book where the unit staff can write notes regarding the VRP members whether it be positive or negative. This information is then used in conjunction with the treatment plan. Facilitators make sure they present both positive and negative facts in their document sent to CVORT. Facilitators send a document to CVORT at the end of each phase for their decision on evaluation of progress, including all

available information. Also, when facilitators see inappropriate behavior or lack of motivation from inmates they send a document to CVORT so that they may make their decision of termination/probation/outcome decision.

Facilitators like the format that CVORT makes the final decisions about an inmate's progress because it takes some pressure off from them. Also, facilitators indicated that they have good communication with CVORT. A recommendation would be to create a progress assessment matrix to use in conjunction with the other documents. This would help facilitators in keeping weekly/or monthly progress documented.

Overall Feedback for the Violence Reduction Program

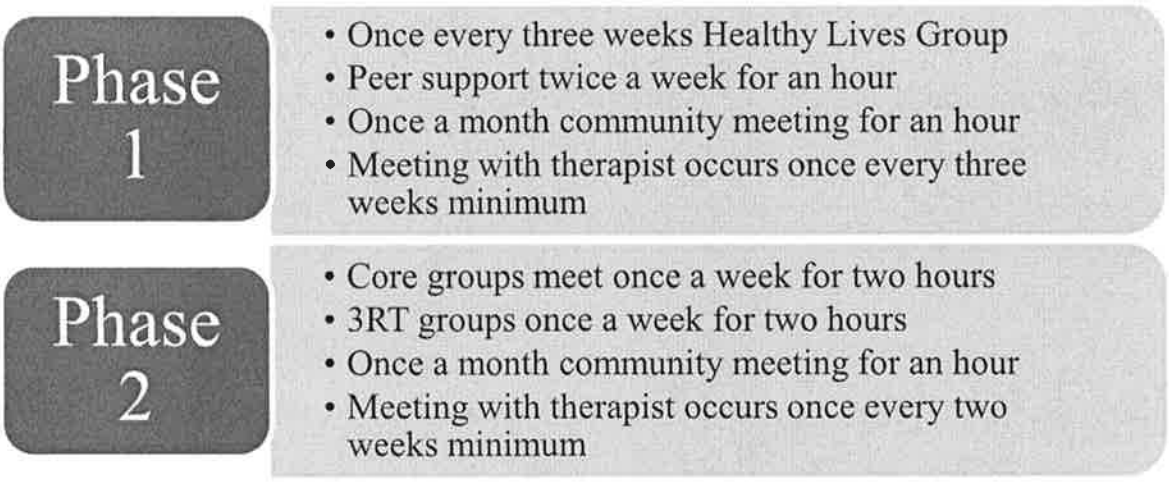
Inmates indicated that after finishing the program successfully they understood why the program was the length it was. Inmates noted that facilitators are able to break down terms in an understandable way. Techniques learned are applicable to relationships and helped better their personal life. Inmates found it very helpful to contemplate on why they committed their crime. Many inmates stated how they already knew the material but didn't know how to apply it and the program provided various ways to do that. Various elements in their life were brought to light and inmates found the facilitators to be good listeners. The inmates reported that the thought process you have to go through is challenging but beneficial. All inmates interviewed said they really benefitted from learning their risk factors of what the triggers are to their personal violence. The take away almost all of them said was "Thinking before you act" and the "Stop & Check". Inmates indicated that they would like a role model to come in and talk to them at the end of treatment to provide motivation for success in program.

Clinical Sex Offender Review Team- CSORT

Clinical Sex Offender Review Team makes decisions for initial recommendations, termination, probation, progress (whether to go to the next phase) and treatment outcome. CSORT contains about five members and includes a representative from each facility where sex offender programming is offered (usually the psychologist). Members of the team recuse themselves when they have facilitated for an inmate in which they are reviewing. CSORT utilizes the Pre-Sentence Investigation (PSI), class study, occasionally staff input (such as inmate's supervisor for job, unit staff feedback) and institutional behavior, to make decisions. When there is no PSI available, decisions are based on information that is available. CSORT will delay making a decision until they have tried to get the most information, such as police records. All of these documents must be put together for each inmate prior to the meeting where CSORT will review them. There is verbal consensus of the decisions made as well as a signed document showing agreement. CSORT members are allowed to dissent to a recommendation and document that formally. There must be a majority vote for a recommendation to be made. *See Appendix 2 for the statistics of the CSORT workload and information on iHeLP and oHeLP completions.

Sex Offender Programs-iHeLP & oHeLP

The oHeLP program is outpatient and is a 12-15 month program that has two phases and meets once a week for about two hours. The iHeLP program is inpatient and is a 2-3 year program that has two phases. Phase 1 consists of the Healthy Lives group once every three weeks for two hours, peer support twice a week for one hour, once a month community meeting for one hour, and meeting with therapist is once every three weeks at minimum. Phase 2 consists of core groups once a week for two hours, 3RT groups once a week for two hours, once a month community meeting for one hour, and meeting with therapist once every two weeks minimum.



Current staff training method for these programs is semi-formal. Two staff members for sex offender programming are Certified Trainers for the Static-99R, Stable-2007, and Acute-2007. These two staff members provide training several times a year as needed based on the addition of new staff. The training is also offered to Probation and Parole for their staff members who work with sexual offenders as well as outside community mental health staff are invited to attend. This training has been provided since late spring of 2012. Normally an average of 3 trainings a year and lasts 2.5 days each. In addition to this training, new staff is given the packet of materials to read and an experienced facilitator will go over materials and answer any questions. New staff are paired with an experienced facilitator and act as a co-facilitator until they are comfortable being a leader.

Because behavioral health is short staffed, leaders have stepped in to facilitate for programs and have not been able to do much quality assurance, such as making sure oHeLP in both Omaha Correctional Center and Nebraska State Penitentiary are delivering the program in the same way. Currently exit surveys are not being done but have been implemented in the past. The current progress assessment for iHeLP is formal. There is a rating sheet which is filled out by facilitators as well as inmates to determine progress on the various areas such as homework,

attendance, and quality of feedback during group. The current progress assessment for oHeLP is informal. Staff rely on the notes they take after each group session and observations of how inmates are interacting with their peers and other staff to determine the level of progression. This is used in conjunction with each inmate's treatment plan.

Entry to Program iHeLP & oHeLP

At intake, if inmates come in on a sexual offense then they are put on the CSORT screening waitlist. Inmates wait approximately 1,094 days from admission to program recommendation. There is variance in days waiting caused by an individual's sentence structure in number of days waiting. Currently the list for screening holds 550 individuals. Inmates are screened based on PED, TRD, and other clinical factors. An average of 50% of inmates start iHeLP before their parole eligibility. An average of 31% of inmates start oHeLP before their PED. An average of no iHeLP participants complete the program before their parole eligibility date with an adequate or satisfactory completion. An average of 1% of oHeLP participants complete the program before their PED with an adequate or satisfactory completion. There are various contributing factors to why an inmate may not complete before their PED including inmate behavior, placements in restrictive housing, program length, and granted parole.

Inmates prefer to jam out because they are not able to start or finish iHeLP/oHeLP with adequate amount of time before PED. Facilitators note resistance from inmates and that they do not have that mentality to change due to motivation for programming being low. The recommendation for this issue is to reduce the waiting period for programming. A barrier to meeting this need is the capacity limitation for the iHeLP program due to bed availability. A recommendation for this would be to develop a method to improve efficiency in completing psychological evaluations so that transition process is more efficient.

Projects for iHeLP & oHeLP

There are two in-depth projects where inmates talk about crime. The disclosure project in which inmates are asked to write a detailed description of their crime and then staff makes sure it aligns with the information that they have (such as the PSI). The alternate disclosure project is where inmates write a detailed description of their version of what happened. Inmates feel criticized for their crime and indicated that staff needs to have a better understanding of their crime. The recommendation for this issue is to emphasize that the purpose is not to analyze the crime committed. Due to lack of information, plea bargain, and other factors it is hard to determine the accuracy of details of a crime. Staff is understanding of this and focuses more on whether the inmate takes steps toward changing their behaviors/lifestyle.

Education Barriers in iHeLP & oHeLP

Programs are very writing intensive and inmates would like staff to be more patient with those with learning disabilities. The iHeLP staff would like inmates to have access to computers in education. Facilitators consult with CSORT to obtain guidance when encountering education barriers. CSORT makes recommendations such as working more frequently with participant and have participant paraphrase concepts back to therapists, request specialized intelligence testing, pair inmates with a peer to assist in writing, and collaborate with education for specific learning deficits. The recommendation is to assess the benefits and the risks in giving inmates in the iHeLP program computer access. The second recommendation is to obtain the educational pre-requisite such as the TABE prior to entering sex offender programming. The progress on this issue is that iHeLP staff created a group for those with developmental needs where materials are presented in alternate formats.

Social Stigma in Sex Offender Programming

Inmates feel stigmatized and isolated by other inmates and unit staff. Staffs provide inmates with skills on dealing with this stigma, but staff themselves feel stigmatized by the team. This stigma stems from unit staff in the facilities as well as mental health staff. The recommendation is to model inclusive behavior to enhance NDCS culture. Progress on this issue is that recently participants in the oHeLP program were given a study room for concentration on major projects. The intent for this study room is to provide oHeLP participants with more opportunity to collaborate with peers on their projects, given that many indicate that due to the social stigma in the yard they don't like to associate with others from the sex offender program.

CSORT and the iHeLP & oHeLP Programs

Inmates see that there is a lack of communication and that CSORT needs to have more personal contact with facilitators. Facilitators feel decisions are communicated by CSORT just not always in a timely manner. The progress on this issue is that CSORT is working with staff to have draft letters with the decisions made by CSORT to increase communication with facilitators. Also, facilitators indicated that they would like to learn more about the CSORT process. The first recommendation is to create a rotating position in CSORT. The second recommendation is for CSORT to work on consistency and efficiency in communicating decisions.

Program Curriculum-iHeLP

Inmates would like more groups in Phase 1. Specifically inmates indicated they would like the 3RT groups to be in Phase 1 and Phase 2. Staffing issues are a barrier to providing more treatment sessions and more one-on-one sessions. Administration is working on obtaining competitive wages to attract and maintain program facilitators. In addition, one LMHP position has been added to the iHeLP staff.

Environment-iHeLP

Inmates would like an improved method in changing cells. iHeLP inpatient unit contains 26 cells and has a bed availability of 52 participants (26 upper bunks and 26 lower bunks). At the time of this report, 22 iHeLP participants hold a bottom bunk pass. There are issues with room placements due to the medical bunk passes that inmates hold. Staff are aware that the medical bunk passes limits compatibility of pairing inmates in the unit. An additional issue arises due to iHeLP staff conducting PREA reviews in deciding room placements. Staff need to monitor and keep perpetrators and potential victims separate. Having those bunk passes limits the ability for staff to accomplish their role in keeping that separation. Staff have voiced their concerns that medical is not responsive to efforts to have the bottom bunk passes checked and that medical responds aggressively to staff members when they suggest that a particular inmate does not need a bottom bunk pass. Staff note that medical at Lincoln Correctional Center seems to be resistant to revoking bottom bunk passes. Currently, there is no process for referral of participants back to medical to have the passes checked or revoked for participants who do not truly need them. Also, inmates admit that it is easy to get a bottom bunk pass. In addition, due to data inaccuracies on NICaMS, medical bunk passes are sometimes not entered or not removed. The recommendation for all data entry into NICaMS is to make sure that it is regularly updated when needed and that it is current.

Unit staff would like iHeLP staff to communicate to inmates they are moving. Unit staff realizes they are placed in a bind when they are the ones to communicate to inmates that they are moving without knowing the reason why. A recommendation for this is to work on a strategy to best communicate to inmates they are transferring. In addition, unit staff would like the list of inmates getting closer to finishing the program to be emailed sooner so that the process can be

initiated earlier for a smoother transition. Unit managers indicated that having a list of clinical programs with a detailed description and the mental health contact person would be helpful. Progress on this issue is the Health Services Plan which contains information about each program and will be coming available soon.

Assessment of Progression-oHeLP

Inmates realize their behavior in the unit is not accurately assessed. oHeLP is an outpatient program therefore inmates are in various housing units. Staffs acknowledge that they can improve on contacting the designated unit staff to incorporate this in assessment. The first recommendation is for oHeLP staff to improve communication with unit staff. The second recommendation is for staff to consider creating a progress assessment tool. This progress tool will assist in keeping daily/monthly tracking of progress and also accountability that all resources were taken into account in the evaluation process.

Inmates also indicated that they would like one-on-one sessions to be part of the program. oHeLP staff conduct various other programs such as Anger Management and Domestic Violence. Due to time allocation, one-on-one meetings with inmates in oHeLP program is not offered as part of the program but does happen when requested by inmates. oHeLP staff indicated contact with inmates outside of group does not happen often.

Program Length oHeLP

Inmates indicate that the length of the program is good but they would like transparency in program description. Inmates indicate that oHeLP is usually taking more than a year. Facilitators are aware that the program runs long sometimes but is because it depends on the pace of the group. Each group is different and learns at a different pace. A recommendation would be

to ensure a balance in group check-in's and adjust the program description so that it is more accurate.

Language Barriers-oHeLP

Inmates indicate that they struggle with a language barrier, specifically Spanish speaking participants. Facilitators have accommodated these inmates by creating handouts and manuals in Spanish. The recommendation for this is to use the Strong-R to see if there is a great need in the NDCS population for an oHeLP program to be in Spanish. CSORT utilizes interpreters as well as pairing inmates with mentors to assist them in the projects and homework.

General Feedback from Inmates-iHeLP

Inmates would like one male & one female facilitator. They recognize that this would balance out the group more and that they would feel more comfortable when discussing certain topics. Inmates also indicated that the facilitators blend positive and negative feedback and this confuses them on where they are in their progress. Inmates note that the groups cannot relate to gang issues and staff does not know how to help deal with that in the programs at NDCS.

Inmates indicated that staff is professional and provide tough feedback, but it is beneficial. Unit staff contributes to a therapeutic environment. Those who complete successfully indicate that the length of the program is perfect. Inmates find it helpful that the material is repetitive. Inmates are very proud of their projects. Many inmates keep their projects and assignments to remind themselves of the material after completing the program. These projects are a reminder of the goals that they have and how they can accomplish them.

General Feedback from Inmates-oHeLP

Inmates thought at first it was a weakness to take this program, but after completing it they realized it was good to ask for help. Inmates indicated that this program helps in their self-

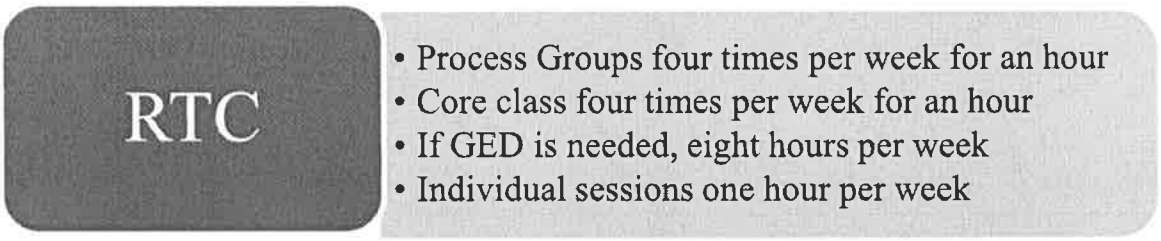
esteem building and to have a more positive outlook on life. The program helped inmates to communicate with family and others, find hobbies, and recognize triggers and methods for asking for help. Inmates found it helpful to have a victim come in a group session to present. Inmates appreciate the articles brought in that relate to the topics being discussed and it makes group more interesting.

Clinical Substance Abuse Review Team-CSART

Clinical Substance Abuse Review Team makes decisions for appeals to the initial recommendation and interview requests. CSART meets once a week and consists of all supervisor staff for substance abuse. The Clinical Program Manager and the Assistant Administrator for Substance Abuse are the two core members that are always at the meeting. *Please see Appendix 3 for the statistics of CSART workload and RTC completions.

Residential Treatment Community –RTC

Residential Treatment Community is a six month program that consists of three phases. There are process groups that meet four times per week for an hour. The core class meets four times per week for an hour. GED is a requirement for completion of program. If GED is needed, inmates spend eight hours on this per week. Individual sessions are one hour per week. The current quality assurance is inconsistent. On occasion supervisors will sit in on groups and make sure the group is being run according to the curriculum. There are exit surveys conducted to obtain feedback from inmates. The current progress assessment is ongoing. Because facilitators are able to meet with inmates on a weekly basis they are able to update them on their progress verbally. The current training method is semi-formal. There is a yearly training for substance abuse. New staff are given the materials to study and are guided by a supervisor.



Entry to RTC

At intake all inmates, with exception of parole violators and refusals, are screened for drug and alcohol use when entering the Diagnostic and Evaluation center. Inmates are screened again at the assigned facility by a Licensed Alcohol & Drug Counselor. Inmates can send an application for programming at any time after the recommendation has been made. The waitlist for RTC currently has 137 individuals. Inmates are screened based on PED, TRD, and other clinical factors. An average of 73.3% of inmates start RTC before their PED. An average of 52.4% of RTC participants complete the program before PED with an adequate or satisfactory completion. There are various contributing factors to why an inmate may not complete before PED including inmate behavior, placements in restrictive housing, program length, and prior parole revocations. Sometimes inmates will need to be transferred and they are taken out from the program in their facility without completion. In this case, inmates are put on the waitlist for the program in the facility they go to because of bed availability. The suggestion that arose in entry to RTC from inmates is that in transfers inmates would like to start in a program where they left off as soon as they get to the assigned facility, instead of going back on a waitlist. Staff is working on standardizing programs to best meet inmate needs.

Environment at RTC

Inmates do not feel support from unit staff. Inmates observe that the staff provoke them to get in trouble. The unit staff see the stress inmates go through in having different staff all the

time. Unit staff see other unit staff act with inappropriate behavior towards RTC participants. For example unit staff noted verbal and aggressive demeanor towards inmates. The recommendation for this is to hire permanent unit staff who can obtain in-depth training on RTC. Unit staff needs to obtain more training on the purpose and expectations of the program. Progress on this issue is that two permanent corporal positions have been added to RTC.

The inmates in the groups that are not in the program wholeheartedly or do not want to change destroy the environment for the rest of the group. Inmates would like to see more monitoring so that those misbehaving are dealt with appropriately. Also, inmates want someone who can help them stay accountable. Unit staff would like to do more monitoring, such as random urinalysis (UA), but it is very difficult due to the physical layout and lack of staff. The recommendation for this is to obtain Behavioral Specialists that can do more intense monitoring in the unit.

Materials for RTC

Inmates would like more personalization in the material. Inmates recognize that most of the material is directed towards alcoholics. Facilitators indicate that some of the material is outdated and that the intensity of the program should increase. Staff indicated that the DVD's presented need to be updated. Staff would like inmates to keep their workbooks when they finish the program. Also, staff would like to see consistency in the quality of program deliverance. The recommendation for personalization is to provide this through the one-on-one sessions. In order to be effective there must be intense counselor training.

Privacy at RTC

Inmates struggle with confidentiality. Facilitators are aware that there is a lack of privacy in cubicles. While facilitators conduct the one-on-one sessions, other facilitators may be doing

the same and the inmates can potentially hear each other's confidentiality issues. The recommendation is to strategize a plan to increase privacy for the one-on-one sessions.

General Feedback-RTC

Inmates indicated that staff is very responsive to questions and provides good feedback on progress throughout program. Some facilitators have gone through a substance abuse problem and inmates note that it is easier to relate to those facilitators who know their struggles. Inmates appreciate the videos presented. Inmates really like having their own unit and being surrounded by people with the same struggles. Inmates indicated that staff challenges them at times for the better and although they fail staff sometimes, staff don not fail the inmates, and for that inmates admire their attitude. Inmates said the facilitators and counselors are special; they are in a good mood even on the worst days.

Overall Behavioral Health Goals

Overall, behavioral health has many goals they would like to achieve in the next couple of years. One of the goals is that behavioral health is working towards being fully staffed. Currently there are 34 vacancies that need to be filled. BH wants to better assess the true needs of the population, using the Strong-R. A programming goal BH is working towards is meeting offender needs before PED. The goal is to set the standard for the appropriate treatment dosage and caseload for staff. Behavioral health wants to achieve a formal quality assurance process. Administration is working towards increasing training for staff and providing yearly refreshers. Another goal for BH is staff retention. The reasons staff indicated for why they chose the Department of Correctional services is because of job security, the challenging environment, and because they are passionate about their job. Facilitators indicated that the most rewarding aspect of a program is to see the progress from beginning to the end of the group demeanor and

dynamic. Staff would like value given to clinical programming and recognition of progress. Overall behavioral health would like to obtain support from all of their stakeholders and work effectively as a team.

During the interview process several issues arose that are barriers to meeting the goals that behavioral health wants to achieve. Overall, the analysis of responses revealed a lack of communication and a high degree of contention between the behavioral health staff who provide programs and the behavioral health decision-makers. Behavioral health leaders are essential in executing goals and setting the tone for staff. It is very important to work as a team to achieve all of these goals.

Communication

Communication gaps create difficulties between behavioral health staff and behavioral health decision-makers. Behavioral health staff recognize there are sometimes contradictory messages in addressing issues. For example, staff may be given a specific directive from their immediate supervisor and then be given a differing set of expectations from someone higher in the chain of command. This creates difficulty for staff in knowing what their role is and how to carry out their job functions. Staff perceive they have a lack of access to NDCS Executive leadership because the behavioral health leaders have set that tone. Specifically, some behavioral health staff stated in their interviews that they were told not to bring issues to the attention of the NDCS Director and Deputy Directors.

Decision-makers acknowledge that communication could improve amongst the whole team, but note that they have many demands and advise on multiple issues. This requires them to either rely on their subordinates to communicate decisions, or to communicate with line-level staff directly, rather than going through the full chain-of-command. Differing expectations for

proper communication between BH staff and decision-makers however, creates confusion among staff.

In order to address these gaps in communication, it is important to use the chain of command so that information predictably flows in both directions. This can be achieved through methods as simple as carbon copying people in e-mails. In addition, clear and consistent documentation should be used to communicate important information or changes to behavioral health practices so that directives are clearly understood by all involved. In addition to developing a method for effective communication, staff at all levels of behavioral health need to be receptive to feedback. Feedback should be delivered and interpreted as constructive criticism. Approaching communication with respect for each other's professionalism will allow room for growth in behavioral health treatment.

Organization

The discrepancies between the structural and functional organization of the behavioral health staff also creates difficulties in communication. Staff and their supervisors are at times located in different facilities, or in some cases, different cities. Furthermore, the behavioral health organizational chart does not account for the flow of communication of area expertise. For example, some staff has supervisors in different facilities but have an experienced staff member in their own facility. In these cases of staff members in need of ad hoc advice, immediate peer-to-peer communication with an experienced staff member is preferred to the unknown timeliness of supervisory contact.

Program Background

Behavioral health staff would like decision-makers to be educated in each program. They believe that oftentimes decision-makers have assumptions about how programs operate, or how

they should operate, without first talking to staff or observing programs. As a result, misinformation is delivered to internal and external stakeholders about program operations by people who do not fully understand the programs.

The administration often feels undermined by behavioral health staff who question their level of knowledge about treatment programs. Administrators stated that they are working hard to get to all NDCS stakeholders to get a better understanding of the programs and how they operate. In addition, decision-makers noted that they are knowledgeable of the programs and materials that are offered but do not believe they should have to sit in on program sessions in order to obtain details about program delivery. Rather, they believe that information is being communicated to them by the behavioral health staff. Therefore, they use the information they are given (or not given) by behavioral health staff to educate stakeholders about what is or is not happening with regard to inmate treatment.

It is important to ensure that the messages delivered to stakeholders are accurate, consistent, and free of error. One recommendation for working on this is to pair up providers and administration to work as a team to deliver quality messages. This will ensure that relevant treatment and programming staff have all of the necessary information about program delivery, and that these details are communicated appropriately to stakeholders in and outside of the agency.

Decision Making

Because information is not specifically sought out regarding the provision of behavioral health treatment, staff recognize that their expertise is not being utilized as a resource in making decisions. In addition, some staff also noted that they are forced to go against their ethical standards because of threats against their jobs or professional licensures. For example, staff

raised significant concerns during the Justice Program Assessment (JPA) process, in which contracted evaluators were given permission to observe clinical treatment sessions. When they contacted behavioral health decision-makers to ask why they were not given more advanced notice and noted concerns they had regarding inmate confidentiality, multiple staff were directed to allow the JPA employees into their sessions and raise no further questions or else they would they would face disciplinary action for insubordination. Behavioral health staff indicated that a culture of retaliation is not a new phenomenon within behavioral health and has existed for years, but that culture has significantly increased recently, most notably from the behavioral health decision-makers and external stakeholders.

Unlike previous NDCS administrations, the current administration is much more involved in voicing opinions and directing program delivery, which is a hard change for some staff. Decision-makers note they have pressure to be responsive to outside stakeholders and perceive resistance to change when their decisions are presented to front-line staff. As for the example above, the upper-level behavioral health decision-makers were only notified one day prior to the event with no explanation, but they understand that sometimes these things happen, and they had to act quickly in order to accommodate JPA. Decision-makers perceive staff as resistant and unwilling to change because of a belief that the current practices are the correct way of doing things and there is no reason to change.

Because of the lack of communication in behavioral health, messages may often be misinterpreted and harsh responses made. Due to the lack of rapport and trust between BH staff and decision-makers, questions from staff are interpreted as questioning their authority and being non-compliant. In turn, their responses provide directives for staff action rather than a direct answer to the question that was asked. Decision-makers feel a lack of trust from staff, not only

in terms of decisions that are made, but in the partnerships that develop them. For example, staff indicate that there need to be boundaries set between those within behavioral health and those who do not have formal backgrounds in clinical treatment, while administrators value the team approach to program decision-making.

This further erodes the line of communication within the chain of command and destroys morale from both sides. While certain situations require quick responses and participation from all staff, decision-makers should allow for a dialogue on controversial topics and resolve the issue with respect, even if that resolution is an agreement to disagree and enforce their original decision. They should also ensure that a context is provided for all decisions so that staff are aware of the reasons for the change being made and understand their importance in the process.

Staff Recognition

Behavioral health staff feels a lack of appreciation. While some staff appreciate decision-makers and supervisors verbal acknowledgment for the work they do, they do not see that appreciation in their actions. When decision-makers attempt to formally recognize staff, it is often for work that is considered to be above and beyond the normal course of their job duties. Staff would feel more appreciation by decision-makers recognizing the work they do on a daily basis with the limited resources available to them.

Decision-makers noted that they believe they often express their gratitude to staff for the work they do and noted that some of their efforts to formally recognize staff have gone unappreciated. They are also working to address staff concerns by working to increase wages, provide additional training, and inform the media on significant behavioral health accomplishments.

While an "us versus them" perspective has been noted within the agency, as a whole, it is also apparent within behavioral health, specifically. This may stem largely from the communication gaps and lack of respect for others within the chain of command. Once this issue is addressed, increased communication will naturally create greater opportunities for administrators to recognize staff accomplishments and for staff to be more receptive to positive feedback and changes from administration.

A strategic plan with targeted goals should be created for each program in behavioral health. The plan will promote consensus among staff and decision-makers in the future direction of programming, and empower staff to regularly monitor their progress and hold themselves accountable for providing treatment. In order to ensure consistency and accountability among programs, an annual event could be created to educate others on the progress being made in each program and to recognize each program for its accomplishments in the past year.

Continual Quality Improvement

My role in working with the behavioral health team to accomplish their goals is to assist in updating historical records, track progress on goals, create an assessment tool to ensure fidelity to models, ensure accuracy of data in NICaMS, and to create documents to measure progress. I will work on conducting recidivism reports, document the effect of programs on misconduct reports, analyze exit surveys of programs, begin to track refusals in NICaMS, and ensure there is the appropriate treatment outcome measure.

Conclusion

In this report I discussed the interview results for each program (VRP, iHeLP, oHeLP, RTC). There was a description of the clinical review team for each program and the topics

pertaining to each program. The behavioral health goals were described and the barriers to achieving those. Lastly, I provided a summary of what my role is in working with behavioral health in helping them accomplish their goals.

Although there is room for improvements, behavioral health is already working on many changes and continues their duties within the programs with the resources available. Overall, clinical programs are understaffed, there are procedural issues that can be fixed, data quality and methods needs to be improved, and there is animosity between decision-makers and staff in communication. In phase two of my project I will be working with behavioral health to ensure the accuracy of the data in NICaMS as well as aid them in developing a tool to assess quality assurance in their programs. By phase three the data collection processes will be solidified and I will have confidence that the programs are being delivered consistently. At this point I will begin conducting complex quantitative analyses to determine the effectiveness of each program.

Appendix 1

Current Status of Program

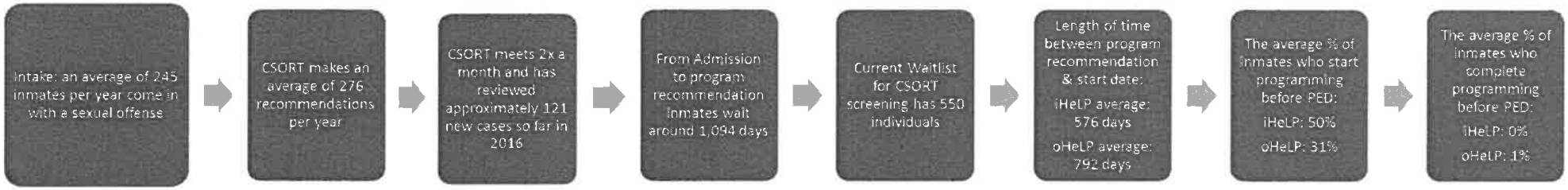
Clinical Violence Offender Review Team [CVORT]

Notes: (1) Data reflects years 2014 & 2015 average (2) Data does not include Continuing Care (3) Data reflects the CVORT tab in NiCAMS (4) There is a variance based on an individual's sentence structure in number of days waiting (5) Individuals with short sentences are screened sooner (6) The amount of inmates CVORT reviews includes new reviews, treatment outcomes, and outside referrals (7) Inmates are screened based on PED, TRD, and other clinical factors (8) The % of completion before PED is only adequate and satisfactory completions. (9) % of completion before PED must consider contributing factors such as inmate behavior, placements in restrictive housing, program length, prior parole revocations, and granted parole

Appendix 2

Current Status of Programs

Clinical Sex Offender Review Team [CSORT]



Notes: (1) Data reflects years 2014 & 2015 average (2) Data does not include Continuing Care (3) Data reflects the CSORT tab in NICaMS (4) There is a variance based on an individual's sentence structure in number of days waiting (5) PED is the primary factor when screening therefore individuals with short sentences are screened sooner than those with lengthy time before PED (6) The amount of inmates CSORT reviews includes only new cases (7) CSORT has a total of 276 reviews including treatment outcomes, and outside referrals for 2016 (8) Inmates are screened based on PED, TRD, and other clinical factors (9) The % of completion before PED is only adequate and satisfactory completions. (10) % of completion before PED must consider contributing factors such as inmate behavior, placements in restrictive housing, program length, prior parole revocations, and granted parole

Appendix 3

Current Status of Program

Clinical Substance Abuse Review Team

Notes: (1) Data reflects from years 2014 & 2015 average (2) These numbers reflect data from the SATP tab on NICaMS
(3) Completion before PED is the % of inmates who complete favorably (4) Inmates are screened based on PED, TRD, and other clinical factors
(5) % of completion before PED must consider contributing factors such as inmate behavior, placements in restrictive housing , program length, prior parole revocations, and granted parole

ATTACHMENT 37

		CLASS	Availability (sessions per year)	months, single session	Open/ Closed	Capacity	Eligibilty Requirements	Number of Classes	Classes/Sessions Per Week	Classes/Sessions Per Month	Hours Per Class	Number Currently Taking the Class/Session	What Job Position Leads the Class/Session	Number on Waiting List (if it is relevant) for the Class	Held inside the facility?	Contracted with an outside agency?
CCCL	both	Domestic Violence	As Needed	Minimum of 31 groups	Open	12-16 people	CVORT Recommendation	31	1		1.5	11	MHP preferred	3 at CCCL	no	no
CCCL	both	Anger Management	As Needed	12 sessions	Closed	12 inmates	CVORT Recommendation	12	1		1.5	8	MHP	4 at CCCL	yes	no
CCCL	clinical	Outpatient (continued care)SAP	Rotating Group all year long	20 sessions, 10 weeks average	Open	12	Those with Parole Hearings, PED, then TRD	20	2							
CCCL	clinical	Intensive Outpatient (IOP)	Trabert Hall-8 times per year	24 sessions, 8-10 weeks average	Closed	12	Those with Parole Hearings, PED, then TRD	24								
CCCL	clinical	Continuing Care	Ongoing	Monthly	Open	As needed	CSORT Recommendation	open ended		1	1	21	LMHP/LIMHP	0	yes	no
CCCL	non	AA (men only)	Continuously	3 times per week, 1 hour each	Open				3		1					
CCCL	non	AA (women only)	Continuously	2 times per week, 1 hour each	Open				2		1					
CCCL	non	AA (male & female)	Continuously	1 time per week, 1 hour	Open				1		1					
CCO	both	Domestic Violence Programming	1 group	1 time a week for 32-36 weeks	Open	12 to 16	CVORT Recommendation	31	1		1.5	13	MHP preferred	0	yes	no
CCO	clinical	SAU Intensive Outpatient Classes	Twice Weekly	3 hour Sessions for 12	Closed	15 max	Recommended Treatment	12	2		3					
CCO	clinical	Continuing Care	Ongoing	Monthly	Open	As needed	CSORT Recommendation									
CCO	non	AA/NA	Ongoing	Weekly	Open	30 max.	A want to live a sober life one day at a time									
CCO	non	MRT	Once a week	1 hour	Open	10	Voluntary		1		1					
CCO	non	Preventative Health Education	6 weeks	1 hour	Open	15	Voluntary	6	1		1					
CCO	non	PEER Mentoring	Once a week	1 hour	Closed	1 on 1	Referral		1		1					
DEC	clinical	Evaluation and Assessment	On-going	Continuous	Open	All units	No prerequisites									
DEC	clinical	Crisis Intervention	On-going	Continuous	Open	All units	No prerequisites									
DEC	non	Alcohol Aonymous	On-going	Monday/Wednesday	Open	25 max.	No prerequisites				1					

DEC	non	Ted Talks Pilot program	On-going	Thursday	Open	10 max	No prerequisites				30-45 minutes					
DEC	non	MRT	On-going	Tuesday	Open	10 max	No prerequisites	16	1		1					
DEC	non	Inmate Liasion Program	On-going	Scheduled Quarterly	Open	4 max	No prerequisites				1					
LCC	both	Anger Management on MHU	As needed	12 sessions, usually once per week	Closed	8-10 people	CVORT Recommendation	12	1		1.5	4	MHP	20 at LCC	yes	no
LCC	clinical	Co-Occurring Program (COP) = Dunit	2 times	9 months	Closed group/class	8	Residential Substance Abuse Treatment Recommendation and live on d unit									
LCC	clinical	Mental Health Unit	The program is on-going to address individual needs, but groups typically run quarterly.	Adjunct Groups run approximately 10-12 weeks and Core Groups are on-going throughout the year. Groups typically meet once a week for approximately 1 to 1.5 hours.	The program is open as inmates may be accepted and discharged throughout the year.	The MHU on D-Unit has an approximately capacity of 74.	Be diagnosed with a Major Mental Illness or significant developmental/organic disability	12	1		1 to 1.5		LMHP			
LCC	clinical	Secure Mental Health Unit	Ongoing to address individual needs	Adjunct Groups run approximately 10-12 weeks and Core Groups are on-going. Groups typically meet once a week for approximately 1 to 1.5 hours.	Open	The SMHU is on C2-Unit and has a capacity of 30. There are also 4 Control Unit beds for those individuals who require camera observation or other restrictions that cannot be accomocated on C-Unit	Be diagnosed with a Major Mental Illness or significant developmental/organic disability and are not currently suited to be house on the MHU due to clinical or behavioral risk factors.	12	1		1 to 1.5		LMHP/BH Caseworkers			
LCC	clinical	START NOW	SMHU/MHU													

LCC	clinical	METEOR	SMHU/MHU													
LCC	clinical	IHELP- Inpatient Sex Offender Treatment Program	The program is on going until completion of program	24-36 months ; Phase 1 - 3 to 12 months; Phase 2- 18 to 24 months; Continuing Care for those who have satisfactorily completed program	open	52	TRD - more than 23 months; CSORT review and placement	varies; 100 or more	1-3 on average	12-36 on average	2	8-9 per group; 50 total in program	Psychologist or LMHP/LIMHP	32	Yes	no
LCC	non	Alternative to Violence (AVP)	Not offered in last year	2.5 days	Open	25	must complete basic wkshop before advanced									
LCC	non	Alcoholics Anonymous (AA)	1x per week- year round	1.0 hours	Open	N/A	None- Self Betterment Club	52	1		1					
LCC	non	ABE/ASE General Population	4x per week- year round	3 hrs per day	Open	35	No High School Diploma/GED		4		3					
LCC	non	ABE/ASE Protective Custody	5x per week- year round	2 hrs per day	Open	30	No High School Diploma/GED		5		2					
LCC	non	ABE/ASE Under 22	5x per week- year round	3 hrs per day	Open	15	Required if no diploma		5		2					
LCC	non	Inside Out Dads	2-3x per year	12 weeks-1.5 hrs per week	Closed	15	TABE score on file	12			1.5					
LCC	non	Moral Reconation Therapy (MRT)	Ongoing	16 weeks	open	10	Application									
LCC	non	Released and Restored	Every 8 weeks	2 hours per session	open	12	None	8	1		2					
LCC	non	Community Justice Center - Victim Impact	6 x per year	8 hours	open	12	None									
LCC	non	Transformation Project	Self-Paced	8 modules	Open	Not Limited	Will be offered in Protective Management/AC population has not been stable enough to complete.									
NCCW	both	Anger Management	As needed	12 sessions, usually once a week	Closed	12-Jan	CVORT Recommendation	12	1		1.5	6	MHP	34	yes	no
NCCW	clinical	Sex Offender Therapy	As needed	As determined by facilitators and CSORT	Closed	As needed	CSORT Recommendation		depends on program	depends on program recommended	depends	10	Psychologist or LMHP/LIMHP	8 for oHeLP; 2 for bHeLP	yes	

NCCW	clinical	Residential Unit (SAU)		6 months		42										
NCCW	non	AA/NA added NA this year														
NCCW	non	MRT (Moral Recognation Therapy)	On-going	Ongoing once a week, 1 hour	Open	32	No prerequisits		1		1					
NCCW	non	Transformation Project Modules														
NCCW	non	RHU Levels Transition Program														
NCCW	non	SISTA														
NCCW	non	Job Skills and Readiness	4 yr	8 weeks once a week, 2 hours	Open	12	No prerequisits	8	1		2					
NCCW	non	Building Positive Relationships	4/yr	On-going class/indiviualized	open	10	No prerequisits									
NCCW	non	Self-Esteem for Adults	2/yr	4 weeks, once a week, 2 hours	Closed	10	No prerequisits	4	1		2					
NCYF	both	Anger Management	Based on available inmates	10 weeks in length	Closed	10-14 inmates	CVORT recommendation	10	1		1.5	0	MHP	2 at NCYF	yes	no
NCYF	clinical	Aggression Replacement Therapy	Based on available inmates	10 weeks in length	Closed	10-14 inmates	CVORT recommendation	10	1		1.5	4	MHP	8	yes	no
NCYF	clinical	1:1 sessions	All inmates are assigned to a counselor	On-going	Open		everyone has a counselor assigned									
NCYF	clinical	Drug/Alcohol Education	Once per quarter depending on number of participants	4 sessions	Closed	Up to 10	Inmate that are recomunehnded for D/A Ed due to the SA Assessment that is completed when they arrive at NCYF	4	1 time/week	conducted on an as needed basis	1	0	CDC	3	no	no
NCYF	non	7 Habits on the Inside	Dependent based on participants	1x per week for 10 weeks	Closed	Up to 10	Completed High School	10	1							
NCYF	non	Alcoholics Anonymous	Ongoing	1x per week for 10 weeks	Oopen	varies	General Population	10	1							

NCYF	non	Moral Reconation Therapy (MRT)	All year round	Once a week all year	open	10 inmates per group	Application process-evaluated by Re-Entry Program Staff	52	1	4 (presumes 4 weeks)	1	4	Teacher	0	Y	N
NSP	both	MH Anger Management	Year Round	1 group per week for 12 weeks	Closed	10 to 12	CVORT recommends based on Risk and Need	12	1		1.5	9	MHP	38 at NSP	yes	no
NSP	clinical	MH Violence Reduction	Year Round	2 groups per week for 12 months	Closed	12	CVORT recommends based on Risk and Need	52	2		1.5	8	MHP	87 for NDCS	yes	no
NSP	clinical	MH bHELP (Group)	Year Round, 2-3 groups per year as needed	9 sessions	Closed	10	CSORT recommends based on Risk and Need	9	1		1.5	0	Psychologist /LMHP	32 between all facilities	yes	no
NSP	clinical	MH oHELP	Year Round	12-15 months	Open	10	CSORT recommends based on Risk and Need	52-78, on average	1		2	22	Psychologist /LMHP	64 between all facilities	yes	no
NSP	both	Domestic Violence Programming	Year Round	31-52 weeks	Open	14-16	CVORT recommends based on Risk and Need	31	1		1.5	19 (2 groups)	MHP	30 at NSP	yes	no
NSP	clinical	MH Continuing Care	Year Round	once per month until release	Open	12	CSORT recommends based on Risk and Need			1						
NSP	clinical	RTC (Long-Term)	New Class Monthly	4-6 months based on prior participation	Closed	100	W/I 4 yrs TRD or PB Hearing/Minimum Custody and 2 1/2 years from PED	6 total classes for 24 weeks	10 per week	40 per month	1 hr each class/ group	100	PLADC, LADC, PLMHP, LMHP CDCS, CDTS, CDC	150	yes	no
NSP	clinical	METEOR														
NSP	non	Transformation Project	Offered Quarterly	10 Weeks	Closed	25-30	5 years from TRD, staff rec									
NSP	non	AA	Year Round	Ongoing	Open	No Limit	Must attend 2 meetings a month									
NSP	non	AA in RTC	Year Round	Ongoing	Open	12 per rm	Not required, highly recommended									
NSP	non	MRT	Ongoing	Up to 20 weeks	Open	12-Aug	TABE	20								
OCC	both	Domestic Violence Programming	2 groups	minimum of 31 groups	Open	12 to 16	CVORT Recommendation	31	1	4	1.5	9 to 12	1 mental health practitioner/ 1 non-mental health staff	13 at OCC	yes	no

OCC	clinical	Outpatient Healthy Lives Program (oHeLP)	Currently offering three groups *number of groups decreased due to being down two staff	Ongoing, approx 12-15 months, once per week, year round	Open	8	CSORT Recommendation	52-78; usually. Has no definite timefram e	1	4	2.0-2.5	52	Psychologist or LMHP/LIM HP	64 between all facilities	Yes	No
OCC	clinical	Bibliotherapy Healthy Lives Program (bHeLP)	Groups Offered per need, about 2-3 times per year as needed	9 single group sessions usually occurring weekly	Closed	8	CSORT Recommendation	9	1		2	0	Psychologist or LMHP/LIM HP	32 between all facilities	Yes	No
OCC	clinical	Continuing Care	Rolling, one group	Once per month, until discharge/parole	Open	8	CSORT Recommendation	open ended		1	1.0-1.5	8	LMHP/LIM HP	0	Both ins	No, but some individuals are approved to see private therapists in lieu of NDCS providers.
OCC	clinical	Anger management	Currently Offering 2 groups at OCC *number of groups offered has decreased d/t being down two staff	12 sessions over 12 weeks	Closed	12-Jan	CVORT Recommendation	12	1	4	1.5	8	2 Mental Health Practitioners	33 at OCC	yes	no
OCC	clinical	Psychiatric/Psychol ogical Services	Variable based on individual need	Variable based on individual need	Open	8	Referral	N/A	N/A	N/A	N/A					
OCC	clinical	Substance Abuse Unit	Monthly	6 months	closed	94	Residential Recommendation, .2 yrs & <5 yrs of PED, if mandatory sent <3 yrs to TRD, adult men									
OCC	non	Inside/Outside Dads	5/year	10 weeks	closed	15	parenting a child or expecting to parent									
OCC	non	Alcoholics Anonymous (AA)		96 times a year - 2 times per week, 8 per month	Open	144	A "want to live a sober life" one day at a time.	96	2							
OCC	non	Narcotics Anonymous (NA)		48 times a year - 1 time per week, 4 per month	Open	50	To provide opportunity & encouragement for its members.	48	1							

Omaha State Office Building	both	Anger Management	Approximately 3 times a year	12 sessions over 12 weeks	Closed	10-Aug	CVORT recommendations	12 over 12 weeks	1	4	1.5	3; no additional inmates with need at CCO or parole who accepted offer to be rostered	Mental Health practitioner	0		
Omaha State Office Building	clinical	Continuing Care for Sex Offenders	Rolling, one group	ongoing	Open	8	CSORT recommendation	12/year	N/A	1	1.5	5 currently; all with the recommendation at CCO	LMHP/LIMHP	0	No	No
TSCI	clinical	SAU	4 per year	Approx. 6 months	Closed	48	Within 8 years of TRD/Have a final hearing set									
TSCI	clinical	SAU Mentoring Program	Ongoing	3 hour sessions weekly	Open	16	No limitations									
TSCI	clinical	Anger Management Treatment Group	Dependent on MH staff & inmate availability	12-13 sessions (1.5 hours, 1x/week)	Closed	12	Treatment Recommendation from CVORT	13	1		1.5	18 (2 groups)	MHP	23 at TSCI	yes	no
TSCI	clinical	START NOW									8			more under review		
TSCI	non	Inside Out Dads	6 per year	7 weeks	closed	15	Reading TABE Test									
TSCI	non	Within My Reach	6 per year	7 Weeks	Closed	15	Reading TABE Test									
TSCI	non	Moral Recognition Therapy	52 per year	once a week	Open	10	None	52	1							
TSCI		Anxiety Management Treatment Group	Dependent on MH staff resources	11-12 sessions (1.5 hours, 1x/week)	Closed	10	Referral by MH Clinician	12	1		1.5					
WEC	non	Domestic Violence	On-going	Minimum of 31 groups	Open	14-16	CVORT Recommendation	31	1		1.5	0 (not enough)	MHP preferred	1 at WEC	yes	no
WEC	clinical	Substance Abuse Tx	IOP/OP	IOP--two times weekly for 12 weeks; OP--one time weekly for 8 weeks	Closed	60	No Prerequisities									

WEC	non	Seven Habits on the Inside	18 classes	two times weekly	closed	14		18	2								
WEC	non	MRT	Ongoing	1 time weekly/3 different instructors	Open/Closed	12			1								
WEC	non	Anger Awareness Ed.	8 weeks	1 time weekly/3 different instructors	Closed	12		8	1								
WEC	non	Life Skill	8 sessions	1 time weekly for 8 weeks	Closed	12	No Prerequisities	8	1								
WEC	non	Inside out Dads - - 8 sessions		1 time weekly for 8 sessions	Closed	10 men	No Prerequisities	8	1								
WEC	non	Within My Reach		1 time weekly for 7 weeks	Closed	10 men	Inside Out Dads	7	1								
WEC	non	Common Sense Parenting		1 time weekly for 7 weeks	Closed	10 men	Inside Out Dads & Within My Reach	7	1								
WEC	non	Victim Impact	8 sessions	1 time weekly for 8 weeks	Closed	10 men	No Prerequisities	8	1								
WEC	non	AA	Whole Program	1 time per week	Open	25 max	Desire to State Sober	52	1								

ATTACHMENT 38

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

February 17, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

Recently I've had conversations with former employees of the Nebraska Department of Correctional Services. They indicated to me that there were discussions and the gathering of information during the past few years regarding the issues of building modular classrooms and living units and the developing of smaller work release centers. As part of my efforts to review these issues, could you please have someone from the Department provide me with documents regarding this work by the Department. If it would be best for me to meet with any current employees who were involved in these discussions I would be more than willing to do that as well.

Thank you for your consideration.

Sincerely,

Doug Koebernick

ATTACHMENT 39

Grantees	
Associated Builders & Contractors	$ 777,808.00
Hope of Glory Ministries	$ 111,184.80
Mental Health Association	$ 1,164,254.00
Metropolitan Community College	$ 1,374,062.00
ReConnect	$ 377,218.00
ResCare	$ 429,000.00
TRADE - Center for People In Need	$ 1,418,685.00
Western Alternative Corrections	$ 1,729,304.00
Total	**$7,381,515.80**
PGH - 3 month grant extension	$ 153,384.00
	$7,534,899.80

ATTACHMENT 40

Health Services

Inmate Health Plan

July 1, 2016

Nebraska Legislature http://nebraskalegislature.gov/laws/statutes.php?statute=83-4,153

Nebraska Revised Statute 83-4, 154

Nebraska Correctional Health Care Services Act:

Terms, defined.

For purposes of the Nebraska Correctional Health Care Services Act:

- Community standards of health care means medical care of type, quality and amount that any individual residing within the community in question could expect to receive in that community.
- Department means Department of Correctional Services;
- Health care services means medical care provided by or on behalf of the Department to inmates and includes practice of medicine and surgery; the practice of pharmacy, nursing care, dental care, optometric care, audiological care, physical therapy, mental health care and substance abuse counseling and treatment;
- Inmate means an individual in custody of the Department; and
- Medical doctor means a person licensed to practice medicine and surgery in NE.

This *Inmate Health Plan* outlines NDCS's commitment to comply with Nebraska Correctional Health Care Services Act. *NDCS Community* is made up of ten correctional facilities located across Nebraska and the standard of care is reflective of services typically found in Nebraska communities of 5000 or more people. Specialized services are provided when medically indicated.

For more detailed information:

Click on referenced Administrative Regulations (A/R) links - Table of Contents page 26

HEALTH SERVICES – Mission, Vision & Values

MISSION

Provide humane, comprehensive and integrated health care; including program opportunities consistent with standards of quality and scope of services found in communities to promote health and well-being of individuals placed in our custody.

VISION

Strive to continually improve health of individuals placed in our custody by developing integrated delivery systems that efficiently provide a continuum of needed, accessible and quality services.

VALUES

Excellence:

Fostering excellence through:

- Continuous Quality Improvement
- Cooperative partnerships and teamwork
- Cost efficiency, effectiveness and appropriate utilization of resources
- Diversity
- Flexibility
- Open communication and mutual respect
- Ownership and commitment
- Recruiting and retaining high quality staff

Service:

Delivering services:

- Which encourage inmates to share responsibility in their health care and well-being
- Which promote rehabilitation and re-entry into society
- In partnership with community resources
- Responsively
- With care and compassion
- In a seamless continuum
- In an efficient and effective manner
- Through holistic and preventative philosophies

Personal and Professional Growth:

- Building and expanding knowledge, skills and abilities through educational and training
- Developing leadership potential
- Fostering accountability

Credibility:

- Community Standards of Care
- Integrity
- Professionalism
- Quality services
- Reliable, consistent service

Index
Inmate Health Plan (IHP)
Effective 7/01/2016 Until Revised

Nebraska Depart of Correctional Services (NDCS)

Inmate Health Plan (IHP)

Introduction

Nebraska Department of Correctional Services (NDCS) provides medically necessary behavioral health and medical care to inmates incarcerated in our ten (10) facilities.

The Inmate Health Plan (IHP) defines which services are medically necessary; but is not a contract or a guarantee of services to inmates.

The IHP describes behavioral health and medical care services available to inmates; as well as services that are limited, elective or not available.

To be covered by the IHP, services must be:

- Medically necessary OR
- Necessary for the health and safety of the incarcerated community for public health reasons (for example, treatment for head lice) OR
- Required by law, regulation or NDCS policy AND
- Ordered by a NDCS health care Provider/Practitioner AND
- Authorized according to NDCS policies and procedures AND
- Delivered in the most cost-effective manner and location consistent with safe, appropriate care

If a facility is unable to provide any of the services listed below, an inmate may be transferred to another facility to assure access to the medically necessary services.

Definitions

Activities of Daily Living (ADLs)

Activities related to personal care including but not limited to: bathing/showering, dressing, eating, getting in/out bed/chair, using toilet, walking or assisted mobility

APRN - NP

Advanced Practice Registered Nurse - Nurse Practitioner

Authorization for Medically Necessary Care

- Approval authorization granted by NDCS Deputy Director – Health Services (Medical Director) is initiated by NDCS facility Providers.
- Automatically implies NDCS will pay expenses associated with authorized care; except as otherwise defined by contract or statute,
- Medically Necessary Care is a United States legal doctrine, related to activities which may be justified as reasonable, necessary and/or appropriate, based on evidence-based clinical standards of care.

Behavioral Health Administrator & Assistant Behavioral Health Administrator

Licensed Clinical Psychologists

Care (Health Care)

Includes collecting historical and current health care information, physical and/or psychological examination, diagnostic tests, treatments and communicating assessment and plans with the patient.

Chief of Dental Services

Licensed Doctor of Dental Surgery or Doctor of Dental Medicine who acts as statewide dental health authority

Chief Operating Officer (COO) – Health Services

Masters level Administrator who may also serve as Nursing Home Administrator for Three (3) Skilled Nursing Facilities (SNF)

Chief of Psychiatry

New position created by Legislature that started 8-24-2015

Licensed Doctor of Medicine or Osteopathy

- Board Certified by American Board of Psychiatry

Deputy Director - Health Services (Medical Director)

Licensed Doctor of Medicine or Osteopathy who acts as statewide clinical health services authority

Director of Nursing (DON)

Registered nurse who supervises care of all patients at our ten (10) health care facilities including direct supervision of three (3) DONs at Skilled Nursing Facilities. This position has special training that pertains to health care management, facility operations, fiscal budget, and is responsible for communication between nursing staff and physicians/providers.

Durable Medical Equipment (DME)

- Non-expendable materials including, but not limited to braces, splints, walking aids, prostheses, orthotics, respiratory assistance machines and wheel chairs.
- NDCS will provide patients with medically necessary equipment and training for: prosthetics, orthotics and supplies as ordered by NDCS health care Practitioners to treat or correct specific covered conditions.
- Equipment provided under this IHP will be considered NDCS property.
- Patient's signature confirms his/her receipt of information. If the patient refuses to sign, NDCS will provide service according to guidelines.
- Refusal to sign should be documented in medical chart.
- NDCS will replace or repair medically necessary DME at state expense when replacement or repair is required due to:
    - normal wear and tear.
    - circumstances not preventable by the patient and outside their control.
- DME replacement or repair cost may include professional fees, testing, labor, travel and associated custody fees.

Emergency

- Health care situation in which most similarly trained and experienced persons would agree immediate intervention is necessary for effective treatment of a medical condition.
- **AND** it would be significantly dangerous to the patient to postpone care until authorization obtained from Deputy Director - Health Services.
- Emergencies are not limited to life-threatening situations and may include serious evolving infections; severe pain; psychiatric conditions; and significant allergic reactions.
- Medically necessary emergency assessment, treatment and related services will be available at all times. Services will be consistent with the needs of the inmate as determined by a NDCS healthcare Provider.

- An inmate may be transferred to a community hospital or emergency room for care, if the level of service required cannot be adequately provided in the facility.
- If medically necessary, an inmate may be transported by ambulance, including air ambulance, to expedite transfer to the most appropriate care setting.

Health Care

- Sum of all action taken, preventive and therapeutic, to provide for the physical and mental well-being of a population. It includes medical, dental, mental health, substance abuse, nursing, personal hygiene, dietary and environmental conditions.

Inmate Patient

- Person incarcerated under NDCS jurisdiction (not on escape status) assigned to total confinement in a max, medium or minimum facility.
- Includes inmates boarding in NDCS community facilities.
- NDCS inmate receiving health care from or approved by NDCS.

Intractable Pain

Pain that is moderate to severe in intensity

- **AND** frequent or constant in occurrence
- **AND** physiologically plausible based on objective evidence from examination or tests
- **AND** unresponsive to conservative measures including, but not limited to: reasonable trials of various analgesics; discontinuation of potentially exacerbating activities such as sports and work; physical therapy or a reasonable trial of watchful waiting.

Major Mental Illness

When a patient's mental illness appears to be the cause of severe disability (impairment in social, occupational or other important areas of functioning) the Mental Illness Review Team (MIRT) will decide - based on DSM 5 (or current DSM edition) diagnosis, functioning and other factors - which inmates are added or removed from Major Mental Illness list.

Major Mental Illness is defined as one of the following:

A. DSM 5 diagnosis of one or more of the following: Schizophrenia, Delusional Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Brief Psychotic Disorder, Substance-induced Psychotic Disorder (excluding intoxication and withdrawal), Other Specified Schizophrenia Spectrum and Other Psychotic Disorder, Major Depressive Disorder and Bipolar Disorder I and II.

B. DSM 5 diagnosis of one or more of the following and meeting the threshold for high severity as defined in depressive disorder, other mood disorder, posttraumatic stress disorder, obsessive compulsive disorder, panic disorder or other anxiety disorder.

C. High severity is defined as one or more of the following: current functional impairment which causes clinically significant distress or impairment in social, occupational or other important areas of functioning; multiple prior hospitalizations for mental illness, prior mental health board commitment, multiple suicide attempts and/or high lethality attempt(s).

Mental Disorder American Psychiatric Association DSM-5 definition

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotional regulation or behavior that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational or other important activities.

Mentally ill Nebraska Mental Health Commitment Act definition

Having a psychiatric disorder that involves a severe or substantial impairment of a person's thought processes, sensory input, mood balance, memory or ability to reason which substantially interferes with such person's ability to meet the ordinary demands of living or interferes with the safety of others.

Mentally Ill & Dangerous Nebraska Mental Health Commitment Act definition

A person who is mentally ill or substance dependent and because of such mental illness or substance dependence presents:

- Substantial risk of serious harm to another person or persons within the near future as manifested by evidence of recent violent acts or threats of violence or by placing others in reasonable fear of such harm; or
- Substantial risk of serious harm to himself or herself within the near future as manifested by evidence of recent attempts at, or threats of, suicide or serious bodily harm or evidence of inability to provide for his or her basic human needs, including food, clothing, shelter, essential medical care or personal safety.

Medical Necessity

Medically necessary care meets **one** or more of the following criteria for a given patient at a given time:

- Is essential to life or preservation of limb
- **OR** reduces intractable pain
- **OR** prevents significant deterioration of ADLs

- **OR** is of proven value to significantly reduce risk of one of three outcomes above (e.g. certain immunizations)
- **OR** immediate intervention is not medically necessary, but delay of care would make future care or intervention for intractable pain or preservation of ADLs significantly more dangerous, complicated, or significantly less likely to succeed
- **OR** reduces severe psychiatric symptoms to a degree that permits engagement in programming
- **OR** is described as part of NDCS policy or health care protocol or guideline and delivered according to such policy, protocol, or guideline
- **OR** from a public health perspective is necessary for the health and safety of a community of individuals and is medically appropriate; but may not be medically necessary for the individual (example - treatment for head lice)

Any medically necessary care provided shall:

- **NOT** be considered experimental or lacking in medically recognized professional documentation of efficacy
- **NOR** be administered solely for convenience of inmate or health care Provider

Nebraska Department of Correctional Services (NDCS)

NDCS acronym and "Department" are used interchangeably in IHP to mean: NDCS Health Services **and** Nebraska Department of Correctional Services

PA or PA-C

Physician Assistant **or** Physician Assistant - Certified

Peer Review Committee

- Group of NDCS primary care physicians, mental health professionals, dentists, PAs and APRNs and/or other NDCS leadership staff appointed by Deputy Director - Health Services to review internal & external peer review reports.
- As part of NDCS efforts to improve clinical quality processes within NDCS health care system, patient charts by individual Practitioners may be reviewed by Internal and External Peer Review Process.

Program

- Plan or system through which a correctional agency works to meet its goals. This program may require a distinct physical setting: such as a correctional institution, community residential facility, group home or foster home.

Provider/Practitioner

Person licensed, certified, registered or otherwise duly authorized by law or rule in the state of Nebraska (or another state when patients are cared for in that state) to

practice in their profession. This, generally, will include Advanced Practice Registered Nurse–Nurse Practitioner, Consulting Specialists, Dentists, Mental Health Professionals, Pharmacists, Physicians, Physician Assistants, Physical Therapists, Psychiatrists, Psychologists, Podiatrists, Social Workers and Optometrists.

Primary Care Provider/Practitioner

Specialist in Family Medicine (employee of NDCS OR contracts with NDCS) who provides definitive care at the point of first-contact and takes continuing responsibility for providing inmate patient's comprehensive care in NDCS facilities.

Primary Care Services

Inmate patient's main source for regular medical care providing continuity and integration of health care services.

Programming

Assessments, interventions and educational programs delivered by non-clinical staff.
Note: Not medically necessary

Social Function

Function or functions that may affect an individual's activities or interactions with other persons or the environment in prison or society.

Treatment NDHHS Chapter 206 NAC 2

Recovery-oriented and person-centered clinical evaluations and/or interventions provided to consumers (inmates) to ameliorate disability or discomfort and/or reduce signs and symptoms of a behavioral health diagnosis delivered by licensed clinical staff.

Note: Individualized based on inmate's clinical presentation, level of functioning, level of cognitive ability, custody, safety and other individual factors.

Note: Medically necessary

Treatment Plan

Series of written statements that specify the particular course of therapy and the roles of medical and non-medical personnel in carrying it out. A treatment plan is individualized, based on assessment of the individual patient's needs, and includes a statement of the short- and long-term goals and the methods by which the goals will be pursued. When clinically indicated, the treatment plan provides inmates with access to a range of supportive and rehabilitative services such as individual or group counseling and/or self-help groups the physician deems appropriate.

Financial Responsibility

Financial Responsibility - NDCS

- Health care delivered to inmate for whom NDCS is responsible.
- Providing Durable Medical Equipment (DME).
- Inmates may require health services for which another county, state, Medicaid, VA or other entity is either contractually or otherwise legally obligated to assume financial responsibility.
- When care is contemplated, patient's NDCS Primary Care Practitioner maintains a professional obligation to assure referral for such health care is medically appropriate.
- Nothing in IHP shall obligate NDCS to assume financial responsibility for health care received by persons prior to **OR** following their status as an inmate; including care related to health problems they experienced **OR** other health care they received during their status as an inmate.

Financial Responsibility – Inmate Patients

- Elective Procedures:
  Defines circumstances under which inmates may have the right to purchase health care services not covered by IHP
- Replacement Durable Medical Equipment (DME):
  Inmate patients are personally responsible for properly operating and maintaining provided DME and exercising reasonable care to prevent loss or theft.
  Any willful or negligent damage, destruction, or loss of devices or equipment will be considered grounds for disciplinary action that may include payment for cost of repair or replacement costs which may include professional fees, testing, labor, travel and associated custody fees.

Levels of Emergency Medical Care

Medical staff conducting initial assessment divides patients into the following Triage categories:

1. EMERGENT – critical life threatening (risk to life, limb)
2. URGENT – Serious non-life threatening (less risk with delay in treatment)
3. NON-URGENT – lowest priority (minimal risk and may provide self-treatment)

Limitations

Note: Inmates generally may refuse treatment, but not sentence-related programming without consequences.

When an inmate is disruptive, unruly, abusive **OR** uncooperative to the extent the behavior seriously impairs NDCS ability to furnish services to the inmate **OR** when the behavior poses a threat to NDCS staff, authorized health services may be delayed.

In these cases, the Provider will counsel the patient explaining why treatment is necessary and ask about patient concerns. If concerns can be addressed, treatment may continue when the inmate's behavior is no longer a constraint.

Medication

Authorization procedures for medication use are described in
NDCS Pharmaceutical Management documents.

Special Circumstances or Exceptions

Care Provided during Hospitalization

- Community inpatient care, during day surgery or ER is usually under the direct care of non-NDCS Practitioner/Providers.
- Mechanics of delivering care in these settings may not always permit care to be delivered exactly as described in the IHP.
- Practitioners/Providers are encouraged to inform community colleagues about the IHP and participate in clinical decision making where possible.
- Hospitals will only be reimbursed for services authorized in the IHP and in accordance with any NDCS contracts.
    - Comfort items with additional charges are NOT authorized by the IHP.
    - NDCS is NOT financially responsible for medical or non-medical services, goods or supplies provided in response to a patient's request.

Role of Consultant(s) Recommendations

- During the course of health care, patients are sometimes referred to consultants. Such referrals often generate recommendations including instructions and orders.
- NDCS is not obligated to execute these recommendations, which are subject to the same criteria as any other NDCS provided care.
- It is the responsibility of the patient's NDCS primary care Practitioner to evaluate appropriateness and necessity of the recommendations in light of the patient's health while considering the IHP, NDCS policy and any other pertinent factor(s).
- When NDCS primary care Practitioners do not execute consultant recommendations, they are expected to explain their reasons to the patient and document the reasons in the health record.

Behavioral Health Services

Access to Care

Admissions to NDCS undergo a multidisciplinary screening and assessment process.

Receiving institutions:

- Diagnostic & Evaluation Center (DEC) for adult males.
- Nebraska Correctional Youth Facility (NCYF) for male youth/adolescents.
- Nebraska Correctional Center for Women (NCCW) for females of all ages.

- Mental Health Screenings - all newly admitted inmates to NDCS, as well as parole violators arriving directly from the community, will be screened for mental health needs upon admission.
- Mental Health Programming - Screenings will occur as determined by appropriate clinical teams. One example is the Clinical Violent Offender Review Team (CVORT).
- Intra-system inmates transferring between Department facilities will be screened.
- Inmates identified, during screening, as potentially needing mental health services, will undergo a Mental Health Appraisal.

  Self-Referral:
- Any inmate can request mental health services by submitting a Health Services Inmate Interview Request (IIR).

  Staff Referral:
- All facility staff receive Mental Health referral training while at Staff Training Academy. Referrals will be submitted to Mental Health staff **OR** by making immediate contact with mental health staff in the event of a mental health crisis.

Mental Health Screening (AR115.23)

I. **Anger/Violence Programming:**

Inmates convicted of a violent offense; have a history of violence; and/or violent Misconduct Reports will be screened and referred to the Clinical Violent Offender Review Team (CVORT), which makes treatment recommendations based on clinically-assessed risk and need. Inmates will receive recommendations in writing and will be provided the opportunity to accept or decline the recommendations.

1. **Anger Management:**
   - Treatment provides instruction and practice on basic anger control strategies.
2. **Aggression Replacement Training (ART):**
   - ART is a program available for juvenile offenders considered to be at high-risk for violent re-offense. In addition to targeting effective anger control, it attempts to promote pro-social thinking patterns (i.e. moral reasoning) and pro-social interpersonal behavior (social skills training).
3. **Domestic Violence (DV):**
   - Domestic violence intervention utilizing the Duluth Model to assist inmates in understanding patterns of abusive behavior. DV concentrates on providing group facilitated exercises that challenge a male's perception of entitlement to control and dominate his/her partner.
4. **Violence Reduction Program (VRP):**
   - VRP is a residential treatment program designed to provide inmates the opportunity to understand, manage, and reduce frequency and intensity of their violent offending.
   - VRP can also help inmates develop useful skills for achieving their short-term goals or long-term goals (i.e. successful re-entry into the community).

Covered Services

Mental Health Treatment

- Screening for mental health problems on intake as approved by the mental health professional.
- Outpatient services for the detection, diagnosis and treatment of mental illness.
- Crisis intervention and management of acute psychiatric episodes.
- Stabilization of the mentally ill and the prevention of psychiatric deterioration.
- Residential mental health services in general population and secure housing settings
- Provision for referral and admission to licensed mental health facilities for inmates whose psychiatric needs exceed the treatment capability of the facility.
- Procedures for obtaining and documenting informed consent.
- When mental health care services are rendered against an inmate's will, it is in accordance with state and federal laws and regulations. Otherwise, any inmate may refuse (in writing) mental health care services.
- Mental health care encounters, interviews, examinations and procedures should be conducted in a setting that respects the inmate's privacy.

Sex Offender Services

Healthy Lives Programs (HeLP): Inmates convicted of a sexual offense will be screened by Clinical Sex Offender Review Team (CSORT), which makes programming recommendations based on clinically assessed risk and need. Inmates who are not convicted of a sexual offense, but have a sexual component to their crime may be screened by CSORT for programming recommendations. Inmates will receive recommendations in writing and will be provided the opportunity to accept or refuse the recommendation. Inmates convicted of a sexual offense who refuse or do not satisfactorily complete the recommended sex inmate program may be subject to a mandatory psychological evaluation pursuant to the Sex Offender Commitment Act (LB1199). Inmates who accept the treatment recommendation will have their name added to the appropriate wait-list. Inmates with questions may submit Inmate Interview Requests to CSORT.

Social Work Services (AR 115.25)

MISSION

Provide comprehensive and integrated discharge and aftercare planning as part of the continuum of care provided by Behavioral Health Services. We seek to address needs of high-risk and high-need inmates with the goal of reducing recidivism by connecting inmates to community resources and supports that help them maintain stable lives in the communities in which they reside.

Social Workers priorities include, but are not limited to:

- Major Mental Illness
- Substance Abuse Issues
- Chronic Medical Needs

Social Workers also offer assistance in following areas:

- Community Support
- Education
- Employment
- Financial Resources
- Living Arrangements
- Medical & Mental Health Appointments
- Medication Management
- Parole
- Substance Abuse follow-up

Inmates can obtain social work assistance through:

- NDCS staff referral
- Outside referral (family member, outside agency, etc.)
- Inmate request

Whether referred by staff, outside party or self-referred, social workers will review the appropriateness of a referral and the time frame to discharge or parole. The inmate may be asked to contact Social Work again when closer to discharge/parole if they are more than 6 months from release.

Social Work Services and Reentry work together to provide discharge planning assistance. If it is determined an inmate does not meet criteria for Social Work assistance, the inmate will be encouraged to utilize the reentry specialist from their institution. Inmates are not required to meet with Social Work if they have been recommended by NDCS staff, but it is encouraged by parole board in an effort to address potential discharge concerns.

In addition to providing assistance with discharge planning, Social Work strives to integrate input from all areas of the institution to help identify and meet the needs of discharging/paroling high-needs inmates. Social Work Services provides consultation to other NDCS staff regarding resources and identifying support systems and supportive community agencies.

Substance Abuse Services (AR 115.09)

Updated assessments and level of care recommendations are performed throughout an inmate's sentence on a regular basis and/or special circumstances - e.g. changes in sentence structure, positive urinalysis for substance use and substance use treatment completion/termination/refusal.

Residential Substance Abuse Treatment:

- Education, recovery and relapse prevention treatment in conjunction with additional emphasis on criminal thinking/choices/behavior patterns. Residential programs rely on concrete rather than the abstract in working with substance use inmates.
- Treatment is evidence-based, holistic and includes a variety of disciplines to assist inmates with issues of substance use, criminal thinking/behavior, anger, stress, violence, lifestyle (work, leisure, health) and spirituality. Programs require inmates to take responsibility for their actions; to participate in all program components; and to accept the obligation to practice new attitudes, thoughts and behaviors.
- Individual treatment plans and progress are assessed by the primary counselor and the treatment team at regularly scheduled intervals and under special behavioral considerations based on individual need.
- Orientation/Initial Classification to residential treatment programs occur during the first weeks after arrival. This process determines the group, primary counselor, room/job assignment and assures inmates have received DCS Rules and Regulations and Treatment Program In-House Rules. Orientation also provides instruction on Program Agreement; Inmate Rights and Behavioral Expectations; Conditions of Participation; institution-specific procedures; and group process. Inmates become involved in a regular program of group and individual counseling; substance use education; recovery and relapse prevention classes/groups; cognitive restructuring classes/groups; random drug testing; life skills; leisure skills; parenting; physical fitness; health; and work.
- Group counseling addresses issues important to each group's members, including anger control, violence/domestic violence, parenting, human sexuality, relationships and communication. Since inmates are involved in group counseling from the outset, each has many opportunities to suggest focus areas for the group. Individual counseling addresses particular issues and works in conjunction with group counseling, providing individual instruction and progress assessments.

- Substance use recovery and relapse prevention classes/groups expect participation in the holistic program. Participants learn and practice recovery/relapse prevention designed specifically for correctional settings. Members identify their own warning signs of relapse; mentor others in the process; examine potential re-entry problems and expectations; and take the first steps to finding re-entry resources and sponsors.
- Cognitive restructuring is a systematic cognitive-behavioral approach to promote change in criminal thinking, criminal excitement and its related behaviors. Held in conjunction with substance use classes and group work, an inmate learns to see thinking errors; learns how to change criminal behavior; begins to practice new behavioral patterns and identifies patterns; and strategies to effectively cope with criminality relapse issues.
- Physical Fitness and Health are two essential components of successful substance use recovery. Substance Use staff and the Activities and Recreation staff provide numerous opportunities and growth experiences for inmates in residential treatment programs.
- Institutional work assignments focus on the application of demonstrated and learned work skills. Inmates learn to experience pride in their work and the responsibility associated with it. Subsequently, their work will enhance their physical surroundings and benefit their individual and group treatment.
- Residential Treatment Community groups of inmates have been involved in various community service projects including **Matt Talbot Kitchen** and **Lincoln Food Bank.**
- Women's programs provide gender-specific components for dealing with issues surrounding female substance use as well as addressing criminal thinking/choices/ behavior patterns.

Non-Residential Substance Abuse Treatment Services (NRTS)

- NRTS address needs of inmates who meet requirements and criteria for a less intense level of care or, due to other circumstances, including limited sentence structure, are not eligible for residential treatment services.
- NRTS programming consists of two levels:
    - Intensive Outpatient (IOP)
    - Outpatient (OP)
- Modeled after and similar to residential treatment programming, NRTS provides a cognitive-behavioral approach with emphasis on recovery, relapse prevention and criminal thinking/behavior which is delivered through classes, groups and individual sessions.

Services Not Medically Necessary/Not Authorized

- Abortion
- Caffeine-related Disorders
- Chiropractic Care, unless medically necessary
- Communication Disorders
- Dental Implants
- Elective Procedures
- Erectile Dysfunction
- Factitious Disorder
- Learning Disorders
- Motor Skills Disorder
- Nicotine-related Disorders
- Other conditions/disorders/issues/procedures
    - as determined by Deputy Director – Health Services
- Payment for newborn care

Appeals

Inmate Patients may appeal authorization decisions through the normal grievance process.

Medical Services

Access to Care

Inmates may access health care by:

- Going to Sick Call.
- Sending a written Inmate Interview Request (IIR) to Health Services.
- For emergencies, reporting to any NDCS staff.

Covered Medical Services:

1. **Dental Services**

NDCS provides medically necessary dental care. At any time during incarceration, an inmate may seek evaluation by a dental Provider and may receive treatment based on existing guidelines. Services at some facilities are limited and may include the use of Travel Orders.

Emergent and Urgent Dental Treatment

- Intractable pain.
- Severe pain and swelling with or without fever due to dental disease.
- Facial bone fractures and facial trauma shall be evaluated emergently or urgently referred to appropriate Emergency Room or Practitioner/Provider.

Non-emergent, Non Urgent Dental Treatment (NENUT)

- Dental examinations are provided at intake and before initiation of routine care.
- Treatment plans must be updated as necessary to remain current.
- Nature of services are determined by Providers, Chief of Dental Services in accordance with IHP, guidelines and protocols.
- Services are further prioritized based on patient acuity level and functional impairment.

2. **Chemotherapy**
3. **Dialysis**
4. **Durable Medical Equipment (DME)**
5. **Emergency Care**
6. **End of Life Medication and Care**

NDCS does not provide medication to a patient with a terminal illness for the purpose of self- administration to end his or her life.

7. Hearing Care

Hearing screening exams will be performed upon entry into NDCS.

Hearing assessments and one or two hearing aids are provided when medically necessary.

Any willful or negligent damage, destruction, or loss of hearing aids will be considered grounds for disciplinary action and may include payment for the cost of repair or replacement.

8. Hospital Care (in the Community)

Inpatient services will be provided either in a community hospital or in one of three (3) Skilled Nursing Facilities (SNF). The most appropriate setting will be determined by the authorized NDCS health care Practitioner according to the severity of illness or level of service required.

Any hospitalization must be authorized by NDCS.

When hospitalized in the community, the inmate's medical needs, custody level and community safety considerations will determine the type and location of hospital room assigned.

Medical and/or security needs may require an inmate be assigned to a private hospital room.

When ordered and medically necessary, the following will be provided:

- Anesthesia
- Casts
- Diagnostic services
- Dressings
- Drugs administered during the stay
- Equipment
- Hospital services
- Intensive care unit and services
- Labor and delivery room
- Laboratory
- Medical rehabilitation
- Nursing care
- Operating room and related Services
- Radiation
- Radiology
- Respiratory services

Additional charges for television are not authorized for stays in community hospitals. Personal comfort items such as hygiene items or slippers that cause additional charges will not be issued unless authorized by NDCS.

Reimbursement will only be made for services authorized by NDCS in accordance to this IHP per allowable charges between NDCS's third party Administrator and the hospital.

9. Maternity Services

Medically necessary maternity services are covered for inmates during their period of incarceration. These services are provided in the most appropriate setting (institution's clinic or a community facility) as determined by NDCS health care Practitioner in accordance with the level of service required. Services include diagnosis of pregnancy; prenatal care; delivery; postpartum care; care for complications; physician services; and hospital services.

10. Medical and Surgical Services

Medical and surgical services are limited to the following and are covered only when ordered or prescribed by an authorized NDCS health care Practitioner.

These services will be provided in NDCS clinics or three SNFs unless the necessary equipment or supplies are not available, or the health care Provider determines the severity of illness or level of service required indicates a community health care facility is the most appropriate setting for the care. Medically necessary non-emergent community care is subject to approval by Deputy Director - Health Services.

The following services are included in this provision:

- Anesthesia and oxygen services.
- Blood derivatives and related services.
- Chemotherapy.
- Community or Provider office and hospital visits and related services to include diagnostics, treatments, consultations or second opinions.
- Dialysis.
- Dressings, casts and related supplies.
- Health appraisals to determine programming or work restrictions.
- NDCS health care Provider clinic, SNF and hospital visits to include initial. evaluations, diagnostics, treatments, consults or second opinions.
- Medications as defined in "Pharmacy" section below.
- Physical therapy, occupational and speech therapy.
- Radiology, nuclear medicine, ultrasound, laboratory and other diagnostic services.
- Surgical and anesthesiology services.

11. Optometry - Optical Care

Vision screening exams will be performed upon entry into NDCS

New glasses will be provided when medically necessary due to change in visual acuity.

Any willful or negligent damage, destruction or loss of glasses will be considered grounds for disciplinary action and may include payment of the cost of repair or replacement.

12. Pharmacy

NDCS formulary lists drugs and supplies that will be provided when prescribed by NDCS heath care Practitioners:

- Generic equivalents will be provided in accordance with formulary.
- Over the counter medications will be available per NDCS policy.
- Non-formulary drugs and supplies will be provided only when authorized by Deputy Director - Health Services.

13. Preventive Care

The following preventive and screening services are available:

- Initial physical, mental health and dental exams, including diagnostic screening tests.
- Periodic health maintenance evaluations conducted when necessary and appropriate.
- Voluntary and court-ordered HIV testing and counseling.
- Immunizations, as deemed medically appropriate.
- Screening and diagnostic tests for sexually transmittable and blood-borne disease(s).

14. Skilled Nursing Facility (SNF)

Inmates may be placed in one of three (3) NDCS Skilled Nursing Facilities (SNF) to receive care and services that cannot be provided in outpatient clinics; or for health conditions that prevent them from living in general population safely:

- Diagnostic & Evaluation Center (DEC)
- Nebraska State Penitentiary (NSP)
- Tecumseh State Correctional Institution (TSCI)

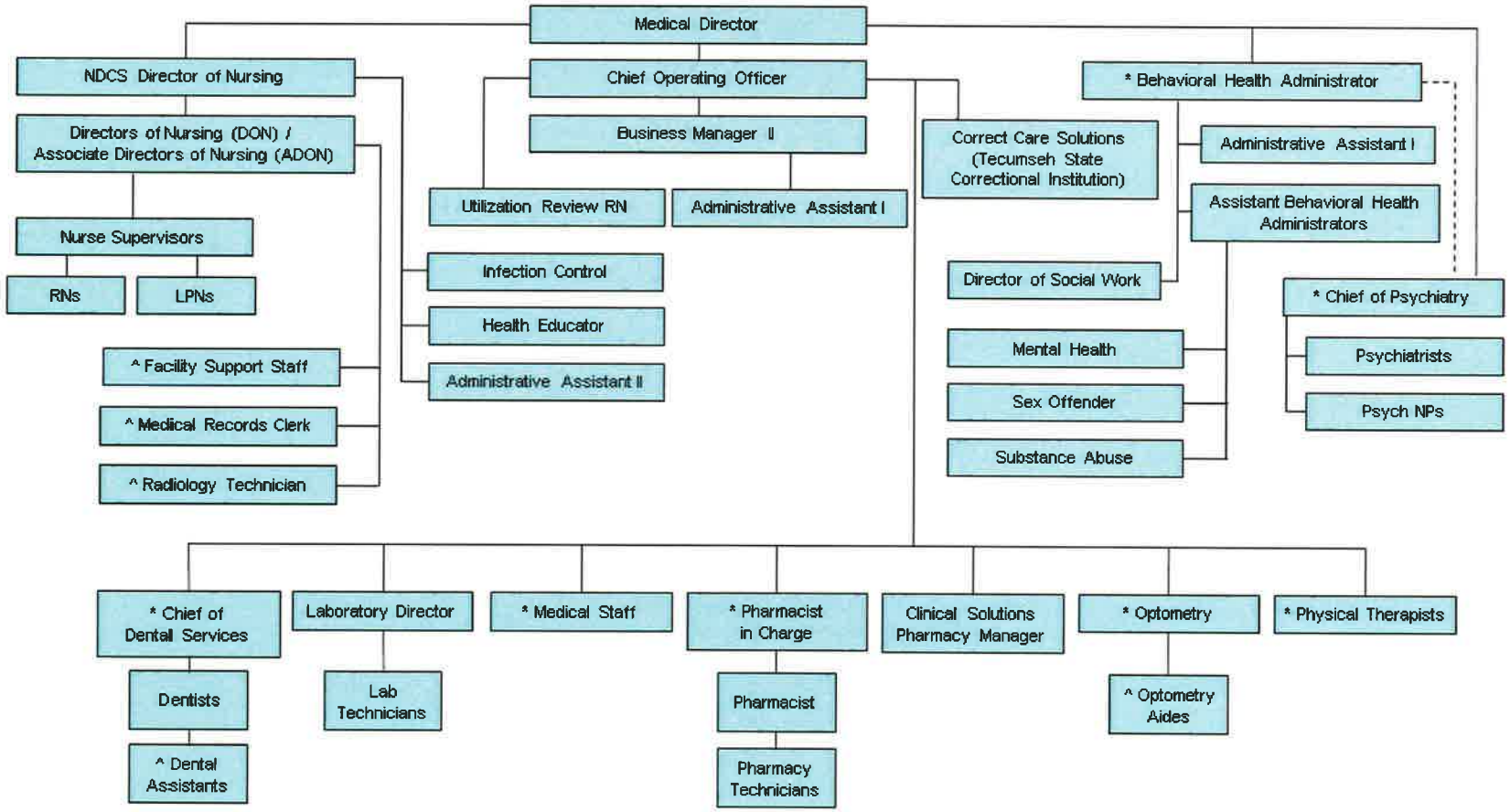
Hospice services are available for terminally-ill inmates who choose not to continue cure-oriented services. Hospice care shall emphasize palliative services for pain management and support.

ADMINISTRATIVE REGULATIONS

Blue links in Inmate Health Plan sections take you to A/R public location on NDCS Website http://www.corrections.nebraska.gov/policieshealth.html and are available in inmate libraries

A/R #	ADMINISTRATIVE REGULATION TITLE
115.01	Health Authority and Administration
115.02	Health Personnel Management
115.03	Health Care Records
115.04	Access to Health Services
115.05	Health Screenings, Examinations, Appraisals and Reviews
115.06	Emergency Medical Care
115.07	Dental Care
115.08	Pharmaceutical Services
115.09	Substance Abuse Treatment Programming, Detoxification, and Chemical Dependency
115.10	Pharmacy Medication Distribution, Access & Training
115.11	Health Education
115.12	Special Needs Inmate Programs
115.13	Serious Illness or Injury, Advance Directives and Death
115.15	Serious Infectious Diseases
115.16	Disposal of Infectious Waste
115.18	Management of Medical Control Items
115.23	Mental Health Services
115.24	Critical Incident Stress Management (CISM)
115.25	Social Work Services

NDCS Health Services Organizational Chart



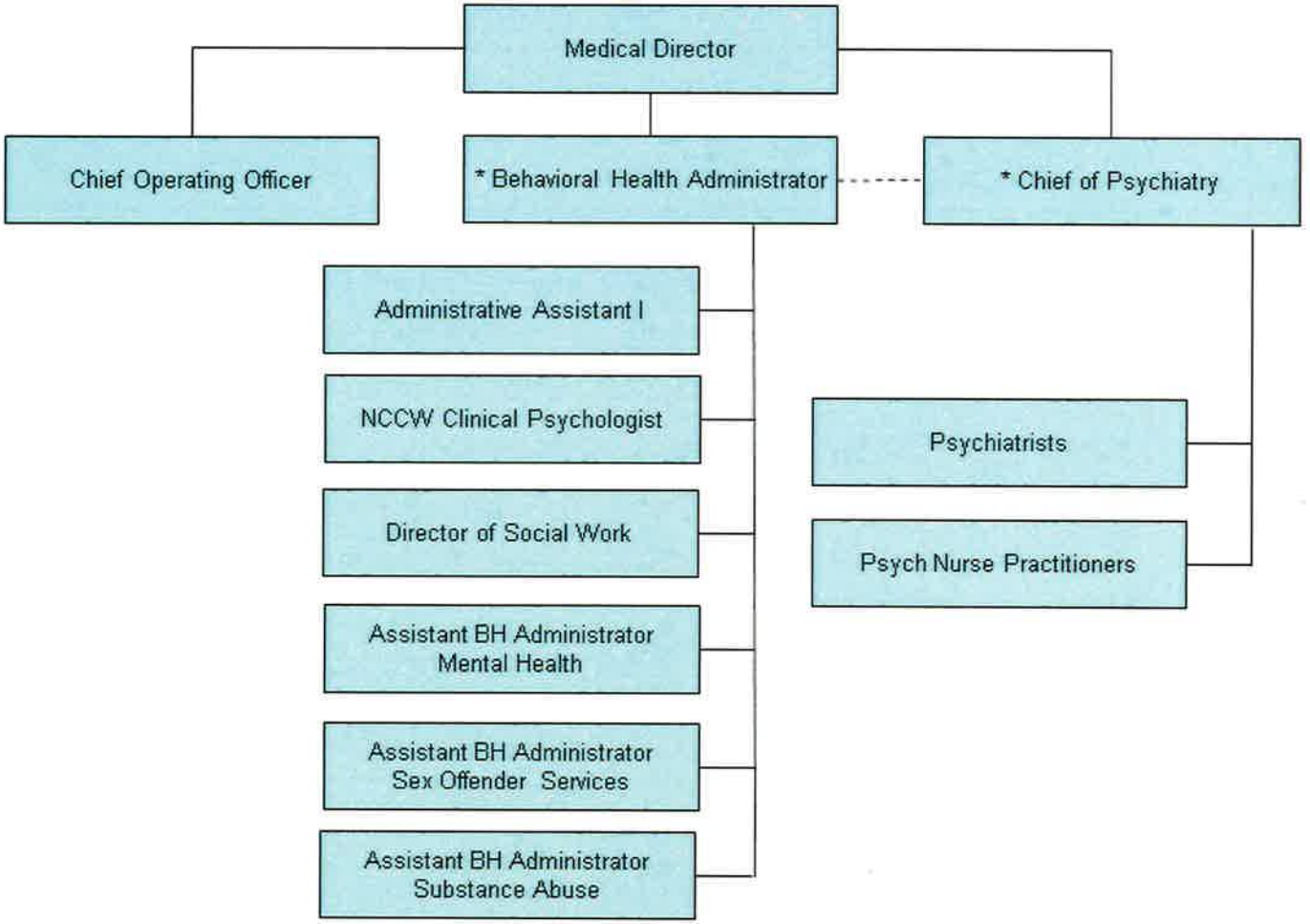
* Clinical Supervision: Medical Director
Administrative Supervision: Chief Operating Officer

^ Auxiliary Staff Supervised by DON / ADON / Patient Flow Coordinator

---------- Secondary Supervision

Revised June 7, 2016

NDCS Behavioral Health Organizational Chart

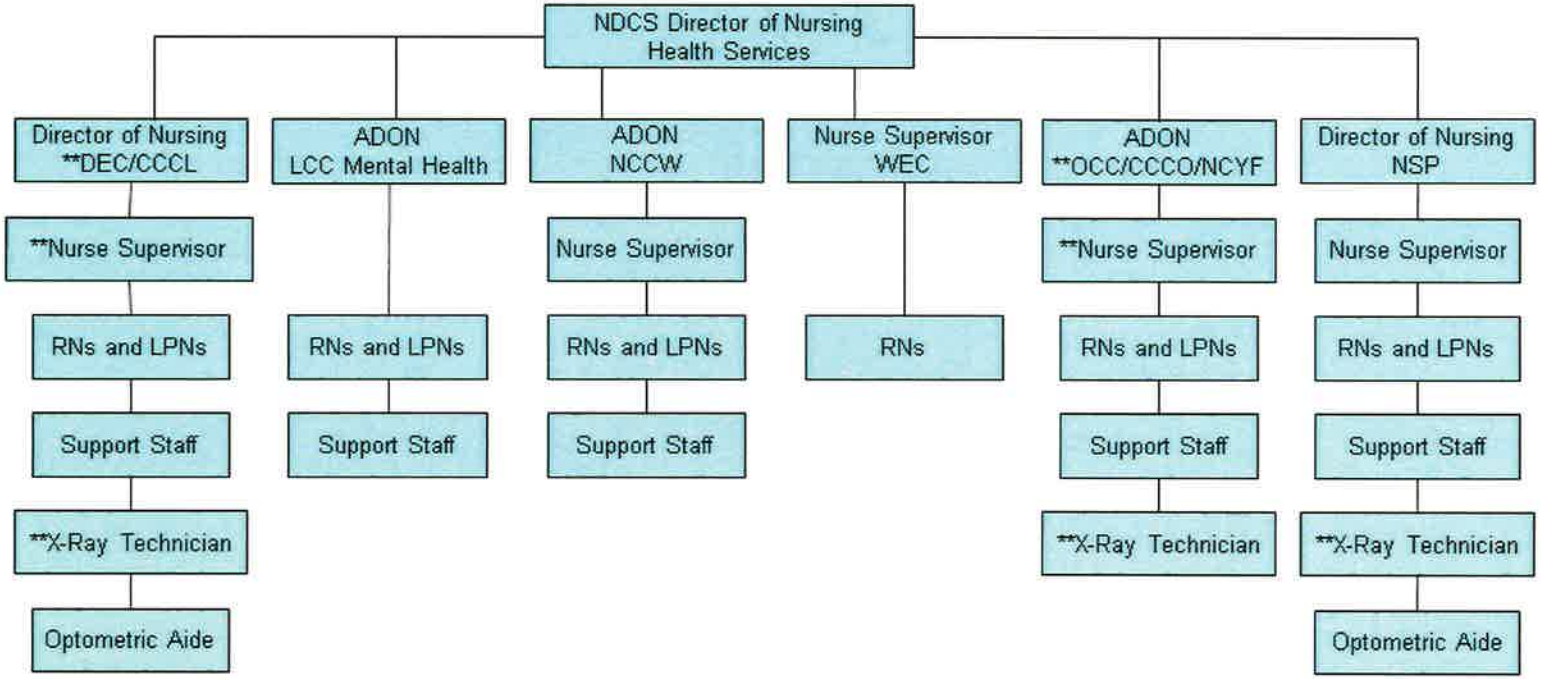


* Clinical Supervision: Medical Director
Administrative Supervision: Chief Operating Officer

------- Secondary Supervision

Revised June 6, 2016

NDCS Nursing Organizational Chart



** Same Person Travels to Facilities

Revised September 24, 2015

Justice and Health CONNECT
A national resource for justice and health data sharing

Health Information Technology and the Criminal Justice System

Advancing health information technology (HIT) is a key component of national healthcare reform efforts to improve the effectiveness and efficiency of delivery systems through better information sharing. By enhancing the ability of justice agencies and community healthcare providers to communicate, HIT can lead to more efficient and better coordinated healthcare, significant cost savings to health and justice agencies, and improvements in both public health and public safety.

What is health information technology?

Health information technology (HIT) encompasses a range of products and services—including software, hardware, and infrastructure—that enable the electronic collection, storage, and exchange of patient data. The goal of HIT is to increase the capacity for a patient's clinical information to flow seamlessly between treatment providers working in different settings, inform clinical decision making by supplying timely access to accurate information, and empower patients by giving them more control over their own health information. It can also improve the administrative aspect of healthcare delivery by improving workflow efficiency and clinical documentation to support appropriate billing.

How is electronic health information used?

Converting paper medical records into a digital format can greatly increase the capacity for information sharing and may take a number of forms. This section defines some important terms describing technologies that can facilitate information sharing between health and justice systems.

- Electronic Medical Records (EMRs) refers to both a patient's computerized medical record and the software system used to create, modify, and maintain these records. EMRs are digital versions of case notes on a patient's medical history. Providers can use EMRs for diagnosis and treatment. While EMRs can greatly improve workflow and service provision within one hospital, clinic, or correctional facility, they generally operate within a single organization and are not designed to connect with providers across treatment settings.

- Electronic Health Records (EHRs) have the most potential for information sharing, as they allow providers to store and retrieve patient information over time and across care settings. EHRs are patient-centered records that follow people as they receive treatment in different places. The primary value of EHRs is that authorized providers and staff across health care organizations can create, manage, and access them. A person's EHR can include information from current and previous doctors, hospitals, community clinics, pharmacies, laboratories, and correctional health services.

- Personal Health Records (PHRs) contain the same information as EHR/EMRs, but allow people to independently access and manage their records outside a treatment provider's office. PHRs typically include features that allow patients to review recent test results, renew prescriptions, schedule appointments, and contact healthcare providers.

- Health information exchanges (HIEs) act as clearinghouses for clinical information, connecting multiple treatment providers at a regional and state level. By allowing multiple treatment providers who use incompatible proprietary information systems to share data in a variety of formats, HIEs enable electronic sharing of health-related information across organizational and jurisdictional boundaries. The goal of an HIE is to provide healthcare organizations access to important clinical information about a patient from across a network of healthcare providers to inform clinical decisions and administer services more efficiently. For example, a clinician working in a community healthcare setting could access diagnostic, treatment, and prescribing information from all participating hospitals, clinics, and other healthcare settings that have dealt with a patient. Treatment and administrative organizations can join an HIE by signing a contract that outlines the type of data that is shared. Once they join the HIE, they typically use a log-in portal to retrieve information submitted to the HIE by other providers in their network.

- Telemedicine refers to the use of electronic communication and information technology to provide or support clinical care to remote areas that might otherwise not have access to an adequate range of health services. Telemedicine can make a critical difference in healthcare access, especially in rural areas where the patients may live many miles from the nearest healthcare provider.

Telemedicine in Wyoming

In Wyoming, where 75 percent of the population lives in rural communities or small cities with between 2,500 and 50,000 residents, state policymakers recognize that telemedicine is an essential tool for extending primary care, specialty care, and mental health services to people living in remote areas, including four state prisons.

Wyoming lawmakers established the Telehealth Consortium—a partnership among hospitals, physicians, and government agencies, including the Office of Chief Information Officer (OCIO) and Department of Corrections (DOC), and the Wyoming Health Information Organization (WyHIO)—with the mission of "facilitating the operation of a statewide interoperable telemedicine/telehealth network using existing internet protocol based communication and videoconferencing infrastructure and telecommunication services to the extent possible."

Click here to read the Telehealth Consortium's annual report.

Why is HIT a good investment for justice systems?

- **Jails and prisons as healthcare providers.** HIT can improve health services in correctional settings in similar ways that it does for many hospitals and community clinics. On any given day there are more than two million people held in U.S. prisons and jails who rely on these facilities for their healthcare. Large city jails and prisons can serve the same number of people as a medium-sized hospital, often having their own clinics, labs, and pharmacies on site. For instance, each year healthcare providers working in the New York City jail system conduct nearly 750,000 medical and mental health visits and write more than 600,000 prescriptions.

  As with people entering emergency rooms or acute care clinics, those booked into jails are often in a state of distress and commonly experience symptoms of unmet health needs. And the work of a patient discharge planner in a hospital developing continuity-of-care plans for patients who are returning home is analogous to transitional planning/reentry case-managers in jails and prisons. Professionals working in both of these environments can use reliable health records as a tool for linking their clients to appropriate services that keep them healthy and provide the support and treatment that they need in the community. A standardized record system can offer quicker access to reliable and comprehensive information on health needs and prior health system contact, improving the quality of treatment decisions, providing a reliable referral mechanism, and reducing the risk of erroneous treatment and/or prescribing decisions.

What benefits can justice systems realize using technology designed for healthcare settings?

- **More effective connectivity with community support networks.** Correctional health is an under-recognized and disconnected component of the safety-net healthcare system. The use of paper health records in jails, prisons, courts, and community corrections exacerbates this problem because it limits the capacity for communication with healthcare providers working in other settings. Investments in HIT can help link criminal justice agencies with the resources that exist in the community, promoting a model of continuous healthcare that does not lapse when someone enters or leaves a jail or prison. By improving access to essential behavioral healthcare, HIT can help address the mental health and substance use problems that lead many people into contact with justice systems.

- **Improved quality of correctional healthcare.** If implemented correctly, EHRs can improve quality of care by increasing coordination, limiting unnecessary testing, lowering and containing costs, and decreasing medical errors, misdiagnosis, and other problems resulting from incomplete or illegible paper records.

- **Enhanced opportunities for diversion.** Electronic health information can be used to verify a person's health needs before or immediately upon entering the justice system, thereby increasing opportunities for diversion or treatment alternatives to incarceration by providing timely access to accurate information on mental health or substance use needs.

- **Smarter reentry planning.** It is well-documented that the first few weeks following release from incarceration is a period when people are susceptible to a range of health risks. Electronic health records are valuable tools to help treatment providers working in the community support people as they return home from jail or prison. The reliable transmission of important health information from correctional to community settings allows community-based providers to improve health outcomes for people returning from incarceration. For people with mental health and substance use problems, continuity of care that addresses behavioral health needs can significantly reduce the risk of recidivism.

- **More comprehensive insurance coverage for transition planning.** The Affordable Care Act (ACA) requires local governments to develop strategies for enrolling vulnerable populations into health insurance plans and coordinated care. Jails can identify and engage under-served populations in health services. Transition planners can use EHR systems compatible with other electronic systems to manage applications for social benefits to ensure people have the necessary support when transitioning back to a community setting after incarceration. For example, Connecticut has created an interface between its jail management system (JMS) and the state's health insurance exchange (HIX), which allows demographic data from JMS to be electronically incorporated into a Medicaid application as a way of helping ensure that people have health insurance when leaving corrections settings.

- **More cost-effective provision of treatment.** Between 9 and 30 percent of total corrections costs are allocated to healthcare for people in correctional facilities, depending on the jurisdiction. Increases in correctional healthcare costs are the result of several factors, including an aging incarcerated population, rising pharmaceutical drug costs, the prevalence of mental illness, and widespread need for substance use treatment. The need to control spiraling healthcare costs has prompted correctional systems to look for new models for managing healthcare services, including the use of standardized record systems.

- **Better jail intake process.** Many correctional health EHRs are designed to interface with jail and prison management systems. By making detailed information on prior diagnosis and treatment accessible at booking, EHRs can help intake staff triage people to the appropriate health services and housing units.

- **Improved sick call system.** HIT is currently used in some jails and prisons to manage inmate requests for healthcare. Inmates can use kiosks or phone systems to contact a sick call system and make appointments with medical staff.

- **Reliable clinical decision making.** EHRs can ensure that treatment providers have appropriate and accurate client information at the right time to inform clinical decisions. Many EHRs come with features that provide clinicians with important clinical decision-making tools; such as alerts about medication allergies or side effects, or suggestions for treatment regimens based on clinical history.

- **Greater compliance with legal and ethical obligations.** Jails and prisons have a legal obligation to provide people in the facilities with healthcare that is comparable to community

standards of treatment. HIT can help correctional institutions enhance the quality of care by reducing medical errors, strengthening clinical decision making, and documenting service provision.

- **Increased patient support.** Individual health records are transportable and accessible across communication networks. Therefore, patients have greater access to their personal health information as they move between providers, their data is less likely to get lost, and there is less opportunity for medical errors.

- **More robust capacity for data-driven policy.** Agencies can compile datasets to perform analyses for reporting and policy-making purposes and evaluate programs' effectiveness.

What are some of the concerns with the use of electronic health records in correctional settings?

- **Privacy.** Concerns are frequently raised about the potential for EHRs to lead to security breaches, misuse of data, and loss of patient control over information. However, with proper controls on access and comprehensive policies that govern their use, EHRs can be more compliant with privacy laws and secure than paper records.

- **Costs of implementation.** There are significant costs associated with installing, managing, and maintaining electronic record systems. Technical assistance, licensing fees, and the need to provide training to correctional personnel can all present barriers to implementation. Nevertheless, while investing in HIT is expensive in the short term, it can improve efficiency and yield long-term savings.

- **Connecting with legacy data systems.** It is important to select an EHR that has the ability to connect with or supplement data systems that are currently in use. In some cases, it may be necessary to upgrade computer hardware and networks before introducing EHRs into a correctional setting.

- **Challenges integrating physical and behavioral health information.** Substance use and mental health treatment providers typically rely on less well developed information systems when compared to those used by general healthcare practitioners. Although EHRs are designed to span disparate information systems, there may still be connectivity issues between physical and behavioral healthcare providers.

What are the factors to consider if my agency is thinking about moving from paper to electronic healthcare records? How do I select a vendor for electronic health records?

There are a number of companies, such as e-Clinical Works, that market electronic health record systems, and several that have designed EHR systems tailored specifically to correctional settings. There are a few factors to weigh when selecting an EHR vendor:

- **Does the EHR enhance interoperability?** A very important factor to consider is whether the technology you select enhances interoperability—the ability to conduct electronic information exchange within and across other systems.

    - *Will the EHR be able to connect to existing information systems within your agency*? You should be sure that the EHR product you choose has the ability to interface with existing data management systems in your facility. Exchanges between EHR and existing systems can help avoid duplicative data entry, increase efficiency, and ensure that both systems have up-to-date information on demographics, medical history, and custodial housing assignment;

    - *Will the EHR be able to connect with community systems?* Additionally, it is important to ensure that the technology you choose uses technical standards that are capable of interfacing with treatment providers in your community.

- **Is the EHR certified?** Purchasing an EHR that has been certified by the Certification Commission for Health Information Technology (CCHIT) as meeting the requirements of "meaningful use" will maximize the potential for interoperability and information sharing. The Office of the National Coordinator for Health Information Technology (ONC) maintains a list of EHRs certified by CCHIT.

Are correctional health providers eligible for financial incentives for using electronic health records?

- The Medicaid EHR Incentive program, in the HITECH Act (2009), includes financial incentives for eligible healthcare providers demonstrating "meaningful use" of EHRs caring for patients covered by Medicaid. Payments can be used to support adopting, implementing, or upgrading EHR technology. Providers can receive annual payments if they continue to demonstrate compliance with current meaningful use standards.

- As of 2012, correctional health providers are eligible for incentive payments if: (1) at least 30 percent of their patients are *enrolled* in Medicaid; and (2) they adopt an EHR that is certified by ONC. More providers practicing in jails and prisons are likely to satisfy the 30 percent Medicaid enrollment requirement following implementation of national health reform; especially in states expanding Medicaid coverage in accordance with the Affordable Care Act that also "suspend" rather than terminate Medicaid coverage upon incarceration.[1]

[1] Before August 2012, providers practicing in correctional facilities were not eligible to receive EHR incentive payments. The old rule required providers to have 30 percent of their patient volume to include encounters *paid* by Medicaid, and therefore

Electronic Health Records in Jails and Prisons

An increasing number of correctional systems are converting paper records into digital format in an effort to improve the effectiveness and efficiency of healthcare delivery and enhance connectivity with community health systems. Below are examples of jurisdictions that have successfully adopted EHRs.

> **Rhode Island.** The Rhode Island Department of Correction (RIDOC) introduced an EHR to manage health information across its seven correctional facilities. According to RIDOC staff, the technology has become a vital component of the state's correctional health delivery system that streamlines communication among medical, behavioral health, and dental staff. The EHR maintains a chronology of all healthcare admissions, diagnostic tests, and other events related to patient care. Read how RIDOC identified the core requirements of its EHR, selected a vendor, and developed a records system tailored to its needs and case flow.

> **Kentucky.** Since 2004, the Kentucky Department of Corrections (KyDOC) has been using an EHR in its 13 state-operated prisons, and the department is currently planning to upgrade the system in accordance with meaningful use standards for EHRs promulgated by the Office of the National Coordinator for Health Information Technology (ONC). These changes will enhance the ability of KyDOC to communicate with treatment providers in the community that employ EHRs using similar standards. Click here to read a "positive but cautionary case study of how users assess components of an EHR in a relatively stable and controlled organized setting."

> **New York City.** In 2008, the Bureau of Correctional Health Services (BCHS) of the New York City Department of Health and Mental Hygiene implemented an EHR, e-Clinical Works. Click here to read an article written by members of BCHS about their adoption and use of e-Clinical works to provide health services to people held in the nation's second-largest jail system.

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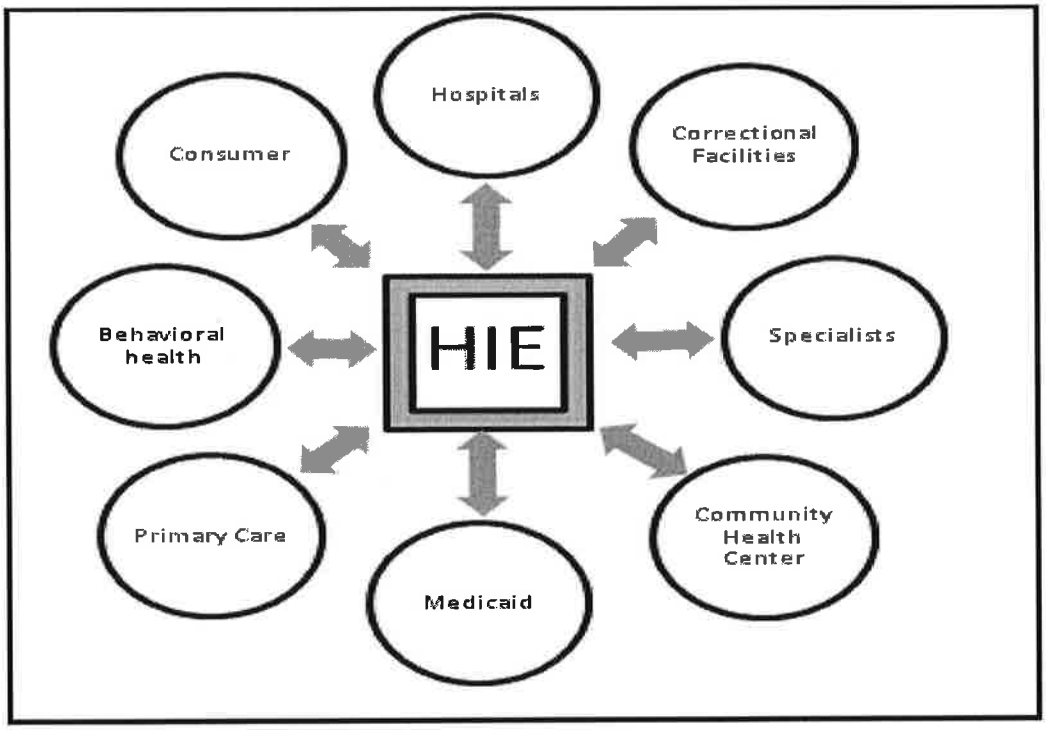
excluded correctional health because health services inside jails and prisons are not reimbursable Medicaid. The new rule only requires that 30 percent be *enrolled* as opposed to paid by Medicaid.

How are jurisdictions currently using HIEs to build connectivity between health and justice systems?

> Several states and city governments are actively working to develop bidirectional information flow between community health and justice systems through HIEs. For example, some jurisdictions provide professionals working in correctional facilities with access to health data maintained in the HIE. This allows a correctional health provider or authorized jail or prison staff person to view clinical information relating to someone that they are serving in their facility, from other providers in the HIE network. By linking correctional facilities into HIEs, clinicians working in a range of settings can access information on any medical treatment a patient receives while incarcerated, helping ensure continuity of care as people return to the community.

How can my agency become a member of the HIE?

> In order to get access to your local HIE you will need to enter into contractual agreements with the entity that oversees the exchange and other partners. Once you have joined the HIE, you will be able to share data with other members to coordinate care for your shared patients. As a first step, you should contact your state or local health department to determine who oversees the HIE. Click here to find out more about HIEs in your state.



Health Information Exchange. The image above depicts how an HIE serves as a data hub permitting bidirectional information sharing across a number of distinct entities.

Linking Justice and Health through Health Information Exchange (HIES)

Health information exchanges (HIEs) enable the electronic sharing of health-related information across organizational and jurisdictional boundaries, connecting treatment providers at the regional and state level. Below are some examples of jurisdictions that are using HIEs to enhance connectivity between their criminal justice and healthcare systems. While the potential for HIEs to increase access to healthcare for justice system-involved populations is considerable, most jails, prisons, and probation and parole agencies do not currently participate in their local HIE. There are a number of factors that may explain the lack of integration of justice agencies, including technology requirements (agencies need to have an EHR system in order to participate), the siloed nature of agencies, and concerns about releasing sensitive health information to justice agencies. These concerns notwithstanding, connecting health providers in justice settings with their local HIEs presents enormous potential for increasing access to essential healthcare services for underserved populations.

> **Salt Lake City, Utah.** Health officials in Utah are pursuing a vision where the state HIE will serve as an informational hub that can be used to streamline enrollment into Medicaid or other health insurance plans offered in Health Insurance Exchange (HIX), and track clinical encounters with the justice system and treatment community. Utah plans to use the HIE to support people as they transition between correctional settings and health services in the community. The HIE will also help improve the effectiveness of existing alternatives to incarceration programs by providing clinical information to case managers, advocates, judges, and others working in the courts.

> **Pima County, Arizona.** In 2010, Arizona established the Health Information Network of Arizona (HINAz), which recognizes 29 HIE stakeholders across the state, including hospitals, community health centers, and health plans. Pima County is the only county in the state to join the board of HINAz and advocate for including correctional health systems to achieve optimal use of the state HIE. Nearly 40,000 people enter the Pima County Adult Detention Complex (PCADC) each year. More than half of people booked into the facility have previous involvement in the public mental health system, and a large percentage have received treatment for a chronic health condition. Connecting PCADC to the state HIE will dramatically improve the booking process by providing intake specialists with critical medical histories necessary to provide continuity of care, reduce medical error, and triage people to appropriate services. Click here to read a memorandum from Pima County officials making the case to link the detention facility to the state HIE.

> **Camden, New Jersey.** The Camden county jail has joined the local HIE alongside hospitals and community clinics increasing the connectivity between correctional and community health systems. Through the HIE, staff at the jail are now able to log in to an online system and access important clinical information for people in the jail. This information can help the jail provide appropriate care while someone is in the facility, as well as informing reentry plans and referrals to community healthcare providers for people when they leave. Click here to view a PowerPoint presentation about Camden's HIE.

What if it is not financially feasible for my jail or prison to invest in electronic health records? Are there less expensive technological solutions?

- **Secure e-mail messaging.** While an interoperable electronic health record that can interface with community health systems is ideal, there are technical solutions available that do not require a large investment of resources.

  ONC's Direct Project provides a low cost alternative to fax machines and paper records by pushing clinical summaries between providers via secure e-mail exchanges.

- **Cloud Computing.** Uses remote technology servers that can be located anywhere and accessed via the internet. This may be a viable option for smaller jurisdictions that cannot afford to invest in expensive technological infrastructure within their agency.

> *"In-house systems are incredibly expensive to develop, require additional information, technology staff, and, once they are built, are difficult to expand or change. Cloud computing, on the other hand, is flexible, expandable, and you pay as you go with no upfront investment and only for what you use."*
>
> –Paul Wormeli, the IJIS Institute on cloud computing

Additional Resources

Websites

The American Health Information Management Association (AHIMA)
http://www.ahima.org/resources/default.aspx

Healthcare Information and Management Systems Society (HIMMS)
http://www.himss.org/library/topics?navItemNumber=13211

HealthIT.gov
http://www.healthit.gov/

IJIS Institute
http://ijis.org/

Fact Sheets

The Healthcare Information and Management Systems Society (HIMSS), "The Legal Electronic Health Record," http://www.himss.org/content/files/legalemr_flyer3.pdf (accessed June 3, 2013).

National Commission on Correctional Healthcare, "Telemedicine Technology in Correctional Facilities," http://www.ncchc.org/telemedicine-technology-in-correctional-facilities (accessed June 3, 2013).

New York eHealth Collaborative, "Introduction to Electronic Health Records (EHRs)," http://www.nyehealth.org/images/files/File_Repository16/qanda/Intro_to_EHRs_Final_121009-4.pdf (accessed June 3, 2013).

Publications

Community Oriented Correctional Health Services (COCHS). "Challenges of Bringing Connectivity to Jails via Health Information Technology: Three Case Studies." April, 2012. http://www.cochs.org/files/hieconf/CHALLENGES.pdf (accessed June 3, 2013).

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ATTACHMENT 42

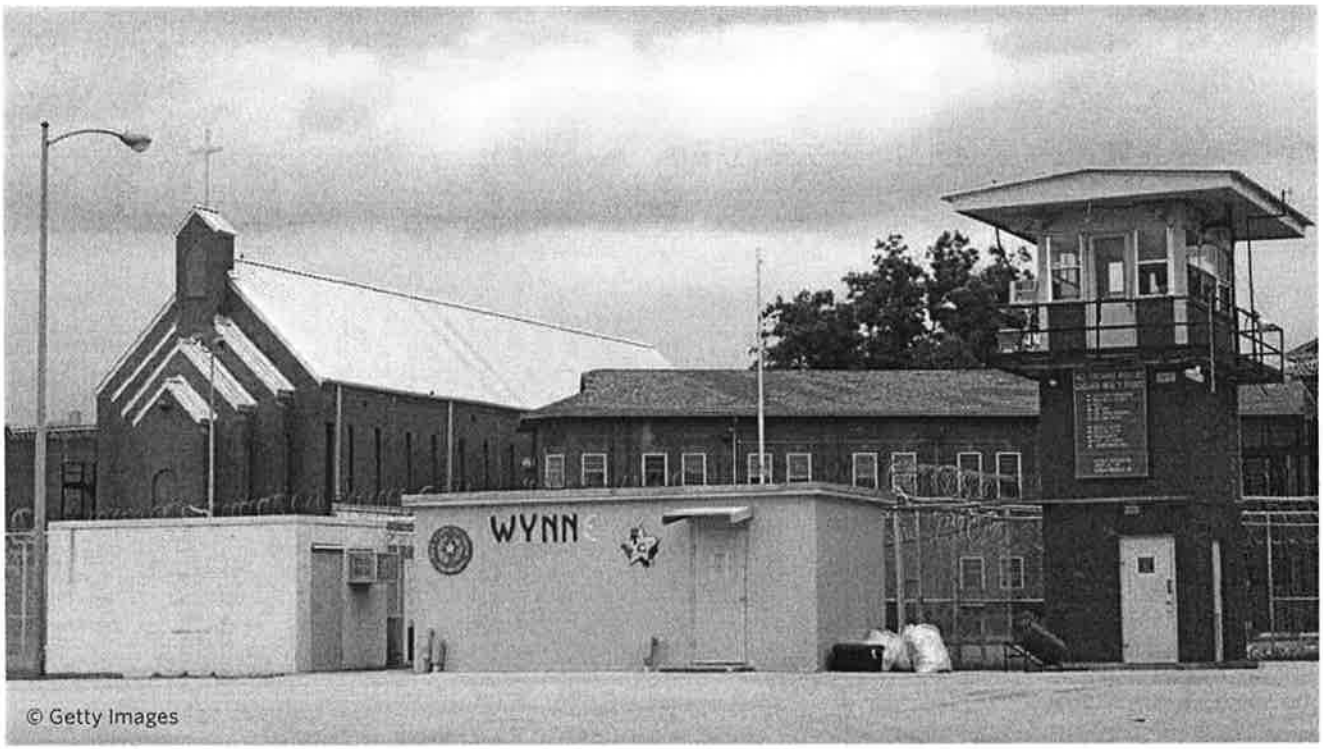
THE PEW CHARITABLE TRUSTS

STATELINE

State Prisons Turn to Telemedicine to Improve Health and Save Money

January 21, 2016

By Michael Ollove



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The John M. Wynne Unit in Huntsville is one of many Texas correctional facilities that use telemedicine to treat inmates. States increasingly have adopted telemedicine in prisons to save money, improve inmates' health, and lessen the risk of taking prisoners to outside hospitals.

CONROE, Texas — Texas prison psychiatrist Pradan Nathan recalls an unsettling face-to-face session with a dissatisfied patient about a dozen years ago at a maximum security prison in East Texas. The large man, a member of a notorious prison gang, insisted Nathan prescribe him a particular medication. Nathan said he didn't need it.

"I'm going to stab you to death the next time you come in here," the prisoner growled.

Nathan feels a lot safer these days. He sees up to 16 patients a day from a suburban Houston office here, using an audio console, a camera and a monitor to treat inmates at two state prisons — including one with a death row — at least 30 miles from where he sits. He's still threatened occasionally, but now it's from a comforting distance. Needless to say, he's a big fan of telemedicine.

He's not the only one. Most states have turned to telemedicine to some extent for treating prisoners — often in remote areas, where many prisons are located — because it allows doctors to examine them from a safe distance. It enables corrections officers keep potentially dangerous inmates behind bars for treatment rather than bearing the cost and security risk of transporting them to hospitals. And because more doctors are willing to participate, it makes health care more available for inmates.

Though some prisons used telemedicine as early as the 1980s, its use has dramatically increased with the arrival of vastly improved technology, electronic medical records, and pressure to control ever rising medical costs.

"Telemedicine is perfectly designed for prisons," said Marc Stern, a former assistant secretary for health services for the Washington State Department of Corrections who now consults with corrections systems on telemedicine.

How much telemedicine saves states is hard to tell because it's difficult to calculate the costs of transportation and extra security if prisoners have to be sent outside prison walls for medical care.

But Owen Murray, vice president of correctional managed care for the University of Texas Medical Branch (UTMB), which handles health care for approximately 80 percent of the state's prison population, is convinced telemedicine contributes to Texas's relatively low per-capita spending on prisoner health.

Texas has the nation's largest prison population, with about 153,000 inmates, and, according to a Pew Charitable Trusts report, spent $3,805 per prisoner on medical care in 2011, compared to a national average $6,047. (Pew also funds *Stateline*.)

And few states use telemedicine as much as Texas. UTMB's prisoner health operation conducts 127,000 telemedicine visits a year with inmates in the 83 Texas correctional facilities it tends to. About three-quarters of the visits are for mental health or primary care. (All behavioral health care is handled via telemedicine, as is about 20 percent of primary care appointments, and between 5 and 10 percent of specialist visits.)

Texas lawmakers support telemedicine in prisons, Murray said, even though the financial savings are hard to pinpoint. In addition to adding to public safety, he said, telemedicine speeds inmates' care, which in turn helps improve their health. It also helps apply the same standard of care over a wide geographic expanse.

Despite its growth, telemedicine faces the same hurdle to widespread use in prisons as it does in the general population: All states still require that doctors treating a patient in a particular state be licensed in that state, including those practicing digitally from elsewhere.

Advocates for prisoners have mixed views of the use of telemedicine in corrections. Bradley Brockman, director of the nonprofit Center for Prisoner Health and Human Rights, called it "a godsend and a real gift because prisoners are getting care from providers or specialists that they would have far less chance of getting otherwise."

But David Fathi, director of the American Civil Liberties Union's National Prison Project, said that while telemedicine can improve health access, too often it is used to cover over inadequate medical staffing in prisons. "Because telemedicine is less expensive, there is a tendency to use it excessively and inappropriately," Fathi said. "It is used not as a supplement for on-site staff but as a substitute for on-site staff."

Telemedicine in Texas Prisons

Florida was the first to experiment with telemedicine in prison, introducing it in state prisons in the late 1980s. But the technology was primitive.

When Texas started using it in prisons in the early 1990s, for example, the audiovisual equipment and slow frame speeds produced poor visuals that doctors found insufficient for diagnosis and treatment. Ear, nose and throat doctors would say, "I can't see anything; just send the patient to the hospital," Murray recalled.

Young doctors in the correctional system, however, saw its potential, Murray said. And since then, the equipment has improved dramatically and its price has come down.

A standard telemedicine unit — including a small audio console, a camera that can zoom in and out, and a monitor — costs less than $2,000, Murray said. The UTMB prison health operation has about 200 units, about three-quarters of which have a stethoscope and an otoscope for looking inside ears, and can transmit images and readings. That capability adds about $8,000 to a unit's price.

During telemedicine exams, a nurse or aide is often on hand at the prisoner's end. Sometimes there is a primary care doctor who can confer with sub-specialists and other doctors working from Galveston, site of a regional prison hospital.

Because Texas prisons have electronic medical records, doctors are able to see a patient's record on one side of the screen and the patient on the other.

A few doors down from Murray's UTMB office in Conroe, which is about 30 miles north of Houston, is Michelle Munch, a pharmacist. She confers with as many as 30 patients a day in prisons across the state about their medication. If they are suffering any side effects, she can modify their prescriptions.

"I can see a patient in Huntsville and then in a matter of minutes, another patient in San Antonio," she said. Those cities are nearly a four-hour drive apart.

Nathan, the psychiatrist, is downstairs from Munch. In his sessions with patients, he routinely has to determine how inmates are handling their psychiatric medications, including antipsychotic drugs. He watches a patient's expression, and looks for signs of involuntary motor movement or evidence that the patient is responding to stimuli that aren't there. In the early days of Texas's telemedicine experiment, he said, the equipment provided blurry, herky-jerky images, which were useless for his purposes.

Not anymore. The imaging is now perfect, Nathan said — better, in fact, than being in the same room because of the cameras' zoom capability. "Plus, I don't feel threatened at all." He seldom sees patients face-to-face these days.

About 30 miles up Interstate 45 from Conroe is the Estelle Unit, home to about 2,600 prisoners. There, Dave Khurana works as a nephrologist, specializing in kidney care. He sees dialysis patients or those who soon will need dialysis. He has face-to-face sessions with patients at Estelle and meets remotely with inmates at distant prisons.

Sometimes Khurana uses telemedicine to see patients from his home, or when he has to be in Conroe for meetings, or even from his car. Last year, he did medical rounds while in Australia with his wife to attend a wedding.

A few months ago, Khurana said, he was in Conroe when a nurse back at Estelle spotted something suspicious on the arm of a patient about to have his dialysis treatment. From 30 miles away, Khurana was able to zoom in a camera on the patient's bicep and identify a dime-sized ulcer. Proceeding with the dialysis, Khurana realized, could have ruptured a blood vessel.

"We could have had a bloodbath right there," Khurana said. Instead, he ordered the patient transferred to a hospital, where an infection was discovered beneath the ulcer. He needed surgery before he could safely undergo another round of dialysis. "We avoided possible death, stroke or heart attack."

Overcoming Distance

Without telemedicine, inmates might have to travel long distances to see doctors. Many doctors — particularly specialists and sub-specialists — often do not want to live in isolated areas; many have little interest in venturing to faraway prisons. That's why in Texas and other states, correctional health officials often locate telemedicine facilities in or near cities, where doctors prefer to live.

Overcoming distance was Wyoming's primary motivation for adopting telemedicine in the late 2000s, particularly for mental health. "We started because we couldn't find psychiatrists to fill our part-time jobs," said Laura McKinnon, the Wyoming mental health director for Corizon, a private contractor that handles correctional health for the state. A lone psychiatrist often had to travel from one prison to another as far as five hours apart. During winter that often was along treacherous roads.

Today, Wyoming officials say, the state conducts about 440 telemedicine appointments with prisoners a year, with about half of them for behavioral health issues. All five state prisons are equipped with telemedicine equipment.

Louisiana officials say they conduct about 3,500 telemedicine visits a year in 9 state facilities and 14 local jails. Raman Singh, medical and mental health director of the state's Department of Corrections, credits telemedicine with opening the pipeline to specialists once out of reach for prisons. "Telemedicine opens a whole world to you because it helps recruit specialists who don't want to travel, let alone walk into a prison," Singh said.

Many prisoners also appreciate telemedicine, said Liz Mestas, support services manager for clinical services in the Colorado Department of Corrections, which uses telemedicine at nine of its prisons.

"We used to have a lot of refusals because they didn't want to lose their cells or get a different cellmate if they had to go out of the facility," she said. "And they didn't want to miss visits or parole appointments or work."

Prisoners also appreciate not waiting for medical appointments, she said. The department said it doesn't quantify the number of telemedicine appointments.

But Brockman, of the Center for Prisoner Health and Human Rights, said telemedicine doesn't solve what he says are frequent problems in prisons of not responding to inmates' requests for medical attention in the first place or providing adequate follow-up care. "The hope and prayer is that the savings realized from telemedicine will be spent for better diagnostic care, better access to medication, better therapeutic services," Brockman said.

Fathi, of the ACLU, said too often, doctors practicing telemedicine on inmates don't have their full medical histories. That was a federal court's finding in a recent lawsuit concerning prison health care in Arizona penitentiaries. One provision of the court-approved settlement in the case requires that mental health providers practicing telemedicine on prisoners be provided with their recent medical records, including laboratory results.

"Telemedicine does offer some positives but it is never going to be as good as having an on-site physician who can perform hands-on diagnosis and treatment," Fathi said.

Stern, of Washington state, said it is important that doctors who use telemedicine make occasional visits to prisons — if for no other reason than to develop an appreciation for the unique world occupied by their patients.

"You have to get a flavor for how a prison operates, what is the food like, what is the noise level, how attentive is the staff, how high or low are the bunks," Stern said. "Occasionally, you have to walk through in order to understand that peculiar environment."

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SUBMIT

Medical Travel Orders – Workgroup (7 of 10 institutions represented)

Chair: **Matthew R. Heckman, Deputy Warden, LCC**
Office (402) 479-6164 Cell (402) 326-2644

Recording Secretary: John W. Wilson, COO Health Services
Cell (402) 805-7646

Members: Kathleen A. Ogden, M.D. **OCC / CCC-O / NCYF**
Office (402) 522-7002 Clinic (402)522-7136

Teena Lenger RN, BSN - Director of Nursing **DEC/LCC/CCC-L**
Office: (402)479-6331 Cell (402)570-7377

Richard Brittenham, Captain **NSP**
Office (402) 471-3166 x3313

Objective: Explore options and identify short-term & long-term improvements/efficiencies
Provide recommendations to Diane Sabatka-Rine Acting Deputy Director – Institutions

Recommendations - Wednesday, August 12th, 2015

I. **SHORT TERM**

A. **Unscheduled/Emergency Travel Order Strategies by Teena**

1. Binders for 13 Providers tabbed by Nurse Protocol to keep at home for on call **(completed)**
- Electronic thumb drive version will also be provided at **8/28/15 Med Staff**
- Goal is to remind Providers what our staff is capable of
- SBAR = Situation/Background/Assessment/Recommendation **(completed)**
    - o Implement format for Nurses to organize their thoughts BEFORE calling Provider

2. New Nurse Protocols + Training
- K2
- Derma-bond Training completion for all RNs versus sending out for stitches
- Neuro Seizure **(completed)**

B. **Facility Processes by Matt/Rich**

1. Transferring Checklist
- Add line to check for future appointments/recent surgery follow up appts
- Provider review
- Class system (Community) process changes to take into account medical status
- Travel Teams at each facility to discuss inmate cases/frequent flyers/high acuity/etc.
- Analysis for Medical furloughs
- Overrides for Warden caps/day on Travel Orders
- Best Days analysis (Tues thru Thur)
- Fund 4.5 Health Service Administrator (H.S.A) positions

2. Security Manual Protocols recommendations to Deputy Directors
- Warden discretion on # staff to escort Medium security inmates
- Warden discretion on staff/inmate ratio to escort multiple inmates

3. Security Training
- Emergency Response Coordinators

4. Vehicle Fleet Capacity Analysis
- Security recommendation assistance for Denzil Cobb on replacement vehicles
- Restraint configurations
- Handicap capacity

C. **Provider Process by Dr. Ogden**
- Consult Form revisions to reflect whether Consult results in Travel Order or not
- Provider review of Specialist follow up visits to determine if Primary Care can do
- Hiring Committee for Utilization Review RN
- Assistance to John in recruiting Ortho Specialist for Omaha

D. Recruitment by John
- Consult Spreadsheet tracking by facility geographical areas/by Specialty
- Return on Investment (ROI) analysis
- Ortho #1 Goal for Omaha

II. LONG TERM

A. UNMC Partnership
- Electronic Health Records (E.H.R.)
- Omaha Pilot Project for Specialists
- Build surgery centers behind walls

B. Telehealth
- Needs eMAR and E.H.R. software systems as foundation

C. Federal/State/County Safekeeper
- Acuity Travel Order drivers

III. CURRENT SUCCESSES

1. **NCCW**
   - Denise/Major Shaun Settles/Lt. Mike Crosby/Cpl Angela Spencer/Xann/Tanita:
   - York's interdepartmental teamwork with local hospital to reduce Travel Orders by grouping mammograms
2. **OCC** - BCBS direct bill Dental Provider requested hourly reimbursement for unproductive periods caused by inmate counts. Health Services requested facility resolution without reimbursement so Barb/Brad/Cindy put together cross departmental team to resolve patient flow concerns.
3. **NSP**
   - BCBS direct bill Optometry Provider not satisfied with # patients/day so Diane/Robert/Captain Rich Brittenham arranged for security to stay till 5pm and Teresa/Janet/Health Services arranged for Aide to come in earlier plus other process changes to reach up to 20/patients/day
   - Dialysis in house
   - Chemotherapy in house
4. **WEC** - Mo personally drove John Wilson around and introduced him to potential Providers and has identified both space and a potential Dentist to bring services in house.
5. **DEC** - Fred/Dr. Hustad/Teena facilitated group meeting to identify additional private inmate spaces for Tele Psych
6. Replacement of Liver biopsies with blood testing
7.

3rd Meeting – Friday, August 7th @ 1pm

Prioritizing

2nd Meeting – Friday, July 31st @ 1pm

Research to determine best bang for buck ideas

1st Meeting - Tuesday, July 28th @ 2pm

Brainstorming Options:

1. Matt
   - Class System process changes to take into account medical status
   - What Administration can do to reduce T.O.
   - Travel Team idea by Brad McDonnell, Deputy Warden OCC Office (402) 522-7013 Cell (402) 215-8127
2. Rich
   - Security & Control Manuals review (#staff, restraint configurations)
   - Fleet Capacity (recommendations on replacement vehicle features)
   - Best Days
3. Dr. Ogden
   - Specialist follow up appointments
   - Provider review of T.O.
   - Call Schedule brainstorming
   - Review of Omaha area spreadsheet on approved Consultations with Specialists
     - Ortho recruitment
     - Hiring committee for Utilization Review RN (pdq to State Personnel June 12th)
4. Teena
   - Protocol Manual review
     - Copies for On Call Providers to take home
     - Derma-bond training (RNs only?) versus after hours stitches
     - Seizure
     - Neuro checks
   - K2 Protocol
   - SBAR (situation/background/assessment/recommendation) form for nurses
5. John
   - Recording Secretary (who/what/where/when)
   - Spreadsheets by geographical area on approved Consultations with Specialists
     - Add Non-Scheduled T.O.
   - Hire Utilization Review RN when approved by State Personnel

ATTACHMENT 44
2805

Wilson, John

From: Heckman, Matt
Sent: Wednesday, March 09, 2016 10:56 AM
To: Sabatka-Rine, Diane
Cc: Capps, Michele; Wilson, John; Rothell, Will; Lenger, Teena; Kohl, Randy; Wright, John
Subject: RE: Medical Travel Orders

The answer is both, (continue to meet and assign specific staff to conduct follow-up). Our plan is to continue to meet, at least a couple more times to monitor progress.
In addition, the following are assigned to conduct follow up;

1) Coordinate mobile medical services-Will Rothell at TSCI and John Wilson at other facilities.
2) Continue efforts to reduce follow-up appointments-Teena Lenger, Will Rothell and John Wright.
3) Look at advantage of bundling appointments-The assigned teams at TSCI, LCC, NSP will follow up.

Matthew R. Heckman, Deputy Warden
Lincoln Correctional Center
Office (402) 479-6164 Cell (402) 326-2644

From: Sabatka-Rine, Diane
Sent: Friday, March 04, 2016 4:05 PM
To: Heckman, Matt
Cc: Capps, Michele; Wilson, John; Rothell, Will; Lenger, Teena; Kohl, Randy
Subject: RE: Medical Travel Orders

I appreciate the efforts of this workgroup. Unless Dr. Kohl voices an objection, I think we should proceed with the first recommendation and monitor the process to determine if we have improved results.

Will the workgroup continue to meet to further explore the additional recommendations or have specific staff be assigned to conduct follow-up?

Thank you!

Diane Sabatka-Rine
Deputy Director – Institutions
Nebraska Department of Correctional Services
Phone: 402-479-5733

From: Heckman, Matt
Sent: Friday, March 04, 2016 3:14 PM
To: Sabatka-Rine, Diane; Kohl, Randy
Cc: Capps, Michele; Wilson, John; Rothell, Will; Lenger, Teena
Subject: RE: Medical Travel Orders

The Medical Travel Order Workgroup recommends that;

For a much more structured approach to scheduling medical travel orders, each facility, (LCC, NSP, TSCI) will have a travel order scheduling team. There will be one security staff and one medical staff assigned as a team that will meet regularly in order to set up the schedule for the week/month. It is recommended that the team decide how many travel

orders can be scheduled in a day and that consideration be given to allowing space on the calendar for emergency travel orders. The team can then maximize efficiencies by equal distribution of travel orders on the calendar. Team members for the three facilities;

TSCI-Major James Jansen and Secretary II Michelle Eltiste

NSP-Lt. Ron Bailey and LPN Stephanie Snodgrass

LCC-Lt. Steve Troyer and ADON John Wright

Other recommendations for reduction in travel orders include coordinating mobile medical services to come to the facilities to reduce travel, (i.e. MRI truck). Continue efforts to reduce "follow up" medical appointment travel orders. Look at advantage of "bundling" appointments to a location, (multiple inmates going to the same location) by facility or by agency. NSP is already reducing escorting staff to one for minimum custody inmates.

Matthew R. Heckman, Deputy Warden
Lincoln Correctional Center
Office (402) 479-6164 Cell (402) 326-2644

From: Sabatka-Rine, Diane
Sent: Monday, February 01, 2016 4:16 PM
To: Heckman, Matt
Cc: Kohl, Randy
Subject: Medical Travel Orders

Matt,

I would like you to pull together the workgroup that previously addressed medical travel orders. Specifically, we need to develop a plan to ensure that medical travel orders are scheduled in a timely manner cooperatively between facility health care staff and designated security staff.
I have recently learned that several facilities have imposed an informal "daily limit" on medical travel orders which makes sense from a staffing perspective but could result in unintended consequences, primarily an inability to provide timely medical care. In particular, this concern is specific to LCC, NSP and TSCI – so I've added Michele Capps (who can represent NSP and is familiar with TSCI operations) and Will Rothell from TSCI Health Services. You can limit the group to the following or add others from LCC, NSP and TSCI as you determine necessary.

John Wilson
Teena Lenger
Michele Capps
Will Rothell (TSCI Health Services Administrator)
Kathleen Ogden

I know that previously, the workgroup suggested Medical Travel Order Teams for each facility. I believe that the Staffing Analysis process will includes this, but as of this writing, no additional FTE's have been identified so we need to work within the resources we currently have. The outcome we need from this group is the development of a process that takes into account health care/medical travel order needs and security/staffing needs that can be implemented in a consistent manner at LCC, NSP and TSCI.

2807

We need to address this as soon as possible, so please have a recommended process submitted to me and Dr. Kohl no later than February 29th. If you can't get the group together in time to meet this deadline or have any questions, please let me know.

Thanks!

Diane Sabatka-Rine
Deputy Director – Institutions
Nebraska Department of Correctional Services
Phone: 402-479-5733

Many of the other identified strategies identified as both short term and long term recommendations will require further action/review....

- Ensure transfers are not approved for inmates without consideration given to upcoming/scheduled outside medical appointments or medical conditions/accommodations that would preclude placement at a particular facility, John Wilson and Teena Lenger – ***please address process improvements at medical staff meetings to ensure a thorough review is done.***
- Possible revisions to the classification process to allow for greater consideration for promotion based/use of medical furloughs. ***Defer to Layne Gissler to consider as improvements are made to the inmate classification process.***
- Implementation of Travel Teams at each facility to discuss inmate cases/frequent flyers/high acuity, best days analysis. ***Request that the Medical Travel Order Workgroup further develop this recommendations to share with the Wardens for consideration.***
- Security Manual recommendations to change escort requirements for medium security inmates and staff/inmate ratio to escort multiple inmates. ***Request that Matt Heckman seek input from the Security Administrators relative to this recommendation.***
- Security Training for "unresponsive vs. not responding" and Emergency Response Coordinators. ***Request that the Medical Travel Order Workgroup further develop this recommendations to for review.***
- Vehicle Fleet Capacity Analysis relative to need for replacement vehicles, restraint configuration and accessibility capacity. ***Request that the Medical Travel Order Workgroup further develop this recommendations to for review.***
- Provider process, recruitment, UNMC, telehealth: ***Defer to John Wilson/NDCS Health Care Staff for further review/action.***
- Safe keepers acuity travel order "drivers" and legal review. ***While travel orders for county safe keepers has an impact on overall, any follow-up action deemed appropriate will be addressed separately from the Workgroup.***

Please let me know if you have questions or need clarification relative to the follow-up noted. Again – thank you!

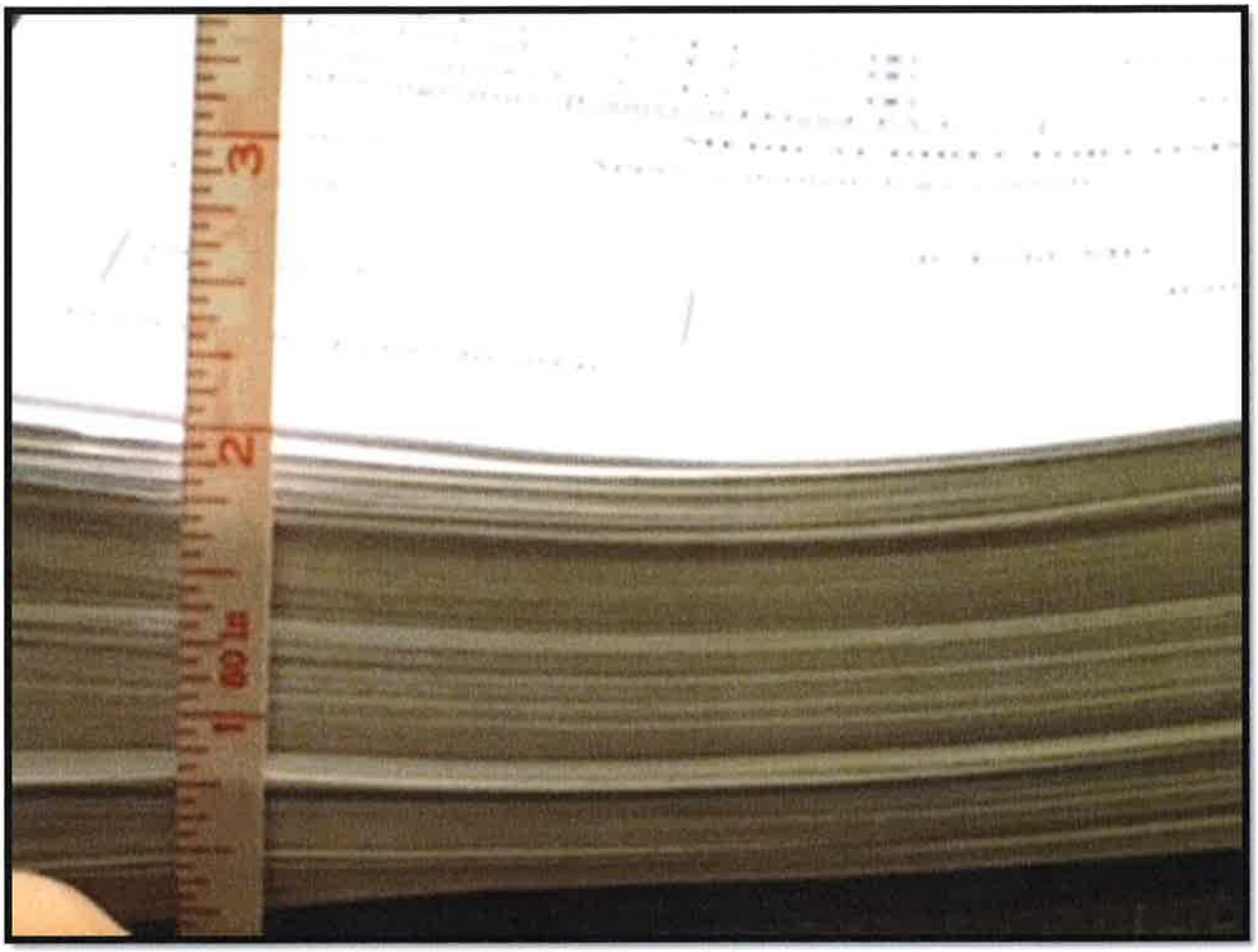
Diane Sabatka-Rine
Acting Deputy Director – Institutions
Nebraska Department of Correctional Services
Phone: 402-479-5733

From: Heckman, Matt
Sent: Tuesday, August 11, 2015 4:28 PM
To: Sabatka-Rine, Diane
Cc: Kohl, Randy; Wilson, John; Lenger, Teena; Brittenham, Rich; Ogden, Kathleen
Subject: FW: Medical Travel Orders

Hello,
Per your instructions the Medical Travel Workgroup has met and come up with recommendations. Cpt. Brittenham replaced Barry Loock on the group. The group met on July 21, July 28 and August 7. The recommendations include short term and long term recommendations. As you know, this is a massive issue that will have to be attacked on many fronts. The recommendations represent where we believe focus should be directed in order to make an impact. If you want to meet to discuss or get an explanation of any of the recommendations please let me know. I want to thank all the workgroup members for their contributions.

Matthew R. Heckman, Deputy Warden
Lincoln Correctional Center
Office (402) 479-6164 Cell (402) 326-2644

ATTACHMENT 45



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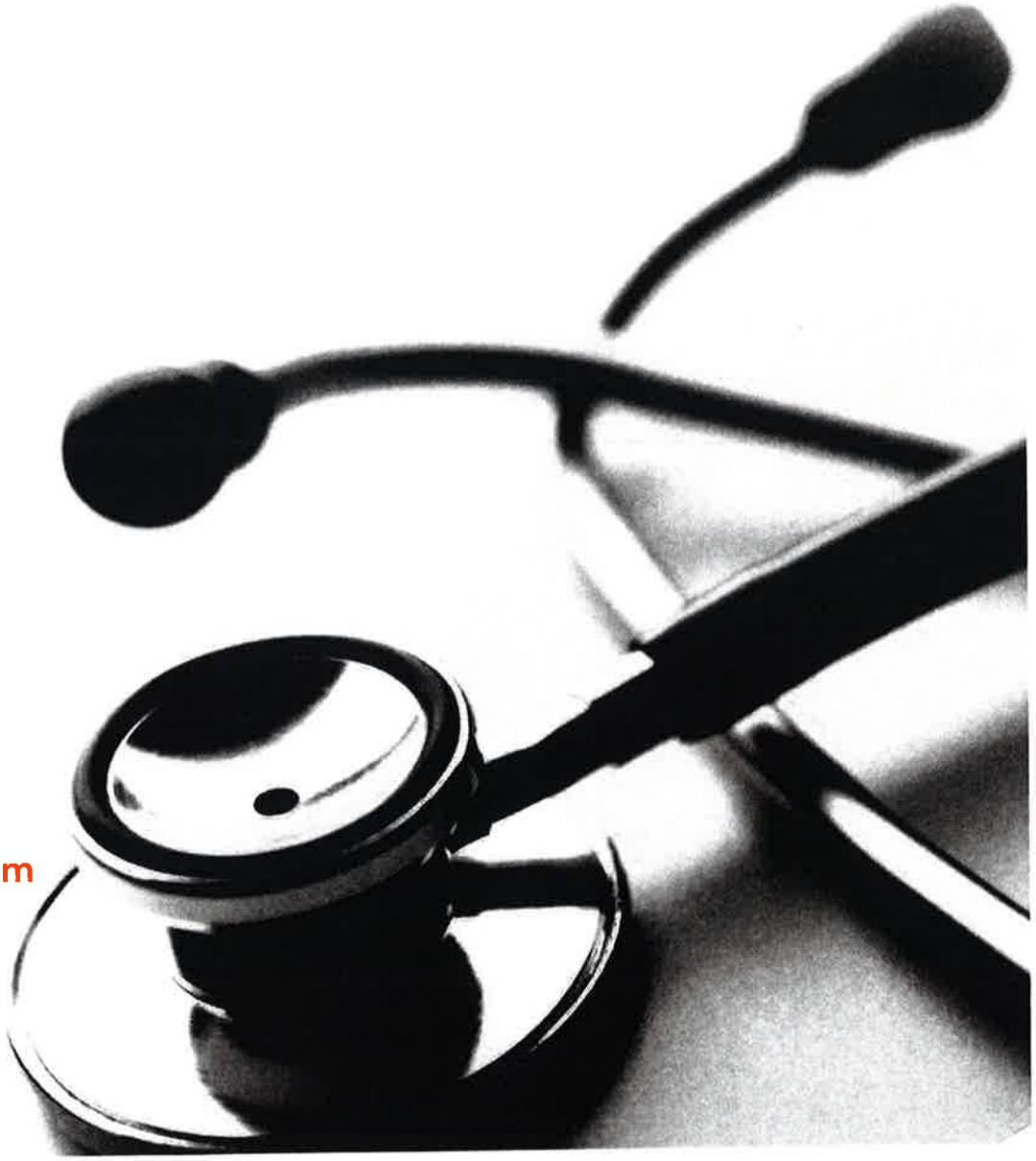

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Diseases of the Immune System: Etiology, Hypersensitivity, Allergies, and Atopy
Grant Financial Management
Informed Consent
Multiple Myeloma
Neoplasia: Assessments, Treatments, and Screenings
Neoplasia: Terminology, Epidemiology, and Biology
OSHA in the Lab: Formaldehyde
OSHA Lab Safety: Electrical Safety
Parasitology: Nematodes
Parasitology: Pathogenic Tissue Nematodes

(CLINICAL LABORATORY - continued)

Parasitology: Protozoa - Amoebae, Flagellates, and Ciliates
Parasitology: Tapeworms
Parasitology: Trematodes
Pediatric Immunodeficiencies and TRECs
Qualitative Platelet Disorders
Therapeutic Potential of Mammalian INDY (I'm Not Dead Yet): Hope or Hype?
Urinary Tract: Normality, Urinalysis, and Abnormalities

COUNSELING (42 COURSES)

TTUHSC-HEALTH.EDU IS AN NBCC-APPROVED CONTINUING EDUCATION PROVIDER (ACEP™) AND MAY OFFER NBCC-APPROVED CLOCK HOURS FOR EVENTS THAT MEET NBCC REQUIREMENTS. THE ACEP SOLELY IS RESPONSIBLE FOR ALL ASPECTS OF THIS PROGRAM.

Addiction: Eating Disorders
Addiction: Self-Inflicted Violence
AIDS-Related Stigma in the Community/HIV/AIDS-Related Mood Disorders
Anxiety/Mood Disorders, Suicide, & Post-Deployment Stress
Autism: Sensory Processing
Bullying
Case Studies in Living Resilient
Child Abuse: Trauma/PTSD Part 1
Child Abuse: Trauma/PTSD Part 2
Cultural Competency: The Silent Population
Culture and PTSD Among OEF/OIF Veterans
Dating Violence
Detecting Domestic Violence
Domestic Minor Sex Trafficking 101
Domestic Violence: Assessment/Treatment
Domestic Violence: Typology/Causality
Elderly Populations and Suicide
Equine Therapy
Experiential Therapy
Expressive Art Therapy
Facilitating an Adventure Therapy Challenge Course
Family Dynamics: Communication/Family Relationships
Family Dynamics: Helping Teens Avoid Risky Behavior
Gender Learning Differences
Healthy Sexual Development
HIV Prevention Strategies
Introduction to Adventure Therapy
Juvenile Sex Offenders: Overview

(COUNSELING - continued)

- Juvenile Sex Offenders: Treatment
- Meanings of Death
- Posttraumatic Stress Disorder and Effects of Sexual Assault on Survivors and Secondary Victims
- Profile of a Trafficker
- Psychological Aspects Of Child Physical Abuse
- PTSD: Screening Military Veterans
- Rape and Sexual Assault
- Sexual Harassment
- Solution-Focused Brief Therapy with Substance Abusers: Rationale, Comparison Treatments, and Challenging Clients
- Suicide Prevention and Veterans
- Teen Sex: Straight Talk
- The Male Brain
- Therapeutic Communication
- Veterans and Suicide: A Therapist's Perspective

DENTAL (50 COURSES)

- Antibiotic Use in Dentistry
- CAD/CAM Digital Impressions
- California Dental Practice Act
- California Infection Control
- Chemical Dependency
- Diabetes
- Digital Radiography
- Domestic Violence
- Dry Mouth (Sjogren's Syndrome)
- Eating Disorders
- Eating for a Healthy Mouth
- Emergency Medications
- Ergonomics in Dentistry
- Ethics and Professional Conduct
- Geriatric Oral Health
- Hepatitis B
- Hepatitis C
- Hepatitis Comprehensive
- HIV and AIDS
- Holistic Pain Management
- Infection Control
- Infectious Disease and Oral Infection
- Introduction to Implant Dentistry and Osseointegration
- Lasers in Dentistry
- Latex Allergy
- Local Anesthetics Review
- Maryland Abuse and Neglect
- Maryland Infection Control

(DENTAL - continued)

- Medical Emergencies
- Medical Errors (formerly Prevention of Medical Errors)
- Nitrous Oxide in Dentistry
- Nutrients to Restore Periodontal Health
- Nutrition and Chronic Disease
- Nutrition and Dental Health
- Nutrition and Diet
- Oral and Maxillofacial Viral Diseases
- Oral Cancer Detection
- Oral Manifestations of Systemic Diseases
- Oral Surgery - Extractions
- Osteoporosis
- Pain Control and Management
- Periodontal Health Maintenance
- Pharmacology in the Office
- Sports and Energy Drinks
- Stress Management
- Substance Abuse Adult
- Substance Abuse and Addiction
- Substance Abuse Pediatric
- Teeth Whitening
- Tobacco's Oral Health Effects

DIETETICS (16 COURSES)

ACCREDITED BY THE COMMISSION ON DIETETIC REGISTRATION (CDR), CERTIFYING BOARD FOR DIETARY MANAGERS (CBDM), TEXAS DIETETIC ASSOCIATION, FLORIDA COUNCIL OF DIETETICS AND NUTRITION

- A Look at the Diabetes Process
- Adherence: You Want Me to Do What? / Adult Learning Strategies
- Code of Ethics for the Profession of Dietetics
- Diabetes Complications
- Dietary Antioxidants and Supplements
- Enteral and Parenteral Feedings
- Improving Professional Quality of Life
- Medical Errors: Facility Concerns
- Medical Errors: Specific Patient Population Concerns and Reporting
- Nutrition and Bone Health
- Nutrition in Kidney Disease Update
- Nutritional Needs in the Clinical Setting
- Pediatric Diabetes
- Setting Goals and Decision-Making for the Dietician
- Suicide Prevention: What Dietitians Need to Know
- TeamSTEPPS®: Dietetics

EMS (33 COURSES)

ACCREDITED BY THE CONTINUING EDUCATION COORDINATING BOARD FOR EMERGENCY MEDICAL SERVICES (CECBEMS), FLORIDA BOARD OF EMERGENCY MEDICAL SERVICES

- Capnography
- Chronic Kidney Disease and Emergent Care
- Emergency Pediatric Asthma Treatment
- Emergency Response to Terrorism for Pre-Hospital Professionals
- EMS Communication Skills
- EMTs' Perspective on Suicide
- Fluid Resuscitation in Burns and Trauma / Blast Injury
- Geriatric Trauma
- High-Fidelity Simulation
- ICS Positions, Descriptions, and Responsibilities, and the Planning "P"
- Incident Action Plan Forms
- Initial Evaluation and Management of the Injured Child
- Intraosseous Infusion
- Organization and Incident Action Planning
- Pediatric Bronchiolitis
- Pediatric Croup
- Pediatric Femur Fracture
- PPE Levels: Proper Donning and Doffing
- Prehospital Care: Pediatric Diabetes
- Respecting Resident Rights in Assisted Living Facilities - What EMS Responders Need to Know
- Self-Care for EMS Professionals
- Sepsis Update
- Sex Trafficking: Perpetrators
- Sex Trafficking: Victims
- Sexual Assault and Rape: Crimes of Violence
- TeamSTEPPS®: Emergency Medical Services
- The Evolution of Geriatric Trauma
- Tourniquets: Hemorrhage
- Trauma in Pregnancy and Colon/Rectal Trauma
- Under Stress in EMS: How to Manage It
- Update: Cardiac Arrest/Resuscitation
- Wellness of the EMS Provider
- Working with Suicidal Patients

LONG TERM CARE ADMINISTRATION (16 COURSES)

ACCREDITED BY THE NATIONAL CONTINUING EDUCATION REVIEW SERVICE (NCERS) OF THE NATIONAL ASSOCIATION OF LONG TERM CARE ADMINISTRATOR BOARDS (NAB)

- Assisted Living Resident Rights
- Exercise and Physical Activity as We Age
- Facility Assessment by Families
- Frontotemporal Dementia/Delirium in the Geriatric Patient
- Geriatric Cardiovascular Disease
- Geriatrics: Addressing Medication-related Problems in the Elderly
- Geriatrics: Aging Productively
- Geriatrics: Hearing and Balance
- Healthcare Choices for the Aging Population
- Improving Medication Adherence and Decreasing Risk of Polypharmacy
- Infectious Diseases
- OTCs and Herbals: Over-the-Counter Medications for Older Adults
- Stroke
- Successful Aging
- The Geriatric Syndrome
- With Every Breath You Take: Maintaining Pulmonary Health

MEDICAL RECORDS (10 COURSES)

ACCREDITED BY THE AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION (AHIMA)

- A Cure for Diabetes: Are We There Yet?
- Big Brother: What is the Federal Government Auditing? CMS Update
- Changes and Resolution Procedures in Healthcare
- High Reliability in a Healthcare Setting
- Issues for Special Populations and Healthcare
- Medical Terminology: Anatomy, Gynecology, Fetal, and Neonatology
- Medical Terminology: Cardiac and Orthopedic
- Medical Terminology: Roots, Prefixes, and Suffixes
- Medicine and Law: Working Together for the Betterment of Children
- Neurological Disorders and the Use of iMRI

NURSE AIDE/NURSE ASSISTANT

(61 COURSES)

ACCREDITED BY THE DEPARTMENT OF HUMAN SERVICES NURSE AIDE TRAINING AND COMPETENCY EVALUATION PROGRAM (NATCEP)

- Ambulation Assistance
- Aphasia in Geriatrics
- Basic Medical Terms: Spanish
- Being with Dying People
- Body Mechanics and Patient Positioning
- Chronic Kidney Disease
- Cultural Diversity
- Customer Service
- Death and Dying
- Dysphagia: Guide to Safe and Efficient Mealtimes
- Exercise & Type II Diabetes
- Falls: Prevention
- Foot Problems in the Elderly
- Heart Disease: Recognizing Symptoms and Causes
- Heart Disease: Taking Steps to Change Behavior
- Infection Control: Aseptic Technique/Standard Precautions
- Infection Control: Hand Hygiene
- Infection Control: Microorganisms
- Infection Control: Standard Precautions/ Special Contact Precautions
- Legal and Ethical Issues
- Legal and Ethical Issues Faced in Healthcare
- Legal Issues: Professional Standards and Social Media
- Lifting and Transferring Patients
- Maintaining Eye Health
- Mobility and Transfer: The Patient in Bed
- Not So Gross Anatomy: Part 1
- Not So Gross Anatomy: Part 2
- Nutrition and Your Patient
- Observation, Reporting, and Charting
- Oral Manifestations: HIV/AIDS
- Palliative Care
- Patient Care Procedures
- Patient Care: Daily Care Routine and Bathing
- Patient Care: Oral, Nail, Hair, and Skin
- Patient Care: Ostomies, Height, Weight, and Prosthetics
- Patient Care: Pressure Ulcers, Clothing, Dressing and Undressing
- Patient Care: Toileting
- Patient Nutrition
- Perioperative Care: Geriatric Patients
- Postpartum Care for Moms and Infants
- Post-Traumatic Stress Disorder (PTSD)
- PPE Levels: Proper Donning and Doffing

(NURSE AIDE/NURSE ASSISTANT - continued)

- Principles of Asepsis
- Professional Appearance and Characteristics
- Rehabilitation & Restorative Care
- Safe Environment, Hospital Codes, and Restraint Use
- Sexual Development: Birth to Teens
- Skin Care: What You Need to Know Now
- Snoring & Sleep Apnea: Causes
- Stress and Time Management
- TeamSTEPPS®: Patient Safety for Nurse Aides
- Teamwork and Leadership
- Therapeutic Presence
- Trauma in the Elderly
- Understanding Infection Control: Microorganisms
- Understanding Infection Control: Microorganisms/ Infection Control: Standard Precautions/ Special Contact Precautions
- Understanding Infection Control: Observing Standard Precautions and Protecting Yourself
- Understanding Infection Control: Sterile Technique/Precautions
- Understanding the Principles of Asepsis
- Understanding the Skin
- Vital Signs

NURSING (118 courses)

ACCREDITED BY THE CALIFORNIA BOARD OF REGISTERED NURSING (CBRN), BOARD OF NURSING - FLORIDA DEPARTMENT OF HEALTH, TEXAS NURSES ASSOCIATION / AMERICAN NURSES CREDENTIALING CENTER (TNA/ANCC), IOWA BOARD OF NURSING, WEST VIRGINIA BOARD OF EXAMINERS

COMMUNICATION

- Communication for Nurses
- Communication Skills
- Cultural Competency in Nursing
- Cultures in Crisis: What Nurses Need to Know
- Educational Design and Evaluation
- Motivational Interviewing
- SBAR for Nurses
- TeamSTEPPS®: Patient Safety

EMERGENCY CARE

- Envenomations
- Forensic Nursing: Evaluation and Treatment of Adult Sexual Assault Survivors in the Emergency Department

(NURSING - continued)

Life-Threatening Arrhythmias: Events
Life-Threatening Arrhythmias: Foundational Concepts
NIMS 100: Healthcare/Hospitals Part 1
NIMS 100: Healthcare/Hospitals Part 2
Rape/Sexual Assault

Ethics and Legal

Applying Culture to Working with Families and Individuals in Healthcare
Cultural Competency and the Healthcare Provider
Cultural Diversity for Nurses
Domestic Violence: Typology/Causality
Documenting to Save Your License
Florida Laws and Rules
Interprofessional Crosswalk: Psychological Implications of Caring for LGBTQ Patients Part 1
Interprofessional Crosswalk: Psychological Implications of Caring for LGBTQ Patients: Part 2
Intimate Partner (Domestic) Violence: Assessment and Treatment
Intimate Partner (Domestic) Violence: Typology and Causality
Legal Actions Against Nurses
Mock Trial: Will Your Legal Documentation Stand Up in Court? Part 1
Mock Trial: Will Your Legal Documentation Stand Up in Court? Part 2
Nursing for Overseas Medical Missions
Profile of a Trafficker
Protecting the Elderly and Advocating for Social Change: Part 1
Protecting the Elderly and Advocating for Social Change: Part 2
Social Media and Ethical Concerns
Standards of Nursing Practice: Ethical/Legal Obligations and Protections
Stress Management
Texas Ethics and Jurisprudence
Texas Nurses: Protecting the Elderly and Advocating for Social Change
Workplace Bullying and Lateral Violence

Geriatric Care

Cognitive Function and Alzheimer's Disease: "Y" Does "X" Make a Difference?
Focus on Infectious Disease: Role of Intestinal Bacteria in Autoimmunity and Chronic Inflammatory Diseases
Frontotemporal Dementia/Delirium in the Geriatric Patient

(NURSING - continued)

Geriatric Cardiovascular Disease
Geriatric Pharmacotherapy
Geriatrics: Spirituality and the Elderly
Geriatric Syndromes: Dysphagia, Vision/Hearing Loss, Dizziness
Geriatric Trauma Updates
Healthcare Choices for the Aging Population

Infection Control

Ebola: Safety Measures, Part 1
Focus on Infection Control: Healthcare-associated Infections, Part I
Focus on Infectious Disease: Healthcare-Associated Infections, Part 2
Focus on Infectious Disease: Linkage to Care Services with HIV/AIDS Patients
HPV and HIV: What is the Connection?
PPE Levels: Proper Donning and Doffing

Leadership

Professionalism: Being a Nurse
Teamwork and Leadership: Healthcare Professionalism
Work/Life Balance

Medical/Surgical

12-Lead EKG: Axis
12-Lead EKG: Blocks
12-Lead EKG: Hypertrophy
12-Lead EKG: Part 1
12-Lead EKG: Part 2
12-Lead EKG: Part 3
An Adolescent Case Study: Pelvic Inflammatory Disease
Cardiac Rhythms: Atrioventricular Block
Cardiac Rhythms: Paced Rhythms
Cardiac Rhythms: Ventricular Rhythms
Critical Thinking Skills: A Closer Look
Dietary Antioxidants and Supplements
Differential Diagnosis of HIV Oral Lesions: Part 1
Differential Diagnosis of HIV Oral Lesions: Part 2
Guillain-Barré Syndrome
Nephrotic Syndrome
Neuropsychiatry of HIV/AIDS
Shoulder Injuries in Throwing Athletes
With Every Breath You Take: Maintaining Pulmonology Health
Women and HIV
Women, Hormones, and Cardiovascular Disease

(NURSING - continued)

Medication Administration

- Improving Medication Adherence and Decreasing Risk of Polypharmacy
- Intravenous Fluid Therapy
- Pharmacological Respiratory Interventions in Cystic Fibrosis
- What's New with Medication Safety?

Mental/Behavioral Health

- Addiction: Eating Disorders
- Addiction: Self-Inflicted Violence
- AIDS-Related Stigma in the Community/HIV/AIDS -Related Mood Disorders
- Attention Deficit Hyperactivity Disorder (ADHD) Across the Lifespan
- Child Abuse: Trauma/PTSD Part 1
- Child Abuse: Trauma/PTSD Part 2
- Eating Disorders
- Post-Traumatic Stress Disorder
- Stigma, Loss, and Treatment for Psychiatric Patients
- Suicide Prevention and Veterans

Patient Assessment

- Cardiac Rhythms: Atrial Rhythms
- Cardiac Rhythms: Junctional Rhythms
- Cardiac Rhythms: Sinus Rhythms
- Spot Check: Skin Cancer Prevention, Detection, and Treatment

Patient Safety and Quality

- Alarm Fatigue for Clinical Nurses
- Blood Transfusion Safety and Blood Products Overview
- Burnout
- Medical Errors: Facility Concerns
- Medical Errors: Part 1
- Medical Errors: Part 2
- Medical Errors: Specific Patient Population Concerns and Reporting
- Slips and Trips: Fall Risk Identification and Prevention

Pediatric Care

- Advocating for Sexual Health and Choosing a Health Curriculum for Your Community
- Birth to Teens: Sexual Development
- Infant-Directed Feeding
- Pediatric Diabetes
- Pediatric Neuro-oncology

(NURSING - continued)

Perioperative Care

- Adrenal Crisic Status Post-Gastric Bypass Surgery
- Adult Procedural Conscious Sedation and Analgesia
- Fire Safety in the Operating Room

Prenatal/Peripartum/Neonatal

- After 1-2-3 PUSH: Caring for the Postpartum Mom and Infant
- Genetic Testing for Prenatal Patients
- High-Risk Pregnancy and Antepartum Interventions

Professionalism and Leadership

- Nurse Mentoring and Nurse Preceptor Programs

Research and Evidence-Based Care

- Evidence-Based Practice
- Integrative Medicine: Ayurveda
- Nursing to a New Extreme: Caring for the Bariatric Patient

OCCUPATIONAL THERAPY (12 COURSES)

Accredited by the American Occupational Therapy Association (AOTA), Florida State Board

- Considerations for OTs when Working with Veterans Suffering with PTSD or Trauma
- Engaging Patients in Change with Motivational Interviewing
- High-Risk Pregnancy and Antepartum Interventions
- Medical Errors: Facility Concerns
- Medical Errors: Specific Patient Population Concerns and Reporting
- OT Practice Framework (3rd Ed): Domain and Process
- Reflexology: Integrative Medicine
- Self-Care for the Occupational Therapist: Job Stress and Management
- Slips and Trips: Fall Risk Identification and Prevention
- Suicide Prevention and Intervention for Occupational Therapists
- Tai Chi Chuan: Integrative Medicine
- TeamSTEPPS for the Occupational Therapist

PHARMACY (13 COURSES)

ACCREDITED BY THE ACCREDITATION COUNCIL FOR PHARMACEUTICAL EDUCATION (ACPE), FLORIDA BOARD OF PHARMACY

- Approaching Treating Geriatric Syndromes
- Begin with the Endpoints in Mind: A Focus on the Utility of Inappropriate Prescribing Criteria
- Dementia Medications Update
- Diastolic Heart Failure: What are the Appropriate Treatment Goals?
- Direct-to-Consumer Advertising and its Effects on Elderly Medication Perceptions
- Hot Topic: An Update on Immunizations
- Immunization Vaccine Specifics: Diphtheria, Tetanus, Pertussis, Varicella, and Zoster
- Immunizations: Reimbursement and Billing
- Medication Use Evaluation: YOU Can Shift the Paradigm
- Rapid Diagnostics and Antimicrobial Stewardship
- Statin Therapy: Managing the Benefit with the Risk/Alternative Therapies
- Substance Abuse in the Elderly
- Treating Depression and Anxiety in the Elderly

PHARMACY TECHNICIAN (2 COURSES)

ACCREDITED BY THE ACCREDITATION COUNCIL FOR PHARMACEUTICAL EDUCATION (ACPE), FLORIDA BOARD OF PHARMACY

- Diastolic Heart Failure: What are the Appropriate Treatment Goals?
- Direct-to-Consumer Advertising and its Effects on Elderly Medication Perceptions

PHYSICAL THERAPY (15 COURSES)

ACCREDITED BY STATE BOARDS OF PHYSICAL THERAPY EXAMINERS AND ASSOCIATIONS

- Assessment and Treatment of Scapulohumeral Movement Dysfunction
- Athletes and Gender: TBI, Concussions, ACLs, and Knee Injuries
- Benign Paroxysmal Positional Vertigo
- Clinical Accuracy of Special Testing

(PHYSICAL THERAPY - continued)

- Coping with Stress: Management for the Physical Therapist
- Diagnostic Ultrasound for the Clinician and Competition Strategies
- Evidence-Based Practice Considerations and Application to Sex and Gender Differences in Sports
- Evidence-Informed Practice: Principles and Sports Medicine Cases
- Musculoskeletal Evaluation of Musicians and Performing Artists
- Nervous System Pathology
- Physical Therapy Ethics: Part 2
- Physical Therapy: Ethics Part 1
- Shoulder Injuries in Throwing Athletes
- Sports Medicine: Youth Athlete Assessment and the Psychology of Sport Performance
- Spotting Domestic Violence

PHYSICIAN (19 COURSES)

ACCREDITED BY THE ACCREDITATION COUNCIL FOR CONTINUING MEDICAL EDUCATION (ACCME)

- Biological Effects Of Radiation Fluoroscopy
- CDC: Heroin Epidemic
- Clinical Skills: Rapport and Trust Building
- Cognitive Function and Alzheimer's Disease: "Y" Does "X" Make a Difference?
- Communication and Conflict Management
- Dose Reduction Methods for Computed Tomography
- Image Quality and Digital Processing in Fluoroscopy
- Interaction of Radiation with Matter
- Intimate Partner (Domestic) Violence: Assessment and Treatment
- Intimate Partner (Domestic) Violence: Typology and Causality
- Medical Errors: Facility Concerns
- Medical Errors: Part 1
- Medical Errors: Part 2
- Medical Errors: Specific Patient Population Concerns and Reporting
- Operation of the Fluoroscopy Machine
- Principles of Fluoroscopy
- Principles of Radiation Protection in Interventional Fluoroscopy
- Synthetic Drugs
- TeamSTEPPS® for the Physician

PSYCHOLOGY (16 COURSES)

ACCREDITED BY THE AMERICAN PSYCHOLOGICAL ASSOCIATION, FLORIDA BOARD OF PSYCHOLOGY

- Adolescent Suicide
- AIDS-Related Stigma in the Community/ HIV/AIDS-Related Mood Disorders
- Child Abuse: Trauma/PTSD Part 1
- Child Abuse: Trauma/PTSD Part 2
- Dating Violence
- Equine Therapy
- Experiential Therapy
- Expressive Art Therapy
- Facilitating an Adventure Therapy Challenge Course
- Food and Body-Related Disorders
- Introduction to Adventure Therapy
- Parent Effectiveness Training
- Preventing Medical Errors: Part 1
- Preventing Medical Errors: Part 2
- PTSD: Diagnostic Issues and Management
- Suicide Prevention and Veterans

RADIOLOGIC TECHNOLOGY (25 COURSES)

ACCREDITED BY THE AMERICAN SOCIETY OF RADIOLOGIC TECHNOLOGISTS (ASRT), FLORIDA DEPARTMENT OF HEALTH, BUREAU OF RADIATION CONTROL

- Anatomy and Positioning: Upper Extremities
- Anatomy and Radiographic Positioning Terminology
- Breast Sonography
- Breast Ultrasound: Image Optimization
- Computed and Digital Radiography
- CT Dose Reduction Methods for Radiology Technologists
- Digital Fluoroscopy and Minimizing Patient Dose
- Foundational Principles For Good Communication
- Healthcare-Associated Infections: Spread, Control, and Prevention
- History of Mammography
- Identifying Fall Risks in Radiologic Technology
- Introduction to Radiological Pathology
- Lower Extremity: Lower Limb
- Lower Extremity: Pelvis and Upper Femora
- Mammography Physics

(RADIOLOGIC TECHNOLOGY - continued)

- Nuclear Medicine: Radiation Safety in PET Scanning and Nuclear Medicine Imaging
- Palliative Care for Interventional Radiography
- Patient Care In Mammography
- Patient Care: Diverse Cultures
- Patient Care: Recognizing Patient Needs in Special Populations
- Radiation Occupational Dose Reporting
- Stress Management for Radiologic Technology
- The X-Ray Tube
- Troubleshooting in Mammography
- Ultrasound Physics

RESPIRATORY THERAPY (24 COURSES)

ACCREDITED BY THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE (AARC), THE CONTINUING RESPIRATORY CARE EDUCATION (CRCE), FLORIDA BOARD OF RESPIRATORY CARE

- An Overview of Alcohol Effects in Respiratory Therapy
- Antibiotic Resistance: Respiratory Corollaries
- Arterial Blood Gas: Respiratory and Metabolic Interpretations
- Breathing Easy: Stress Management for Respiratory Therapists
- Breathing Together: TeamSTEPPS
- Can I Catch It or Will It Catch Me? Communicable Diseases
- Caring for the Tracheostomy in Pediatrics and Adults
- Communicating with Every Breath You Take
- Critical Thinking Skills: A Closer Look
- Developmental Perspective of Alcohol, Tobacco, and Substance Use Disorders for Respiratory Therapy
- Evidence-Based Practice (EBP): Translational Research
- Guillain-Barré Syndrome
- Individual Differences Among Alcohol and Tobacco Users: Self-Classification and Problem Recognition
- Lung Health and Vitamin D
- Medical Errors: Facility Concerns
- Medical Errors: Part 1
- Medical Errors: Part 2
- Medical Errors: Specific Patient Population Concerns and Reporting
- Pharmacological Respiratory Interventions in Cystic Fibrosis

(RESPIRATORY THERAPY - continued)

Pharmacological Respiratory Interventions in Inpatient Community-Acquired Pediatric Pneumonia
Respiratory Therapy Implications in the Etiology of Alcohol, Tobacco, and Substance Use Disorders
Sickle Cell Disease Emergencies: Pediatrics
Teamwork and Leadership: Healthcare Professionalism
Using Motivational Interviewing to Strengthen Patients' Commitment to Change

SOCIAL WORK (20 COURSES)

ACCREDITED BY THE NATIONAL ASSOCIATION OF SOCIAL WORKERS (NASW) AND BY STATE BOARDS AND ASSOCIATIONS(* SEE ACCREDITATION INFORMATION ON PAGE 14)

Addiction: Eating Disorders
Addiction: Self-Inflicted Violence
An Interdisciplinary Approach to Substance Abuse in the Elderly
Assessments and Interventions for Suicide
Case Studies in Living Resilient
Detecting Domestic Violence
Domestic Minor Sex Trafficking 101
Facts About STDs/STIs
Geriatric Medication Management
Healthy Sexual Development
How Social Workers Can Promote Behavioral Change in Clients
Posttraumatic Stress Disorder and Effects of Sexual Assault on Survivors and Secondary Victims
Profile of a Trafficker
Solution-Focused Brief Therapy with Substance Abusers: Rationale, Comparison Treatments, and Challenging Clients
Stigma, Loss, and Treatment for Psychiatric Patients
Therapeutic Communications
Time Management for Social Workers
Veterans and Suicide: A Therapist's Perspective
What Works to Prevent Suicide
Working with Veterans: A Therapist's Perspective

SURGICAL TECHNOLOGY (9 COURSES)

ACCREDITED BY THE ASSOCIATION OF SURGICAL TECHNOLOGY

Bariatric Surgery
Ebola: Safety Measures for the Surgical Technologist, Part 1
Essential Functions: Time Management for the Surgical Technologist
Fire Safety in the Operating Room
Getting the Operation Room Ready for Organ Recovery / Tissue Recovery
NIMS 100: Healthcare/Hospitals Units 5-7, Introduction to ICS within the Healthcare Environment
NIMS 100: Healthcare/Hospitals, Units 1-4 Introduction to ICS Within the Healthcare Environment
Standards of Practice: Ethics
TeamSTEPPS®: Patient Safety

VETERINARY MEDICINE (19 COURSES)

Assessment, Triage and Monitoring the Emergency Patient
Blood Transfusion
Burn Injury and Novel Wound Treatments
Cardiopulmonary Cerebral Resuscitation --Current Guidelines
Cytology
Emerging Diseases: West Nile Virus
Heatstroke: Diagnosis, Pathophysiology and Treatment
Parasitology: Cestodes
Parasitology: Coccidia
Parasitology: Control Measures for Equine
Parasitology: Dipteria Species
Parasitology: Equine Nematodes
Parasitology: Equine Protozoal
Parasitology: Leishmania
Parasitology: Other Flagellates
Parasitology: Small and Large Animal Flukes
Parasitology: Swine Nematodes
Parasitology: Trypanosoma
Shock

SPECIALTY PROGRAMMING (9 COURSES)

THE FOLLOWING COURSE LIBRARY IS NOW AVAILABLE AS A SPECIALTY PROGRAMMING OPTION. PLEASE CALL SWANK HEALTHCARE FOR PRICING.

HCAHPS PERFORMANCE IMPROVEMENT SERIES

- Clean & Quiet Environment 2016
- Communication about Medications 2016
- Communication with Doctors 2016
- Communication with Nurses 2016
- Discharge and Care Transitions 2016
- Introduction to HCAHPS 2016
- Overall Rating & Willingness to Recommend 2016
- Pain Management 2016
- Responsiveness of Staff 2016

REGULATORY / MANDATORY TRAINING (14 courses)

A CERTIFICATE OF PARTICIPATION IS GIVEN UPON COMPLETION. *ALSO AVAILABLE IN SPANISH.*

NON-CLINICAL MODULES

- Environmental Workplace Safety
- Infection Control
- Information Technology
- Organizational Workplace Safety
- Patient Rights and Maintaining Patient Privacy
- Patient Safety: Adverse Medical Events
- Personal Workplace Safety
- Workplace Hazards
- Identifying and Reporting Abuse

CLINICAL/PATIENT CARE MODULES

- Assessment and Management of Pain
- Ethical Aspects of Care
- Preventing Patient Infections: CAUTI, CLABSIs, SSIs
- Restraint and Seclusion, and Handoff Communication
- Infections

HOMELAND SECURITY (7 COURSES)

- Advanced Topics on Medical Defense Against Biological and Chemical Agents: Toxins
- Biological and Chemical Warfare and Terrorism: Medical Issues and Response
- Botulinum Toxin Part I
- Botulinum Toxin Part II
- Extremity Hemorrhage Control
- Smallpox: Recognition and Response
- Vaccines Against Biological Warfare

GENERAL STAFF EDUCATION (69 courses)

A CERTIFICATE OF PARTICIPATION IS GIVEN UPON COMPLETION

COMMUNICATION/CUSTOMER SERVICE

- Age Specific Communication
- Cultural Diversity
- Guide to the Use of Social Media
- How Technology is Changing Healthcare
- Use of Palliative Care and Hospice Services

EMERGENCY MANAGEMENT

- NIMS 100: Healthcare/Hospitals Part 1
- NIMS 100: Healthcare/Hospitals Part 2
- NIMS 100: Healthcare/Hospitals Part 3
- NIMS 100: Healthcare/Hospitals Part 4
- NIMS 100: Healthcare/Hospitals Part 5
- What is Public Health and What Does It Have to Do With My Mattress?

LEGAL/ETHICAL

- CMS Compliance Program Guidelines, Including Fraud and Abuse Risk
- Combating Medicare Parts C and D Fraud, Waste, and Abuse
- EMTALA
- Family and Medical Leave Act
- Federal Government Auditing
- Fire Safety
- HIPAA: Privacy, Security, and Omnibus Rules
- Organ Donation Saves Lives
- Profile of a Trafficker
- Sexual Assault and Date Rape
- Treatment and Forensics Involved in Sexual Assault

PROFESSIONALISM AND LEADERSHIP

- Advanced Practice Registered Nurses (APRNs): How They Impact Health
- Excel© 2010: Creating a Workbook
- Excel© 2010: Introduction and Using the Ribbon
- ICD-10-CM: Endocrine/Nutritional/Metabolic; Perinatal Period; Morbidity/Mortality; Congenital Abnormalities
- ICD-10-CM: Introduction and Factors Influencing Health Status
- ICD-10-CM: Parasitic and Infectious Diseases, and Diseases of the Blood and Blood-Forming Organs
- What is Evidence-Based Practice?

(GENERAL STAFF EDUCATION - continued)

SAFE PATIENT CARE

- Balance and the Older Adult
- Basic Medical Terminology
- Chronic Disease Management
- Clinical Alarm Safety
- Electronic Cigarettes: Facts and Myths
- Evidence-Based Pathway Development
- Genetics of Melanoma
- Getting the Operation Room Ready for Organ Recovery / Tissue Recovery
- Grocery Shopping for Your Health
- High Reliability in a Healthcare Setting
- ICD-10-CM: Nervous System, Eye/Adnexa, Ear/Mastoid Process, Circulatory System; Abnormal Clinical /Laboratory
- ICD-10-CM: Pregnancy, Childbirth, and the Puerperium
- ICD-10-CM: Diseases of the Skin and Subcutaneous Tissue; Diseases of the Musculoskeletal System, and Respiratory System
- ICD-10-CM: Injury, Poisoning, and Certain Other Consequences of External Causes
- ICD-10-CM: Mental and Behavioral Disorders, and Diseases of the Digestive and Genitourinary System
- ICD-10-CM: Neoplasms
- Infectious Disease and Antibiotic Update
- MRI Safety: A View From Outside the Department
- National Patient Safety Goals: 2015
- National Patient Safety Goals: 2016
- Nutrition As We Age
- Nutrition Toolkit
- Pulmonary Health
- Rape Crisis
- Reducing the Spread of Disease
- Skinny Genes: New Trends in DNA Testing
- Stumble and Staggers: Fall Risk Identification
- Trouble on Your Hands: Semmelweis, Handwashing, and the Origins of Infectious Diseases
- Understanding Hearing Loss
- Venipuncture and Phlebotomy Demonstrations
- What Everyone Needs to Know about Preventing Suicide

WORKPLACE SAFETY

- Asbestos Awareness
- Formaldehyde Safety
- Globally Harmonized Labelling (Safety Data Sheets)
- Personal Safety
- PPE Levels: Proper Donning and Doffing
- Proper Lifting and Back Safety
- Robbery/Theft Prevention
- Surviving an Active Shooter Event
- Workplace Bullying and Lateral Violence

PATIENT EDUCATION (63 COURSES)

A CERTIFICATE OF PARTICIPATION IS GIVEN UPON COMPLETION

- 20 Tips to Help Prevent Medical Errors
- Adult Vaccinations
- Amyotrophic Lateral Sclerosis (ALS)
- Asthma Inhaler Techniques
- Asthma, Won't My Child Outgrow It?
- Asthma: Myths and Truths of Inhaled Corticosteroids
- Autism Spectrum Disorders (ASDs)
- Back to School: Vaccinations
- Breastfeeding: Military Part 1
- Breastfeeding: Military Part 2
- Bullying
- Cancer Prognosis
- Cardiovascular Disease
- Cholesterol: Know Your Numbers
- Clinical Trials
- Cut Down on Drinking
- Depression and Anxiety
- Depression is Not a Normal Part of Growing Older
- Diabetes
- Diabetes: Eye Diseases
- Disposal of expired, unwanted, or used medicines, needles and other sharps
- Eating Disorders: About More Than Food
- Elder Abuse
- Electronic Cigarettes
- Fall Prevention: Postural Hypotension
- Hepatitis B
- Hepatitis C: Baby Boomers
- Hormones and Menopause
- How to Prevent a Listeria Infection
- Injury Prevention and Control: Prescription Drug Overdose
- Kidney Disease: Self-Assessment
- Learn about Respiratory Syncytial Virus (RSV)
- Let's Move! Childhood Obesity
- Living with Arthritis
- Medical Devices and Emergency Situations
- Medicine Safety
- MRSA and You
- MRSA: What You Need to Know
- New FDA Food Plate Guidelines
- Norovirus: The Stomach Bug
- Pneumonia
- Post-Traumatic Stress Disorder
- Radiation and Your Health: Ionizing Radiation and Diagnostic Examinations

(PATIENT EDUCATION- continued)

- Screenings and Tests for Adults 50+ Years of Age
- Seasonal Affective Disorder (SAD)
- Sepsis: Causes and Prevention
- Sexual Assault
- Shingles
- Sleep and Sleep Disorders
- Sleep Apnea
- Stroke: Know the Early Warning Signs
- Suicide Prevention
- Testicular Cancer
- Tips for Eating Healthy When Eating Out
- Top Four Things Parents Need To Know About Measles
- Understanding Heart Disease
- Understanding Lymphedema
- Understanding Migraine Headaches
- Vitamin D: Dietary Supplement
- West Nile Virus
- What's Your Poison
- You Need a Flu Vaccine
- Zika Virus Disease

Accreditation

Swank HealthCare distributes courses from Health.edu, U.S. Army Medical Department Center and School and other providers.
Each provider obtains accreditation of the courses by the appropriate agencies for each discipline.

CE Broker

Automatically Reports To CE BROKER

Health.edu reports Florida state participation Continuing Education (contact hours) on the following accreditation bodies:

Physical Therapy	Radiologic Technology	
Dietetics	Nursing	Nurse Assistant
Occupational Therapy	Clinical Laboratory Science	Social Work
Respiratory Therapy	Physician (Medicine)	Pharmacy Therapy

The CE Broker link: https://www.cebroker.com/public/pb_index.asp

Central Sterile

Certification Board for Sterile Processing and Distribution, Inc. (CBSPD)
International Association of Healthcare Central Service Materiel Management (IAHCSMM)

Clinical Laboratory Science

Board of Clinical Laboratory Personnel - Florida
American Society for Clinical Laboratory Science (ASCLS)
Professional Acknowledgement for Continuing Education (PACE®)

Dietetics

Commission on Dietetic Registration (CDR)
Texas Dietetic Association (TDA)
Certifying Board for Dietary Managers (CBDM)
Florida Council of Dietetics and Nutrition

EMS

Continuing Education Coordinating Board for Emergency Medical Services (CECBEMS)
Florida Board of Emergency Medical Services

General Staff Education

This non-accredited program category is designed to educate all personnel involved in the healthcare setting, and/or to compliment annually required topics by national regulatory agencies.

Long Term Care Administration

Accredited by the National Continuing Education Review Service (NCERS) of the National Association of Long Term Care Administrator Boards (NAB)

Medical Records

American Health Information Management Association (AHIMA)

Nursing

Texas Tech University Health Sciences Center School of Nursing Continuing Nursing Education Program is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (ANCC)

California Board of Registered Nursing (CBRN)
Florida Department of Health Board of Nursing
West Virginia Board of Examiners for Registered Professional Nurses
Iowa Board of Nursing
North Carolina Board of Nursing

Nursing Assistant / Nurse Aide

Florida Board of Nursing - Certified Nursing Assistants

Occupational Therapy

American Occupational Therapy Association (AOTA)
Florida Board of Occupational Therapy Practice

APPROVED PROVIDER of CONTINUING EDUCATION by The American Occupational Therapy Association, Inc.

Patient Education

Non-accredited program category with current and valid content on a variety of topics, designed to assist in the instruction of patients, increase staff time utilization and assist in meeting regulatory agencies' criteria on patient education and discharge planning.

Pharmacy/Pharmacy Technician

Texas Tech University Health Sciences Center School of Pharmacy is an accredited provider of Continuing Education by the Accreditation Council for Pharmaceutical Education
Florida Board of Pharmacy

Physical Therapy

Alabama Board of Physical Therapy
Arkansas Board of Physical Therapy
California Physical Therapy Association
Delaware Examining Board of Physical Therapy
Florida Physical Therapy Association
Illinois Department of Professional Regulation
Maryland Board of Physical Therapy Examiners
Louisiana Physical Therapy Association (Part I and Part II courses)
Mississippi State Board of Physical Therapy
New Jersey State Board of Physical Therapy Examiners
New Mexico Physical Therapy Association
New York State Education Department, Office of the Professions, State Board for Physical Therapy
Nevada Board of Physical Therapy Examiners
Ohio Physical Therapy Association
Oklahoma Board of Medical Licensure and Supervision
Pennsylvania State Board of Physical Therapy
South Carolina Board of Physical Therapy
Texas Board of Physical Therapy Examiners
Tennessee Physical Therapy Association
West Virginia Board of Physical Therapy
Wisconsin Department of Regulation and Licensing

Physician

Texas Tech University Health Sciences Center is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Physicians (Ethics & Psychiatry)

This activity has been reviewed by the TTUHSC Office of CME and meets the requirements of the Texas State Board of Examiners for CME hours in Ethics.

Psychology

Health.edu is approved by the American Psychological Association (APA) to sponsor continuing education for psychologists. Health.edu maintains responsibility for this program and its content.

Florida Board of Psychology

Radiologic Technology

American Society of Radiologic Technologists (ASRT)
Florida Department of Health, Bureau of Radiation Control

Respiratory Therapy

American Association for Respiratory Care (AARC)
The Continuing Respiratory Care Education (CRCE)
System of the American Association for Respiratory Care (AARC)
Florida Board of Respiratory Care
Sleep-related programs accepted by the Board of Registered Polysomnographic Technologists

Social Work

National Association of Social Workers (NASW)
California Board of Behavioral Sciences
Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
Illinois Department of Professional Regulation
Kentucky accepts NASW approved courses except ethics and supervisory topics.
*New York State Education Department's State Board for Social Work #0134

Surgical Technology

Association of Surgical Technologists

HDC3939 4.16

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This course list is an example of the types of courses available through Swank HealthCare and may not be an all-inclusive library.

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

Fwd: FW: TSCI Vacancies - 09.06.16

James Davis <jdavis@leg.ne.gov> Sat, Sep 10, 2016 at 12:07 PM
To: Doug Koebernick <dkoebernick@leg.ne.gov>

---------- Forwarded message ----------
From: "Busboom, Scott" <Scott.Busboom@nebraska.gov>
Date: Sep 9, 2016 12:40 PM
Subject: FW: TSCI Vacancies - 09.06.16
To: "Davis III, James" <jdavis@leg.ne.gov>
Cc:

From: Sherman, Becky
Sent: Tuesday, September 06, 2016 10:54 AM
To: Bulling-June, April; Busboom, Scott; Hansen, Brad; Holley, Brandi; Ilic, Boris; Jansen, James; McKinney, Terri; Sanne, Rick; Sherman, Shawn
Cc: Criner, Erinn; Norrid, Paul
Subject: TSCI Vacancies - 09.06.16

Ofc/Cpl.:

Current Vacancies: 72

Upcoming Resigns: +10 (Resign: Cpl's: K. Martin, T. Thompson, J. Reed, A. Carrico, Cpl. A Schulz; Ofc.'s: M. Scanlon, K. Eakins, A. Jeracek

Transfers: Cpl. D. Grothe, Ofc. M. Brown)

Upcoming Hires: -3

NET 79

Unit Case Workers:

Current Vacancies: 2

Upcoming Resigns: +1 (Ornelas xfer to WEC)

Upcoming Hires: -1

NET 2

Recreation Specialist: 2

Fac. Maintenance Spec: 3

Canteen Operator 1

ATTACHMENT 48

Pete Ricketts - Governor
Scott R. Frakes - Director

TO: Staff / Inmates

FROM: Brad Hansen, Warden

DATE: 4-18-16

SUBJECT: **SMU West**

SMU West will be converted back to restrictive housing effective 4-19-16. The conversion process will take approximately 30 days in order to facilitate this conversion the following steps will take place.

- All SMU west inmates will be placed on immediate segregation status pending bed space, transfer and / or classification.
- All inmates currently assigned to this location and placed on IS pending bed space / transfer will be allowed to keep their current property provided their behavior warrants this.
- Inmates on this status will be allowed to continue to wear state kakis and personal clothing.
- All other restrictive housing policies and procedures will apply including; Showers, yards, phones, visiting, canteen, cell cleaning, law library etc.
- Inmates will be required to wear full restraints per restrictive housing procedures.

TECUMSEH STATE CORRECTIONAL INSTITUTION
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ATTACHMENT 49

STATE OF NEBRASKA

DEPARTMENT OF CORRECTIONAL SERVICES
Scott R. Frakes
Director

Pete Ricketts
Governor

April 21, 2016

Senator Les Seiler
District 33
Room #1103
P.O. Box 94604
Lincoln, NE 68509

Senator Seiler,

Members of the LR34 Committee

In the spring of 2015 I initiated a plan to convert one half of the 200 bed restrictive housing unit at TSCI to a general population living unit for protective custody inmates. The unit was given the name SMU-West, and referred to as SMU-W. After the May 10th disturbance the decision was made to use SMU-W as a maximum custody living unit, and utilize Unit 1 to house a large part of the NDCS protective custody population. Unit 1 at TSCI became the Protective Management Unit last summer, and is successfully operating with 316 beds for inmates that require protective custody needs. This includes a 60 bed residential substance abuse treatment program. Gallery "F" in Unit 1 provides 64 beds for well-behaved inmates that are typically over the age of 50. Unit 1 at TSCI is NDCS's first example of mission specific housing, and it has been very successful.

Unfortunately our efforts to convert SMU-W to a maximum custody living unit have not been successful. One of the outcomes of the disturbance was a substantial increase in the number of people requiring restrictive housing at TSCI. The last inmates on restrictive housing status were not moved out of SMU-W until January 29th, 2016. Over the course of the next 10 weeks there were two serious staff assaults, and several other staff members were assaulted but fortunately did not receive serious injuries. The high security physical plant of SMU-W works well for containing a higher risk population, but it makes it difficult to safely manage moving groups of inmates outside of the cells. I will not risk any further injuries to staff by continuing to manage a maximum custody population in SMU-W.

The unit was placed on lockdown on April 15th, after an assault on staff. On April 19th we transitioned the unit to restrictive housing status. This a temporary step while we determine the best use for SMU-W. The maximum custody inmates living in the unit are being held in Immediate Segregation status while we locate appropriate general population beds they can be moved to. This process will take less than 30 days. During the transition the inmates currently housed in SMU-W will be allowed to retain their personal property. The primary impact will be limited out of cell time, and escorted movement while outside of their cell.

I am working with staff at TSCI to identify the best, safest use for SMU-W. Proposals include using the unit for a lower custody classification population, as a living unit for facility workers, and as a transitional unit for people leaving restrictive housing. I have reached out to all staff at TSCI for their ideas, and have exchanged ideas with the Inspector General. As we continue to implement LB598, reforming our use of restrictive housing, we should see further reduction in the need for restrictive housing beds throughout NDCS. If you or the members of the committee have any questions about these changes or any other activities within NDCS please give me a call.

Sincerely,

Scott R. Frakes
Director

NDCS Classification Instrument Assessment

A review of the Nebraska Department of Correctional Services (NDCS) current classification tool determined several issues with the development methods of the instrument. It was therefore determined that this system required major improvements and a research project was outlined and contracted by the University of Nebraska-Omaha.

The project was outlined to complete five major project stages.

1) First, a process evaluation was completed.

2) Second, we reviewed available NDCS data and developed an analysis plan for tool construction. Working with NDCS research staff, we identified a sample frame for initial and reclassification analyses. Ultimately, the samples collected consisted of 9,072 male and 1,582 female initial classification and 35,098 male and 2,449 female reclassification assessments of offenders incarcerated and supervised by the NDCS during the study period of August, 1991 and June, 2015.

3) Third, the current classification and reclassification models were assessed for their ability to predict infraction behavior.

4) Fourth, feature selection procedures were completed, selecting items that improved prediction of three infractions outcomes – violent, serious, and non-serious. This was completed using several advanced multivariate selection techniques.

5) Finally, models were created in an effort to improve upon, and replace, the current classification and reclassification models.

Study Findings

New models demonstrated substantial improvement. Findings confirmed the predictive improvements gained via the methods and additional data used to develop the new infraction prediction tools.

The resulting models identified risk scores for each offender within a given infraction type. A scoring guide is provided, identifying risk points associated with each tool's items and responses. Offenders are to be scored on each item and their scores summed. The summary score for each of the three infraction models is designed to place them into one of four categories – High Violent, High Serious, Moderate, and Low (see Figure 1).

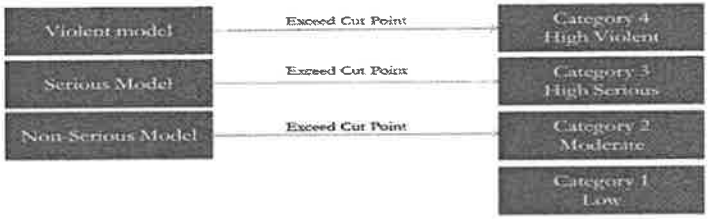


Figure 1. Infraction Risk Categorization

In an effort to improve the classification system, the new tool is designed to inform and support classification staff efforts. Based on themes identified through the process evaluation, staff had indicated several issues that impacted the utility of Hardyman's classification tools. In particular, the scored classification designation is often overridden as a result of NDCS or offender needs (i.e. bed space availability and programming). Therefore, staff indicated a need for the ability to move offenders to custody designations based on rationales that are not solely based on security.

The current tool provides categories that indicate an offender's infraction risk, instead of a one-to-one recommendation of custody designation. When used in conjunction with developed NDCS policy guidelines, the new classification schematic provides staff the flexibility to assign offenders to a lower/higher custody designation when agency or offender need requires. The new classification system also informs staff of an offender's likely infraction type and risk following a transfer to a new facility, providing the opportunity to differentiate supervision strategies once an offender is residing in their new facility. This categorization system is a novel advancement of prior approaches, but represents a change from current practice that will require training and policy development to operate efficiently.

Recommendations:

1. Create an implementation, training, and quality assurance plan
2. Continue improving the tool by adding items and collaborating with recent risk assessment efforts
3. Create efficient uses of assessment labor by identifying assessment redundancies
4. Create an inventory of interventions and forecast agency incarceration needs
5. Evaluate override factors and practices

Next Steps

On July 26, 2016, a team of Subject Matter Experts (SMEs) gathered to review the tool and assess its functionality. SMEs were encouraged to provide feedback regarding the assessment items, usability, and overall design. Feasible adjustments to the tools are currently being completed and final models established.

Manuals and training materials are currently being developed to adjust the current classification tools and identify any updated policies and new procedures. These materials will guide training of new staff and provide refreshers for current staff. Goals for booster training and other quality assurance guidelines will also be developed.

CLICK HERE TO VIEW FULL REPORT

Minority Employees by Agency

2014 Rank	Agency	12/14 Minority Employee Total	12/13 Minority Employee Total	12/12 Minority Employee Total	12/11 Minority Employee Total	12/10 Minority Employee Total	12/09 Minority Employee Total	12/08 Minority Employee Total	12/07 Minority Employee Total	12/06 Minority Employee Total	12/05 Minority Employee Total	12/04 Minority Employee Total
1	Health & Human Services	502	464	430	425	435	471	482	477	418	435	440
2	Corrections	231	213	202	199	216	224	222	205	206	237	242
3	Roads	114	110	105	94	93	100	99	101	108	100	105
4	Supreme Court	95	89	69	66	64	69	71	60	66	58	55
5	Labor	38	42	43	45	45	46	42	56	57	47	60
6	Education	30	52	36	30	27	28	30	30	28	27	24
7	Revenue	30	31	35	34	33	33	32	32	31	31	29
8	Administrative Services	25	22	19	19	20	20	19	23	24	23	38
9	State Patrol	25	19	22	21	17	20	20	19	20	20	21
10	Legislature	16	16	16	17	16	16	17	13	12	11	9
11	Military	14	11	10	9	9	10	10	11	12	12	15
12	Game and Parks	10	12	12	5	3	4	5	6	5	6	9
13	Motor Vehicles	8	8	9	12	12	12	13	14	15	15	15
14	Blind & Visually Impaired Commission	8	7	9	8	6	5	5	6	5	5	6
15	Environmental Quality	6	7	5	5	5	4	6	6	5	4	7
16	Insurance	6	6	6	5	7	6	6	6	6	7	8
17	Retirement Systems	6	6	6	5	4	4	4	4	4	5	6
18	Agriculture	5	7	6	4	5	5	4	4	4	4	4
19	State Treasurer	5	5	5	5	6	6	7	5	4	4	4
20	Natural Resources	5	4	4	3	3	3	3	3	3	2	2
21	Foster Care Review Office	4	4	5	4	3	3	2	2	3	1	0
22	Educational Telecommunications	4	4	4	4	4	4	4	4	4	4	4
23	Crime Commission	3	4	2	2	0	0	0	0	1	0	0
24	Parole Board	3	3	3	4	4	4	4	4	4	5	4
25	Equal Opportunity Commission	2	3	5	4	3	6	5	4	7	8	12
26	Tax Equalization and Review Commission	2	2	2	2	2	2	2	2	2	2	2
27	Workers Compensation Court	2	2	2	2	2	2	2	2	1	2	3
28	Latino-American Commission	2	2	2	2	2	1	1	1	1	2	3

Number of Minority Employees by Agency (continued).

2014 Rank	Agency	12/14 Minority Employee Total	12/13 Minority Employee Total	12/12 Minority Employee Total	12/11 Minority Employee Total	12/10 Minority Employee Total	12/09 Minority Employee Total	12/08 Minority Employee Total	12/07 Minority Employee Total	12/06 Minority Employee Total	12/05 Minority Employee Total	12/04 Minority Employee Total
29	Secretary of State	2	2	1	1	1	1	1	1	2	2	3
30	Public Service Commission	2	2	1	1	1	1	1	1	2	2	0
31	Attorney General	2	1	1	1	2	3	3	6	4	4	2
32	Veterans Affairs	2	1	1	1	1	1	2	1	1	1	1
33	Economic Development	2	0	0	0	0	0	0	0	1	0	0
	41 Agencies Combined	9	13	13	10	10	13	14	14	13	13	21
---	HHSS-Finance & Support (merged into HHS)	---	---	---	---	---	---	---	---	41	33	43
---	HHSS-Regulation & Licensure (merged HHS)	---	---	---	---	---	---	---	---	28	33	22
---	Prop. Assess. & Tax (merged into Revenue)	---	---	---	---	---	---	---	---	3	2	3
	Total*	1,220	1,174	1,091	1,049	1,061	1,127	1,138	1,123	1,151	1,167	1,222
	% Change from Previous Year	+4%	+8%	+4%	-1%	-6%	-1%	+1%	-2%	-1%	-5%	+9%
	Minority Employees as a % of Total Emp.	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	8%

* Includes data from all state agencies except the University of Nebraska and the State Colleges.

Source: Workday 12-31-2014 Report (this report includes permanent & temporary full-time employees only -- it does not include part-time employees).

Percentages of Minority Employees by Agency

2014 Rank	Agency	12/14 Minority Employee %	12/13 Minority Employee %	12/12 Minority Employee %	12/11 Minority Employee %	12/10 Minority Employee %	12/09 Minority Employee %	12/08 Minority Employee %	12/07 Minority Employee %	12/06 Minority Employee %	12/05 Minority Employee %	12/04 Minority Employee %
1	Latino-American Commission	66.7%	66.7%	66.7%	66.7%	66.7%	50.0%	33.3%	33.3%	50.0%	66.7%	100.0%
2	Indian Affairs Commission	50.0%	50.0%	66.7%	50.0%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%	33.3%
3	Industrail Relations Commision	33.3%	33.3%	33.3%	33.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4	Parole Board	33.3%	30.0%	30.0%	40.0%	40.0%	40.0%	40.0%	40.0%	44.4%	45.5%	36.4%
5	Tax Equalization & Review Commission	22.2%	22.2%	20.0%	22.2%	20.0%	22.2%	22.2%	22.2%	22.2%	22.2%	22.2%
6	Blind & Visually Impaired Commission	18.2%	15.9%	19.6%	18.2%	13.3%	10.9%	10.9%	13.3%	10.9%	11.1%	7.8%
7	Foster Care Review Office	15.4%	16.7%	23.8%	17.4%	15.8%	15.0%	11.1%	9.5%	14.3%	5.3%	0.0%
8	Retirement Systems	11.8%	12.0%	12.2%	10.0%	8.5%	8.0%	8.0%	8.3%	8.5%	10.9%	10.4%
9	Veterans Affairs	11.8%	5.6%	5.9%	5.6%	6.7%	7.1%	14.3%	8.3%	7.7%	7.7%	7.7%
10	State Treasurer	11.1%	11.1%	10.9%	11.6%	13.3%	12.5%	13.7%	8.9%	6.9%	6.9%	5.6%
11	Accountability & Disclosure	11.1%	7.7%	6.3%	19.0%	14.3%	14.3%	12.5%	12.5%	0.0%	0.0%	0.0%
12	Corrections	10.4%	9.7%	9.5%	9.3%	9.8%	10.0%	9.9%	9.4%	9.5%	11.2%	11.5%
13	Labor	10.4%	11.6%	11.6%	12.5%	12.0%	11.2%	11.1%	11.5%	10.7%	10.7%	11.4%
14	Arts Council	10.0%	10.0%	10.0%	10.0%	10.0%	11.1%	14.3%	14.3%	11.1%	12.5%	14.3%
15	Health & Human Services	9.4%	8.6%	8.2%	8.3%	8.3%	8.6%	8.9%	8.7%	9.1%	9.3%	8.8%
16	Postsecondary Education	8.3%	9.1%	9.1%	9.1%	7.7%	7.7%	7.7%	7.7%	15.4%	16.7%	16.7%
17	Revenue	7.7%	8.0%	8.6%	8.0%	7.8%	7.2%	7.1%	6.9%	7.7%	7.9%	7.2%
18	Military	7.4%	6.0%	6.4%	5.7%	5.6%	6.4%	5.5%	3.7%	7.9%	8.1%	10.6%
19	Equal Opportunity Commission	7.4%	11.1%	18.5%	15.4%	12.5%	20.7%	16.1%	12.9%	20.6%	23.5%	32.4%
20	Educational Telecommunications	7.4%	6.9%	7.0%	7.0%	7.1%	6.3%	6.3%	6.3%	6.3%	6.2%	6.2%
21	Supreme Court	7.3%	7.3%	6.4%	6.3%	6.3%	6.5%	6.8%	5.8%	6.5%	6.0%	5.7%
22	Legislature	6.4%	6.2%	6.5%	6.8%	6.1%	5.9%	6.6%	5.0%	4.4%	4.3%	3.9%
23	Crime Commission	6.3%	8.9%	4.9%	5.0%	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%	0.0%
24	Liquor Control Commission	6.3%	5.9%	0.0%	0.0%	7.1%	6.7%	6.7%	6.7%	0.0%	0.0%	7.1%
25	Education	6.0%	8.5%	6.5%	6.2%	5.5%	5.6%	6.2%	6.4%	5.8%	5.7%	4.8%
26	Insurance	5.9%	5.8%	5.9%	5.0%	6.7%	5.8%	5.9%	6.1%	6.1%	7.1%	8.4%
27	Roads	5.4%	5.2%	5.0%	4.4%	4.3%	4.6%	4.6%	4.7%	5.0%	4.6%	4.8%
28	Secretary of State	5.3%	4.8%	2.6%	2.6%	2.5%	2.4%	2.5%	2.7%	4.5%	5.0%	5.0%
29	Natural Resources	5.3%	4.2%	3.5%	3.0%	3.0%	3.2%	3.2%	3.2%	3.3%	2.3%	1.1%
30	Motor Vehicles	4.3%	4.4%	4.9%	6.3%	6.3%	6.5%	7.3%	7.8%	8.3%	8.3%	8.4%
31	Public Service Commission	4.3%	4.3%	2.1%	2.3%	2.1%	1.9%	2.1%	2.0%	4.2%	3.8%	---
32	Workers Compensation Court	4.1%	3.9%	4.0%	3.9%	3.8%	3.8%	3.8%	4.1%	2.0%	4.1%	4.1%
33	Administrative Services	4.0%	3.5%	3.9%	3.8%	4.0%	4.0%	3.8%	4.4%	4.6%	4.4%	4.4%
34	Agriculture	3.4%	4.9%	4.3%	2.8%	3.5%	3.4%	2.7%	2.7%	2.7%	2.8%	2.8%

Percentages of Minority Employees by Agency (continued).

2014 Rank	Agency	12/14 Minority Employee %	12/13 Minority Employee %	12/12 Minority Employee %	12/11 Minority Employee %	12/10 Minority Employee %	12/09 Minority Employee %	12/08 Minority Employee %	12/07 Minority Employee %	12/06 Minority Employee %	12/05 Minority Employee %	12/04 Minority Employee %
35	State Patrol	3.4%	2.7%	3.0%	2.9%	2.3%	2.7%	2.7%	2.6%	2.6%	2.7%	2.9%
36	Economic Development	3.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.4%	0.0%	0.0%
37	Environmental Quality	3.0%	3.4%	2.5%	2.5%	2.5%	1.9%	3.0%	3.0%	2.5%	2.0%	1.5%
38	State Auditor	2.3%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
39	Attorney General	1.8%	0.9%	1.0%	0.9%	1.9%	2.8%	3.1%	5.1%	3.1%	3.1%	1.8%
40	Banking & Finance	1.6%	3.2%	4.9%	5.2%	4.8%	4.9%	7.7%	10.2%	6.7%	6.9%	7.0%
41	Historical Society	1.5%	0.0%	1.5%	0.0%	0.0%	0.0%	1.4%	0.0%	1.4%	0.0%	2.9%
42	Game and Parks	1.4%	1.8%	1.8%	1.1%	0.7%	0.9%	1.1%	1.3%	1.0%	1.2%	1.3%
---	Brand Committee	0.0%	1.9%	2.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
---	Real Estate Commission	0.0%	9.1%	9.1%	0.0%	0.0%	9.1%	9.1%	9.1%	9.1%	10.0%	9.1%
---	Engineers and Architects Board	0.0%	0.0%	0.0%	14.3%	14.3%	14.3%	0.0%	0.0%	16.7%	20.0%	28.6%
---	Energy**	0.0%	0.0%	0.0%	3.7%	3.6%	5.0%	---	---	---	---	---
---	Fire Marshal	0.0%	0.0%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.6%
---	Library Commission	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	2.4%	2.6%	2.5%	2.4%	2.6%
---	Governor/Policy Research**	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	5.0%	2.7%	2.6%	2.6%	2.5%
---	Oil and Gas Conservation Commission	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	28.6%
---	MV Industry Licensing Board	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	10.0%
---	Educational Lands and Funds	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
---	HHSS-Regulation & Licensure (merged into HHS)	---	---	---	---	---	---	---	---	6.4%	7.3%	6.1%
---	HHSS-Finance & Support (merged into HHS)	---	---	---	---	---	---	---	---	6.1%	5.3%	5.0%
---	Property Assess. & Taxation (merged into Revenue)	---	---	---	---	---	---	---	---	4.1%	2.8%	4.1%
	22 Other Agencies*	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Total*	7.3%	7.0%	6.7%	6.5%	6.7%	6.9%	7.0%	6.8%	6.9%	7.1%	7.0%
	% Change from Previous Year	+4.3%	+3.9%	+2.9%	+0.0%	-2.8%	-1.7%	+2.8%	-1.4%	-2.8%	+1.4%	+0.1%

* Includes data from all stage agencies except the University of Nebraska and the State Colleges.

** Energy became its own code agency on 7/1/08, separating from Governor/Policy Research.

Source: Workday 12-31-2014 Report (this report includes permanent & temporary full-time employees only -- it does not include part-time employees).

African American Employees by Agency

2014 Rank	Agency	12/14 African American Employees	12/13 African American Employees	12/12 African American Employees	12/11 African American Employees	12/10 African American Employees	12/09 African American Employees	12/08 African American Employees	12/07 African American Employees	12/06 African American Employees	12/05 African American Employees	12/04 African American Employees
1	Health & Human Services	163	147	145	151	148	171	187	195	173	190	196
2	Corrections	100	90	86	86	97	102	99	89	91	85	89
3	Supreme Court	39	35	28	30	29	33	35	33	37	36	33
4	Roads	20	25	22	20	18	21	23	23	26	20	22
5	Education	14	28	20	15	12	14	14	15	14	13	11
6	Legislature	9	10	10	10	9	9	9	7	7	7	7
7	Labor	8	10	11	13	12	12	9	12	13	9	10
8	State Patrol	8	5	8	7	6	6	6	6	5	5	6
9	Revenue	6	5	6	6	7	8	8	7	7	7	8
10	Administrative Services	6	5	5	5	5	7	7	8	9	8	8
11	Military	4	3	3	2	2	3	3	4	4	5	6
12	Educational Telecommunications	3	3	3	3	3	3	3	3	3	3	3
13	Parole Board	2	2	2	3	3	3	3	3	3	4	3
14	Equal Opportunity Commission	2	2	2	2	2	3	3	2	4	5	8
15	Retirement Systems	2	2	2	2	2	2	2	2	2	2	2
	59 Agencies Combined	10	16	13	13	17	16	20	22	24	22	16
—	HHSS-Regulation & Licensure (merged into HHS)	—	—	—	—	—	—	—	—	15	16	8
—	HHSS-Finance & Support (merged into HHS)	—	—	—	—	—	—	—	—	13	13	13
	Total*	396	388	366	368	372	413	431	431	450	450	449
	% Change from Previous Year	+2%	+6%	-1%	-1%	-10%	-4%	0%	0%	0%	+1%	+3%
	African American Employees as a % of Total Employees	2%	2%	2%	2%	2%	3%	3%	3%	3%	3%	3%

* Includes data from all state agencies except the University of Nebraska and the State Colleges.

Source: Workday Report 12-31-2014 (this report includes permanent & temporary full-time employees only – it does not include part-time employees).

Hispanic or Latino Employees by Agency

2014 Rank	Agency	12/14 Hispanic or Latino Employees	12/13 Hispanic or Latino Employees	12/12 Hispanic or Latino Employees	12/11 Hispanic or Latino Employees	12/10 Hispanic or Latino Employees	12/09 Hispanic or Latino Employees	12/08 Hispanic or Latino Employees	12/07 Hispanic or Latino Employees	12/06 Hispanic or Latino Employees	12/05 Hispanic or Latino Employees	12/04 Hispanic or Latino Employees
1	Health & Human Services	218	208	184	176	189	198	196	188	182	193	167
2	Corrections	75	69	72	68	69	73	74	70	72	69	66
3	Supreme Court	33	32	27	25	26	25	26	16	18	14	14
4	Roads	32	35	36	31	34	36	33	33	36	36	38
5	Labor	15	17	17	19	24	25	23	28	31	29	29
6	Education	6	10	7	6	6	6	8	8	7	6	4
7	Motor Vehicles	6	5	5	5	4	4	4	4	5	5	5
8	Administrative Services	5	7	5	5	5	5	5	6	6	5	6
9	Blind & Visually Impaired Commission	4	4	6	5	3	3	3	4	4	4	4
10	Revenue	3	4	4	4	4	4	4	4	5	4	3
11	State Patrol	3	3	5	6	6	8	8	9	8	8	9
12	Insurance	3	3	3	3	3	3	3	2	2	2	2
13	Military	3	2	3	3	3	3	3	3	3	3	5
14	State Treasurer	2	2	2	2	2	2	3	2	1	1	1
15	Retirement Systems	2	2	2	2	2	2	2	2	2	3	3
16	Latino-American Commission	2	2	2	2	2	1	1	1	1	2	2
17	Legislature	2	1	1	2	1	1	2	2	2	2	1
	57 Agencies Combined	8	11	17	12	12	14	14	18	16	15	17
—	HHSS-Finance & Support (merged into HHS)	—	—	—	—	—	—	—	—	14	10	10
—	HHSS-Regulation & Licensure (merged into HHS)	—	—	—	—	—	—	—	—	3	5	4
—	Property Assessment & Taxation (merged into Revenue)	—	—	—	—	—	—	—	—	2	2	2
	Total*	422	417	398	376	395	413	412	400	420	418	392
	% Change from Previous Year	+1%	+5%	+6%	-5%	-4%	+0%	+3%	-5%	0%	+7%	0%
	Hispanic or Latino Employees as a % of Total Employees	3%	2%	2%	2%	2%	3%	3%	2%	3%	3%	2%

* Includes data from all state agencies except the University of Nebraska and the State Colleges.

Source: Workday 12-31-2014 Report (this report includes permanent & temporary full-time employees only – it does not include part-time employees).

American Indian/Alaskan Native Employees by Agency

2014 Rank	Agency	12/14 American Indian/ Alaskan Native Employees	12/13 American Indian/ Alaskan Native Employees	12/12 American Indian/ Alaskan Native Employees	12/11 American Indian/ Alaskan Native Employees	12/10 American Indian/ Alaskan Native Employees	12/09 American Indian/ Alaskan Native Employees	12/08 American Indian/ Alaskan Native Employees	12/07 American Indian/ Alaskan Native Employees	12/06 American Indian/ Alaskan Native Employees	12/05 American Indian/ Alaskan Native Employees	12/04 American Indian/ Alaskan Native Employees
1	Health & Human Services	17	18	20	21	22	22	21	25	19	17	18
2	Roads	11	8	9	10	10	10	10	10	9	10	10
3	Corrections	7	9	7	8	11	8	10	9	8	7	7
4	Military	3	3	3	3	3	3	3	3	3	3	3
5	Supreme Court	2	1	0	0	0	0	0	0	0	0	0
	69 Agencies Combined	7	10	9	4	4	4	5	6	6	4	10
—	HHSS-Finance & Support (merged into HHS)	—	—	—	—	—	—	—	—	2	2	3
—	HHSS-Regulation & Licensure (merged into HHS)	—	—	—	—	—	—	—	—	2	1	1
	Total*	47	49	48	46	50	47	49	53	49	44	52
	% Change from Previous Year	-4%	+2%	+4%	-8%	+6%	-4%	-8%	+8%	+11%	-15%	+30%
	American Indian/Alaskan Native Employees as a % of Total Employees	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

* Includes data from all state agencies except the University of Nebraska and the State Colleges.

** American Indian & Alaskan Native were two separate categories in NEIS. They have been combined into one category in NIS so no comparison has been made from the previous year.

Source: Workday Report 12-31-2014 (this report includes permanent & temporary full-time employees only -- it does not include part-time employees).

Asian or Pacific Islander Employees by Agency

2014 Rank	Agency	12/14 Asian or Pacific Islander Employees	12/13 Asian or Pacific Islancer Employees	12/12 Asian or Pacific Islander Employees	12/11 Asian or Pacific Islander Employees	12/10 Asian or Pacific Islander Employees	12/09 Asian or Pacific Islander Employees	12/08 Asian or Pacific Islander Employees	12/07 Asian or Pacific Islander Employees	12/06 Asian or Pacific Islander Employees	12/05 Asian or Pacific Islander Employees	12/04 Asian or Pacific Islander Employees
1	Health & Human Services	46	39	43	43	42	44	40	34	22	20	19
2	Corrections	24	22	17	19	21	23	20	19	17	18	15
3	Revenue	13	15	17	18	16	16	15	16	14	14	9
4	Roads	13	12	13	11	11	13	12	14	15	13	15
5	Labor	10	11	11	10	7	7	9	12	8	6	10
6	Administrative Services	6	4	5	5	6	6	5	5	4	4	5
7	Supreme Court	5	6	5	4	4	5	5	6	5	3	2
8	Education	4	3	3	4	4	4	4	3	3	3	2
9	Natural Resources Department	4	3	3	1	1	1	1	1	1	1	1
10	Agriculture	3	4	3	3	3	3	2	2	2	2	2
11	Game and Parks Commission	3	4	3	2	1	1	1	1	0	0	0
12	Environmental Quality	3	3	3	3	3	2	3	2	2	2	2
13	State Patrol	3	3	2	2	2	2	2	2	2	2	3
14	Legislature	2	2	1	1	2	2	2	2	1	1	1
	60 Agencies Combined	7	9	8	9	8	8	7	8	8	7	4
—	HHSS-Regulation & Licensure (merged into HHS)	—	—	—	—	—	—	—	—	7	10	7
—	HHSS-Finance & Support (merged into HHS)	—	—	—	—	—	—	—	—	7	5	3
—	Property Assessment & Taxation (merged into Revenue)	—	—	—	—	—	—	—	—	1	0	0
	Total *	146	140	137	135	131	137	128	127	119	111	100
	% Change from Previous Year	+4%	+2%	+1%	+3%	-4%	+7%	+1%	+7%	+7%	+11%	+6%
	Asian or Pacific Islander as a % of Total Employees	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%

* Includes data from all state agencies except the University of Nebraska and the State Colleges.

Source: Workday 12-31-2014 Report (this report includes permanent & temporary full-time employees only – it does not include part-time employees).

ATTACHMENT 52

NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

One Team – One Vision

NDCS Quarterly Data Sheet

April – June 2016

Statistics†

Contents:

Inmate Population

April – June 2016

	Design Capacity	Average Daily Population	% of Capacity
CCC-L	200	384	192.00%
CCC-O	90	170	188.88%
DEC	160	401	250.62%
LCC	308	502	162.99%
NCCW	275	343	124.72%
NCYF	68	61	89.71%
NSP	718	1,348	192.75%
OCC	396	768	193.94%
TSCI	960	1,024	106.67%
WEC	100	180	180.00%
TOTAL DCS:			
Apr –Jun 2016	3,275	5,186	158.35%
Apr – Jun 2015	3,275	5,217	159.32%

NDCS' County Jail Population

April – June 2016

County	Average Daily Population
Buffalo County	3
Dawson County	17
Hall County	60
Lincoln County	20
Phelps County	24
Platte County	11
Saline County	5
Total	**141**

Race

Race	# of Inmates	% of Inmates
White	2,828	55.1%
Black	1,364	26.6%
Hispanic/Latino	640	12.5%
American/Alaskan Native	209	4.1%
Asian	43	0.8%
Hawaiian/Pacific Islander	6	0.1%
Other	24	0.5%
Data Unavailable	17	0.3%

†As of June 30, 2016 unless otherwise noted

Average Age

37.57

Gender

Gender	# of Inmates
Female	433
Male	4,698
Total	5,131

Crime Type

Type	# of Inmates	Percent
Part I*	1,923	37.5%
Part II**	3,208	62.5%
Total	5,131	100%

*Murder (1st and 2nd Degree), Manslaughter, 1st Degree Assault, 1st Degree Sexual Assault, 1st Degree Sexual Assault of a Child, Robbery

**All other Offenses

Most Serious Offenses

Offense Category	Percent
Sex Offenses	18.7%
Assault	12.8%
Drugs	12.0%
Homicide	11.8%
Weapons	10.3%
Robbery	8.1%
Theft	7.5%
Burglary	6.5%
Motor Vehicle	6.1%
Fraud	2.6%
Other	1.9%
Restraint	1.0%
Morals	0.4%
Arson	0.4%

Inmate Classification

Custody Level	# of Inmates	% of Total
Maximum	1,033	20.1%
Medium	1,742	33.9%
Minimum	1,389	27.0%
Community	540	10.5%
Unclassified	427	8.3%
Total	5,131	100%

3 Year Recidivism Rate (FY12)

Facility	22.8%
Parole	34.1%
Total	30.1%

ATTACHMENT 53

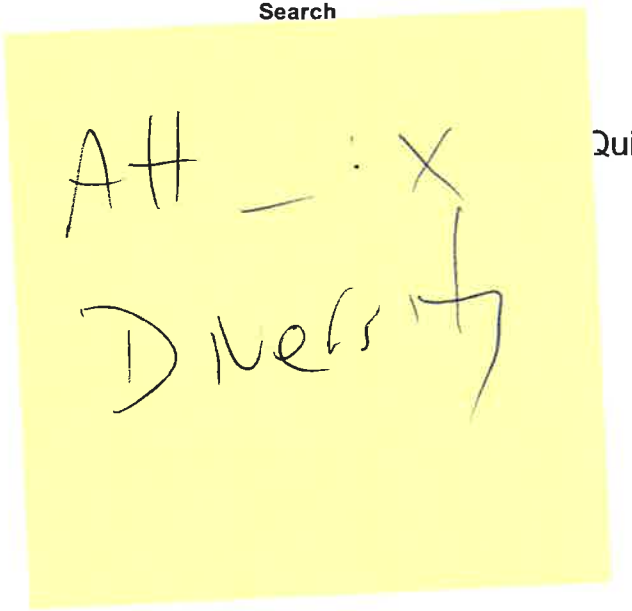
U.S. Census Quick Facts

QuickFacts

Nebraska

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

All Topics ▼	NEBRASKA
People	
Population	
Population estimates, July 1, 2015, (V2015)	1,896,190
Population estimates base, April 1, 2010, (V2015)	1,826,341
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	3.8%
Population, Census, April 1, 2010	1,826,341
Age and Sex	
Persons under 5 years, percent, July 1, 2015, (V2015)	6.9%
Persons under 5 years, percent, April 1, 2010	7.2%
Persons under 18 years, percent, July 1, 2015, (V2015)	24.8%
Persons under 18 years, percent, April 1, 2010	25.1%
Persons 65 years and over, percent, July 1, 2015, (V2015)	14.7%
Persons 65 years and over, percent, April 1, 2010	13.5%
Female persons, percent, July 1, 2015, (V2015)	50.2%
Female persons, percent, April 1, 2010	50.4%
Race and Hispanic Origin	
White alone, percent, July 1, 2015, (V2015) (a)	89.1%
White alone, percent, April 1, 2010 (a)	86.1%
Black or African American alone, percent, July 1, 2015, (V2015) (a)	5.0%
Black or African American alone, percent, April 1, 2010 (a)	4.5%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	1.4%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	1.0%
Asian alone, percent, July 1, 2015, (V2015) (a)	2.3%
Asian alone, percent, April 1, 2010 (a)	1.8%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2015, (V2015) (a)	0.1%



QuickFacts

Omaha city, Nebraska

QuickFacts provides statistics for all states and counties, and for cities and towns with a population of 5,000 or more.

All Topics ▼	OMAHA CITY, NEBRASKA	
People		
Population		
Population estimates, July 1, 2015, (V2015)	443,885	
Population estimates base, April 1, 2010, (V2015)	432,003	1,826,341
Population, percent change - April 1, 2010 (estimates base) to July 1, 2015, (V2015)	2.8%	3.8%
Population, Census, April 1, 2010	408,958	1,826,341
Age and Sex		
Persons under 5 years, percent, July 1, 2015, (V2015)	X	6.9%
Persons under 5 years, percent, April 1, 2010	7.5%	7.2%
Persons under 18 years, percent, July 1, 2015, (V2015)	X	24.8%
Persons under 18 years, percent, April 1, 2010	25.1%	25.1%
Persons 65 years and over, percent, July 1, 2015, (V2015)	X	14.7%
Persons 65 years and over, percent, April 1, 2010	11.4%	13.5%
Female persons, percent, July 1, 2015, (V2015)	X	50.2%
Female persons, percent, April 1, 2010	50.8%	50.4%
Race and Hispanic Origin		
White alone, percent, July 1, 2015, (V2015) (a)	X	89.1%
White alone, percent, April 1, 2010 (a)	73.1%	86.1%
Black or African American alone, percent, July 1, 2015, (V2015) (a)	X	5.0%
Black or African American alone, percent, April 1, 2010 (a)	13.7%	4.5%
American Indian and Alaska Native alone, percent, July 1, 2015, (V2015) (a)	X	1.4%
American Indian and Alaska Native alone, percent, April 1, 2010 (a)	0.8%	1.0%
Asian alone, percent, July 1, 2015, (V2015) (a)	X	2.3%
Asian alone, percent, April 1, 2010 (a)	2.4%	1.8%

ATTACHMENT 54

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: LR 34 Committee

From: Doug Koebernick, Office of Inspector General

Re: Work Release/Community Corrections Follow-up Information

Date: January 27, 2016

As promised at Tuesday's briefing I have assembled a packet of materials regarding information that I briefly discussed with you. At the briefing I shared that I have spent some time reviewing community corrections/work release activities in other states, with a primary focus on the State of Washington. I have reached out to their Director of Reentry for additional information (such as cost per inmate, details about the private/public partnership and start-up costs) and she has directed her Work Release Administrator to provide that to me. As soon as I receive that information I will provide it to you.

I am attaching three different packets of information for your review. The first attachment is information from the State of Washington's web site regarding their work release program and facilities. This includes a data sheet, information on who is eligible for the program, a map of the facility locations, and brief information on each of the 16 facilities.

The second attachment is additional information on some of the facilities, including larger pictures of specific ones in order to give you a better idea of what they look like.

Before you review those documents I thought it might be helpful to provide you with an excellent and concise summary of Washington's program. It is from a budget request that the Washington Department of Corrections submitted to the State of Washington's Office of Financial Management in 2014. The summary can be found beginning on page 403:

"Washington Work Release program was created by the legislature in 1967. Work release facilities are community based half-way houses that serve as a bridge between life in prison and life in the community. Washington currently has 16 facilities serving approximately 670

offenders daily. Work release is considered partial confinement and is authorized in statute for eligible DOC-approved offenders for up to the last six (6) months of the offender's term of prison confinement.

The following services are provided at work release facilities:

> ** Residential services that include sleeping quarters, activity areas, food services and arrangements for medical and health care;*
> ** Security services that include on-site staff 24-hours per day, seven days per week to assure security at the facility and for the offenders;*
> ** Employment assistance to enhance offenders' skills in employment-seeking, job development, and employment retention;*
> ** Comprehensive case management reviewing risk-need-responsivity principles which can include assisting the offender with transportation, reviewing offender job search efforts, making referrals to community services and treatment, assisting with post-release planning, and working with the family of the offender.*

In 2007, the Washington State Institute for Public Policy conducted a review of the Washington State Work Release program and outcomes. In summation of the findings, the report found that the reduction in recidivism for those offenders who participated in work release generated $3.82 of benefits per dollar of cost...Work release expansion not only addresses capacity concerns in Prisons, but also supports successful reentry into the community by focusing on offender transition. Work release facilities serve as a bridge between life in prison and life in the community. Offenders at work release focus on transition, to include finding and retaining employment, continued participation in programming to reduce identified risks, re-connecting and re-establishing relationships with family members, and becoming productive members of the community. Work release is an opportunity for self-improvement, while assisting offenders in creating a safe and productive lifestyle that can be sustained upon release."[1]

If you would like a copy of the 2007 review please let me know and I will send you a link to it.

The third attachment is a memo that was provided to the Appropriations Committee on Tuesday after they were briefed by Marshall Lux. It provides data regarding inmates within the correctional system in Nebraska and which regions of the state they represent.

If you have any questions about any of this information or would like information on similar programs in other states, please let me know.

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[1] http://www.doc.wa.gov/aboutdoc/budget/docs/15-17-doc-operating-budget.pdf

Department of Corrections
WASHINGTON STATE

Work Releases

Work release facilities serve as a bridge between life in prison and life in the community. Offenders at work release focus on transition, to include finding and retaining employment, re-connecting with family members, and becoming productive members of the community. They learn and refine social and living skills such as riding the bus, going to the grocery store, and managing their personal finances – all while under supervision. Work release is an opportunity for self-improvement, while assisting offenders in creating a safe and productive lifestyle that can be sustained upon release.

Statewide Work Release Map

Value of Work Release Programs

Offenders who complete the work release program are more likely to be successful in maintaining employment, stable housing, and in paying legal financial obligations. Additionally, recent research conducted by the Washington State Institute for Public Policy indicates that work release programs have a positive cost/benefit impact; in fact, for every dollar spent, $3.82 is returned to the state.

Work Releases Data Fact Sheet – 2013

Program Eligibility

An offender with six months left to serve may be eligible to spend those last months in a work release facility, if specific criteria are met. For example, an offender must have a record of good behavior. Additionally, there must be available bed space at a work release facility.

Attachment # 1

Program Expectations

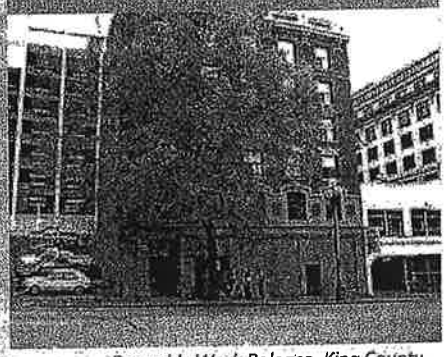
Offenders in work release facilities must follow all program rules. They must search for and/or retain employment and will be monitored to ensure compliance. Frequent testing for substance abuse will be administered. Offenders may only leave the facility for work or other specific activities, such as appointments, treatment, shopping, or outings to visit family. Offenders must continue therapy, treatment, programming, and classes. Failure to abide by the rules may result in sanction and/or termination from the program.

Work Release Operations

Work release focuses offenders on finding gainful employment, treatment, family reunification, and life skill development.

Department of Corrections

Fiscal Year 2013



Reynolds Work Release, King County

Work Release Data Sheet

A Structured Transition back into the Community

Work release facilities serve as a bridge between life in prison and life in the community. Offenders at work release focus on transition, to include finding and retaining employment, re-connecting with family members, and becoming productive members of the community. They also learn and refine social and living skills such as riding the bus, going to the grocery store, and managing their personal finances – all while under supervision. Work release is an opportunity for self-improvement, while assisting offenders in creating a safe and productive lifestyle that can be sustained upon release.

Who is eligible for Work Release?

- Both male and female offenders.
- Offenders who are within six months of release.
- Offenders who are awarded minimum security status based on a behavior-driven classification process.

What are the benefits of Work Release?

- Offenders resume responsibility for their decisions and actions, and they establish employment prior to release. As a result, they are able to contribute to the support of their families and make payments towards their court-ordered legal financial obligations including paying restitution to their victims.
- Offenders are able to pay a portion of their room and board.
- While they are in the program, work release staff assist the offenders to establish community ties though education, treatment, family and support groups.

Mission Statement

The mission of DOC is to improve public safety.

Vision Statement

Working together for safe communities.

Bernard Warner
Secretary
Department of Corrections

Anmarie Aylward
Assistant Secretary, Community Corrections Division

For more information

Merlin (Lin) Miller
Statewide Programs and Work Release Administrator
lin.miller@doc.wa.gov

For more information about the Department visit us at:
www.doc.wa.gov

Statewide Work Release Demographics

Current Number of Offenders In Work Release 658

Total number of Offenders Who participated in Work Release 2,560

Risk Level Classification (Offender Risk to Reoffend)

- High Violent 49% 324
- High Non-Violent 29% 190
- Moderate Risk 12% 79
- Low Risk 9% 56
- Unclassified 1% 9

Offense Types

- Murder 1 and 2 ..... 2%
- Manslaughter 2%
- Sex Crimes 1%
- Robbery 8%
- Assault 19%
- Property Crimes 43%
- Drug Crimes 21%
- Other/Unknown 4%

Gender

Male 541

Female 117

Bishop Lewis Work Release, King County

All figures contained in this report reflect data as of Dec 31, 2013 unless specified.

Are there specialized programs?

- Helen B. Ratcliff Work Release offers the Mother/Baby program with a nursery where mothers can live with and care for their children, while developing resources for childcare and securing employment.
- Rap/Lincoln Work Release assists mentally ill offenders to gradually phase back into the community and establish non-criminal connections, while participating in treatment programs.
- Eligible offenders participate in Chemical Dependency treatment and Offender Change programs.

What are the expectations of Work Release?

- All offenders must abide by the rules and regulations of the program. Deviations can result in disciplinary action, to include termination from the program.
- Offenders work on job development, search, placement, and retainment of employment. On-site job visits and verifications are completed to assure the offender is employed at the designated site. Offenders are also monitored on their trips back and forth to work to ensure their movements allow enough time to get to work without any pre-arranged stops.
- Offenders are only allowed out of the facility if they work, are conducting business or are on a supervised outing to visit family members. These outings are always in the presence of a sponsor who has undergone a criminal background check and adjudged responsible for the offender's actions.
- Offenders must continue therapy, parenting classes, anger management training, and substance abuse treatment that may also include participation in Alcoholics Anonymous or Narcotics Anonymous, as identified in their reentry plan.
- Offenders must submit to frequent tests for substance abuse.

Progress House Work Release, Pierce County

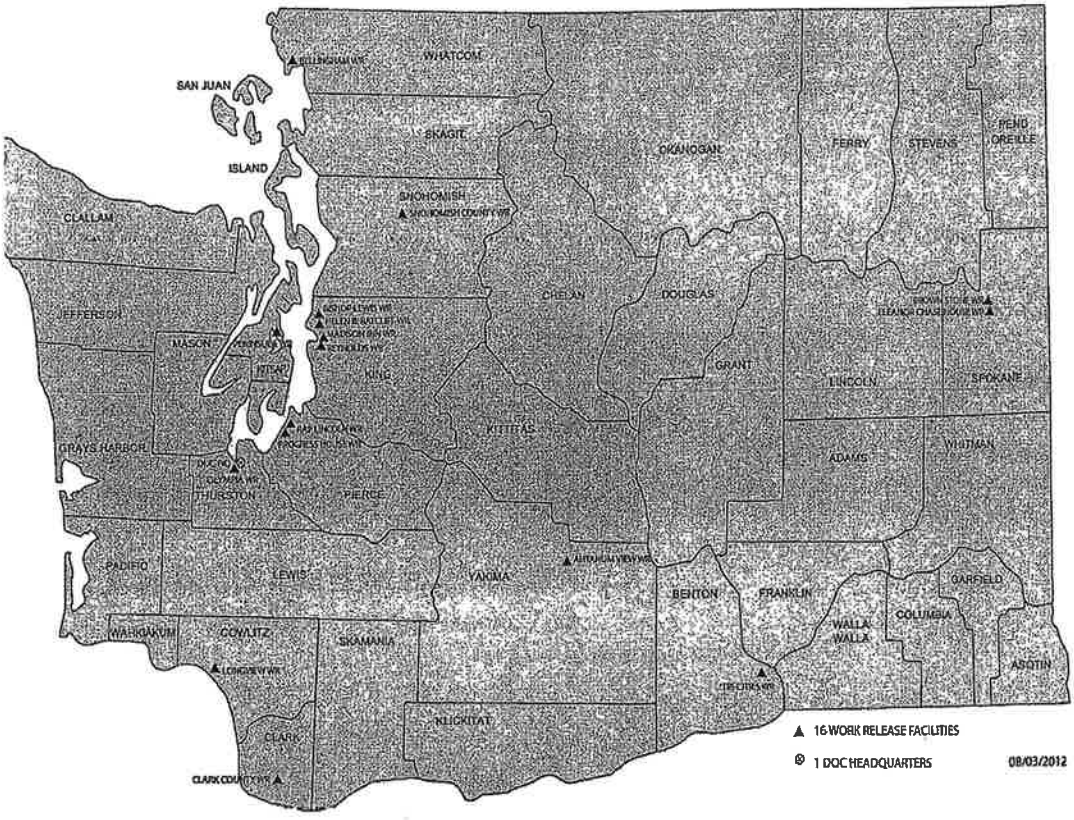
Work Release Road to Re-Entry

- Offenders participate in family friendly events to re-establish relationships.
- Several facilities have a garden cultivated by offenders, with produce going to the facility kitchen and local food banks.
- Many facilities are involved in recycling programs which reduce waste and cost.

What the Research Says

- The Program achieved its primary goal of preparing inmates for final release and facilitating their adjustment to the community ...We can conclude from the results... that vocational training and/or work release programs are effective in reducing recidivism as well as improving job readiness skills for ex-offenders. ---Kadela Seiter, Prisoner ReEntry: Crime and Delinquency, July 2003.
- In 2007, the Washington State Institute for Public Policy conducted a review of the Washington State Work Release program and outcomes. In summation of the findings, the report found that the reduction in recidivism for those offenders who participated in work release and generated $3.82 of benefits per dollar of cost.

Work Release Facility Locations



Work Release Facilities

Benton County

1. Tri-Cities Work Release

Clark County

2. Clark County Work Release

Cowlitz County

3. Longview Work Release

King County

4. Bishop Lewis Work Release
5. Helen B. Ratcliff Work Release
6. Madison Inn Work Release
7. Reynolds Work Release

Kitsap County

8. Peninsula Work Release

Pierce County

9. Progress House Work Release
10. Rap House and Lincoln Park Work Releases

Snohomish County

11. Snohomish County Work Release

Spokane County

12. Brownstone Work Release
13. Eleanor Chase House Work Release

Thurston County

14. Olympia Work Release

Whatcom County

15. Bellingham Work Release

Yakima County

16. Ahtanum View Work Release

Statewide Prison Demographics

Number of Prison Facilities 12

Number of Work Release Facilities 16

Total Offenders in Confinement 18,130
Offenders in prison 16,811
Offenders in work release 658
Offenders in out-of-state rented beds 0
Offenders in in-state rented beds 645

Average Daily Cost of Incarceration
(FY2013) $89.73

Average Age 37.7

Gender
Male 92.3%
Female 7.7%

Citizenship
United States 95.2%
Mexico 2.5%
Other 2.3%

Offense Types
Murder 1 and 2 ..... 13.4%
Manslaughter 1.8%
Sex Crimes 20.4%
Robbery 10.4%
Assault 24.0%
Property Crimes 19.3%
Drug Crimes 8.3%
Other/Unknown 2.4%

Length of Sentence
Less than two years 14.8%
Two to five years 25.5%
Five to ten years 20.3%
Over ten years 24.1%
Life with possible of Parole or Release ... 11.7%
Life without release 3.6%

Average length of stay for offenders released in the past year ..... 23.3 months

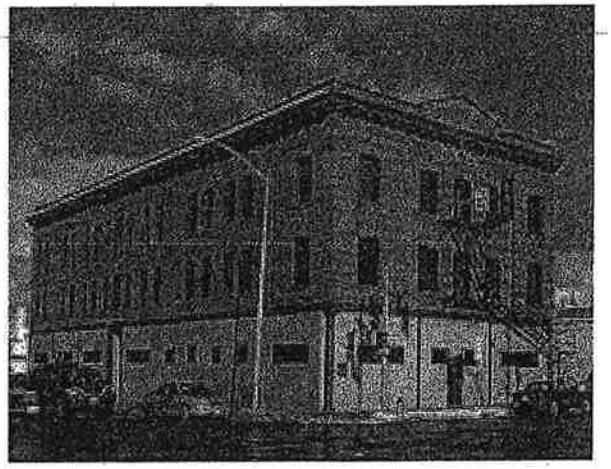
Commitment Types
New admission 49.8%
Readmission 44.3%
Other (from out-of-state or violators) 5.9%

All figures contained in this report reflect data as of Dec 31, 2013 unless specified.

Other Facts About Work Release

- The average cost per offender was $27,881 annually or $76.39 per day.
- Offenders earned $5,090,229 while employed during their stay at work release during FY 2013.
- 2,560 offenders participated in the work release program with an average stay of 98 days.

Olympia Work Release, Thurston County



Brownstone Work Release, Spokane County

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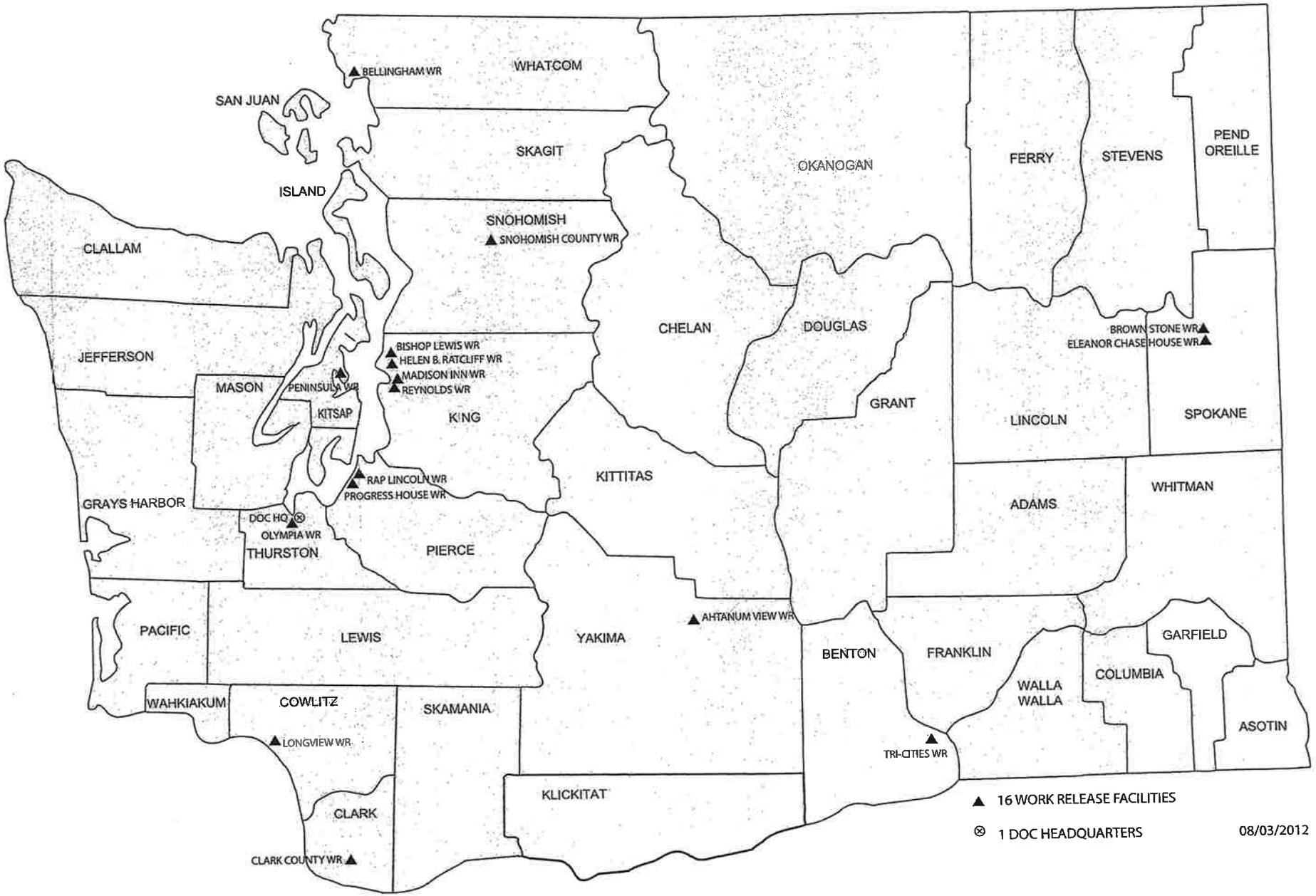
Department of Corrections

Work Releases



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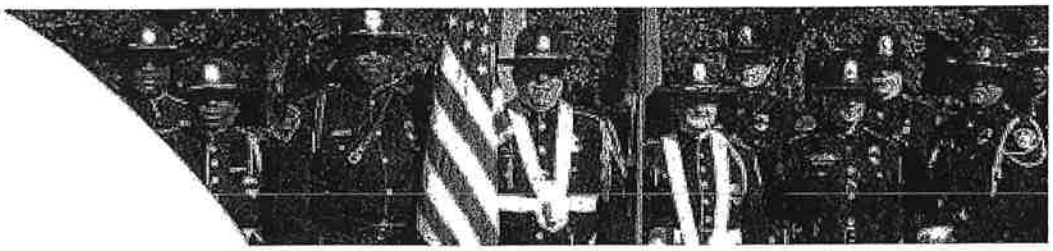

Ahtanum View Work Release

2009 S 64th Ave [Driving Directions]
Yakima, WA 98903

Yakima County

(509) 573-6318

The Ahtanum View Work Release houses both male and female offenders. Programming opportunities include chemical dependency, family and personal counseling, and anger management.

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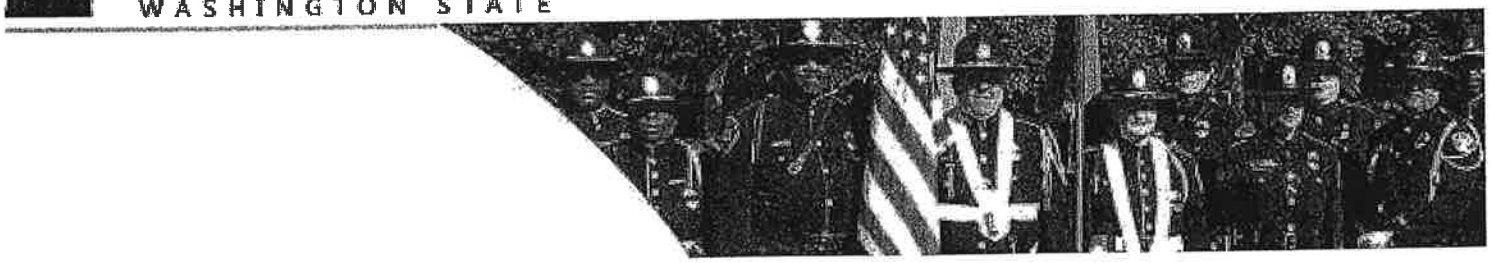

Bellingham Work Release

1127 N Garden [Driving Directions]
Bellingham, WA 98225

Whatcom County

(360) 676-2150

The Bellingham Work Release houses both male and female offenders. Programming opportunities include chemical dependency. Additionally, offenders may attend programs in the community, such as Alcoholics Anonymous and Narcotics Anonymous meetings, parenting classes, anger management, and drug/alcohol counseling.

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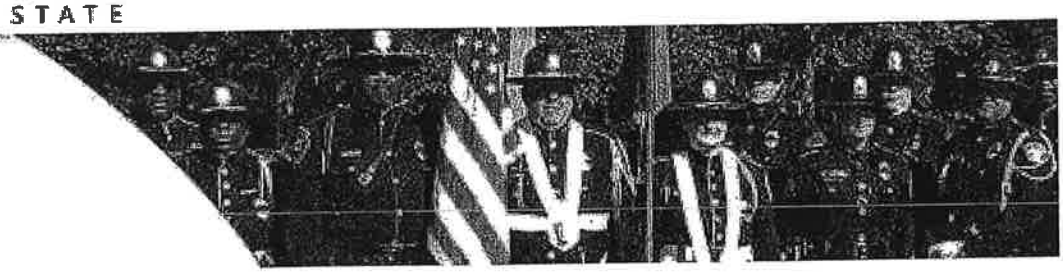
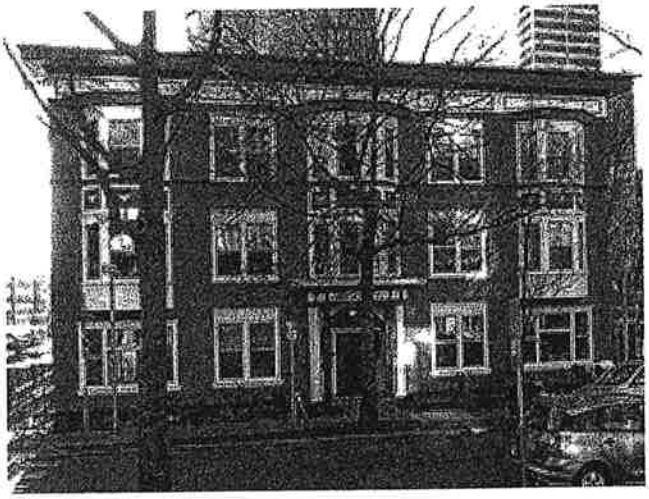


Bishop Lewis Work Release

703 8th Ave [Driving Directions]
Seattle, WA 98104

King County

(206) 464-7000



The Bishop Lewis Work Release houses male offenders. Programming opportunities include chemical dependency and the D.A.D.S. program. Additionally, offenders may attend programs in the community, such as Alcoholics Anonymous and Narcotics Anonymous meetings.

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Brownstone Work Release

223 S Browne [Driving Directions]
Spokane, WA 99201

Spokane County

(509) 363-8109

The Brownstone Work Release houses male offenders. Programming opportunities at Brownstone include Moral Reconation Therapy, Marriage and Parenting, Nurturing Fathers, and After Care. Additionally, offenders may attend Alcoholics Anonymous and Narcotics Anonymous meetings in the community and programs at the Community Justice Center.

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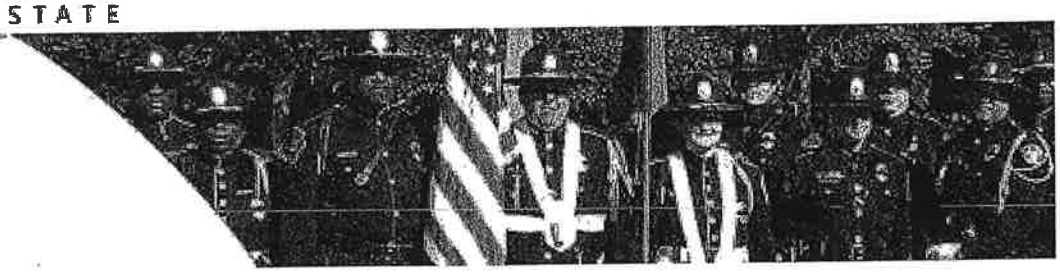
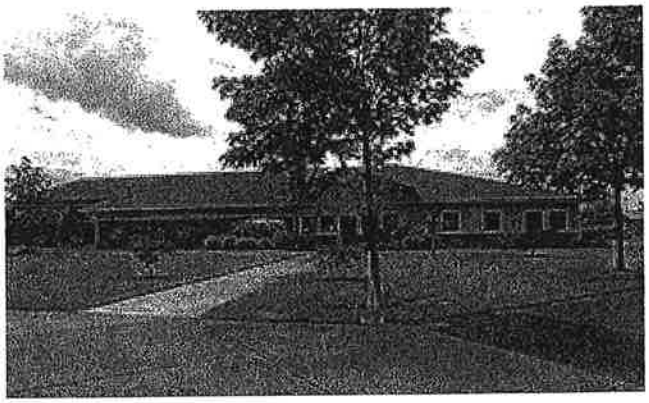


Clark County Work Release



PO Box 61447
5197 NW Lower River Road [Driving Directions]
Vancouver, WA 98660

Clark County

(360) 397-2166

The Clark County Work Release is co-located within the Clark County Jail's Work Center, in a separate building on-site. Both male and female offenders are housed in this facility. Programming opportunities at Clark County include chemical dependency, as well as Alcoholics Anonymous and Narcotics Anonymous meetings available in the community and programs at the Community Justice Center.

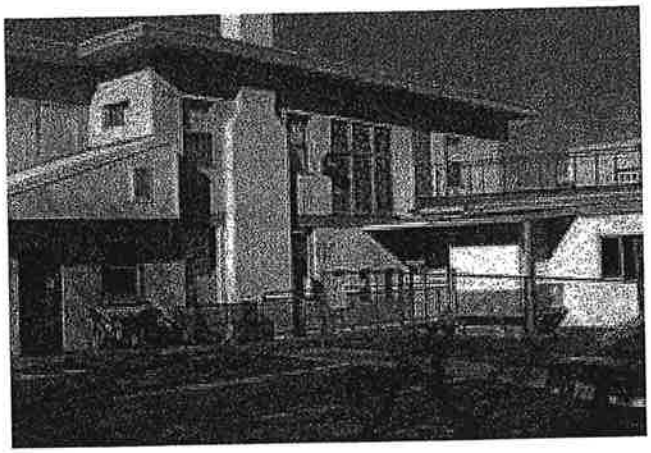
Department of Corrections
WASHINGTON STATE

Eleanor Chase House Work Release

427 W 7th Ave [Driving Directions]
Spokane, WA 99204

Spokane County

(509) 456-6318



The Eleanor Chase House Work Release houses female offenders. Female offenders can be referred to work release 12 months prior to their earned early release date.

Eleanor Chase works with residents to obtain employment that can provide a livable wage for re-entry stability upon release. Residents develop resumes; focus on interviewing techniques, and work ethics that will suppor their success when returning to the community.

Residents participate in a child visitation program, MRT, group and individual counseling, parenting and self-esteem classes, chemical dependency treatment programs. Residents have available to them a Licensed Mental Health Counselor while at Eleanor Chase.

Residents may attend higher education programs consistent with their re-entry goals outlined in their Classification Facility Plan. Residents who do not have their GED participate in Education Programs to assist them to obtain their GED.

Eleanor Chase House recognizes the many different challenges that women face when re-entering the community and works with each resident to meet

their individual challenges and goals that are unique to them.

Department of Corrections
WASHINGTON STATE

Helen B. Ratcliff Work Release

1531 13th Ave S [Driving Directions]
Seattle, WA 98144

King County

(206) 320-6600

The Helen B. Ratcliff Work Release houses female offenders. This facility offers the Residential Parenting Program. Other programming opportunities include chemical dependency, Home Free, Bible studies, Alcoholics Anonymous and Debtors Anonymous meetings and yoga classes.

Department of Corrections
WASHINGTON STATE

Rap House/Lincoln Park Work Release

Rap House

3704 South Yakima Avenue [Driving Directions]
Tacoma, WA 98418

Pierce County

(253) 671-7290 Main
(253) 671-4407 Health Services Contact

The Rap House/Lincoln Park Work Release facilities are side by side buildings. They house male and female offenders with developmental disabilities and/or mental illness.

Lincoln Park

3706 South Yakima Avenue
Tacoma, WA 98418

Residents at these facilities are required to participate in one therapy group per week. Programming opportunities include chemical dependency, Moral

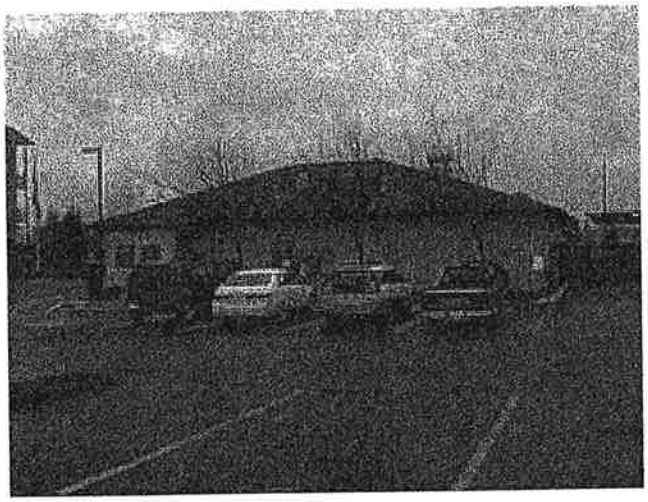
Department of Corrections
WASHINGTON STATE

Longview Work Release

1821 1st Ave [Driving Directions]
Longview, WA 98632

Cowlitz County

(360) 577-2211



The Longview Work Release houses both male and female offenders. Programming opportunities include chemical dependency and sex offender aftercare. Additional services are available in the community, to include mental health, parenting, and anger stress management classes.

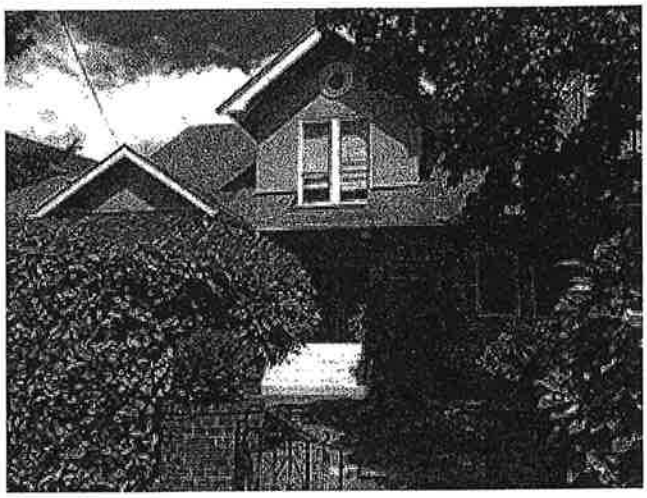
Department of Corrections
WASHINGTON STATE

Madison Inn Work Release

102 21st Ave E [Driving Directions]
Seattle, WA 98112

King County

(206) 720-3013



The Madison Inn Work Release is a therapeutic community for chemically dependent male offenders. In addition to treatment, programming opportunities include life skills to work, Alcoholics Anonymous, handbook study, peer awareness, and Integrity Process group meetings.

Department of Corrections
WASHINGTON STATE

Olympia Work Release

PO Box 41140
1800 11th SW [Driving Directions]
Olympia, WA 98504-1140

Thurston County

(360) 586-2731

The Olympia Work Release houses both male and female offenders. The facility provides a chemical dependency program for residents as well as for offenders on community supervision. A Work Source representative is available on-site to assist with employment needs.

Department of Corrections
WASHINGTON STATE

Peninsula Work Release

1340 Lloyd Parkway [Driving Directions]
Port Orchard, WA 98367

Kitsap County

(360) 895-6158

The Peninsula Work–Training Release houses both male and female offenders. Programming opportunities include Moral Reconation Therapy, family fundamentals, Love and Logic, and chemical dependency. Additionally, offenders may attend anger management, grief counseling, or other treatment in the community.

Department of Corrections
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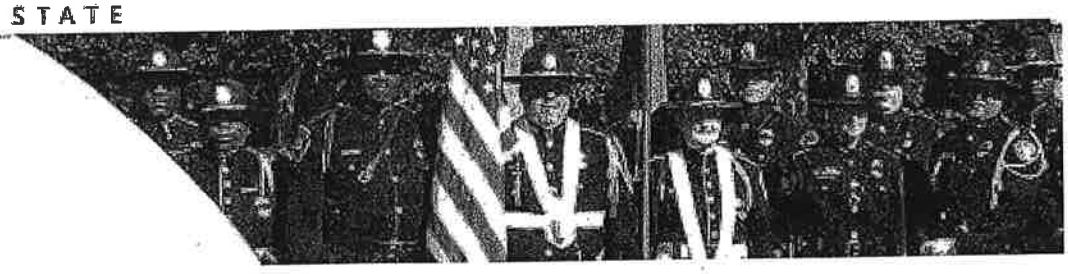
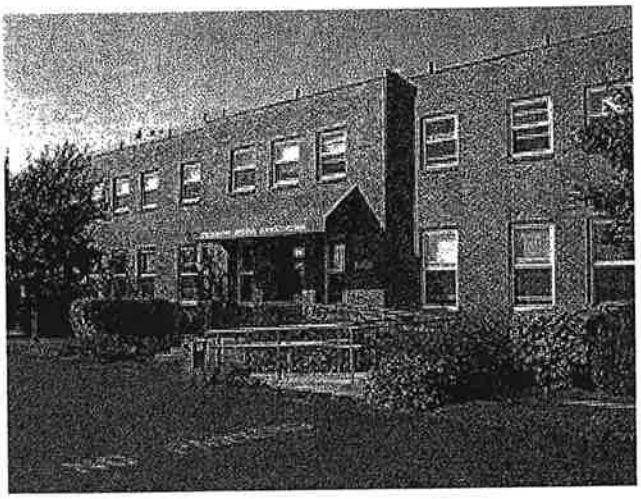


Progress House Work Release

5601 6th Ave [Driving Directions]
Tacoma, WA 98406

Pierce County



(253) 593-2844

The Progress House Work Release houses both male and female offenders. Programming opportunities include chemical dependency, Alcoholics Anonymous, Narcotics Anonymous, Moral Reconation Therapy, DADS program, religious services, and programs at the Community Justice Center.

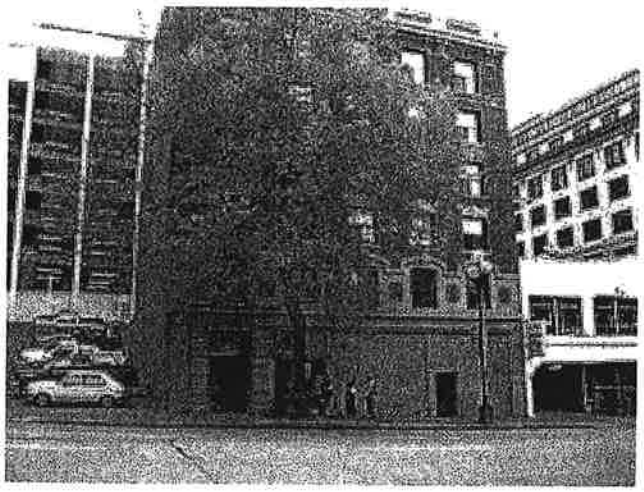
Department of Corrections
WASHINGTON STATE

Reynolds Work Release

410 4th Ave [Driving Directions]
Seattle, WA 98104

King County

(206) 464-6320



The Reynolds Work Release houses male offenders. Programming opportunities include chemical dependency, anger/stress management, Moral Reconation Therapy, Home Free, Getting It Right, Alcoholics Anonymous, and Narcotics Anonymous. Various treatment programs are also available in the community.

Department of Corrections
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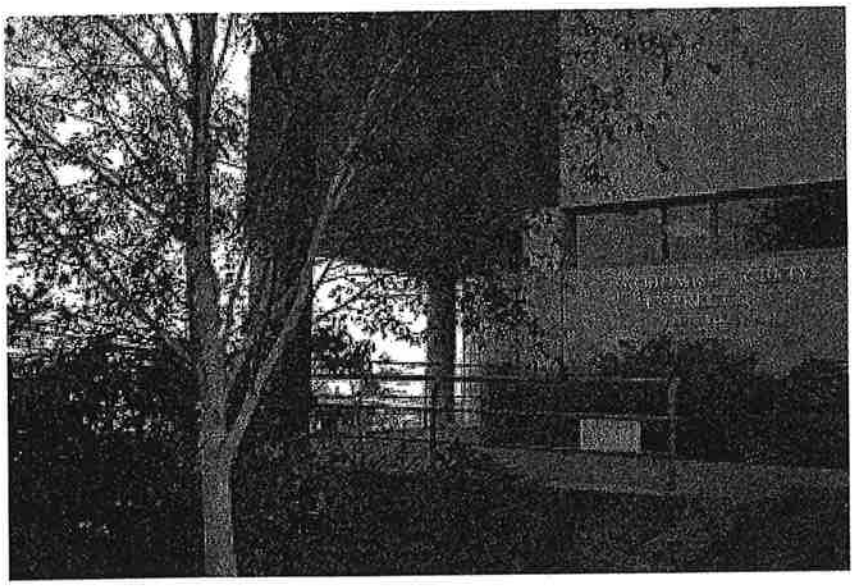
Snohomish County Work Release

1918 Wall St.
[Driving Directions]
Everett, WA 98201
(425)388-3431



The Snohomish County Work Release houses female offenders. Women releasing to North King, Skagit, or Island Counties can be referred to work release 12 months prior to their earned early release date. Snohomish County Work Release assists residents in obtaining living-wage employment for re-entry stability upon release. Residents may participate in a wide-variety of programs at the nearby Everett Community Justice Center, to include Partners in Parenting, Getting it Right, Women's Issues Groups and SMART Recovery. Bus passes are issued to access employment and programming in the local area

Residents may attend higher education programs consistent with their re-entry goals outlined in their Classification Facility Plan. In addition to individual programming, reconciliation with positive family networks are promoted. Snohomish County Work Release recognizes the many different challenges that women face when re-entering the community and works to meet resident's individual challenges and goals.

Department of Corrections
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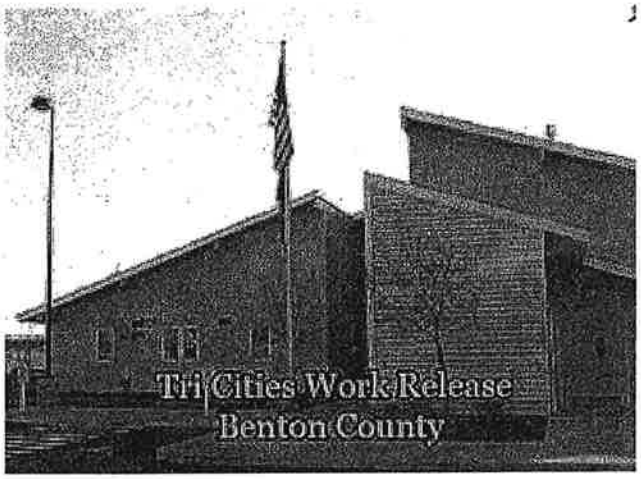
Tri-Cities Work Release

524 E Bruneau [Driving Directions]
Kennewick, WA 99336

Benton County

(509) 585-2200



The Tri-Cities Work Release is the only work release that is state-operated; it is completely staffed by the Department of Corrections. This facility houses both male and female offenders. Programming opportunities include intensive outpatient treatment, outpatient treatment, Moral Reconation Therapy, and chemical dependency.

Bishop Lewis House

703 8th Avenue
Seattle, WA 98104
map and directions

206-464-7000

Facility and program information

Bishop Lewis Work Release is a 69-bed, male-only facility. Programs that are offered to the residents in the work release include substance use disorder recovery and the D.A.D.S. program. The D.A.D.S. assists fathers with resources to help them develop a sense of self, family, and community responsibility through education, effective parenting, mentoring and partnering.

Residents may also attend programs in the community such as Alcoholics (AA) and Narcotics Anonymous (NA) meetings.

Attachment #2

Rap/Lincoln Work Release

3704/3706 South Yakima Ave.
Tacoma, WA 98418
map and directions
253-671-7290

Facility and program information

The Rap House and Lincoln Park Work Releases provide specialized programs for populations with unique needs. Rap House is a 20-bed facility, housing 17 males and 3 females. Lincoln Park is a 30-bed facility, housing 24 males and 6 females.

On-site programming includes chemical dependency, Moral Reconation Therapy (MRT), Partners-in-Parenting, stress/anger management, and family support activities.

Ahtanum View Work Release
Bishop Lewis House
Brownstone Work Release
Eleanor Chase House
Helen B. Ratcliff House
Longview Work Release
Madison Inn Work Release
Peninsula Work Release
Rap/Lincoln Work Release

Google Maps 3700 S Yakima Ave

Rap / Lincoln

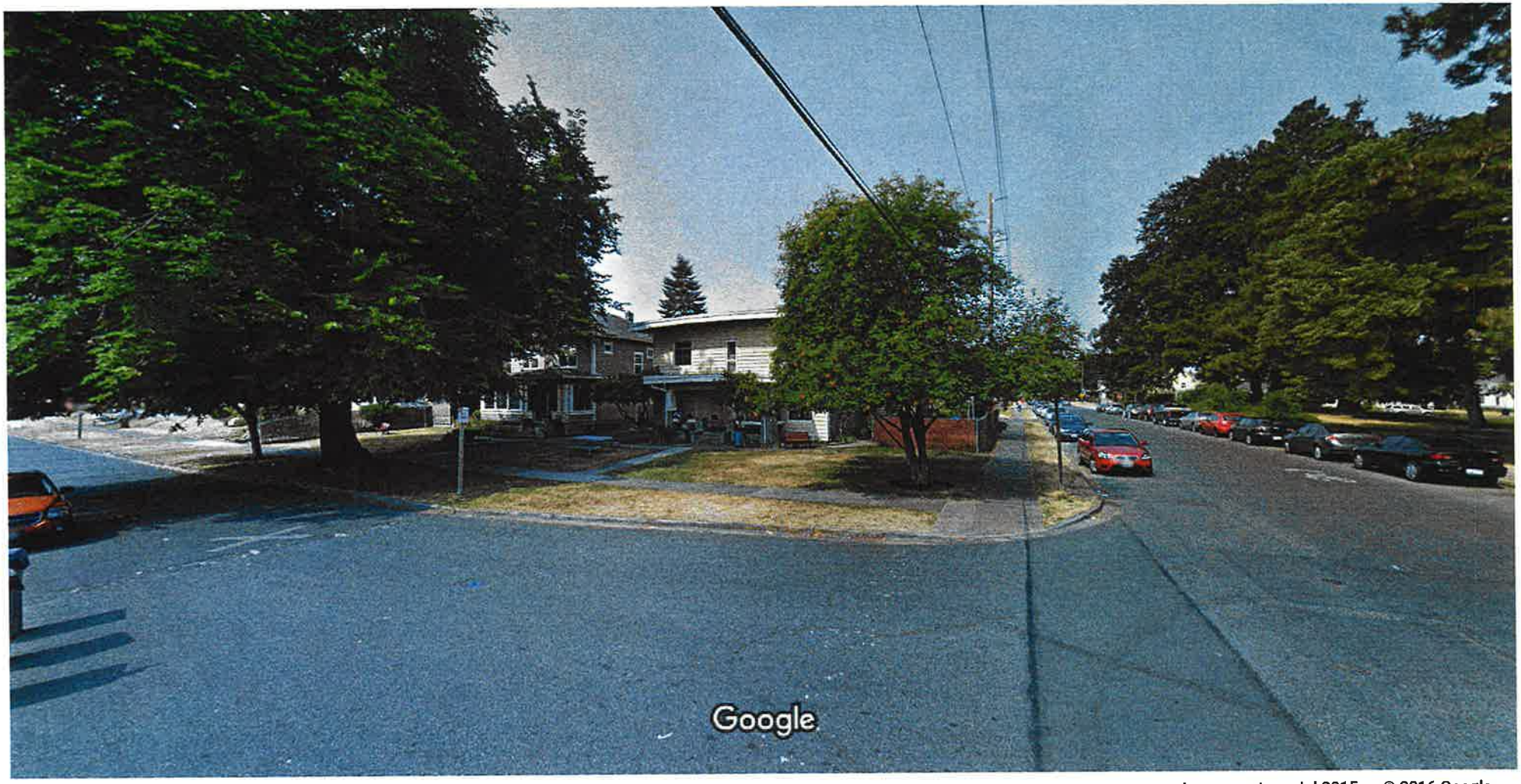


Image capture: Jul 2015 © 2016 Google

Tacoma, Washington

Street View - Jul 2015

Brownstone Work Release

223 S. Browne Street
Spokane, WA 99201
map and directions

509-456-4056

Facility and program information

The Brownstone Work Release is an 80-bed, male-only facility. Programs include substance use disorder treatment,Alcoholics Anonymous meetings, life skills and other cognitive-behavioral classes. Additional programs are available at the Spokane Criminal Justic

298 US-2

Image capture: Sep 2013 © 2016 Google

Spokane, Washington

Street View - Sep 2013

Brownstone

https://www.google.com/maps/@47.6535086,-117.4134177,3a,75y,43.38h,92.62t/data=!3m6!1e1!3m4!1ssv3SXcQk6-sF3V4ty49AaQ!2e0!7i13312!8i6656

Helen B. Ratcliff House

1531 13th Avenue S.
Seattle, WA 98144
map and directions

206-320-6600

Facility and program information

The Helen B. Ratcliff Work Release is a 47-bed, female-only facility serving women released from state prison or King County jail.

Programs offered include a residential parenting program and Thinking for a Change group therapy, along with referrals to substance use disorder treatment, Home Free, bible studies, Alcoholics and Debtors Anonymous meetings, poetry and art classes offered in the community.

Google Maps 1524 13th Ave S

Image capture: Sep 2015 © 2016 Google

Seattle, Washington

Street View - Sep 2015

Memorandum

To: Appropriations Committee

From: Doug Koebernick, Office of Inspector General

Re: NDCS Population Data

Date: January 26, 2016

At the briefing this afternoon Marshall Lux said that I would provide the Committee with data that shows the number of inmates from areas within Nebraska. There are four documents that were generated by the Department that I have attached to this memo.

Attachment one has the male population of the Department in December 2015 and breaks it down by their region of commitment. There are seven regions within Nebraska included in the spreadsheet. Information on which counties are included in each region listed can found in attachment four. You will see that 39.6% of the male population came from Metro Omaha, 19.3% from Metro Lincoln, 14.5% from South Central, and so on. Attachment two has the same information for the female population of the Department. One thing that I did realize when looking at this data is that it does not include the approximately 200 male inmates housed in county jails.

Attachment three has the data by those same regions for those admitted to the Department during FY2015 for both the male and female populations. The percentages for each region for the two populations are quite similar.

Attachment #3

(1)

Male Population MSR By Region of Committment

Region of Committment	# of Inmates	Percent	Cumulative Freq.	Cumulative %
Metro Omaha	1860	39.6%	1860	39.6%
Metro Lincoln	908	19.3%	2768	58.9%
South Central	681	14.5%	3449	73.4%
Northeast	485	10.3%	3934	83.7%
Southeast	434	9.2%	4368	93.0%
Panhandle	250	5.3%	4618	98.3%
North Central	61	1.3%	4679	99.6%
OUT OF STATE	13	0.3%	4692	99.9%
Data Unavailable	7	0.1%	4699	100.0%
Grand Total	**4699**	**100.0%**	**4699**	**100.0%**

(2)

Adult Female Total Population - Monthly Statistical Reports

December 2015

Female Population MSR By Admission Status

Admission Status	Frequency	Percent	Cumulative Freq.	Cumulative %
First-Time	306	70.7%	306	70.7%
Multiple	117	27.0%	423	97.7%
County Safekeeper	4	0.9%	427	98.6%
Evaluator	3	0.7%	430	99.3%
Interstate Trans	3	0.7%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Race

Race	# of Inmates	Percent
WHITE	283	65.4%
BLACK	75	17.3%
HISPANIC	37	8.5%
NATIVE AMERICAN	26	6.0%
OTHER	10	2.3%
ASIAN	2	0.5%
Grand Total	433	100.0%

Female Population MSR By Age

Current Age	# of Inmates	Percent	Cumulative Freq.	Cumulative %
19	1	0.2%	1	0.2%
20	5	1.2%	6	1.4%
21	10	2.3%	16	3.7%
22-24	36	8.3%	52	12.0%
25-29	82	18.9%	134	30.9%
30-34	95	21.9%	229	52.9%
35-39	59	13.6%	288	66.5%
40-44	52	12.0%	340	78.5%
45-49	35	8.1%	375	86.6%
50-54	30	6.9%	405	93.5%
55-59	17	3.9%	422	97.5%
60-64	8	1.8%	430	99.3%
65 and Over	3	0.7%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Average Age

Average Age
36.62

Female Population MSR by Length of Stay

Length of Stay	# of Inmates	Percent	Cumulative Freq.	Cumulative %
0 - 6 Months	122	28.2%	122	28.2%
7 - 12 Months	81	18.7%	203	46.9%
13 - 18 Months	58	13.4%	261	60.3%
19 - 24 Months	45	10.4%	306	70.7%
25 - 30 Months	16	3.7%	322	74.4%
31 - 36 Months	27	6.2%	349	80.6%
37 - 42 Months	9	2.1%	358	82.7%
43 - 48 Months	12	2.8%	370	85.5%
49 - 54 Months	10	2.3%	380	87.8%
55 - 60 Months	4	0.9%	384	88.7%
5.01 - 6.00 Yrs	12	2.8%	396	91.5%
6.01 - 7.00 Yrs	4	0.9%	400	92.4%
7.01 - 8.00 Yrs	6	1.4%	406	93.8%
8.01 - 9.00 Yrs	5	1.2%	411	94.9%
9.01 - 10.00 Yrs	5	1.2%	416	96.1%
10.01 - 11.00 Yrs	5	1.2%	421	97.2%
11.01 - 12.00 Yrs	1	0.2%	422	97.5%
12.01 - 13.00 Yrs	1	0.2%	423	97.7%
14.01 - 15.00 Yrs	2	0.5%	425	98.2%
16.01 - 17.00 Yrs	1	0.2%	426	98.4%
17.01 - 18.00 Yrs	1	0.2%	427	98.6%
Over 20 Years	6	1.4%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Average LOS

Avg Yrs	Avg Mo's	Avg Days
2.33	27.95	850.00

Female Population MSR By Number of Dependants

# of Dependants	# of Inmates	Percent	Cumulative Freq.	Cumulative %
0	103	23.8%	103	23.8%
1	69	15.9%	172	39.7%
2	92	21.2%	264	61.0%
3	67	15.5%	331	76.4%
4	53	12.2%	384	88.7%
5	29	6.7%	413	95.4%
6	5	1.2%	418	96.5%
7	10	2.3%	428	98.8%
8	3	0.7%	431	99.5%
9	1	0.2%	432	99.8%
10	1	0.2%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Record Center

Record	# of Inmates	Percent	Cumulative Freq.	Cumulative %
NCW	335	77.4%	335	77.4%
CCL	80	18.5%	415	95.8%
CCO	18	4.2%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Custody

Custody	# of Inmates	Percent	Cumulative Freq.	Cumulative %
1X	103	23.8%	103	23.8%
2X	108	24.9%	211	48.7%
3A	119	27.5%	330	76.2%
4A	62	14.3%	392	90.5%
4B	41	9.5%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR by Minimum Sentence

Minimum Sentence	# of Inmates	Percent	Cumulative Freq.	Cumulative %
1.00 Yr or Less	40	9.2%	40	9.2%
1.01-2.00 Yrs	111	25.6%	151	34.9%
2.01-3.00 Yrs	54	12.5%	205	47.3%
3.01-4.00 Yrs	51	11.8%	256	59.1%
4.01-5.00 Yrs	44	10.2%	300	69.3%
5.01-6.00 Yrs	20	4.6%	320	73.9%
6.01-7.00 Yrs	9	2.1%	329	76.0%
7.01-8.00 Yrs	15	3.5%	344	79.4%
8.01-9.00 Yrs	4	0.9%	348	80.4%
9.01-10.00 Yrs	14	3.2%	362	83.6%
10.01-11.00 Yrs	1	0.2%	363	83.8%
11.01-12.00 Yrs	4	0.9%	367	84.8%
12.01-13.00 Yrs	2	0.5%	369	85.2%
13.01-14.00 Yrs	1	0.2%	370	85.5%
14.01-15.00 Yrs	8	1.8%	378	87.3%
15.01-16.00 Yrs	3	0.7%	381	88.0%
17.01-18.00 Yrs	5	1.2%	386	89.1%
18.01-19.00 Yrs	1	0.2%	387	89.4%
19.01-20.00 Yrs	6	1.4%	393	90.8%
Over 20 Years	27	6.2%	420	97.0%
Life	13	3.0%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR by Maximum Sentence

Maximum Sentence	# of Inmates	Percent	Cumulative Freq.	Cumulative %
1.00 Yr or Less	18	4.2%	18	4.2%
1.01-2.00 Yrs	26	6.0%	44	10.2%
2.01-3.00 Yrs	40	9.2%	84	19.4%
3.01-4.00 Yrs	42	9.7%	126	29.1%
4.01-5.00 Yrs	76	17.6%	202	46.7%
5.01-6.00 Yrs	33	7.6%	235	54.3%
6.01-7.00 Yrs	20	4.6%	255	58.9%
7.01-8.00 Yrs	23	5.3%	278	64.2%
8.01-9.00 Yrs	11	2.5%	289	66.7%
9.01-10.00 Yrs	29	6.7%	318	73.4%
10.01-11.00 Yrs	6	1.4%	324	74.8%
11.01-12.00 Yrs	17	3.9%	341	78.8%
12.01-13.00 Yrs	2	0.5%	343	79.2%
13.01-14.00 Yrs	5	1.2%	348	80.4%
14.01-15.00 Yrs	8	1.8%	356	82.2%
15.01-16.00 Yrs	3	0.7%	359	82.9%
16.01-17.00 Yrs	1	0.2%	360	83.1%
17.01-18.00 Yrs	2	0.5%	362	83.6%
18.01-20.00 Yrs	13	3.0%	375	86.6%
Over 20 Years	44	10.2%	419	96.8%
Life	14	3.2%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Pop MSR by Avg Minimum & Maximum Sentences
(Life & Death Sentences Rounded to 21.34 Yrs)

Race	# of Inmates	Avg MIN Sent Mo's	Avg MAX Sent Mo's
WHITE	283	80.00	120.00
BLACK	75	111.00	162.00
HISPANIC	37	78.00	125.00
NATIVE AMERICAN	26	71.00	116.00
OTHER	10	119.00	167.00
ASIAN	2	24.00	36.00
Tot Pop Avg	433	86.00	128.00

Female Population MSR By Region of Committment

Region of Committment	# of Inmates	Percent	Cumulative Freq.	Cumulative %
Metro Omaha	150	34.6%	150	34.6%
Metro Lincoln	87	20.1%	237	54.7%
South Central	66	15.2%	303	70.0%
Southeast	56	12.9%	359	82.9%
Northeast	49	11.3%	408	94.2%
Panhandle	18	4.2%	426	98.4%
North Central	4	0.9%	430	99.3%
OUT OF STATE	3	0.7%	433	100.0%
Grand Total	433	100.0%	433	100.0%

Female Population MSR By Jurisdiction

Jurisdiction	# of Inmates	Percent	Cumulative Freq.	Cumulative %
Nebraska	429	99.1%	429	99.1%
Others	3	0.7%	432	99.8%
Unknown	1	0.2%	433	100.0%
Grand Total	433	100.0%	433	100.0%

By Most Serious Offense

Offense Arrest	Number	Percent
POS CNTRL SUB EXCEPT MARIJUANA	60	13.9%
MANU/DIST/DEL/DISP OR POSS W/I	57	13.2%
FORGERY 2ND DEGREE	25	5.8%
CHILD ABUSE	23	5.3%
THEFT BY UNLWFL TAKING OR DISP	22	5.1%
BURGLARY	20	4.6%
ROBBERY	19	4.4%
THEFT BY SHOPLIFTING	18	4.2%
THEFT BY DECEPTION	17	3.9%
DRIVING WHILE INTOXICATED	13	3.0%
THEFT BY RECEIVING STOLEN PROP	11	2.5%
MURDER 1ST DEGREE	10	2.3%
MURDER 2ND DEGREE	10	2.3%
SEXUAL ASSULT OF CHILD 1ST DEG	9	2.1%
ASSAULT 2ND DEGREE	8	1.8%
TERRORISTIC THREATS	8	1.8%
COUNTY SAFEKEEPER	7	1.6%
MANSLAUGHTER	7	1.6%
VIOL OF FINANCIAL TRANS DEVICE	7	1.6%
POSS DEADLY WEAP BY FELON/FUG	5	1.2%
THEFT	5	1.2%
ASLT PEAC OFCR/DCS EMP 3RD DGR	4	0.9%
DRIVING UNDER INFLUENCE/INJURY	4	0.9%
FORGERY 1ST DEGREE	4	0.9%
MOTOR VEHICLE HOMICIDE	4	0.9%
POS FIREARM BY FUGITIVE/FELON	4	0.9%
POSSESSION OF FORGERY DEVICE	4	0.9%
ARSON 2ND DEGREE	3	0.7%
ASSAULT 1ST DEGREE	3	0.7%
DOMESTIC ASSAULT	3	0.7%
DRIVING UNDER REVOKED LICENSE	3	0.7%
LEAVE SCENE OF INJURY ACCIDENT	3	0.7%
OPERATE MOTOR VEH/AVOID ARREST	3	0.7%
SEXUAL ASSAULT 1ST DEGREE	3	0.7%
ACCESSORY TO A FELONY	2	0.5%
ASSAULT BY A CONFINED PERSON	2	0.5%
CRIMINAL IMPERSONATION	2	0.5%
CRIMINAL MISCHIEF	2	0.5%
ESCAPE	2	0.5%
AQUIRING CONT SUBSTNC BY FRAUD	1	0.2%
ARSON 1ST DEGREE	1	0.2%
ASSAULT 3RD DEGREE	1	0.2%
CERTIFICATION TITLE VIOLATION	1	0.2%
CONSPIRACY	1	0.2%
CRUELTY TO ANIMALS	1	0.2%
ENTICEMENT/ELECTRONIC COMM DEV	1	0.2%
FAILURE TO APPEAR	1	0.2%
INTENTIONAL VIO NARC DRUG LAW	1	0.2%
KIDNAPPING	1	0.2%
POS OF OVER 1 LB. OF MARIJUANA	1	0.2%
SEX OFFENDER REG ACT VIOLATION	1	0.2%
SEXUAL ASSULT OF CHILD 3RD DEG	1	0.2%
TAMPERING	1	0.2%
UNLAWFUL DISCHARGE OF FIREARM	1	0.2%
USE DEADLY WEAP TO COMMIT FEL	1	0.2%
USE FIREARM TO COMMIT FELONY	1	0.2%
Grand Total	433	100.0%

By Most Serious Offense Category
(categories as defined by DCS)

MSO Group	# of Inmates	Percent
Drugs	120	27.7%
Theft	73	16.9%
Assault	52	12.0%
Fraud	43	9.9%
Motor Vehicle	30	6.9%
Homicide	27	6.2%
Burglary	20	4.6%
Robbery	19	4.4%
Other	17	3.9%
Sex Offenses	15	3.5%
Weapons	12	2.8%
Arson	4	0.9%

New Sentenced Admissions - FY2015 Statistical Reports

Most Serious Offense Category - Females

MSO Group	Number	Percent
Drugs	121	36.8%
Theft	70	21.3%
Fraud	37	11.2%
Assault	30	9.1%
Motor Vehicle	18	5.5%
Robbery	13	4.0%
Other	12	3.6%
Burglary	11	3.3%
Weapons	8	2.4%
Sex Offenses	5	1.5%
Homicide	3	0.9%
Arson	1	0.3%
Grand Total	**329**	**100.0%**

Most Serious Offense Category - Total

MSO Group	Number	Percent
Drugs	504	22.0%
Assault	343	15.0%
Theft	294	12.9%
Motor Vehicle	228	10.0%
Weapons	208	9.1%
Sex Offenses	195	8.5%
Burglary	155	6.8%
Fraud	105	4.6%
Robbery	101	4.4%
Other	89	3.9%
Homicide	33	1.4%
Restraint	13	0.6%
Morals	12	0.5%
Arson	7	0.3%
Grand Total	**2287**	**100.0%**

Commitment Area - Females

Region	Number	Percent
Metro Omaha	125	38.0%
Metro Lincoln	58	17.6%
Southeast	35	10.6%
Northeast	45	13.7%
South Central	52	15.8%
North Central	1	0.3%
Panhandle	12	3.6%
Data Unavailable	1	0.3%
Grand Total	**329**	**100.0%**

Most Serious Offense Category - Males

MSO Group	Number	Percent
Drugs	383	19.6%
Assault	313	16.0%
Theft	224	11.4%
Motor Vehicle	210	10.7%
Weapons	200	10.2%
Sex Offenses	190	9.7%
Burglary	144	7.4%
Robbery	88	4.5%
Other	77	3.9%
Fraud	68	3.5%
Homicide	30	1.5%
Restraint	13	0.7%
Morals	12	0.6%
Arson	6	0.3%
Grand Total	**1958**	**100.0%**

Commitment Area - Total

Region	Number	Percent
Metro Omaha	878	38.4%
Metro Lincoln	409	17.9%
Southeast	242	10.6%
Northeast	314	13.7%
South Central	318	13.9%
North Central	23	1.0%
Panhandle	86	3.8%
Out of State	1	0.0%
Data Unavailable	16	0.7%
Grand Total	**2287**	**100.0%**

Commitment Area - Males

Region	Number	Percent
Metro Omaha	753	38.5%
Metro Lincoln	351	17.9%
Southeast	207	10.6%
Northeast	269	13.7%
South Central	266	13.6%
North Central	22	1.1%
Panhandle	74	3.8%
Out of State	1	0.1%
Data Unavailable	15	0.8%
Grand Total	**1958**	**100.0%**

Metro Omaha:

- Douglas
- Sarpy

Metro Lincoln:

- Lancaster

Southeast:

- Butler
- Cass
- Clay
- Fillmore
- Gage
- Hamilton
- Jefferson
- Johnson
- Merrick
- Nemaha
- Nuckolls
- Otoe
- Pawnee
- Polk
- Richardson
- Saline
- Saunders
- Seward
- Thayer
- York

Northeast:

- Antelope
- Boone
- Burt
- Cedar
- Colfax
- Cuming
- Dakota
- Dixon
- Dodge
- Knox
- Madison
- Nance
- Pierce
- Platte
- Stanton
- Thurston
- Washington
- Wayne

South Central:

- Adams
- Buffalo
- Chase
- Dawson
- Dundy
- Franklin
- Frontier
- Furnas
- Gosper
- Hall
- Harlan
- Hayes
- Hitchcock
- Kearney
- Keith
- Lincoln
- Perkins
- Phelps
- Red Willow
- Webster

North Central:

- Arthur
- Blaine
- Boyd
- Brown
- Cherry
- Custer
- Garfield
- Grant
- Greeley
- Holt
- Hooker
- Howard
- Keya Paha
- Logan
- Loup
- McPherson
- Rock
- Sherman
- Thomas
- Valley
- Wheeler

Panhandle:

- Banner
- Box Butte
- Cheyenne
- Dawes
- Deuel
- Garden
- Kimball
- Morrill
- Scotts Bluff
- Sheridan
- Sioux

ATTACHMENT 55

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

February 5, 2016

Senator Heath Mello
District 5
State Capitol
Lincoln, NE 68509

Dear Senator Mello:

Prior to the public hearing on the budget request for the Department of Correctional Services, I wanted to share one thought regarding their current budget with you.

Later this spring the Department will begin their second round of grant funding for the Vocational and Life Skills Program, commonly referred to as their Reentry Initiative. I have spent some time looking at the programs funded by this grant and have been very impressed by the results. Even though the programs funded by the grant have only been operational for less than a year, they have had a positive impact on many Nebraskans. The Legislature truly made a difference when they passed LB 907 in 2014.

As the next phase of grant funding takes place, there is an increased level of awareness about this program and it is my opinion that there will be additional entities who will apply for this funding. This is very exciting as I think there are several groups that have much to offer to our reentry population who did not previously apply. Should this occur then some of the existing programs are likely to lose their funding. Some may lose their funding because the results are not where the Department would like them to be but others may lose their funding due to the increased level of competition for the same pot of money. I think it is important to ask the Department questions about this program, including whether the current amount of funds available is sufficient, what they could do if they were provided additional funding, and whether or not they believe that there should be changes to the state statute that established the program. I would be specifically interested in knowing if they think that special emphasis should be given to any specific programs such as peer support programs. The peer support program operated by the Nebraska Mental Health Association has seemed to really hit home with not only those who are returning to society but also people within the Department. They have had an impact on those who have gone through their Honu Home in Lincoln and they recently completed their first

Wellness Recovery Action Plan or WRAP program at the Nebraska Correctional Center for Women (NCCW). I have made several visits to NCCW and nearly every time I am there a staff member brings up the positive impact of this program on the women at their facility. Peer support programs are gradually expanding in correctional and reentry settings and I think that one could argue that we should provide similar programs for staff.

Thank you for taking the time to read my letter and, as always, please let me know if I can provide you with any additional information or data.

Sincerely,

Doug Koebernick

ATTACHMENT 56

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

February 9, 2016

Senator Heath Mello
Chair, Appropriations Committee
State Capitol
Lincoln, NE 68509

Dear Senator Mello:

Please accept this letter of support for Legislative Bill 733. As the Inspector General for Corrections, I have identified staffing as one of the most significant concerns facing the Nebraska Department of Correctional Services. While some facilities are nearly fully staffed, there are other facilities or areas within the Department that are facing considerable staffing challenges. Staffing shortages of immediate concern that I have been made aware of include nurses, behavioral health staff, social workers and staff throughout the Tecumseh State Correctional Institute (TSCI).

My office recently completed a survey of Department staff to which over 600 employees responded to the survey. It included questions about starting salaries, recruitment and retention. Here are some of the results of the survey:

- 29.9% of the respondents agreed that the starting salary that they were provided when they began work at the Department was appropriate for their position.
- 32.6% of the respondents would recommend a job at the Department to a friend or a family member.
- 45.9% of respondents indicated that they believed that they would be working for the Department three years from now.
- 68% of respondents said that the primary change that the Department could take to keep people from leaving their employment was to implement salary advancement each year above the hiring wage.
- 42% of respondents said that salary was the primary reason that they had a co-worker leave employment with the Department. Additional responses to this question were lack of support from supervisors/administration at 18%, job stress at 14.3% and "other" at

14.6%. Most of the respondents who indicated "other" discussed salary or said "all of the above."

- Only 0.8% of respondents indicated that they felt that the Legislature supports the employees of the Department and 44.2% of them responded that the Legislature does not value the employees of the Department.

The value of LB 733 is that it provides the Department with a pot of money that they can utilize in a strategic manner to attempt to address recruitment and retention issues. Using their human resources' staff and leadership team, they can determine how the funds should be utilized to positively impact recruitment and retention efforts. Some examples of what they could do include across the board bonuses, retention pay plans, enhanced supervisory training or hiring bonuses similar to what the private sector uses to attract nurses or other medical staff.

It is clear that the Department needs assistance in order to recruit and retain staff. However, I would also like to state that it isn't because of a lack of effort on the part of the Department's human resources' staff. They have recently implemented changes to the way they recruit workers that I have found to be creative, earnest and professional.

Maintaining appropriate levels of quality staffing is a public safety issue, including the safety of staff and inmates at the facilities. LB 733 doesn't provide all the answers to staffing issues but I hope that it will be part of the discussion as the Legislature, the Governor and the Department move forward and attempt to address this issue.

Sincerely,

Doug Koebernick

ATTACHMENT 57

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

February 11, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

Under state law, my office is assigned the task of completing an annual report that includes any recommendations discovered through reviews by my office, including those that "increase accountability and legislative oversight of the Nebraska correctional system[i]." Following the example of the Inspector General for Child Welfare, I will contact you at times during the year with any findings and recommendations that may be included in my annual report.

On January 27, 2016 I emailed Abby Carbaugh of the Department regarding my finding that the Nebraska Inmate Case Management system did not have data regarding the inmates assigned to county jails. I had looked at a variety of data in the system and it appeared as though there were approximately 200 inmates missing. This led me to believe that the county jail inmates were not included in that data since it also appeared to be solely male data that was excluded and the number matched the number of people in the county jail program. I contacted her in order to learn whether I was correct in my finding. If so, I wanted to make sure that the Department knew this to be so in case they were unaware of it.

I have yet to hear from the Department on whether or not this is so but if it is I would recommend the following:

"The Nebraska Department of Correctional Services should include data of the inmates assigned to the county jails in their Nebraska Inmate Case Management system. The data of those inmates should be included in the data just as it would be if they were located at a state correctional facility. In addition, I would also recommend that a separate tab be created within the system so that the data for this population can be viewed and assessed in a transparent manner."

If my finding is not correct or you would like to provide further information to me regarding my finding and recommendation please do so at your convenience. I hope this assists the Department as they move forward.

In addition, I would like to formally request data on the inmates in the county jail program on February 11, 2016, including their names, their locations, their race, their classification, and their inmate number.

Sincerely,

Doug Koebernick

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[1] http://nebraskalegislature.gov/laws/statutes.php?statute=47-918

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

Leg. Mailroom Scanned Attached Image

Carbaugh, Abby L <Abby.Carbaugh@nebraska.gov> Thu, Feb 11, 2016 at 4:14 PM
To: "Koebernick, Doug" <dkoebernick@leg.ne.gov>
Cc: "Frakes, Scott" <scott.frakes@nebraska.gov>, "Beaty, Jeffry" <jeffry.beaty@nebraska.gov>

Hi Doug,

Thank you for inquiring about this issue, and I apologize for the delay in my response. All of the inmates housed in county jails are entered and tracked in NICaMS in the same manner as anyone else in our system. However, these individuals are excluded from a majority of the OBIEE Dashboard Reports because the dashboards are geared primarily toward providing institutional staff with easy-to-retrieve information the inmates currently housed in their facilities. Due to the temporary nature of this program, and the reports on county jail inmates that are available elsewhere in OBIEE, we hadn't invested much time in creating a "County Jail" dashboard. However, this is an interesting recommendation and one we will consider going forward. In the meantime, I have attached the information you requested on the 184 inmates currently housed in county jails.

I also wanted to let you know that I received your e-mail yesterday requesting information on the number of people who have had their classification level overridden. This information is difficult to extract at an aggregate level because not all information regarding an inmate's classification is entered into NICaMS. We have electronic records of a person's raw score in the absence of any overrides, but any information about the overrides, themselves, are hand written and tracked on the physical classification documents.

Again, I apologize that it took me two weeks to get back to you, and you can count on a more prompt response in the future.

Thanks,

-Abby

****

Abby L. Carbaugh, Ph.D.

Research Administrator

Nebraska Department of Correctional Services

P.O. Box 94661

Lincoln, NE 65809

Office: 402-479-5760

Cell: 402-203-2211

E-mail: abby.carbaugh@nebraska.gov

From: Doug Koebernick [mailto:dkoebernick@leg.ne.gov]
Sent: Wednesday, January 27, 2016 1:28 PM

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[Quoted text hidden]

2016-02-11 - County Jail Inmates.xlsx
24K

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

Leg. Mailroom Scanned Attached Image

Doug Koebernick <dkoebernick@leg.ne.gov> Mon, Feb 15, 2016 at 11:25 AM
To: "Carbaugh, Abby L" <Abby.Carbaugh@nebraska.gov>
Cc: "Frakes, Scott" <scott.frakes@nebraska.gov>, "Beaty, Jeffry" <jeffry.beaty@nebraska.gov>

Abby,

Thank you so much for the information and the data. If I understand you correctly the issue I raised is accurate and I stand by my recommendation. Here are two quick examples of why I stand by my recommendation. First, when Director Frakes provided classification data to the Appropriations Committee earlier this week he likely gave them inaccurate data since he did not provide the classification data for all of the state inmates. Second, when the public or the press view the Department's data sheet on their web site, there are three categories that have inaccurate data: CUSTODY CLASSIFICATION, OFFENSE CATEGORY for MOST SERIOUS OFFENSE & PERCENT of TOTAL, and CRIME TYPE of POPULATION. My point is that the inmates in the county jails should be included in these categories since they are state inmates. If I have any of this wrong please let me know. I definitely won't be offended to find out that I'm wrong. Also, if there is a way for me to actually see in the system who is currently in the county jail program please share that with me as I think it is important to keep track of that on my end. From what I can tell right now, if I know the name of an inmate that is in the county jail program then I can look them up as an individual and confirm it, but that would be it.

I appreciate all of the work of the research team and want to thank you again for the response. In addition, based on the information you provided to me about the override issue please disregard my request as that does not seem possible to compile at this time.

Doug

[Quoted text hidden]

ATTACHMENT 58

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

J2.25.2016 - documents for joint Appropriations/Judiciary hearing binder - Invitation to view

Doug Koebernick <dkoebernick@leg.ne.gov> Fri, Feb 26, 2016 at 1:20 PM
To: Les Seiler <lseiler@leg.ne.gov>, Patty PansingBrooks <ppansingbrooks@leg.ne.gov>, Ken Haar <khaar@leg.ne.gov>, Tanya Cook <tcook@leg.ne.gov>, Kate Bolz <kbolz@leg.ne.gov>, Robert Hilkemann <rhilkemann@leg.ne.gov>, Heath Mello <hmello@leg.ne.gov>, Laura Ebke <lebke@leg.ne.gov>, Colby Coash <ccoash@leg.ne.gov>, Bob Krist <bkrist@leg.ne.gov>, Adam Morfeld <amorfeld@leg.ne.gov>, Matt Williams <mwilliams@leg.ne.gov>, Bill Kintner <bkintner@leg.ne.gov>, John Stinner <jstinner@leg.ne.gov>, Paul Schumacher <pschumacher@leg.ne.gov>, Dan Watermeier <dwatermeier@leg.ne.gov>, John Kuehn <jkuehn@leg.ne.gov>, Cynthia Grandberry <cgrandberry@leg.ne.gov>
Cc: Doug Nichols <dnichols@leg.ne.gov>, Diane Amdor <damdor@leg.ne.gov>, Josh Henningsen <jhenningsen@leg.ne.gov>, Marshall Lux <mlux@leg.ne.gov>, Jerall Moreland <jmoreland@leg.ne.gov>, James Davis <jdavis@leg.ne.gov>

Senators,

At the hearing yesterday Senator Stinner asked the Director about turnover rates. During my testimony I briefly mentioned that I looked at some data from the Department of Administrative Services that indicated that for one ' position the turnover rate might have been 40% in 2014. I'm attaching a spreadsheet that I put together this morning and the source of data for that spreadsheet regarding this. According to this data, it would appear as though the turnover rate for the position of Corrections Officer in 2013 was 30% and in 2014 it was 41%. I also included data on three other correctional positions that were listed in that report.

In addition, here's a useful link to that report and others by DAS - http://das.nebraska.gov/personnel/classncomp/almanac.html. I have found these reports useful in my work over the years and I don't think that many people are aware that they exist.

Thank you again for the invitation to testify yesterday. Should you have any questions about the information that I presented or other questions regarding correctional issues please feel free to contact me.

Doug Koebernick
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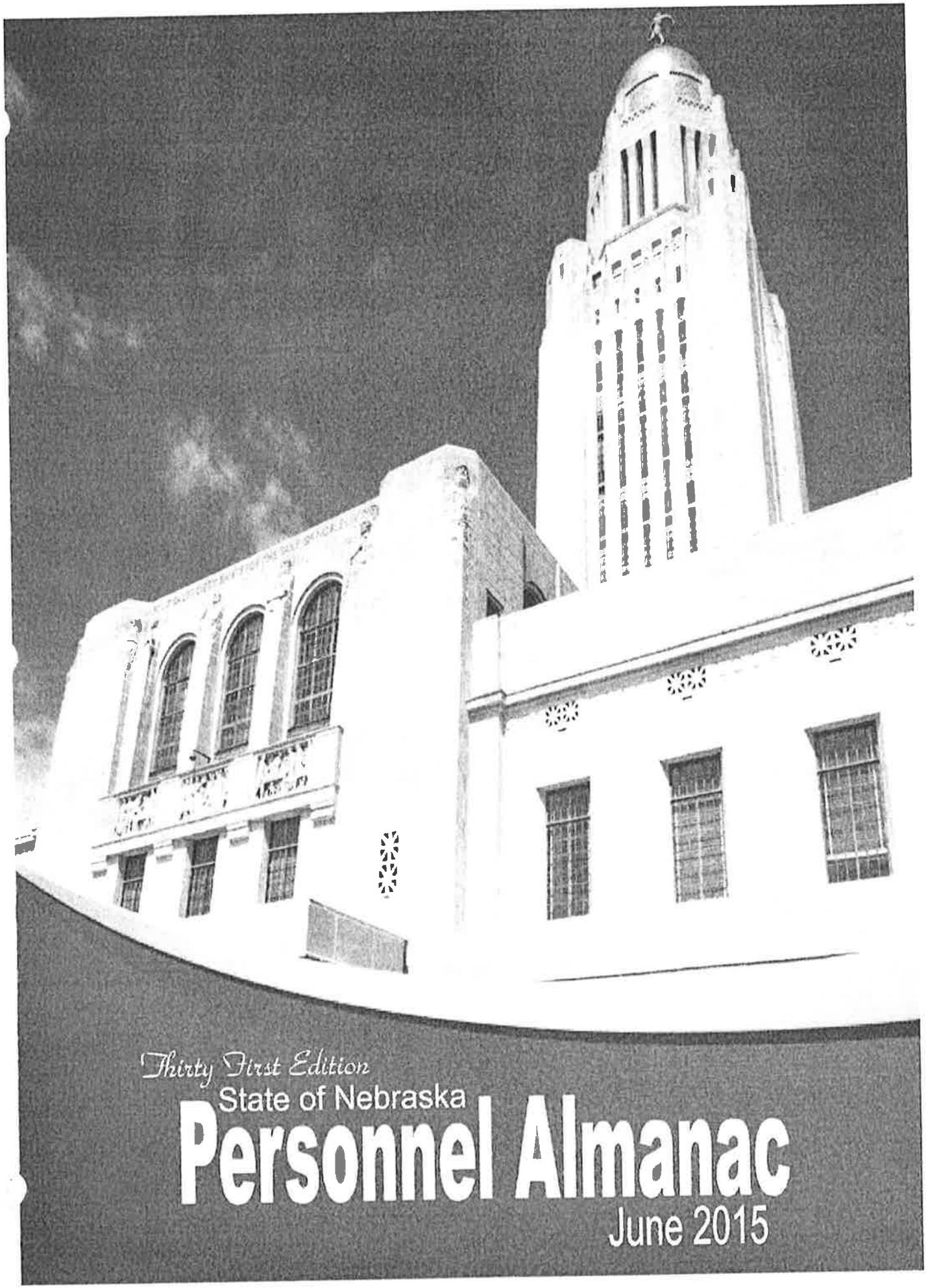
Turnover Data from the DAS Personnel Almanac.pdf
263K

	2013	2013		2014	2014	
	Turnover Count	Job Count	Turnover %	Turnover Count	Job Count	Turnover %
Corrections Officer	116	387	30%	163	395	41%
Corrections Corporal	81	476	17%	115	473	24%
Unit Case Worker	57	220	26%	58	235	25%
Sergeant	13	100	13%	16	98	16%

SOURCE: 2015 PERSONNEL ALMANAC BY NEBRASKA DEPARTMENT OF ADMINISTRATIVE SERVICES



Thirty First Edition

State of Nebraska

Personnel Almanac

June 2015

Highest Turnover Counts by Job Classification

2014 Rank	Class Title	2014 Turnover Count	2014 % of Total Turnover	2013 Turnover Count	2013 % of Total Turnover
1	STAFF CARE TECHNICIAN II	256	10.2%	254	11.4%
2	CORRECTIONS OFFICER	163	6.5%	116	5.2%
3	CHILD & FAMILY SERVICES SPECIALIST	118	4.2%	93	4.2%
4	CORRECTIONS CORPORAL	115	4.6%	81	3.6%
5	MENTAL HEALTH SECURITY SPECIALIST II	91	3.6%	80	3.6%
6	DEVELOPMENTAL TECHNICIAN II	83	3.3%	67	3.0%
7	HIGHWAY MAINTENANCE WORKER/SENIOR	83	3.3%	48	2.2%
8	SOCIAL SERVICES WORKER	81	3.2%	47	2.1%
9	CORRECTIONS UNIT CASE WORKER	58	2.3%	57	2.6%
10	REGISTERED NURSE	51	2.0%	51	2.3%
11	LICENSED PRACTICAL NURSE	44	18.0%	41	1.8%
12	STAFF ASSISTANT I	44	1.7%	37	1.7%
13	SOCIAL SERVICES TRAINEE	40	1.6%	56	2.5%
14	CASE AIDE	39	1.5%	30	1.3%
15	YOUTH SECURITY SPECIALIST II	29	1.0%	44	2.0%
16	HIGHWAY MAINTENANCE WORKER	29	1.2%	15	0.7%
17	CUSTODIAN/HOUSEKEEPER	26	1.0%	25	1.1%
18	DEVELOPMENTAL DISABILITIES SERVICE COORDINATOR	23	0.9%	30	1.3%
19	FOOD SERVICE COOK	23	0.9%	16	0.7%
20	FACILITY MAINTENANCE SPECIALIST	22	0.9%	15	0.7%
21	FOOD SERVICE ASSISTANT	20	0.8%	22	1.0%
22	DEVELOPMENTAL DISABILITIES SAFETY & HABILITATION SPECIALIST	19	0.8%	7	0.3%
23	CHILD/FAMILY SERVICES SPECIALIST TRAINEE	17	0.7%	28	1.3%
24	STAFF ASSISTANT II	17	0.6%	11	0.5%
25	ADMINISTRATIVE ASSISTANT I	16	0.6%	17	0.8%
26	CORRECTIONS SERGEANT	16	0.6%	13	0.6%
27	HIGHWAY CONSTRUCTION TECHNICIAN II	16	0.6%	8	0.4%
28	OFFICE CLERK III	15	0.5%	15	0.7%
29	STATE PATROL COMMUNICATIONS SPECIALIST	14	0.6%	13	0.6%
30	MOTOR VEHICLE DRIVERS LICENSE SERVICES EXAMINER I	14	0.5%	15	0.7%
31	WORKFORCE COORDINATOR	14	0.6%	13	0.6%
32	TEACHER	14	0.6%	5	0.2%
33	IT BUSINESS SYSTEMS ANALYST	14	0.5%	5	0.2%
34	IT INFRASTRUCTURE SUPPORT ANALYST	14	0.6%	3	0.1%
35	FOOD SERVICE SPECIALIST	13	0.5%	11	0.5%
36	MENTAL HEALTH PRACTITIONER II	13	0.5%	9	0.4%
37	ACCOUNTING CLERK II	13	0.5%	9	0.4%
38	CHEMICAL DEPENDENCY COUNCELOR	12	0.5%	2	0.1%
39	SECRETARY II	12	0.5%	11	0.5%

Excludes Temporary and non-classified employees.
Includes retirees, involuntary, and voluntary terminations, and transfers between agencies.
Source: Workday Turnover 2014 Report & Workday Employee 12-31-14 Report

Highest Job Classification Counts

2014 Rank	Class Title	12/14 Employees	12/14 % of Employees	12/13 Employees	12/13 % of Employees
1	HWY MAINTENANCE WORKER/SENIOR	578	4.1%	532	3.8%
2	SOCIAL SERVICES WORKER	538	3.8%	454	3.2%
3	CORRECTIONS CORPORAL	473	3.3%	476	3.4%
4	CORRECTIONS OFFICER	395	2.8%	387	2.7%
5	CHILD/FAMILY SERVICES SPECIALIST	335	2.4%	389	2.7%
6	STAFF ASSISTANT I	327	2.3%	332	2.3%
7	MENTAL HEALTH SECURITY SPECIALIST II	266	1.9%	273	1.9%
8	STATE PATROL TROOPER	262	1.9%	261	1.8%
9	STAFF CARE TECHNICIAN II	247	1.7%	251	1.8%
10	CORRECTIONS UNIT CASEWORKER	235	1.7%	220	1.6%
11	STAFF ASSISTANT II	196	1.4%	184	1.3%
12	DEVELOPMENTAL DISABILITIES SERVICE COORDINATOR	195	1.4%	187	1.3%
13	DEVELOPMENTAL TECHNICIAN II	187	1.3%	224	1.6%
14	CASE AIDE	166	1.2%	175	1.2%
15	FACILITY MAINTENANCE SPECIALIST	143	1.0%	137	1.0%
16	REGISTERED NURSE	138	1.0%	152	1.1%
17	ADMINISTRATIVE ASSISTANT I	130	0.9%	129	0.9%
18	HIGHWAY CONSTRUCTION TECHNICIAN III	129	0.9%	132	0.9%
19	HIGHWAY MAINTENANCE CREW CHIEF	123	0.9%	125	0.9%
20	CUSTODIAN/HOUSEKEEPER	120	0.8%	120	0.8%
21	LICENSED PRACTICAL NURSE	114	0.8%	127	0.9%
22	AUTOMOTIVE/DIESEL MECHANIC	100	0.7%	104	0.7%
23	YOUTH SECURITY SPECIALIST II	99	0.7%	95	0.7%
24	CORRECTIONS SERGEANT	98	0.7%	100	0.7%
25	OFFICE CLERK III	98	0.7%	97	0.7%
26	SOCIAL SERVICES TRAINEE	97	0.7%	173	1.2%
27	HIGHWAY MAINTENANCE SUPERVISOR	95	0.7%	92	0.6%
28	IT APPLICATIONS DEVELOPER/SENIOR	94	0.7%	93	0.7%
29	DHHS PROGRAM SPECIALIST	89	0.6%	84	0.6%
30	ADMINISTRATIVE ASSISTANT II	86	0.6%	89	0.6%
31	DHHS RESOURCE DEVELOPER	85	0.6%	84	0.6%
32	MOTOR VEHICLE DRIVER LICENSE SERVICES EXAMINER I	85	0.6%	83	0.6%
33	HIGHWAY CONSTRUCTION TECHNICIAN II	81	0.6%	88	0.6%
34	ACCOUNTING CLERK II	80	0.6%	82	0.6%
35	IT INFRASTRUCTURE SUPPORT ANALYST/SENIOR	77	0.5%	77	0.5%
36	IT INFRASTRUCTURE SUPPORT ANALYST	73	0.5%	79	0.6%

Excludes Temporary and non-classified employees.
Source: Workday Employee 12-31-14 Report

ATTACHMENT 59

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: Appropriations Committee Members
Judiciary Committee Members
Senator Paul Schumacher
From: Doug Koebernick, Office of Inspector General
Re: ACA Information
Date: February 29, 2016

At last week's hearing Director Frakes discussed the accreditation process for the state correctional facilities. Since this is an issue that is new to most of you I thought I would compile some information for you regarding this process.

Nebraska is accredited by the American Correctional Association (ACA). The ACA is an organization consisting of individuals, agencies, or organizations involved in the field of corrections in the United States and Canada. The standards for the accreditation process are determined by their membership and a facility is reviewed and accredited every three years. ACA standards include programs, security operations, living space, and health care. The auditors are correctional professionals, including correctional employees from other states. Nebraska has individuals within their system who are ACA auditors. More information on the ACA can be found at www.aca.org.

Director Frakes shared that the Department's facilities have high accreditation scores and that there were some areas that they didn't meet the standards. I'm attaching parts of three different audits (OCC, LCC and CCC-L) that show the "Compliance Tally" and the areas where these facilities did not meet the standards (they do not have similar information in their reports about the areas that they do meet the standards). I do have a copy of the latest ACA standards if you wish to review them so you can see what standards they do meet. The attachments should give you a better understanding of what Director Frakes discussed at the hearing. I also have the complete audit reports for each facility that I can share with you. Three facilities were audited in 2015 and the Department said they will provide those newest audits to me when they receive them from the ACA. The Tecumseh facility is one of those facilities and the audit took place after the May event.

If you have any questions on this or would like me to provide additional information on this issue please let me know. I do plan to provide information on this process in my annual report.

OCC

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPOLIANCE REACCREDITATION AUDIT

Nebraska Department of Corrections
Omaha Correctional Center
Omaha, Nebraska

October 21 – 23, 2013

VISITING COMMITTEE MEMBERS

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COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions, 4th Edition	
Supplement	2012 Standards Supplement	
Facility/Program	Omaha Correctional Center	
Audit Dates	October 21-23, 2013	
Auditor(s)	James Allen, Chairperson, Reginald Hines, Member, Cynthia Williams, Healthcare Member	
	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	61	470
Number Not Applicable	4	32
Number Applicable	57	438
Number Non-Compliance	0	5
Number in Compliance	57	433
Percentage (%) of Compliance	100%	98.8%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Corrections
Omaha Correctional Center
Omaha, Nebraska

October 21 – 23, 2013

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard #4-4132

CELLS/ROOMS USED FOR HOUSING INMATES SHALL PROVIDE AT A MINIMUM, 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. UNENCUMBERED SPACE IS USABLE SPACE THAT IS NOT ENCUMBERED BY FURNISHINGS OR FIXTURES. AT LEAST ONE DIMENSION OF THE UNENCUMBERED SPACE IS NO LESS THAN SEVEN FEET. IN DETERMINING UNENCUMBERED SPACE IN THE CELL OR ROOM, THE TOTAL SQUARE FOOTAGE IS OBTAINED AND THE SQUARE FOOTAGE OF FIXTURES AND THE EQUIPMENT IS SUBTRACTED. ALL FIXTURES AND EQUIPMENT MUST BE IN OPERATIONAL POSITION AND MUST PROVIDE THE FOLLOWING MINIMUMS PER PERSON:

- BED
- PLUMBING FIXTURES (IF INSIDE THE CELL/ROOM)
- DESK
- LOCKER
- CHAIR OR STOOL

FINDINGS:

OCC does not meet the requirements of the standard. Housing Unit J-3 has multiple occupancy rooms with 148 Sq Ft of unencumbered space or 21.14 Sq Ft per inmate. Housing Unit J-1, J-2 and K have 49.23 Sq Ft of unencumbered space in single occupancy rooms and 44.69 Sq Ft in double occupancy rooms.

AGENCY RESPONSE

Waiver Request

There are four housing units at the Omaha Correctional Center. Due to the inmate count at OCC, the majority of inmates are double/multiple bunked. Housing units J1, J2, and K have 49.23 square feet of unencumbered space in single occupancy rooms, and 44.69 square feet of unencumbered space in double occupancy rooms (22.35 square feet per inmate). Housing Unit J3's multiple occupancy rooms have 148 square feet of unencumbered space (21.14 square feet per inmate). The double/multiple bunked cells fall just short of the required square footage of unencumbered space. With the quality of life at the facility, as depicted in the Visiting Committee's Reaccreditation Audit Report, we believe the institution meets the intent of the standard and a waiver is requested.

AUDITOR'S RESPONSE

The housing areas that did not meet this standard, only missed the requirements by a few square feet, and there were no complaints from the inmate population in relation to available space. Based on this and the teams observations of out of cell time by the inmates, the team concurs with the agency's request for a waiver.

Standard #4-4135

DAYROOMS WITH SPACE FOR VARIED INMATE ACTIVITIES ARE SITUATED IMMEDIATELY ADJACENT TO THE INMATE SLEEPING AREAS. DAYROOMS PROVIDE A MINIMUM OF 35 SQUARE FEET OF SPACE PER INMATE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS) FOR THE MAXIMUM NUMBER OF INMATES WHO USE THE DAYROOM AT ONE TIME, AND NO DAYROOM ENCOMPASSES LESS THAN 100 SQUARE FEET OF SPACE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS).

FINDINGS:

Due to multiple bunking, OCC cannot meet the requirement of 35 Sq Ft of space per inmate in dayroom areas.

AGENCY RESPONSE

Plan of Action Waiver Request

The Omaha Correctional Center is unable to meet this standard regarding dayroom space due to the current inmate population. The standard calls for 35 square feet per inmate while each housing unit is under that at 28.23 to 31.92 square feet per inmate. This is basically an open institution with few restrictions on inmate movement within the perimeter. This allows inmates ready access to other areas for activities which include:

the gym with space for table games and television viewing, as well as indoor sports and exercise; outside areas for exercise, sports, and weight lifting; and the library for reading and putting together puzzles. Additionally the visiting room and chapel are available to accommodate various inmate group activities. With the quality of life at the facility, as depicted in the Visiting Committee's Reaccreditation Audit Report, we believe the institution meets the intent of the standard and a waiver is requested.

AUDITOR'S RESPONSE

The areas at OCC do not meet these standards requirements due to the current population at the facility. There were no complaints expressed by the inmates, and during the tour of the facility and subsequent area visits, the dayrooms were being used very sparingly. This attributed to most of the inmates having accommodations in their cells. Based on this factor, the audit team concurs with the agency's request for a waiver.

Standard #4-4137

INMATES HAVE ACCESS TO TOILETS AND HAND-WASHING FACILITIES 24 HOURS PER DAY AND ARE ABLE TO USE TOILET FACILITIES WITHOUT STAFF ASSISTANCE WHEN THEY ARE CONFINED IN THEIR CELLS/SLEEPING AREAS. TOILETS ARE PROVIDED AT A MINIMUM RATIO OF ONE FOR EVERY 12 INMATES IN MALE FACILITIES AND ONE FOR EVERY EIGHT INMATES IN FEMALE FACILITIES. URINALS MAY BE SUBSTITUTED FOR UP TO ONE-HALF OF THE TOILETS IN MALE FACILITIES. ALL HOUSING UNITS WITH THREE OR MORE INMATES HAVE A MINIMUM OF TWO TOILETS. THESE RATIOS APPLY UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

Due to the multiple bunking in Housing Unit J-3, OCC is unable to meet this standard. Housing J-3 has only twelve (12) toilets and six urinals available for use 24 hours per day.

AGENCY RESPONSE

Plan of Action Waiver Request

Because of multiple bunking in J3 Housing Unit, the Omaha Correctional Center is unable to meet this standard. The inmates in the housing unit have 12 toilets and six urinals available for use 24 hours a day for approximately 285 inmates. The three remaining housing units meet the required standard. There have been no grievances or concerns voiced by inmates in regard to the availability of toilets and urinals. The facility maintains it meets the intent of this standard and requests a waiver for the plan of action.

AUDITOR'S RESPONSE

It appeared to the audit team that the lack of there being 1 toilet for every 12 inmates has not in any way restricted the inmates from using the facilities. There were no concerns issued by the inmates in the unit. The audit team concurs with the agency's request for a waiver.

Standard #4-4138

INMATES HAVE ACCESS TO OPERABLE WASH BASINS WITH HOT AND COLD RUNNING WATER IN THE HOUSING UNITS AT A MINIMUM RATIO OF ONE BASIN FOR EVERY 12 OCCUPANTS, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO.

FINDINGS:

Due to the increase in population at OCC, the facility is unable to meet the ratio of 1-12 wash basins. The ratio is 1-14.

AGENCY RESPONSE

Plan of Action Waiver Request

The Omaha Correctional Center meets this standard in three of its four housing units. Housing Units J1, J2, and K have a wash basin in each of their two man rooms. However, because of multiple bunking in Housing Unit J3, the Omaha Correctional Center is unable to meet this standard. The inmates in the housing unit have 21 wash basins, 6 on each wing available for use 24 hours a day, plus one in each wing's commons area, for approximately 285 inmates for a ratio of 1 to 14. There have been no grievances or concerns voiced by inmates in regard to the availability of wash basins. The facility maintains it meets the intent of this standard and requests a waiver for the plan of action.

AUDITOR'S RESPONSE

Audit team concurs with the agency's request for waiver.

Standard #4-4139

INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY EIGHT INMATES, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

Physical construction at OCC does not accommodate the requirement of 1-8 ratio of showers to inmate. Housing J-1, J-2 and K have eight (8) showers available for approximately 160 inmates, and Housing Unit J-3 has 24 showers available for approximately 270 inmates.

AGENCY RESPONSE

Plan of Action Waiver Request

The Omaha Correctional Center meets this standard other than being deficient in the specified ratio of showers to inmates. Housing Units J1, J2, and K each have eight showers for approximately 160 inmates per housing unit, and Housing Unit J3 has 24 showers for approximately 285 inmates. The general population has access to showers approximately 14.5 hours per day. There have been no grievances or concerns voiced by inmates in regard to the availability of showers. The facility maintains it meets the intent of this standard and requests a waiver for the plan of action.

AUDITOR'S RESPONSE

The audit team concurs with the agency's request for a waiver. The team heard no complaints from the inmate population. It appears that these accommodations being available 14.5 hours per day have met the needs of the inmate population.

LCC

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Nebraska Department of Correctional Services
Lincoln Correctional Center
Lincoln, Nebraska

May 3-5, 2013

VISITING COMMITTEE MEMBERS

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COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Correctional Institutions,4th Edition
Supplement	2012 Standards Supplement
Facility/Program	Lincoln Correctional Center
Audit Dates	May 6-8, 2013
Auditor(s)	Michelle VanDusen, Chairperson Diane Lee, Member, Jo Glazier, Member

	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	61	468
Number Not Applicable	6	28
Number Applicable	55	440
Number Non-Compliance	0	6
Number in Compliance	55	434
Percentage (%) of Compliance	100%	98.6%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Correctional Services
Lincoln Correctional Center
Lincoln, Nebraska

May 3-5, 2013

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliance

Standard # 4-4132 Revised January 2007.

CELLS/ROOMS USED FOR HOUSING INMATES SHALL PROVIDE AT A MINIMUM, 25 SQUARE FEET OF UNENCUMBERED SPACE PER OCCUPANT. UNENCUMBERED SPACE IS USABLE SPACE THAT IS NOT ENCUMBERED BY FURNISHINGS OR FIXTURES. AT LEAST ONE DIMENSION OF THE UNENCUMBERED SPACE IS NO LESS THAN SEVEN FEET. IN DETERMINING UNENCUMBERED SPACE IN THE CELL OR ROOM, THE TOTAL SQUARE FOOTAGE IS OBTAINED AND THE SQUARE FOOTAGE OF FIXTURES AND THE EQUIPMENT IS SUBTRACTED. ALL FIXTURES AND EQUIPMENT MUST BE IN OPERATIONAL POSITION AND MUST PROVIDE THE FOLLOWING MINIMUMS PER PERSON:

- BED
- PLUMBING FIXTURES (IF INSIDE THE CELL/ROOM)
- DESK
- LOCKER
- CHAIR OR STOOL

FINDINGS:

Due to the number of inmates housed at LCC the 25 sq. ft. of unencumbered space cannot be met.

AGENCY RESPONSE

Waiver

Inmates at the LCC are confined in their cells for less than 15 hours per day. Inmates may leave their cells for approximately 9 hours a day with the exception of count times. Double-bunked cells afford each inmate 19.7 sq. ft. of unencumbered space. There is a litany of calculated criteria when making room assignments so that we may identify inmates who are compatible with each other before we assign a cell. Additionally, we have never received any complaints or grievances concerning the lack of space in the cells. Inmates are provided the necessary space to maintain a full complement of property and still share the cell with another inmate. The safety, sanitation and security factors related to the housing units, particularly the cells, have never presented a concern as of this date. LCC staff is keenly aware of the "quality of life" concerns and we manage this element on a daily basis. To this date, there have not been any quality of life issues raised by the inmates, staff or visitors. Increasing state-wide budget concerns would make it cost prohibitive at this time to enlarge the square footage in our existing housing units. Therefore, we respectfully request a Plan of Action Waiver on this standard. All other elements of this standard are met

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities request for a waiver. During our tours of the facility inmates did not complaint of extensive time in their cells or the lack of space. The facility does allow for around nine hours of out of cell activity with approximately 20 square feet of unencumbered space per inmate.

Standard # 4-4133 Revised August 2005.

WRITTEN POLICY, PROCEDURE, AND PRACTICE PROVIDE THAT SINGLE-OCCUPANCY CELLS/ROOMS, MEASURING A TOTAL OF 80 SQUARE FEET, OF WHICH 35 SQUARE FEET IS UNENCUMBERED SPACE, SHALL BE AVAILABLE, WHEN INDICATED, FOR THE FOLLOWING:

- INMATES WITH SEVERE MEDICAL DISABILITIES
- INMATES SUFFERING FROM SERIOUS MENTAL ILLNESS
- SEXUAL PREDATORS
- INMATES LIKELY TO BE EXPLOITED OR VICTIMIZED BY OTHERS
- INMATES WHO HAVE OTHER SPECIAL NEEDS FOR SINGLE HOUSING
- MAXIMUM CUSTODY INMATES

FINDINGS:

Due to the numbers of inmates housed at LCC, the single cell occupancy cannot be met.

AGENCY RESPONSE

Waiver

When indicated, the facility provides single cells for the type of inmates identified in the standard. However, single-occupancy cells at the LCC only provide 75 sq. ft. in 'C'-Unit and '73.5 sq. ft. in the Control Unit.

Inmates assigned to these units have never, as of this date, filed a complaint or a grievance with respect to the available space in their cell. There are significant programming opportunities for inmates assigned to these units which provides focus and adds to the quality of life for these men. NDCS continues to work closely with the State's Parole Board to ensure inmates are being paroled at their earliest eligibility date. Nebraska has significantly increased the number of inmates on parole and NDCS is working to maximize space at the lowest custody levels and gradually expanding the number of beds in higher custody level facilities in an effort to move inmates through the system. Increasing state-wide budget concerns would make it cost prohibitive at this time to enlarge the square footage in our existing housing units. Therefore, we respectfully request a Plan of Action Waiver on this standard. All other elements of this standard are met.

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities request for waiver. The facility provides the single cell space however it is lacking in overall square footage by approximately five square feet measuring approximately 75 square feet per singe cell occupancy.

Standard #4-4135

DAYROOMS WITH SPACE FOR VARIED INMATE ACTIVITIES ARE SITUATED IMMEDIATELY ADJACENT TO THE INMATE SLEEPING AREAS. DAYROOMS PROVIDE A MINIMUM OF 35 SQUARE FEET OF SPACE PER INMATE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS) FOR THE MAXIMUM NUMBER OF INMATES WHO USE THE DAYROOM AT ONE TIME, AND NO DAYROOM ENCOMPASSES LESS THAN 100 SQUARE FEET OF SPACE (EXCLUSIVE OF LAVATORIES, SHOWERS, AND TOILETS).

FINDINGS:

Due to the numbers of inmates housed at LCC the 35 sq. ft. of space per inmate cannot be met.

AGENCY RESPONSE

Waiver

While not all dayrooms at the Lincoln Correctional Center provide 35 square feet of unencumbered space per inmate, we respectfully submit that this has little impact, if any, on inmates' quality of life, health and safety. Inmates in all units spend a considerable amount of time outside the unit using the library, gym, outside yards, medical, visiting, religious services, club activities, working, travel orders or even spending time in their assigned cells to watch TV, write letters, listen to music, etc. and disciplinary hearings. Also, at any given time inside the units, it is rare to see more than six to eight inmates using the dayroom area at the same time. Those numbers provide anywhere from 34.02 sq. ft. to 25.05 sq. ft per inmate. At this time, we have not received any complaints or grievances regarding the lack of dayroom space. With the collaborative efforts between the State's Parole Board and NDCS, it is our goal to increase the number of inmates placed back into the community and decrease the number of inmates housed at the maximum security facilities.

Additionally, Nebraska's Work Ethic Camp (WEC) will provide some relief as we assign inmates to that program. Increasing state-wide budget concerns would make it cost prohibitive at this time to enlarge the square footage in our existing housing units. Therefore, we respectfully request a Plan of Action Waiver on this standard. All other elements of this standard are met.

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities request for waiver. Although the dayrooms do not meet the square footage requirements, there does not appear to be an issue. Inmates average approximately nine per housing unit dayroom at one time not creating an unencumbered space issue. There are several hours of out of unit activities which also support the facilities request.

Standard #4-4139

INMATES HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY EIGHT INMATES, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF INMATES AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

Due to the numbers of inmates housed at LCC the shower ratio cannot be met.

AGENCY RESPONSE

Waiver

The Lincoln Correctional Center does not currently meet the one to eight ratios of inmates to showers. We would submit to the commission that inmates housed at the Lincoln Correctional Center have ample time to use the showers daily if they wish to. Inmates are out of their cells about nine hours per day and have access to the shower facilities during that entire time. As of this date, we have not received any complaints/grievances form the inmate population regarding their ability to shower when they choose to. Increasing state-wide budget concerns would make it cost prohibitive at this time to construct any modifications to the current shower facilities. Therefore, we respectfully request a Plan of Action Waiver on this standard. All other elements of this standard are met.

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities request for waiver. Although they do not meet the shower ratio per unit, each unit is given at a minimum of nine hours of out of cell activities per day. This gives sufficient time for inmates to utilize the shower facilities. This was not a complaint during our tours of the units.

Standard #4-4141

ALL CELLS/ROOMS IN SEGREGATION PROVIDE A MINIMUM OF 80 SQUARE FEET, OF WHICH 35 SQUARE FEET IS UNENCUMBERED SPACE.

FINDINGS:

The Segregation cells do not provide 80 sq. ft. of unencumbered space per inmate.

AGENCY RESPONSE

Waiver

The Lincoln Correctional Center segregation cells do not provide 80 sq. ft. per cell. The cells in the Control Unit measure 75 sq. ft. with 20.8 sq. ft. of unencumbered space and the cells in 'C' Unit-Segregation provide 73.5 sq. ft. with 19.7 sq. ft. of unencumbered space. As of this date we have never received a complaint or a grievance from an inmate suggesting he does not have enough cell space. All inmates placed in the Control Unit or 'C' Unit-Segregation are single-celled so security and safety concerns are managed quite effectively. The inmates in segregation are placed on the Segregation Levels Program which encourages behavior modification and inmates are rewarded accordingly. Inmates in segregation have yard time, shower time, visits and library time as time outside the cell. The current square footage provides the necessary space for an inmate to possess all the approved property afforded to segregated inmates.

Increasing state-wide budget concerns would make it cost prohibitive at this time to construct any modifications to the segregation cells. Therefore, we respectfully request a Plan of Action Waiver on this standard.

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities request for waiver. The segregation units cells do not meet the unencumbered square footage ratio, however this did not appear to be an issue with the inmates, no complaints were received during our tours of the segregation unit.

Standard #4-4150

NOISE LEVELS IN INMATE HOUSING UNITS DO NOT EXCEED 70 DBA (A SCALE) IN DAYTIME AND 45 DBA (A SCALE) AT NIGHT.

FINDINGS:

Due to the age of the air handlers the night time noise levels exceed the 45dBA scale.

AGENCY RESPONSE

Plan of Action

Plans are underway as of the writing of this plan. The on-going plan is as follows:

1. Completed the sound traps on the housing units:
    - Completed on February 2, 2011.
2. Re-test evening sound levels:
    - Completed in April of 2011
3. All on-site corrections available have been completed.
4. Request via the 2013-2015 Biennium Budget, a computerized Energy System:
    - See #27 of attachment 1. A brief explanation of the project is provided in attachment 2, #27.

    Frequency Drive Motors is an implied part of the project. This provides system controls of the air handling system. It will control how long and how frequently the system runs in the evening hours thereby reducing the noise levels. By eliminating the need for the system to run continuously, the "drag" and pressure on the air handling system will be reduced significantly.

AUDITOR'S RESPONSE

The Visiting Committee supports the facilities Plan of Action. This has been an ongoing project trying to reduce the night time noise levels. Now they have requested in their budget replacement of the air handler system.

CCC-L

COMMISSION ON ACCREDITATION FOR CORRECTIONS

STANDARDS COMPLIANCE REACCREDITATION AUDIT

Nebraska Department of Correctional Services
Community Corrections Center-Lincoln
Lincoln, Nebraska

May 9-10, 2013

VISITING COMMITTEE MEMBERS

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COMMISSION ON ACCREDITATION FOR CORRECTIONS

AND THE

AMERICAN CORRECTIONAL ASSOCIATION

COMPLIANCE TALLY

Manual Type	Adult Community Residential Services, 4th Edition	
Supplement	2012 Standards Supplement	
Facility/Program	Community Corrections Center-Lincoln Lincoln, Nebraska	
Audit Dates	May 9-10, 2013	
Auditor(s)	Diane Lee, Chairperson and Jo Glazier, Member	
	MANDATORY	**NON-MANDATORY**
Number of Standards in Manual	33	221
Number Not Applicable	0	14
Number Applicable	33	203
Number Non-Compliance	0	3
Number in Compliance	33	204
Percentage (%) of Compliance	100%	98.55%

- Number of Standards *minus* Number of Not Applicable *equals* Number Applicable
- Number Applicable *minus* Number Non-Compliance *equals* Number Compliance
- Number Compliance *divided by* Number Applicable *equals* Percentage of Compliance

COMMISSION ON ACCREDITATION FOR CORRECTIONS

Nebraska Department of Correctional Services
Community Corrections Center-Lincoln
Lincoln, Nebraska

May 9-10, 2013

Visiting Committee Findings

Non-Mandatory Standards

Non-Compliant

Standard #4-ACRS-1A-10

THE FACILITY IS NOT CROWDED. THE NUMBER OF OFFENDERS DOES NOT EXCEED THE FACILITY'S RATED-BED CAPACITY.

FINDINGS:

Community Corrections Center-Lincoln rated capacity is 200, the population at CCCL was 380 so this is non-compliant

AGENCY RESPONSE

Waiver

The Community Corrections Center-Lincoln was constructed with a design capacity of 200 inmates (156 males and 44 females), with one temporary holding cell for a total of 201. The facility is currently prepared to house 401: 312 males and 88 females, plus one temporary holding cell. Reduction in the inmate population from an average daily count of approximately 370 to the design capacity of 200 is the ultimate goal of CCCL and of the Department.

All employees in each work area and on each shift continue to work diligently to ensure that there is no reduction in the level of security and supervision, communication, support, assistance, and the services provided and made available to the inmates housed at this facility. And, that the best interest, safety and security of the employees, inmates and the public is not diminished.

During the current three-year reporting period (and in previous three, three-year periods), there have been no significant incidents noted and there have been no grievances filed relative to crowding. The Quality of Life for the inmates has been neither compromised nor jeopardized; it continues at a high level.

CCCL sincerely and respectfully requests consideration for a Plan of Action WAIVER relative to this ACRS Standard, 4–ACRS-1A-10.

AUDITOR'S RESPONSE

The Chairperson feels they should submit a Plan of Action.

Standard #4-ACRS-1A-12

OFFENDERS HAVE ACCESS TO OPERABLE SHOWERS WITH TEMPERATURE-CONTROLLED HOT AND COLD RUNNING WATER, AT A MINIMUM RATIO OF ONE SHOWER FOR EVERY EIGHT OFFENDERS, UNLESS NATIONAL OR STATE BUILDING OR HEALTH CODES SPECIFY A DIFFERENT RATIO. WATER FOR SHOWERS IS THERMOSTATICALLY CONTROLLED TO TEMPERATURES RANGING FROM 100 DEGREES FAHRENHEIT TO 120 DEGREES FAHRENHEIT TO ENSURE THE SAFETY OF OFFENDERS AND TO PROMOTE HYGIENIC PRACTICES.

FINDINGS:

Community Corrections Center-Lincoln does not meet the shower ratio of 1:8 inmates as outlined in the standards. The rate is 1:14 so this is non-compliant.

AGENCY RESPONSE

Waiver

In 1990/91, this facility was planned and designed to house 200 minimum custody inmates based on ACA 2nd Edition (1990 Supplement) Adult Correctional Institution Standards (ACI). Long after the construction had begun and before the facility opened in July 1993, the custody level of the facility was reassigned as a community custody institution. This custody level reassignment placed CCCL in immediate non-compliance with this ACRS standard, which requires one shower for every eight residents.

Prior re-accreditation audits in 2004, 2007 and 2010 did not identify any issues relative to the quality of life issue or crowding of the facility. Redesign, construction and retrofitting the bathrooms to meet the required shower ratio is cost prohibitive. There have been no informal or formal inmate complaints or grievances addressing the availability/lack of showers in a housing unit filed/recorded in the nearly 20 years this facility has been occupied by the community custody program/inmates. Each inmate has the opportunity to shower each day.

CCCL sincerely and respectfully requests consideration for a Plan of Action WAIVER relative to this ACRS Standard, 4–ACRS–1A-12.

AUDITOR'S RESPONSE

The Chairperson feels they should submit a Plan of Action.

Standard #4-ACRS-2A-05

WHEN BOTH MALES AND FEMALES ARE HOUSED IN THE FACILITY, AT LEAST ONE MALE AND ONE FEMALE STAFF MEMBER ARE ON DUTY AT ALL TIMES.

FINDINGS:

Community Corrections Center-Lincoln is a co-ed facility, and male and female staff may not be on during every shift so this is non-compliant.

AGENCY RESPONSE

Waiver

The Community Corrections Center-Lincoln has been a coed facility since 1981, when the women's facility was closed and the female residents were relocated to a wing of the men's facility. Since that time, CCCL has made a concerted effort to ensure that insofar as possible, there is a male and a female staff member on duty at all times. All shifts employ male and female staff.

Because of days off, vacation and sick leave, military leave, training requirements, etc., there are occasional instances on any shift on any day of the week, when only male or only female employees are on duty. Review of the number of employees required per shift in order to ensure that a male and female employee is always on duty 24/7 would be greater than necessary to staff a work shift at any given time and the financial obligation would be costly. Working with the CCCL minimum staffing requirement (three custody staff per shift), to ensure that a male and female employee is on duty 24/7 would require that an employee(s) have his/her day-off canceled and/or someone from another shift required to work a double shift. Such an arrangement would be cost prohibitive due to the significant increase in overtime costs and would become a staff morale factor.

Over the years, CCCL has conscientiously worked to meet the intent of this ACRS standard. CCCL continues to have on file intra-agency agreements with the Diagnostic and Evaluation Center and the Lincoln Correctional Center to provide a staff member should one of the opposite sex be needed. Each facility is approximately ½ mile west of CCCL and response time from either facility is approximately five minutes.

CCCL sincerely and respectfully requests consideration for a Plan of Action WAIVER relative to this ACRS Standard, 4-ACRS-2A-05.

AUDITOR'S RESPONSE

The Chairperson agrees with the Waiver request due to the inter-agency agreements with the close by facilities in case an emergency arises.

ATTACHMENT 60

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

March 17, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

On February 22, 2016 I sent you an email expressing my concern about a potential violation of the Department's regulations regarding the use of tobacco on state property at the Central Office. I expressed my thought that the smoking area southeast of the building violated the regulation because smoking was allowed in that location and I believed that to be state property. You responded to the email by stating that, "We have a designated smoking area that is in the county right-of-way. Were the people off the edge of the parking lot – alongside Folsom street?"

I responded to your email by providing a map to you that showed this area was indeed state property (Attachment 1). I then reviewed Administrative Regulation 111.05 and it is clear that allowing smoking in this area does indeed violate the regulation (Attachment 2). You also indicated in a conversation to me that you had received a complaint about this from an employee in the east end of the building and you shared with them that this was in the county right-of-way and was allowed.

On February 29, 2016 I followed up with another email to you regarding this violation. You responded with the following: "I'm still looking into the rules/regulations – other state locations appear to have smoking locations that are on state property. Once I have answers, I'll take appropriate action."

I responded by stating that I believe your regulations need to be changed to continue this practice and at the very least you could move the smoking area to a location further away from the building so that if the person who complained still worked at that end of the building they would have their concern addressed.

On March 15, 2016 I visited the Central Office and the smoking area remains in the same location (Attachment 3). I decided to formally document this violation of the Administrative Regulation 111.05 with you through this letter since it is a clear violation and that there is an employee who has asked that this be addressed in the past. It may be possible that this employee and other employees wish to open their windows and not be negatively impacted by secondhand smoke. I am concerned that you may have employees who could have their health impacted by the decision not to address this violation. According to the Centers for Disease Control and Prevention, tobacco smoke is a trigger for an asthma attack[i]. People who suffer asthma attacks can end up being hospitalized and there are cases when people have died as a result of an asthma attack.

I would suggest that you immediately remove the smoking area from state property next to the Central Office since it violates Administrative Regulation 111.05 and since it may post a health concern for an employee. I have met with many employees of the Department and one of the things that they ask for is consistency. They are asked to follow Department regulations and it would be consistent to require the Central Office to follow Administrative Regulation 111.05.

Sincerely,

Doug Koebernick

Enclosures

cc: Julie Smith

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[i] http://www.cdc.gov/asthma/triggers.html

ATTACHMENT 61

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

Memorandum

To: LR 34 Special Committee Members
From: Doug Koebernick, Office of Inspector General
Re: Information Requested for April 18th Hearing
Date: April 14, 2016

Senator Seiler asked that I prepare some written comments on topics that you may cover at the hearing on Monday. Please let me know if you have any questions.

STAFF ASSAULTS

On March 30th, I provided the Committee with a memorandum on this topic that contained some preliminary data. Since that time, the Department has provided each of you and myself with additional data on staff assaults dating back to 2013. The data shows that there has been an increase in staff assaults over that time period. In 2013, there were 64 total assaults and this increased to 93 total assaults in 2014. The first four months of 2015 were somewhat on the low side but the assaults picked up in May, peaked in July, and the total for the year ended up at 143 assaults (for an average of approximately 12 a month). So far in 2016, there were 7 assaults in January, 11 assaults in February, and 23 assaults in March. This year there have been three serious injuries that have resulted from the assaults. There were zero, five and four serious injuries reported in 2013, 2014 and 2015. The Department provided the following definition regarding serious injury (emphasis added by the Department):

> "A **serious injury** is defined as an injury which requires urgent and immediate medical treatment and restricts the inmate's usual activity. Medical treatment should be more extensive than mere first aid (e.g. application of bandages to wounds or taking an x-ray). Examples of serious injury include stitches, setting of broken bones, treatment of concussion, partial/full loss of consciousness so as to cause person inability to defend oneself, being *checked into* the hospital, etc. *Keep in mind that a trip to the hospital doesn't necessarily mean that there was serious injury. It depends on the treatment received after they were taken there that determines seriousness.*"

There are many ways to look at this data and it is difficult to make any conclusions as far as what is driving the increase in assaults. While overcrowding and staff shortages could be influencing the increase, it is important to note that the Department has experienced these issues for all three years.

However, it might be that having these conditions exist for a long period of time may have helped create conditions that have resulted in the increase. Another thought is that the riot in May 2015contributed to the jump from May to the end of 2015 due to a more restrictive setting being established in many facilities and both staff and inmates being more "on edge." A final thought is that it may be possible that the Department changed the way they were reporting assaults which could have resulted in the increase.

It would be helpful to more closely examine the statistics reported by the Department and look at the number of assaults at each facility since 2013. I previously received a chart for the assaults in 2015 (attached) and it showed that DEC, LCC, NSP and TSCI had the most assaults on staff. CCL, CCO, NCW, and WEC did not have any assaults on staff in 2015. On April 6th I requested a breakdown of this data by facility but have not yet received it.

Also attached is the spreadsheet provided to you by the Department with the assault data from 2013-2015 and a spreadsheet for 2016 that I have made.

RETENTION DOLLARS

The Legislature provided the Department with funding this year in LB 956 to assist with the retention of staff. The following language was in the bill:

"There is included in the appropriation to this program for FY2015-16 $1,500,000 General Funds, which shall only be used for strategies to retain quality staff in workforce shortage areas at institutions operated by the department. At least $150,000 of this appropriation shall be used in the retention of staff within the Division of Health Services. The department shall provide quarterly reports to the Governor and the Legislature regarding use of the appropriation that include how the funds are being utilized, the impact of the use of the funds on retention of quality staff, staff vacancy and turnover data, and plans for the future use of the funds. The second quarterly report shall include a plan by the department for the use of a similar appropriation in future fiscal years. The reports submitted to the Legislature shall be submitted electronically. It is the intent of the Legislature that if the Department of Correctional Services has behavioral and mental health treatment staff positions that are vacant for ninety days that the department use these funds to contract with private providers so that inmates are able to promptly receive behavioral and mental health treatment."

Earlier this session, I testified before you regarding this proposal and shared that there were a variety of ways that these funds could be utilized by the Department. In addition to developing a retention bonus program, I shared that ideas shared with me by staff for the use of these funds included additional supervisor and leadership training, peer support programs, behavioral health supports, new wellness programs and even an exercise facility solely for staff. Recently, the Mental Health Association of Nebraska provided some services for staff at Tecumseh and they recommended that resiliency training be provided to staff. In the end, the Legislature left it up to the Department to determine how to use these funds and I have been informed that the Director has reached out to staff and asked for their ideas on how to best utilize these funds.

RESTRICTIVE HOUSING

Legislation

The Legislature passed LB 598 in 2015 and the bill required the following of the Department regarding the issue of restrictive housing:

- Issue an annual report containing a long-term plan for the use of restrictive housing, with the explicit goal of reducing the use of restrictive housing, to the Governor and Legislature that includes the following:
    - The number of inmates held in restrictive housing;
    - The reason or reasons each inmate was held in restrictive housing;
    - The number of inmates held in restrictive housing who have been diagnosed with a mental illness as defined in section 71-907 and the type of mental illness by inmate;
    - The number of inmates who were released from restrictive housing directly to parole or into the general public and the reason for such release;
    - The number of inmates who were placed in restrictive housing for his or her own safety and the underlying circumstances for each placement;
    - To the extent reasonably ascertainable, comparable statistics for the nation and each of the states that border Nebraska pertaining to subdivisions (4)(a) through (e) of this section; and,
    - The mean and median length of time for all inmates held in restrictive housing.

- Establish a working group within the Department to advise the Department on policies and procedures related to the proper treatment and care of offenders in long-term segregation or isolation. The Legislature also directed the Director to provide the work group with quarterly updates on the Department's policies related to the work group's subject matter.

- Hold no inmate in restrictive housing unless done in the least restrictive manner consistent with maintaining order in the facility and pursuant to rules and regulations adopted and promulgated by the Department pursuant to the Administrative Procedure Act (beginning July 1, 2016).

- Adopt and promulgate rules and regulations pursuant to the Administrative Procedure Act establishing levels of restrictive housing as may be necessary to administer the correctional system. Rules and regulations shall establish behavior, conditions, and mental health status under which an inmate may be placed in each confinement level as well as procedures for making such determinations. Rules and regulations shall also provide for individualized transition plans, developed with the active participation of the committed offender, for each confinement level back to the general population or to society.

Observations

When the Department submits their initial report it should provide the Legislature and the public with good benchmarks for future reports.

The Work Group was created last fall and has met twice. It has a third meeting scheduled for May 11, 2016. It is my opinion that the Work Group has not had the impact that the Legislature hoped for when it came to advising the Department on policies and procedures related to the proper treatment and care of offenders in long-term segregation or isolation. The structure of the Work

Group was primarily made up of Department employees and there were only four individuals who were outside the Department (and two of them used to work for the Department). This provided for an interesting dynamic in the group and there was not as much input from Department employees as I would have liked to have seen. In addition, none of the four individuals from outside the Department had any experience in the drafting or administering of rules and regulations. The Ombudsman's office and I participated in the two meetings at the invitation of the Director even though we were not members. I believe we provided a great deal of input at the meetings and in the drafting of the rules and regulations but I am not aware if any other individuals provided input outside of the meeting on the rules and regulations. However, with all that said, I believe that the Work Group has an important role and as the changes for restrictive housing are made by the Department they will become more involved, educated and active. The next meeting of the Work Group will be held on May 11, 2016 and I have contacted the four non-department members and suggested that they be prepared to share what they think the role of the Work Group should be in the future and what they need from the Department in order to make informed decisions and recommendations in the future.

The rules and regulations regarding restrictive housing have been drafted and a public hearing for them will be held on May 9, 2016. While there are still some concerns regarding the rules and regulations (Marshall Lux will provide you with his thoughts on that) Director Frakes worked quite a bit with James Davis, Jerall Moreland and myself on amending them and addressing many concerns that we provided to him. He has also promised to come back next year and review them and amend them if necessary. One important item to know about is that he is also in the process of eliminating disciplinary segregation in the Department, which means inmates will no longer be placed in restrictive housing as a form of discipline. The focus will be on providing more immediate and effective interventions for inmates who previously would have been placed in restrictive housing.

MANDATORY DISCHARGE REPORT

In order to not recreate the wheel, I am attaching a memorandum from Dan Jenkins to Senator Bolz regarding the mandatory discharge report. I think Dan did a good job of discussing the report in this memorandum.

Memorandum

To: Senator Bolz
From: Dan
Date: 4/5/16
Re: Mandatory Discharge Report - filed with Legislature March 28, 2016

On March 28, NDCS and the BOP issued a Mandatory Discharge Report that is required under LB605. The report breaks down how many inmates were released without supervision (that is to say Jammed Out, where no parole officers were authorized to oversee the transition to the community.) My initial impression is that this report functions essentially as a baseline to compare future reports to, in part to see how effective the changes made, primarily in LB605 but to a lesser degree those made by LB598, are in reducing the numbers and percentages of inmates who are released without supervision.

Of particular note from the report is that 28.8% (74 individuals) who were released had flat sentences - that is the minimum and the maximum sentences were the same length of time and therefore due to the calculation of parole eligibility date and the mandatory release date, parole is not possible. LB605 and other sentencing reform bills that have passed the legislature should reduce if not eliminate the number of persons who receive a flat sentence. However, it may take years before those who are serving those sentences complete their sentences.

Another interesting note is that 35 people (13.6%) were released directly from Community Corrections Centers. CCCs are the lowest level of custody and many of those inmates work out of the center and in the community. While not considered a "supervised release," inmates are granted greater freedoms at the CCCs which may be revoked for poor behavior. NOTE: the data was not clear and it may be that some of those released from Community Corrections were also serving flat sentences.

I would note a few points of the report that were concerning to me:

Of the 257 people released without supervision included 45 for assault, 36 for sex offenses (including 9 found guilty of sexual assault 1st degree), and one for manslaughter. As to the class of conviction, 3 were serving ID felony (max 50 years, min 3 years), and 30 were serving II felony (max 50, min 1 years). Again, it is not possible to tell how many of those individuals were serving flat sentences, so there may have been no option for supervised release.

The report also notes a few specific proposals that NDCS and the Board of Parole are going forward with to reduce the number of people released without supervision. They are evaluating

mandatory release dates to make sure that those nearing parole eligibility will have received the programming they need to qualify. They are also implementing a pilot for newly developed parole guidelines from July through September this year. The pilot will determine how the guidelines are scoring inmates, how frequently the guidelines are recommending parole, and how often the board supports or opposes the guideline recommendations. Finally, NDCS is working with CSG on a Justice Program Assessment to improve the fidelity to evidence based practices.

NDCS 2013 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
ADP	4732	4787	4835	4852	4891	4915	4905	4889	4902	4932	4949	4994	4882
% of Capacity	144.49%	146.17%	147.63%	148.15%	149.34%	150.08%	149.77%	149.28%	149.68%	150.60%	151.11%	152.49%	149.07%
With Serious Injury	0	0	0	0	0	0	0	0	0	0	0	0	0
Without Serious Injury	3	3	0	3	0	2	0	4	6	5	5	1	32
Thrown Substances	2	0	0	1	0	9	3	5	3	3	4	2	32
Totals	5	3	0	4	0	11	3	9	9	8	9	3	64

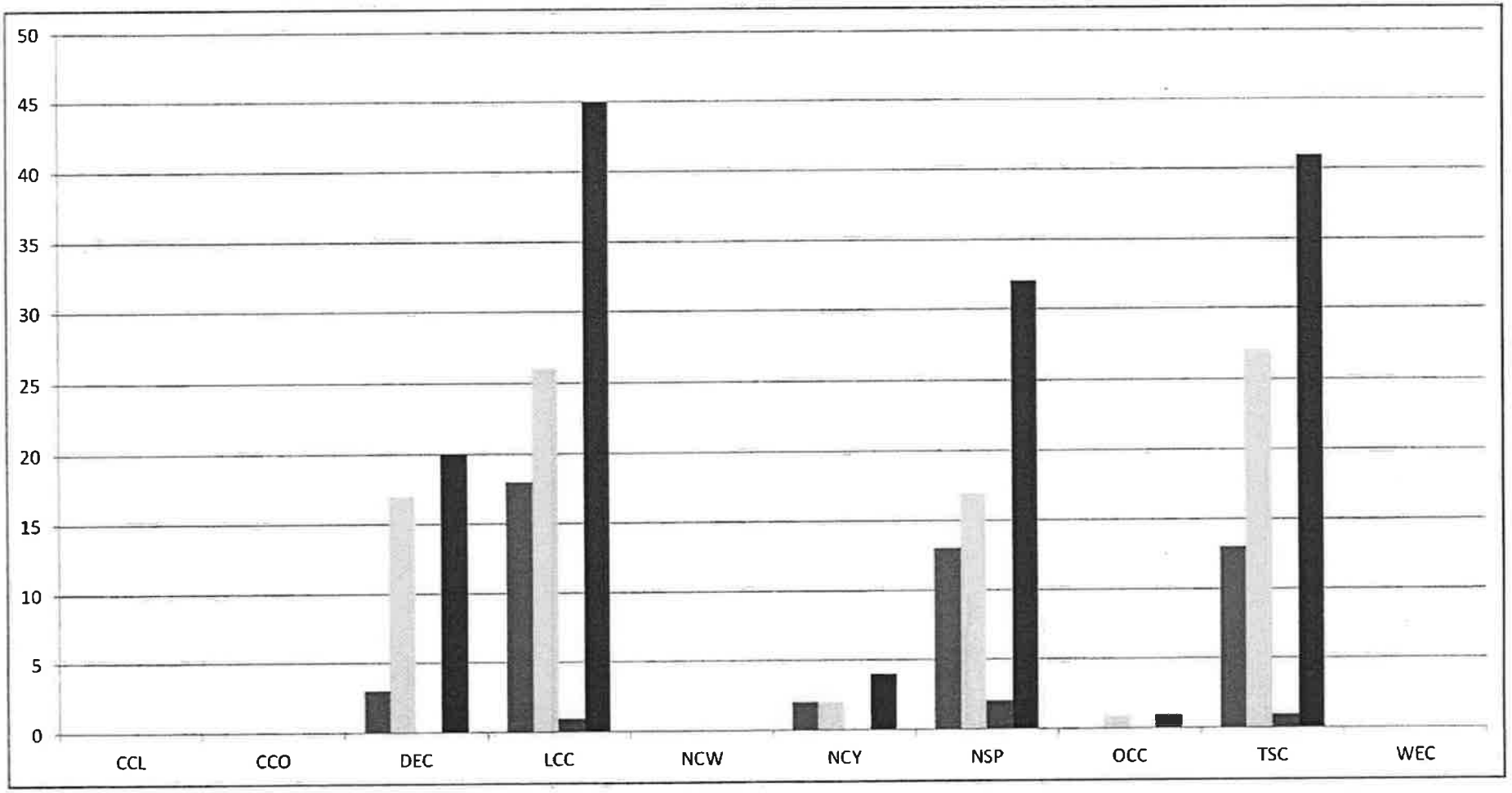
NDCS 2014 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
ADP	5010	5069	5095	5113	5148	5164	5135	5101	5122	5184	5195	5229	5130
% of Capacity	152.98%	154.78%	155.57%	156.12%	157.19%	157.68%	156.79%	155.76%	156.40%	158.29%	158.63%	159.66%	156.65%
With Serious Injury	0	0	0	1	0	0	1	1	1	1	0	0	5
Without Serious Injury	4	4	2	2	1	2	3	7	7	8	11	3	54
Thrown Substances	1	1	4	6	3	4	3	5	1	2	1	3	34
Totals	5	5	6	9	4	6	7	13	9	11	12	6	93

NDCS 2015 Inmate-on-Staff Assaults (PBMS)													
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Totals
ADP	5172	5231	5219	5223	5223	5170	5124	5119	5115	5145	5152	5148	5170
% of Capacity	157.92%	159.73%	159.36%	159.48%	159.48%	157.86%	156.46%	156.31%	156.18%	157.10%	157.31%	157.19%	157.87%
With Serious Injury	1	0	0	0	0	0	0	1	2	0	0	0	4
Without Serious Injury	1	8	3	4	12	7	13	10	8	8	5	11	90
Thrown Substances	0	1	3	2	3	6	10	5	3	0	6	10	49
Totals	2	9	6	6	15	13	23	16	13	8	11	21	143

ADP = Average Daily Population

% of Capacity is percent of design capacity

NDCS 2015 Inmate on Staff Assaults			
	JAN	FEB	MAR
ADP	5171	5233	5210
% of Capacity	158%	160%	159%
With Serious Injury	0	1	2
Without Serious Injury	3	3	12
Thrown Substances	4	7	9
Totals	7	11	23



Inmate-on-Staff Assaults by Facility
01/2015 – 12/2015

ATTACHMENT 62

DOUG KOEBERNICK
Inspector General

STATE OF NEBRASKA
OFFICE OF INSPECTOR GENERAL OF CORRECTIONS
State Capitol, P.O. Box 94604
Lincoln, Nebraska 68509-4604
402-471-4215

June 11, 2016

Scott Frakes, Director
Nebraska Department of Correctional Services
801 West Prospector Place
Lincoln, NE 68522

Dear Director Frakes:

In Nebraska State Statute 47-905 the Office of Inspector General of the Nebraska Correctional System Act is given the assignment of investigating "allegations or incidents of possible misconduct, misfeasance, malfeasance, or violations of statutes or of rules or regulations of the department by an employee of or a person under contract with the department."

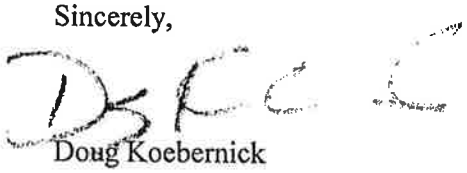
As such, I would like to request the following information from the Nebraska Department of Correctional Services related to the escape of two inmates from the Lincoln Correctional Center on June 10, 2016:

- All emails, documents, phone logs, or other materials related to the discovery and confirmation of the escape of the two inmates, as well as the actions taken by the Department after the escapes were confirmed;
- All audio and video related to the escape of the two inmates;
- Inmate case files of the two inmates involved in the escape, including any documented history of an attempt to escape by either of the two inmates and what actions were taken as a result of this knowledge;
- The canteen lists from the past three months for the inmates who were involved in the escape;
- Known associates of the inmates who escaped who work in the laundry area;
- The name and work experience of the laundry supervisor who was on duty the morning of the escape, including whether they are the regularly scheduled supervisor;
- The names and work experience of all staff who worked in the laundry area the morning of the escape;
- Identification of the security breaches that the inmates made in order to obtain access to the laundry area the morning of the escape;
- Identification of who is in charge of security in that area of the facility as well as who oversees that person's position;

- Any documentation that demonstrates that the Department had been made aware of security issues in the laundry and gate areas of the facility in the past, including what actions the Department took to address those issues;
- The security procedures that are utilized for the laundry trucks and an explanation of whether they were they followed that day, including the use of security cameras;
- An explanation of why the 11:00 AM count was eliminated at the facility, including who made the decision to do so and when it was made; and,
- A list of the hours worked at the facility by the Warden, Deputy Warden, Associate Warden, and Assistant Warden during the past eight weeks.

Thank you for your consideration of my request. I would request that you respond to my request no later than June 19, 2016. Please contact me should you or any of your staff have any questions related to this request.

Sincerely,



Doug Koebernick

cc: Marshall Lux

Revised on June 12, 2016 and submitted to Director Frakes and Marshall Lux

ATTACHMENT 63

APA/BOP Town hall meeting – FAQ's

Q: Will there be any restructuring of APA?

A: There will be a restructuring of APA. The final decision for this restructuring is currently being discussed with the Board and the transitional director Mr. Burrell. The final organizational chart will be completed by the end of June and distributed as soon as possible.

Q: Does my experience count towards the requirement for a degree?

A: No, unfortunately years of experience will not count towards the requirement for candidates to have a Bachelor's Degree.

Q: There is a perceived level of distrust within Parole, at every level. What will be done to address this issue?

A: Open communication will be our method to work to build trust and a collaborative team.

Q: The local media contacted me recently to do a positive article about Parole. I referred the journalist to the PIO. Why do we refer everyone to the PIO? Will the BOP have a PIO or who do we direct media questions to?

A: Per NDCS policy, all media requests are directed to the PIO. Having one point of contact ensures the information being provided is accurate and reduces the likelihood of duplication in work-load.

The BOP has not designated a representative to field media/public information requests. However, once a representative is designated, this information will be communicated.

Q: I am continuously concerned for my safety. I am grateful for the skills I have learned through CNT. How are we going to be equipped or situated to minimize exposure to events or individuals who post a threat/risk?

A: Given the nature of the business we are in there is always a risk to Officers working in remote areas of the State. The BOP is looking at the Wave 5.10. It is a RoIP (Radio over internet protocols) system, which allows for communication with Law Enforcement throughout the state. The system is being fully integrated currently. Omaha and Lincoln PD are both going fully over to it. State Patrol is using it now. This is a very interesting system and I will be helping to determine viability for us.

Q: What about my pay? Will I be receiving a pay increase?

A: As discussed, there will be additional meetings regarding pay and classification once funding has been secured. Until then, there will be no salary adjustments except for July 1 increases as outlined in the NAPE/AFSCME Labor Contract.

Q: Will I still be covered under the Labor Contract?

APA/BOP Town hall meeting – FAQ's

A: Yes, Parole Officers will continue to be covered by the provisions of the NAPE/AFSCME Labor Contract. A representative of NAPE can be reached by calling (402) 486-3911.

Q: What are the educational requirements for the new Parole Officer classification(s)?

A: The minimum qualifications for the Parole Officer classification(s) is a Bachelor's Degree. Employee's currently occupying a position as a Parole Officer will be "grand-fathered" and will not be required to have a bachelor's degree.

- For example: Employee X is a Corrections Parole Officer. Employee X applied for a Specialized Parole Officer position which requires, at minimum, a Bachelor's degree. Employee X does not have a bachelor's degree; therefore, employee X does not meet the minimum requirements of the Specialized Parole Officer position and will not be selected for an interview.

Q: Will I be able to teach as a "Guest Instructor" at the Staff Training Academy?

A: This is something that is being discussed. We are unsure at this time what this will look like going forward. We want to be collaborative and work with all agencies to do what is best for staff and the clients we serve. As soon as more information is available we will pass this along.

Q: Will I be required to recertify in PPCT level III?

A: We are looking into a variety of other options at this time that will be directly related to the work you do. Training is an ongoing area that will be evaluated. You will be given the training you need to complete your job.

Q: LB598 says, "Parole officers shall be compensated with salaries substantially equal to other state employees who have similar responsibilities, including employees of the Office of Probation Administration. This subsection shall apply only to field parole service officers and support staff and shall not apply to the Parole Administrator, and deputy parole administrator, or any other similarly established management position".

What does that mean for the Secretary II, Administrative Secretary and Administrative Assistant I, II and III?

A: The language in the bill required a comparison to "other state employees who have similar responsibilities". The salaries of those support staff were determined to be *at least* "substantially equal" to other state employees, as the preponderance of employees considered "support staff" are classified the same AND have the exact same pay lines.

DAS-Personnel with the concurrence of Employee Relations, have determined that no additional salary adjustments were required based on the new law.

APA/BOP Town hall meeting – FAQ's

Q: State Statute 28-931 states: Assault on an officer, emergency responder, certain employees, or a health care professional in the third degree; penalty.

1. A person commits the offense of assault on an officer, an emergency responder, a state correctional employee, a Department of Health and Human Services employee, or a health care professional in the third degree if:
    a. He or she intentionally, knowingly, or recklessly causes bodily injury:
2. To a peace officer, a probation officer, a firefighter, an out-of-hospital emergency care provider, or an employee of the Department of Correctional Services;
3. (ii) To an employee of the Department of Health and Human Services if the person committing the offense is committed as a dangerous sex offender under the Sex Offender Commitment Act; or
4. (iii) To a health care professional; and
    a. The offense is committed while such officer, firefighter, out-of-hospital emergency care provider, or employee is engaged in the performance of his or her official duties or while the health care professional is on duty at a hospital or a health clinic.
5. Assault on an officer, an emergency responder, a state correctional employee, a Department of Health and Human Services employee, or a health care professional in the third degree shall be a Class IIIA felony.

Does this Statute include Parole Officers?

A: The BOP Legal Team is reviewing your question. More information will be provided as it becomes available, but in the event of an assault on a Parole officer, other statutes will likely apply.

Q: Why are Interstate Compact Caseloads not considered a "Specialized Parole Officer"?

APA/BOP Town hall meeting – FAQ's

A: Interstate Compact Cases require a high level of attention to detail and excellent organizational skills. The plan going forward is to look into each position and determine if a need exists to reevaluate the position and duties assigned.

Q: In the event Color Guard services are needed, could they be called upon?

A: Yes, the Color Guard will continue to be available.

ATTACHMENT 64

NEW YORK STATE Corrections and Community Supervision **DIRECTIVE**	TITLE **Inmate Liaison Committee (ILC)**		NO. 4002 DATE 7/21/2015
SUPERSEDES DIR #4002 Dtd. 7/5/2012	DISTRIBUTION A B	PAGES PAGE 1 OF 3	DATE LAST REVISED
REFERENCES (Include but are not limited to)	APPROVING AUTHORITY Joseph F. Bellnier		

I. **DESCRIPTION**: This procedure is designed to provide guidelines for the operation of an Inmate Liaison Committee (ILC) in each facility. The objectives are to provide:

A. Effective communications between inmates and administration for accurate dissemination and exchange of information; and

B. A means to facilitate consideration and analysis of suggestions from inmates relative to facility operations.

II. GUIDELINES FOR IMPLEMENTATION AND OPERATION

A. Establishment and Purpose

1. Unless exempt, each Superintendent of a general confinement correctional facility is to establish an ILC which is limited to discussing and advising institutional officials on matters concerning the general welfare of the inmate population.
2. Individual employees or inmates and their problems are not to be discussed at committee meetings and each committee is to function in conformance with a Constitution approved by the Commissioner and facility's Superintendent.
3. Meetings between the Superintendent and Facility Executive Team and the ILC or ILC Executive Unit will be conducted on a monthly basis. Minutes will be taken to document the issues discussed. If regularly scheduled monthly meetings occur only with the ILC Executive Unit, meetings with the entire ILC will be held at least quarterly. Ongoing informal or unscheduled contact or discussions between Facility Executive Staff or the ILC staff advisor and the ILC are also encouraged.

B. Selection of Members

1. The ILC consists of a representative group of inmates selected by the general population.
2. Committee members are to be elected by secret ballot. Each facility may define its own eligibility regulations for committee membership as well as voting districts or precincts. At the very least each housing unit is to be represented.

   The Special Housing Unit (SHU), Residential Mental Health Unit (RMHU), Therapeutic Behavioral Unit (TBU), Behavioral Health Unit (BHU), and Correctional Alternative Rehabilitation Program (CAR) are not considered housing units for the purposes of this directive and inmates housed in SHU, RMHU, TBU, BHU, and CAR are not eligible to serve on the ILC as members.

3. The term of membership on the ILC shall be six months. An inmate may be elected to two successive six-month terms, and then after the passage of one term during which the inmate is not a member of the ILC, the inmate may again be elected to another two six-month terms.
4. The ILC officers and Executive Unit shall be members of the ILC, and elected by the ILC for a term of six months. Unless allowed by the Superintendent, an inmate shall only serve one six-month term as an officer or Executive Unit member of the ILC during any one year period.
5. The Superintendent has the discretion to exclude from membership those inmates who have been recent or chronic disciplinary problems or those who have a pattern of participation in serious incidents of misbehavior during their incarceration.
6. Inmates may not hold office on both the ILC and the Inmate Grievance Resolution Committee at the same time.

C. Policies for Conduct

1. The ILC should have considerable freedom in the choice of topics for discussion, but it is not to have administrative responsibility in the execution of any proposed project or program. The details of a project, following approval by the institutional management, may be carried out by an inmate group, but the administrative responsibility for any suggested project must still remain with facility personnel. No committee member is to directly request assistance from any member of the facility staff, but can request the Superintendent to make needed assistance available.
2. The facilities with subordinate units may develop ILCs for each subsection. The Superintendent may delegate responsibilities of the chair to his or her subordinate at these units.

D. Organization: An ILC may consist of two or more organizational units. The first is the General Membership Unit with its size depending on the number of precincts represented. The second is the Executive Unit which will usually consist of members selected from the General Membership Unit. The General Membership Unit is legislative in function and derives suggestions for consideration from the Executive Unit following consultation with the facility's Superintendent. In turn, the Executive Unit may be restricted to consider only those matters initiated by the General Membership Unit. In addition to those major organizational units, there may be appointed subcommittees dealing with individual areas of concern and responsibility.

E. Office Space: The ILC is to be provided with adequate facilities to carry out its function. A room, typewriters, desks, supplies, and stationery may be specifically designated for this purpose.

F. Constitution and By-Laws: The ILC is to be governed in its operation by a Constitution and By-Laws prepared by the inmate group with the advice and guidance of a designated staff member. The Superintendent of the facility may also initiate the drafting or amendments to the Constitution and By-Laws. The Constitution and By-Laws should be in keeping with the existing rules, regulations, and procedures sanctioned by the Department and are to be approved by the Deputy Commissioner for Correctional Facilities and the Deputy Commissioner and Counsel prior to becoming effective. Once approval has been granted and it is signed by the Superintendent, the document is to constitute the Committee's operational procedure. Attachment A is provided as a suggested format for the Constitution and By-Laws.

CONSTITUTION

ARTICLE 1 - Name

ARTICLE 2 - Objectives: This article should contain a statement that the committee serves in a liaison capacity to the Superintendent and that administrative responsibilities are not implied nor are to be assumed.

ARTICLE 3 - Membership: A brief statement of eligibility for membership, ensuring all inmates the right to vote and defining those who may be elected to membership.

ARTICLE 4 - Officers: A listing of the officers of the committee (a Chairman, Vice-Chairman, Secretary, and Sergeant-at-Arms), a statement regarding the term of office of elected officers, and the frequency of elections.

ARTICLE 5 - Amendments: A statement providing for amending the Constitution once it has been approved by the Superintendent.

BY-LAWS

SECTION 1 - Membership: A statement describing the areas of units represented by elected members of the committee. Generally this provides for elected members to represent the various housing units within the institution, but may include the elected representatives from various work assignments as well.

SECTION 2 - Nominations: Provides a system of nominating candidates.

SECTION 3 - Selection: A description of the election process, which is to include the utilization of ballots and supervision of the elections by facility and other authorized personnel.

SECTION 4 - Method of Filling Vacancies: Describe a method of handling vacancies created by transfer, release, removal, recall, or election to an elective office on the committee.

SECTION 5 - Duties: Statement of the duties of each officer.

SECTION 6 - Meetings: Statement on the time, place, and frequency of meetings.

SECTION 7 - Committees: A listing of any standing subcommittees of the committee plus provision for special committees as the need exists.

SECTION 8 - Parliamentary Authority: A general provision that Robert's Rules of Order are to be the authority for parliamentary procedure.

SECTION 9 - Executive Unit: To provide for an Executive Unit usually consisting of the elected officers and committee members.

SECTION 10 - Activity Cards: Provision may be made for the issuance of special activity cards to members of the committee for their use in conducting business.

SECTION 11 - Removal of Members: Provisions are to be made for removal of members by recall by his or her constituents.

SECTION 12 - Amendments: General provision for method by which amendments to the By-Laws may be made.

SECTION 13 - Privileges: The individual inmate is not to be granted special privileges because of committee membership.