2026 Restrictive Housing Annual Report

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Submitted by:
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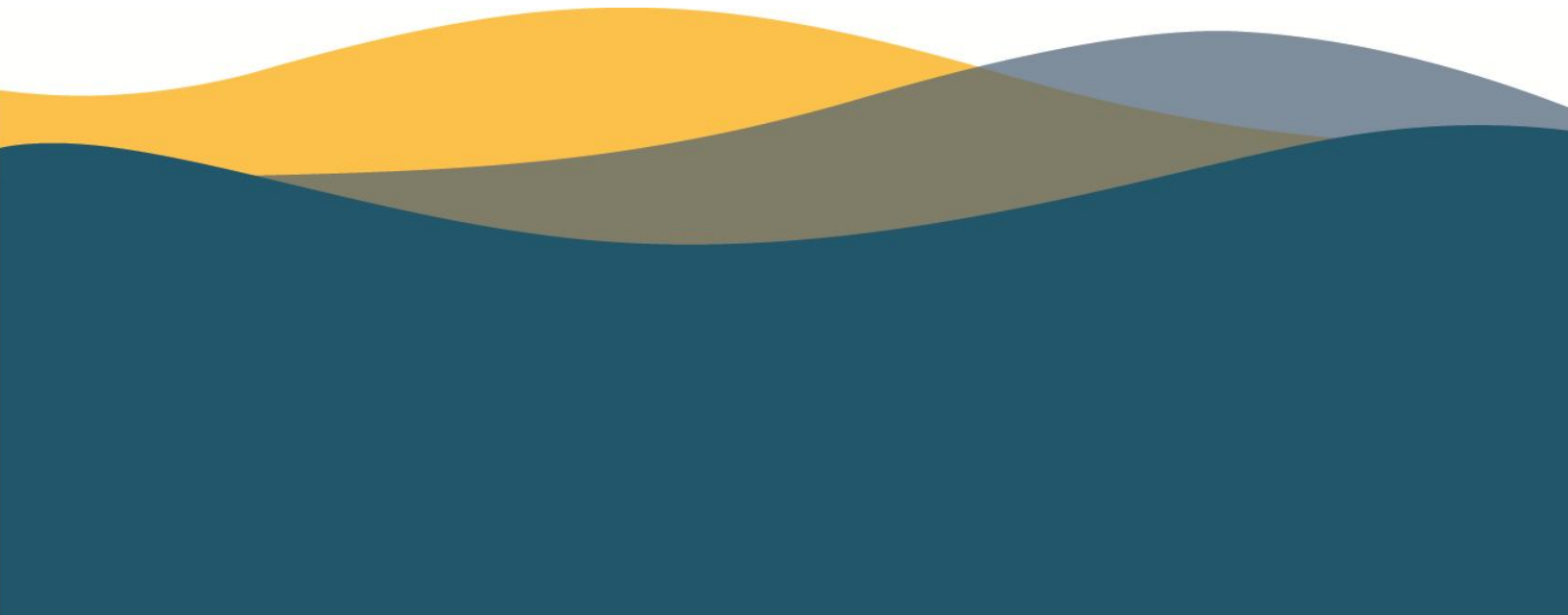

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Introduction

Restrictive Housing Reform in Nebraska

This report describes the use of restrictive housing (RH) within the Nebraska Department of Correctional Services (NDCS) between July 1, 2025, and June 30, 2026 (Fiscal Year [FY] 2026). NDCS utilizes restrictive housing as a tool to assess and mitigate the risk of those persons who pose a significant threat to the safety of themselves, others, or to the security of the facilities. The risk those persons pose is assessed regularly (which will be outlined later in this report). This ensures these individuals are removed from restrictive housing when that risk has been reduced to a level that suggests the individual can be managed safely in a less restrictive setting.

There are two categories of restrictive housing in Nebraska: immediate segregation (IS) and longer-term restrictive housing (LTRH). IS is a short-term (30 days or fewer) placement used to maintain safety and security of the facility. LTRH is a placement of longer than 30 days that provides rehabilitative programming and behavior management intervention for persons who pose continued risk to the safety of themselves or others, or to the security of the facilities. IS and LTRH will be discussed in greater detail in later sections of this report. It is also important to note that while holding placements are not considered restrictive housing, they are a necessary precursor to a restrictive housing placement. Therefore, holding will also be discussed in greater detail.

Other Applicable Housing in Nebraska

Other applicable housing units are assignments that are neither restrictive housing nor general population. These units were developed to provide mission specific housing; other applicable housing includes the Skilled Nursing Facilities, Protective Management, Mental Health Units, and Higher Risk General Population Units. This allows individuals who have not been (or would not be) successful in the general population to be housed in a setting that is structured and safe to meet the unique needs of the individual.

Report Outline

This report is divided into two sections to show the different data points for restrictive housing and other applicable housing.

1. The restrictive housing portion of this report is divided into five topical areas: (1) demographics of the restrictive housing population; (2) restrictive housing placement types, including the number, lengths of stay, and general characteristics of each stage of restrictive housing management (i.e., holding, IS, LTRH); (3) special needs populations; (4) direct releases from restrictive housing into the community; and (5) the use of restrictive housing in surrounding states.

2. The Other Applicable Housing portion of this report is divided into four topical areas: (1) the purpose of each unit; (2) staffing levels and the type of staff assigned to the unit; (3) average daily population; and (4) programming opportunities.

Report Contents

The scope of this report is specifically defined in Nebraska Revised Statute [N.R.S.] §83-4,114(4). The five topical areas for restrictive housing described above will address the nine specific points of interest outlined in statute:

1. The race, gender, age, and length of time each inmate has continuously been held in restrictive housing;
2. The number of inmates held in restrictive housing;
3. The reason or reasons each inmate was held in restrictive housing;
4. The number of inmates held in restrictive housing who have been diagnosed with a mental illness or behavioral disorder and the type of mental illness or behavioral disorder by inmate;
5. The number of inmates who were released from restrictive housing directly to parole or into the general public and the reason for such release;
6. The number of inmates who were placed in restrictive housing for his or her own safety and the underlying circumstances for each placement;
7. To the extent reasonably ascertainable, comparable statistics for the nation and each of the states that border Nebraska pertaining to items listed in 2 through 6, above;
8. The mean and median length of time for all inmates held in restrictive housing; and
9. A description of all inmate housing areas that hold inmates in a setting that is neither general population nor restrictive housing, including the purpose of each setting, data on how many inmates were held in such settings, the average length of stay in such settings, information on programs provided in each setting, data on program completions in each setting, staffing levels and types of staff in each setting, and any other information or data relevant to the operation of such settings. For the purposes of this subdivision, general population means an inmate housing area that allows out-of-cell movement without the use of restraints, a minimum of six hours per day of out-of-cell time, regular access to programming areas outside the living unit, and access to services available to the broader population.

Average Daily Population (ADP)

Average Daily Population (ADP) is a population metric that assesses the average number of people incarcerated on any day during a given time frame (in this case, between July 1, 2025, and June 30, 2026). To calculate the average daily population for this report, the total number of days all individuals spent in restrictive housing between July 1, 2025, and June 30, 2026, was divided by 365. This calculation is a more accurate reflection of population levels relative to snapshot, or point-in-time, estimates because it controls for the normal fluctuations that occur within any population.

Restrictive Housing Population Demographics

ADP Distribution by Facility

Figure 1 (below) shows the restrictive housing ADP for the agency for fiscal years 2022 through 2026. Table 1 (below) includes the ADP counts of the respective years, by facility. Details regarding the length of time spent on specific restrictive housing statuses (i.e., immediate segregation [IS] vs. longer-term restrictive housing [LTRH]) are discussed in more detail in later sections of this report. On average, approximately 149 people were held in restrictive housing on any given day during FY2026: 11 fewer people than FY2025 (a 7% decrease), boasting the lowest ADP in the last 5 years.

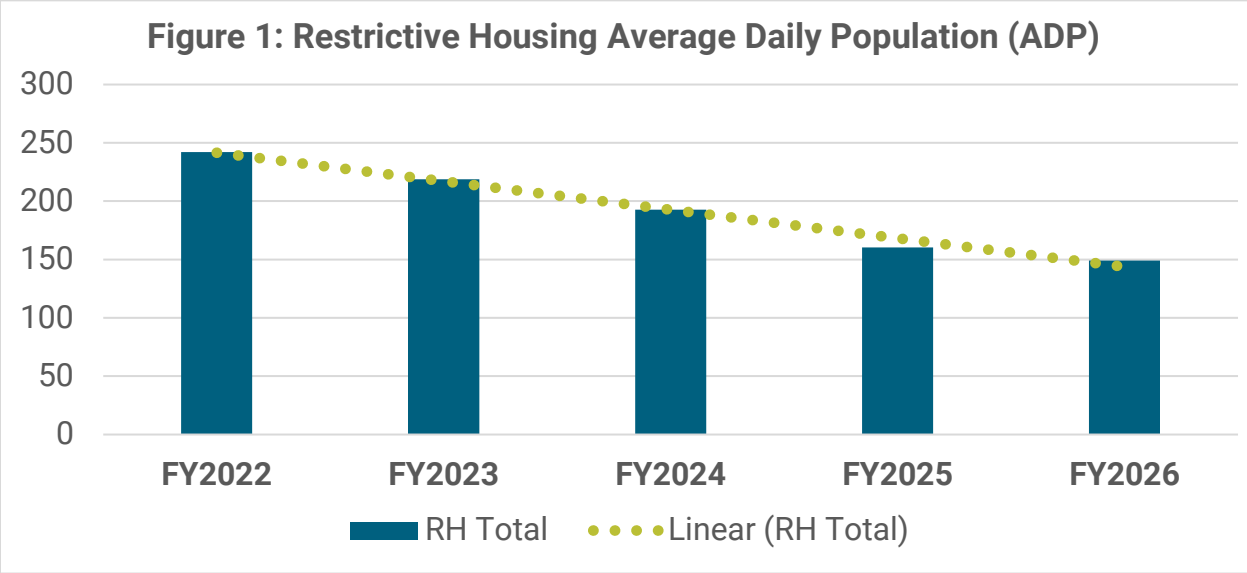


Table 1: Restrictive Housing ADP by Facility					
Facility	FY2022	FY2023	FY2024	FY2025	FY2026
NCW	0.42	0.00	0.00	0.00	0.00
NCY	0.00	0.00	0.00	0.00	0.00
NSP	65.15	48.98	32.88	16.65	12.13
OCC	5.82	3.76	5.59	2.49	2.23
RTC	14.68	14.92	14.08	14.19	14.08
TSC	156.09	151.11	140.28	127.01	120.74
Total	242.17	218.77	192.83	160.34	149.19

[1]On 7/26/2021 NCW ceased the use of restrictive housing.

General facility trends

The overall distribution of the restrictive housing population across institutions has remained relatively consistent since FY2022. In addition, these distributions are consistent with the known missions of each facility, facility physical plant, and the respective compositions of their populations. The downward trend in the use of restrictive housing is attributable to the continued dedication of NDCS to house individuals in the least restrictive setting possible.

The Tecumseh State Correctional Institution (TSC) has been designated to house the Department's longer-term restrictive housing population. For this reason, TSC has the largest restrictive housing population at NDCS. TSC averages about 121 individuals in restrictive housing per day, which is 80.93% of the agency's restrictive housing population. TSC's design allows it to house the largest concentration of individuals assigned to LTRH which, by nature, does not turnover as quickly as the IS population.

The Reception and Treatment Center (RTC) and the Nebraska State Penitentiary (NSP) were not specifically designed for restrictive housing populations, but they are the two largest facilities. Thus, they have the second and third highest restrictive housing ADPs of 14 (9.44%) and 12 (8.13%), respectively. NSP also receives some individuals placed on IS status from RTC due to physical plant limitations at RTC. These individuals are typically those whose reason for restrictive housing placement will likely result in a recommendation for LTRH.

The Omaha Correctional Center (OCC) has a low restrictive housing ADP for several reasons. It is the smallest adult male facility and does not have a unit for individuals assigned to LTRH. Individuals placed on IS status have a shorter length of stay than individuals at other institutions based on space available. Also, OCC houses minimum custody individuals – a large concentration of whom are close to transitioning into the community. This population generally presents fewer management challenges, as these individuals are more cautious to not jeopardize their release.

Fiscal year changes in ADP

The restrictive housing ADP of 149 in FY2026 is the lowest it has been since the department began its initiative to safely reduce restrictive housing use. This reduction is a direct reflection of NDCS's continued efforts to house people in the least restrictive environment possible, while still maintaining the safety of the individual, other incarcerated persons, staff, and the security of the facilities.

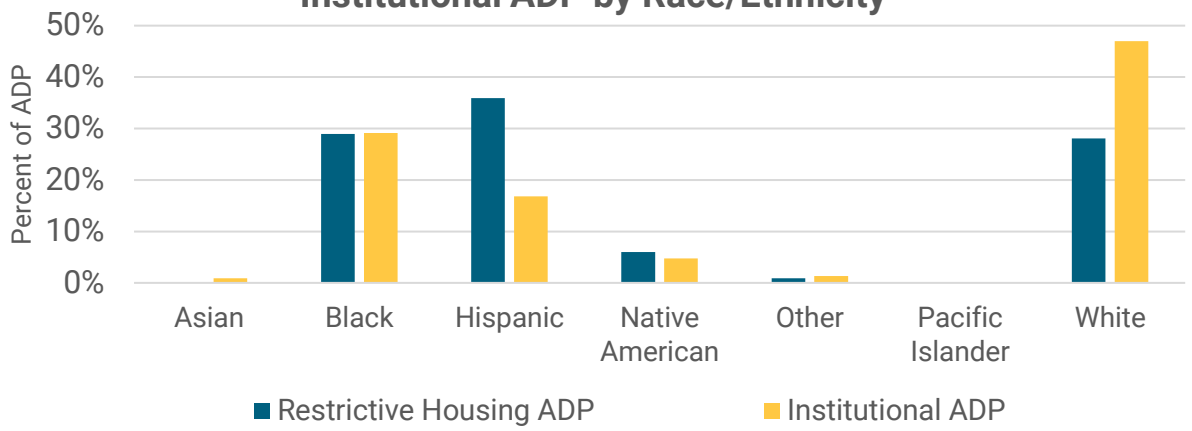
LB686 (2019) prohibits NDCS from placing any member of a vulnerable population in a longer-term restrictive housing environment. A member of a vulnerable population is defined as "… an inmate who is eighteen years of age or younger, pregnant, or diagnosed

with a serious mental illness as defined in section 44-792[1], a developmental disability as defined in section 71-1107[2], or a traumatic brain injury as defined in section 79-1118.01.[3]"

ADP Distribution by Race/Ethnicity and Gender

Figure 2 (below) shows the distribution of the FY2026 male restrictive housing ADP compared to the institutional ADP across racial/ethnic groups. Table 2 (below) presents the ADP counts and percentages of the same distribution. Hispanics are overrepresented in restrictive housing largely due to race/ethnicity-based Security Threat Group activities, which cause an increase in restrictive housing events.

Figure 2: Male Restrictive Housing and Institutional ADP by Race/Ethnicity



[1] N.R.S. §44-792(5)(b) defines "serious mental illness" as "…any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious mental illness. Serious mental illness includes, but is not limited to (i) schizophrenia, (ii) schizoaffective disorder, (iii) delusional disorder, (iv) bipolar affective disorder, (v) major depression, and (vi) obsessive compulsive disorder."

[2] N.R.S. §71-1107 defines "developmental disability" as: "... a severe, chronic disability, including an intellectual disability, other than mental illness, which: (1) Is attributable to a mental or physical impairment unless the impairment is solely attributable to a severe emotional disturbance or a persistent mental illness; (2) Is manifested before the age of twenty-two years; (3) Is likely to continue indefinitely; (4) Results in substantial functional limitations in one of each of the following areas of adaptive functioning: (a) Conceptual skills, including language, literacy, money, time, number concepts, and self-direction; (b) Social skills, including interpersonal skills, social responsibility, self-esteem, gullibility, wariness, social problem solving, and the ability to follow laws and rules and to avoid being victimized; and (c) Practical skills, including activities of daily living, personal care, occupational skills, health care, mobility, and the capacity for independent living; and (5) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized support, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. An individual from birth through the age of nine years who has a substantial developmental delay or specific congenital or acquired condition may be considered to have a developmental disability without manifesting substantial functional limitations in three or more of the areas of adaptive functioning described in subdivision (4) of this section if the individual, without services and support, has a high probability of manifesting such limitations in such areas later in life."

[3] N.R.S. §79-1118.01(15) defines "traumatic brain injury" as: "... an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that adversely affects a child's educational performance. Traumatic brain injury applies to open or closed head injuries resulting in impairments in one or more areas, including cognition; language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual, and motor abilities; psychosocial behavior; physical functions; information processing; and speech. Traumatic brain injury does not include brain injuries that are congenital or degenerative or brain injuries induced by birth trauma."

Table 2: Comparison RH ADP and Institutional ADP by Race/Ethnicity (Male)				
Race/Ethnicity	RH ADP	% of RH ADP	Inst. ADP	% of Inst. ADP
Asian	0.10	0.06%	46.13	0.87%
Black	43.21	28.96%	1545.24	29.11%
Hispanic	53.62	35.94%	894.37	16.85%
Native American	8.96	6.01%	253.64	4.78%
Other	1.36	0.91%	64.94	1.22%
Pacific Islander	0.08	0.05%	5.99	0.11%
White	41.86	28.06%	2493.37	46.97%
Unknown	0.00	0.00%	5.00	0.09%
Total	149.19	100%	5308.69	100%

Total ADP and percentages may not total exactly due to rounding.

ADP Distribution by Age and Gender

Table 3 (below) provides the distribution of the restrictive housing ADP across age groups. From FY2025 to FY2026, there was a decrease in the proportion of individuals under 21 (from 11.50% to 6.84%) and a corresponding increase in the proportion of individuals in the 42+ age group (from 13.63% to 16.68%). Despite this shift, the majority (76.48%) of the restrictive housing ADP are between the ages of 22 and 41.

Table 3: ADP of Restrictive Housing by Age		
Age Group	Restrictive Housing ADP	% Total RH ADP
<21	10.20	6.84%
22-31	54.24	36.35%
32-41	59.86	40.12%
42+	24.89	16.68%
Total	149.19	100.00%

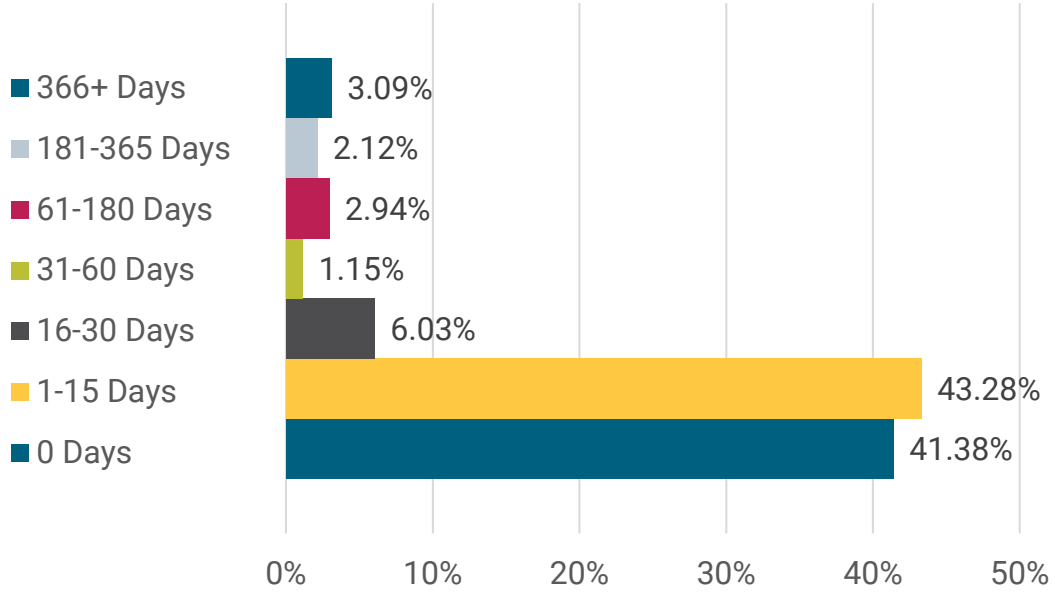
Restrictive Housing Placement Types

On July 1, 2016, the Nebraska Department of Correctional Services (NDCS) discontinued the use of restrictive housing for disciplinary or punitive purposes. Since that time, restrictive housing has been used to mitigate the risk a person poses to himself; fellow incarcerated individuals; staff; and/or the safety, security, and order of the institution. When a significant event occurs, an individual may be taken to a holding cell, which is a secure, temporary placement in a location away from the general population, while staff determine the best way to resolve the situation. While holding is not a restrictive housing status, it is the catalyst for immediate segregation (IS) and longer-term restrictive housing (LTRH), and it plays an important role in contextualizing the use of restrictive housing within NDCS.

Holding Placements and the Restrictive Housing Pass-Through Population

During FY2026, a total of 1,119 unique individuals were held in restrictive housing for at least one day during the year. The average length of time spent for a given restrictive housing event was 34.91 days. The distribution varies widely, with the median length of stay[4] being two days. Figure 3 (below) shows the distribution of the restrictive housing population by length of stay, as well as the proportion of people placed in holding who were not subsequently assigned to immediate segregation. While holding placements do not constitute restrictive housing, they play an important role as a necessary precursor. Holding events will not last more than four hours without prior approval from the Warden and communication with the Deputy Director. Same day releases make up 41.38% of all holding events. This increase in alternative placement is due to facility staff being encouraged to use restrictive housing as a last resort whenever safely possible and to use the necessary restrictive housing placements for the shortest amount of time necessary to ensure the safety of the individual, others, and security of the facilities. Excluding same day releases, about 49.31% of the restrictive housing placements ended within 30 days, an increase of 10.85 percentage points from the prior year. Placements ending within 15 days increased from 30.30% to 43.28%, demonstrating that a substantially greater proportion of individuals are transitioning out of restrictive housing more quickly.

Figure 3: Time in Holding and Restrictive Housing in Days

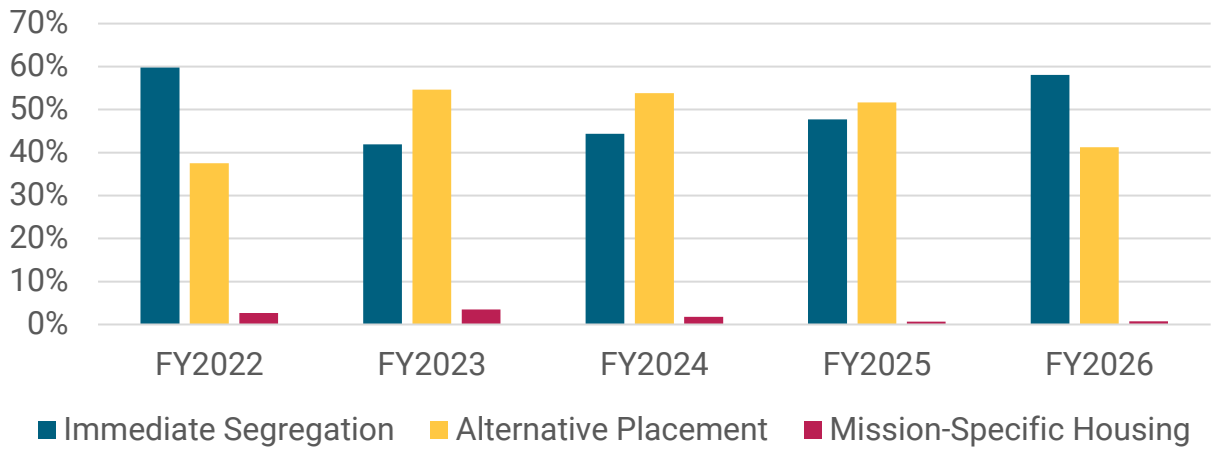


[4] Length of stay for restrictive housing events are calculated as the number of days from a person's initial placement in holding to their restrictive housing release date. For individuals who were assigned to a restrictive housing status on the last day of FY2025, their event length of stay was calculated as the number of days from their initial holding placements through June 30, 2025.

Holding Placements

Between July 1, 2025, and June 30, 2026, 2,620 unique holding events were recorded in the electronic restrictive housing data tracking system. On average, there were 7 holding placements per day. Because holding placements are temporary, there is no length of stay to be calculated for this event. If persons are to be held for 24 hours or more, they are assigned to IS. Figure 4 (below) shows the outcomes of the holding events from FY2022 through FY2026. Alternatives to restrictive housing (i.e., alternative placement, mission-specific housing) were deemed appropriate in 41.95% of cases, and individuals were released from holding without being placed on IS. Alternative placements may include returning persons to their regularly assigned housing location, moving them to another facility or housing unit, or referring them to a mission-specific general population housing unit. Mission-specific housing units place individuals with common demographics, interests, challenges, and/or needs together to provide safe and effective living environments; thereby reducing the need for restrictive housing. Although a significant proportion of holding events were resolved using alternative housing options, 58.05% could not be resolved the same day and resulted in assignments to IS.

Figure 4: Holding Outcomes



Reasons for Holding Placements

To ensure restrictive housing placements are used only for risk management purposes, NDCS classifies placements into one of the six categories identified below:

1. A serious act of violent behavior.
2. A recent escape or attempted escape from secure custody.
3. 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.
4. 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.

5. The incitement or threats to incite group disturbances in a correctional facility.
6. Inmates whose presence in the general population would create a significant risk of physical harm to staff, themselves and/or other inmates. (If reason #6 is used, staff must include a written explanation of the event and a justification for why this placement type is necessary.)

Figure 4 (above) provides a distribution of the various outcomes of the holding events from FY2022-FY2026. This shows the efforts made by NDCS facilities to utilize other placement options in lieu of Restrictive Housing if possible.

Immediate Segregation (IS)

Immediate Segregation (IS) is a short-term housing assignment of no more than 30 days used in response to behavior that creates a risk to the person assigned, others, or the security of the institution. This type of restrictive housing is used to maintain safety and security while investigations are completed and/or appropriate housing is identified. During FY2026, there were 1,517 total IS placements. The reasons for these placements are presented in Table 4, along with the corresponding data from FY2024 and FY2025.

Table 4: Immediate Segregation Placement Reasons

Reason for Placement	FY2024		FY2025		FY2026	
	Count of Events	% of Total Events	Count of Events	% of Total Events	Count of Events	% of Total Events
Serious Act of Violent Behavior	548	29.91%	290	21.35%	307	20.24%
Recent or Attempted Escape	2	0.11%	8	0.59%	8	0.53%
Threats or Actions of Violence	577	31.50%	516	38.00%	568	37.44%
Active Membership in STG	12	0.66%	7	0.52%	13	0.86%
Incitement or Threats to Incite Group Disturbances	7	0.38%	2	0.15%	6	0.40%
Presence in GP Will Create a Significant Risk of Physical Harm	686	37.45%	535	39.40%	616	40.61%
Individual does not feel safe in GP	*33*	~	*22*	~	*17*	~
Individual does not feel safe in PC	*12*	~	*4*	~	*4*	~
Individual Has Destroyed Property	*2*	~	*1*	~	*2*	~
Individual Requested PC	*342*	~	*258*	~	*262*	~
Individual Refused Approved Housing	*206*	~	*172*	~	*159*	~
Individual Requires Involuntary PC	*9*	~	*7*	~	*14*	~
Other	*82*	~	*71*	~	*158*	~
Total	1832	100.00%	1358	100.00%	1517	100.00%

Over half of IS placements (57.68%) in FY2026 were related to serious acts of violent behavior (20.24%) or threats or actions of serious violent behavior (37.44%). This is consistent with the mission of using restrictive housing as a risk management tool, rather than a disciplinary sanction for minor rule violations.

The largest proportion of IS placements were identified as reason six: presence in General Population (GP) will create a significant risk of physical harm (40.61%). Of those placements, many were due to individuals requesting protective custody (PC; n=262) or refusing to leave restrictive housing and go to their assigned housing location (n=159). Some were due to individuals indicating they did not feel safe in general population (n=17) or in PC (n=4) or whom NDCS staff deemed it necessary to place the individual on involuntary PC for their own protection (n=14). NDCS is committed to ensuring that the number of people placed into restrictive housing for reason six is kept to a minimum, and that when people are admitted for this reason, they are transitioned to an appropriate permanent housing assignment as quickly as possible.

The average length of stay[5] for individuals assigned to IS was 8.32 days, with a median stay of 6 days. Policy requires IS placements to be reviewed by the warden after 7 days and either end the RH event or begin the transfer to LTRH status prior to the 30-day review. Thirty days is generally enough time for the warden and his/her staff to determine whether the person can be released to an approved alternative placement or whether a referral to LTRH is warranted. There are instances, however, in which an immediate decision regarding LTRH placements cannot be determined and more time is needed to gather information or find a suitable alternative living arrangement. In these situations, the warden or their designee may submit up to two 15-day extension requests, which could result in a potential maximum IS term of 60 days. These extension requests are reviewed by the Deputy Director – Prison Operations (or the Director, if a second request is submitted) and used in lieu of assignment to LTRH, if approved.

Longer-Term Restrictive Housing (LTRH)

Longer-term restrictive housing (LTRH) is a restrictive housing assignment of more than 30 days and used as a risk management intervention for individuals whose behavior continues to pose a risk to the safety of themselves or others. LTRH assignments provide individuals with the opportunity to participate in evidence-based, risk-reducing cognitive behavioral programming, as well as collaborating in developing a plan for transitioning from restrictive housing back to general population or a mission-specific housing unit.

While the warden or his/her designee may recommend individuals be placed on LTRH, such assignments are decided by the Central Office Multidisciplinary Review Team (MDRT), which meets weekly to review and authorize all new assignments to LTRH. The team (chaired by the Deputy Director of Prison Operations, with representatives from behavioral health, classification, and intelligence) reviews each individual on LTRH status to assess compliance with behavioral and programming plans and to determine if a promotion to a less restrictive setting is compatible with the safety of the individual, others, and security of the facility. These reviews are completed at specific intervals

[5] Length of stay for immediate segregation placements are calculated as the number of days from a person's initial IS assignment to either their restrictive housing release date or their date of assignment to LTRH status. For individuals who were assigned to IS on the last day of FY2026, their event length of stay was calculated from their initial IS assignment through June 30, 2026.

during an individual's LTRH stay and based off the individual's IS placement date. Reviews are completed at 90 days, 180 days, 270 days, and 365 days. If an individual is continued on LTRH for more than 365 days, they are reviewed every 30 days.

When discussing risk assessment and management, NDCS operates under the least restrictive environment standard to transition people out of restrictive housing to a less restrictive setting safely and effectively with minimal risk to the safety of themselves, others, and the security of the facilities. As a result, the amount of time required to address one's needs and mitigate the risk a person poses to the safety of themselves or others cannot be standardized. This provides NDCS with the needed flexibility to manage individuals in accordance with their own unique set of circumstances and risk factors, with the goal of transitioning people out of restrictive housing to the least restrictive environment in which they can safely be housed as soon as possible. The informed use of this flexibility is evidenced by the fact that, while the average length of time individuals spent on LTRH status[6] during FY2026 was 319.69 days with a median length of stay of 223 days, placements on LTRH varied between one and 3,226 days. Eight (8) individuals spent a week or less on LTRH. In contrast, there were 9 people who spent three years or more in restrictive housing. Two of those individuals are persons of interest in the March 2017 disturbance at TSCI, which resulted in the homicides of two incarcerated individuals.

Multidisciplinary Review Team (MDRT) referrals

Between July 1, 2025, and June 30, 2026, the MDRT conducted 1,010 LTRH reviews. This is a 7.42% decrease from FY2025, in which the team reviewed 1,091 unique referrals. Although a larger proportion of holding events resulted in immediate segregation (IS) placement compared with the previous fiscal year, the average daily population in restrictive housing continued to decline. The total number of LTRH assignments and MDRT reviews also decreased, while a relatively high level of consistency was maintained between facility recommendations and MDRT decisions regarding assignment to, continuance in, and removal from LTRH. Table 5 (below) compares the facility LTRH recommendations to the decisions made by the MDRT.[7]

[6] Length of stay for longer-term restrictive housing placements are calculated as the number of days from a person's initial LTRH assignment to their restrictive housing release date. For individuals who were assigned to LTRH on the last day of FY2026, their event length of stay was calculated from their LTRH assignment through June 30, 2026.

[7] See Appendix 1 for more detailed information on MDRT decisions issued during FY2023-FY2025.

Table 5: Longer-Term Restrictive Housing Referral Outcomes - FY2026					
Facility Submissions		**MDRT Decision**			
Recommendation	# of Referrals	Assign	Continue	Remove	MDRT Approval Rate
Assign to LTRH	195	152	1	42	77.95%
Continue Placement	718	1	661	56	92.06%
Remove	97	0	28	69	71.13%
Total	1010	153	690	167	~

Regarding initial LTRH assignments, the MDRT approved wardens' recommendations in over 75% of their reviews (77.95%). The higher rate of agreement in assignment by the MDRT is due to a multitude of factors. Over the past 5 years, concentrated efforts have been made to communicate the expectations and proper use of LTRH to facility staff. During FY2020, those communications were underscored by the MDRT by declining assignment referrals to LTRH when less restrictive options had not been adequately pursued and the use of LTRH was not justified. Of those referrals that do make it to the MDRT for review, the likelihood that alternatives have been exhausted has increased, and thus, the agreement rate has increased. Furthermore, the continued high concordance rate for continuations (92.06%) and removals (71.13%) demonstrates an understanding from facility staff of the appropriate use of LTRH, not only upon initial assignment, but also for continued management, intervention, and release to an alternative and ultimately less restrictive setting. Overall, the increase in agreement on appropriate placement is indicative of an acceptance among staff that less restrictive options must be continuously sought and that LTRH is to be used only when no other options are available.

Table 6 (below) identifies the placement reason for the 153 cases MDRT assigned to LTRH. Notably, 82.35% of MDRT assignments were due to serious acts of violent behavior (35.95%) or threats or actions of violence (46.41%). MDRT assignments due to the potential that a person's presence in general population creates a significant risk of physical harm (i.e., reason #6), decreased in FY2026 to 13.73% of placements. Among these individuals, 38.10% (8 of 21) were due to a person's request for protective custody and 47.62% (10 of 21) for refusing their approved housing assignment. Although IS placements due to reason #6 accounted for 40.61% of all IS placements, they accounted for only 13.73% of LTRH assignments. This contrast suggests that, in many cases, staff were able to identify a safe and appropriate housing alternative without LTRH placement.

Table 6: Longer-Term Restrictive Housing Assignment Reasons						
Reason for LTRH Placement	FY2024		FY2025		FY2026	
	Count of Events	% of Total Events	Count of Events	% of Total Events	Count of Events	% of Total Events
Serious Act of Violent Behavior	163	43.47%	73	41.24%	55	35.95%
Recent or Attempted Escape	1	0.27%	1	0.56%	1	0.65%
Threats or Actions of Violence	109	29.07%	63	35.59%	71	46.41%
Active Membership in STG	5	1.33%	1	0.56%	5	3.27%
Incitement or Threats to Incite Group Disturbances	1	0.27%	0	0.00%	0	0.00%
Presence in GP Will Create a Significant Risk of Physical Harm	96	25.60%	39	22.03%	21	13.73%
Individual does not feel safe in GP	*7*	~	*4*	~	*0*	~
Individual does not feel safe in PC	*1*	~	*1*	~	*0*	~
Individual Requested PC	*52*	~	*25*	~	*8*	~
Individual Refused Approved Housing	*22*	~	*5*	~	*10*	~
Individual Requires Involuntary PC	*2*	~	*0*	~	*1*	~
Other	*11*	~	*4*	~	*2*	~
Total	375	100.00%	177	100.00%	153	100.00%

Programs and services offered in restrictive housing

In March 2024, incarcerated individuals residing in restrictive housing were given the opportunity to receive their ViaPath tablets to gain access to additional programs that are available through Edovo. The tablets are distributed to individuals based on their compliance with assigned programming and willingness to participate in the Behavior Programming Plan each individual helps create. If the individual is not in compliance with these programs, they are not given the opportunity to have the tablet. Additionally, as part of the Tier incentive program, individuals can earn additional access to items on the tablets as they progress through the restrictive housing program.

In October 2024, NDCS implemented Pathways to Change, a program offered exclusively to individuals assigned to long-term restrictive housing (LTRH). Pathways to Change consists of multiple cognitive-based interventions that can be individualized to address each participant's rehabilitative needs. With its implementation, The Challenge Program (TCP) was discontinued. The program includes Pathway A: Courage to Change; Pathway B: Strategies for Change; and Pathway C: BRAVE, each of which uses interactive journals. Pathways D, E, and F are delivered through tablet-based programming available on the Edovo and CypherWorx platforms. In addition to the designated Pathways programming, individuals assigned to LTRH have access to tens of thousands of hours of educational, vocational, rehabilitative, and personal-development courses through these platforms.

Table 7 (below) provides a count of successful program completions for all Pathways Programs during FY2026. Individuals may participate in multiple programs at a time and can elect to take a program more than once even after prior successful completion. As such, the counts in Table 7 are representative of successful program completions and not unique individual participants.

Table 7: Successful Program Completions	
Program Name	Count of Completions
Pathway A-Courage to Change	31
Pathway B-Strategies for Change	52
Pathway C-BRAVE	72
Pathway D	24
Pathway E	19
Pathway F	43
Total	241

Individuals may complete multiple programs and/or complete a program more than once during a given LTRH stay or across multiple LTRH stays.

With the implementation of programs on individuals' tablets, NDCS has collaborated with the programming companies to determine the best tracking system available. As such, there may be missing or incomplete records, as the system continues to be finely tuned and data is entered into NICaMS.

Special Needs Populations

Two special needs populations warrant careful consideration in any discussion of restrictive housing: individuals needing protective management housing and individuals with diagnosed mental illnesses. This section will briefly discuss these populations and their relation to restrictive housing; however, more details will be provided in the Other Applicable Housing portion of this report.

Protective Management

Protective management units are designed for individuals who cannot be safely housed in other general population units. These units operate similarly to general population units in terms of out-of-cell time, as well as access to programming, work, and recreation opportunities, and are not part of restrictive housing. Any discussion of restrictive housing would be incomplete without considering individuals with protective custody (PC) needs, because of their contribution to the restrictive housing population. Recall from earlier sections of this report that people with PC needs, whether voluntary or involuntary, accounted for 40.61% of all IS placements (n=616) and 13.73% of LTRH assignments (n=21).

Presently, only individuals who have a PC investigation underway, refuse a protective management housing assignment (but cannot safely return to general population), or are awaiting bed space in protective management are assigned to restrictive housing. Upon such assignment, NDCS works with these individuals to identify the most appropriate alternative housing assignment at the earliest opportunity.

Mental Illness in Restrictive Housing

A primary area of concern in any restrictive housing discussion is how to address the needs of mentally ill individuals whose behavior presents a risk to themselves, others, and/or the safety and security of the institution. These individuals require a secure, therapeutic environment that provides critically needed mental health treatment while maintaining the safety of the patient, staff, and other individuals.

During FY2019, NDCS realigned the operations of the RTC Secure Mental Health Unit, which was an intensive therapeutic environment for individuals with serious, chronic, and persistent mental health issues. This allowed the unit more flexibility in its operations and ability to manage inmates outside of a restrictive housing unit structure.

These units serve crucial functions within NDCS, especially in light of LB686 (2019), which prohibits NDCS from placing any member of a vulnerable population in a longer-term restrictive housing environment. A vulnerable population member is defined as "… an inmate who is eighteen years of age or younger, pregnant, or diagnosed with a serious mental illness as defined in section 44-792, a developmental disability as defined in section 71-1107, or a traumatic brain injury as defined in section 79-1118.01."[8] It should be recognized, however, that many persons with mental illnesses who are placed in restrictive housing are stabilized on medications and with other therapeutic interventions. Their placements in restrictive housing have nothing to do with their cognitive states, nor does the restrictive housing environment necessarily result in decompensation.

During FY2026, 311 of the 1,119 unique people in restrictive housing (27.79%) at any point during the year, and 43.84 of the restrictive housing average daily population (29.38%), had a serious mental illness (SMI),[9] as defined in Nebraska Revised Statute 44-792(5)(b):

> *Serious mental illness means, on and after January 1, 2002, any mental health condition that current medical science affirms is caused by a biological disorder of the brain and that substantially limits the life activities of the person with the serious*

[8] See page 7 for statutory definitions of serious mental illness, developmental disability, and traumatic brain injury.

[9] With the addition of better data tracking modules in NICaMS during FY2020, behavioral health staff conducted significant reviews of individual mental health histories to ensure all active diagnoses were accurate and clinically supported. Those conditions determined to have been entered in error, contradictory to another diagnosis, in remission, or otherwise invalid, were end-dated. To account for these data management practices, a person's SMI status for this report was based on his or her current diagnoses. This is in contrast to FY2019 report, in which diagnoses from a person's current and previous incarcerations were considered.

mental illness. Serious mental illness includes, but is not limited to (i) schizophrenia, (ii) schizoaffective disorder, (iii) delusional disorder, (iv) bipolar affective disorder, (v) major depression, and (vi) obsessive compulsive disorder.

Table 8: Serious Mental Illness Diagnoses, FY2026		
Diagnosis	Count of Individuals with Diagnosis	% of Diagnoses
Bipolar Disorder	78	23.42%
Delusional Disorder	0	0.00%
Major Depressive Disorder	95	28.53%
Obsessive Compulsive Disorder	4	1.20%
Psychotic Disorder	70	21.02%
Schizoaffective Disorder	47	14.11%
Schizophrenia	39	11.71%
Schizophreniform Disorder	0	0.00%
Total Diagnoses among RH Population	333	100.00%
Unique Individuals with Any Diagnoses	311	

[1] Because individuals may have multiple diagnoses, the count of diagnoses will exceed the count of unique individuals in restrictive housing with a serious mental illness.
[2] "Bipolar Disorder" includes: Bipolar I Disorder, Bipolar II disorder, Bipolar Disorder NOS (not otherwise specified), and Substance/Medication-Induced Bipolar and Related Disorders.
[3] "Psychotic Disorder" includes: Brief Psychotic Disorder, Psychotic Disorder due to another Medical Condition, Psychotic Disorder NOS (not otherwise specified), and Substance/Medication-Induced Psychotic Disorders

Table 8 (above) provides the SMI diagnoses for these individuals.[10] A high priority for NDCS is to reduce assignments to restrictive housing for individuals whose functionality is impaired by their mental illness to restrictive housing and to limit the time these individuals spend outside of a general population or mission-specific housing assignment. To accomplish this, mental health treatment is provided to individuals in restrictive housing, and mental health staff partner with their clients to develop behavior and programming plans that allow individuals to gradually step down into less restrictive environments and transition to the mental health unit or general population.

As previously noted, a total of 311 unique individuals diagnosed with a SMI were held in restrictive housing for at least one day during FY2026. The average length of time spent for a given restrictive housing event was 22.49 days, which is 35.59% less than the average length of time for the restrictive housing population as a whole during FY2026. Same day releases made up 38.14% of all holding events for these individuals, and 53.58% of the restrictive housing placements were for 30 days or less, with 46.53% ending within 15 days. In total, 91.71% of holding events resulted in individuals with diagnosed SMI being diverted from restrictive housing entirely or an IS placement that ended in 30 days or less. For those individuals with a SMI who were on LTRH status, the average

[10] Some people had more than one diagnosis, so the total count of diagnoses will exceed the number of individuals.

length of time spent on LTRH status[11] during FY2026 was 221.44 days, which is 30.73% less than the average length of time for all individuals on LTRH status during FY2026.

Similar to the total restrictive housing population, over half of IS placements (51.30%) in FY2026 were related to serious acts of violent behavior (18.04%) or threats or actions of serious violent behavior (33.26%). The largest proportion of IS placements were identified as reason six: presence in General Population (GP) will create a significant risk of physical harm (47.61%). Also, similar to the total restrictive housing population, 84.31% of MDRT assignments to LTRH were due to serious acts of violent behavior (29.41%) or threats or actions of violence (54.90%).

Although some conditions may cause individuals to behave in disruptive ways or to decompensate when placed in a restricted environment, most individuals with a SMI are well-managed through a combination of medication, psychotherapy, and group-based interventions. By considering a person's level of care in combination with his diagnoses, NDCS can more clearly identify the level of services and interventions appropriate for persons with SMI and ensure those who need enhanced levels of treatment receive such care. It is also important to note that while an individual with an SMI may be placed on LTRH status, those with a level of care of 3 or higher (3 – Chronic/Residential Services, 4 – Sub-Acute Services, 5 – Acute/Crisis Stabilization Services) are not placed in a restrictive housing setting.

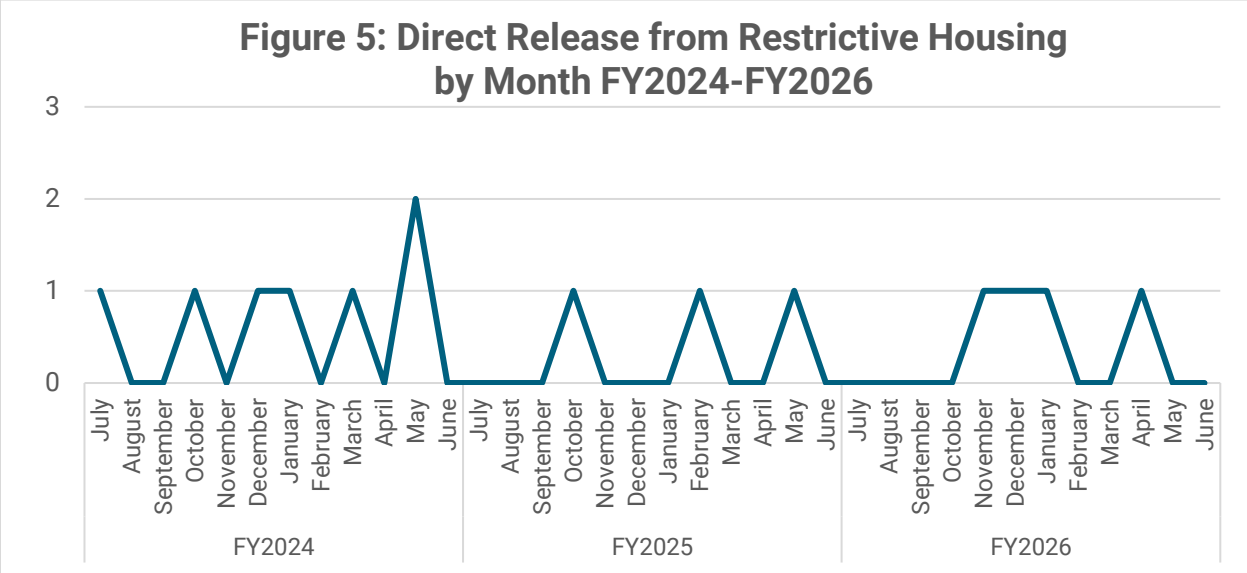
Direct Releases from Restrictive Housing to the Community

In addition to the use of restrictive housing for risk reduction purposes, another central objective of NDCS's ongoing restrictive housing reform is to reduce the number of individuals who discharge directly from restrictive housing into the community. Consistent with the department's mission, "Keep People Safe," multiple measures have been put into place to prevent as many people as possible from releasing to the community without a period of transition through general population. The Discharge Review Team is required to review every person in restrictive housing within 120 days of their release. Facility staff also collaborate with individuals to develop a release plan that allows them to transition out of restrictive housing and into general population, mission-specific housing, or treatment/behavioral-focused housing prior to release, whenever possible. Moreover, individuals who have spent more than 60 days in restrictive housing in the 150 days prior to their release have specialized reentry plans developed to avoid mandatory discharge from restrictive housing.

During FY2026, four people were released from restrictive housing into the community. Three of the four were released into the community under parole supervision. Figure 5 (below) shows the monthly counts of restrictive housing direct releases between FY2024

[11] Length of stay for longer-term restrictive housing placements are calculated as the number of days from a person's initial LTRH assignment to their restrictive housing release date. For individuals who were assigned to LTRH on the last day of FY2026, their event length of stay was calculated from their LTRH assignment through June 30, 2026.

and FY2026. Table 9 (below) and Appendix 2 provide information about the individuals directly discharged during FY2026 and their restrictive housing placements.



The average amount of time spent in restrictive housing prior to discharge for the four individuals released from restrictive housing was 13.25 days, although the range of time spent was between 2 and 31 days. The median length of time for these individuals was 10 days. Regarding reasons for their placement in restrictive housing, one was in restrictive housing for a serious act of violent behavior, one for threats or actions of violence, and the other two individuals requested Protective Management.

Table 9: Direct Discharges to the Community			
Reason for RH Placement	IS Status	LTRH Status	Total
Serious Act of Violent Behavior	0	1	1
Recent or Attempted Escape	0	0	0
Threats or Actions of Violence	1	0	1
Active Membership in an STG	0	0	0
Incitement or Threats to Incite Group Disturbances	0	0	0
Presence in GP Will Create a Significant Risk of Physical Harm	2	0	2
Total	3	1	4

It is important to note that the risk a person poses to the safety of others in a prison environment does not necessarily translate into the same level and type of risk they may

pose to others in the community once released.[12] For example, most incidents of prison violence are targeted at those within the prison STG structure and hierarchy or at authority figures. In this way, they are a means for someone to demonstrate the degree of power and control they are able to exert over others, and the threat they pose to those who subscribed to different ideologies or would try to control their behavior. This influence is easier to wield in prison where options for the targets of such aggression to physically leave a situation are more limited than in the community. In addition, the informal prison subculture requires individuals respond to perceived disrespect, most often with violence. In the community, responses to perceived disrespect may take different forms, and when violent, may involve a lower level of physical harm than what is expected to occur within prison.

Recall from above that half of the people who left restrictive housing voluntarily placed themselves in an environment that would minimize the likelihood of their release being jeopardized. In these instances, individuals had very little time before their upcoming release when placing themselves in restrictive housing. Despite them voluntarily entering restrictive housing prior to their releases, alternative and less restrictive housing options were continuously pursued.

Restrictive Housing Use in Surrounding States

As noted in reports from previous years, it is incredibly difficult to find standardized definitions of restrictive housing policies and practices across states. Attempts in prior years to collect exact data through a customized survey distributed by the Correctional Leaders Association (previously the Association of State Correctional Administrators [ASCA]) resulted in low response rates and continued definitional differences. Lack of data collection in an easily retrievable way prevented some states from being able to respond. Data in this report has been compiled from the most recent, most comprehensive, national study of restrictive housing conducted in collaboration with the Correctional Leaders Association (CLA) and The Liman Center for Public Interest Law at Yale Law School (Liman), specifically their August 2022 publication, "Time-In-Cell: A 2021 Snapshot of Restrictive Housing based on a Nationwide Survey of U.S. Prison Systems"[13],

In 2025, a request was sent to the surrounding states for the requested information, however, no new information has been provided to NDCS. There has not been an additional report from the CLA-Liman, so included below is the 2021 CLA-Liman report.

The 2021 CLA-Liman report is the sixth publication of cross-state comparisons on the use of restrictive housing in the United States. Data for this report was collected from surveys administered through CLA to all 50 states, the Federal Bureau of Prisons, the

[12] Mears, D.P., Stewart, E.A., Siennick, S.E., & Simons, R.L. (2013). The code of the street and inmate violence: Investigating the salience of imported belief systems. *Criminology, 51*(3), 695-728.
[13] For more information about the 2021 CLA-Liman report, its background, the data selected for use in this report, and clarification on definitions used throughout the study, please refer to the original document, available at https://digitalcommons.law.yale.edu/cgi/viewcontent.cgi?article=1025&context=amlaw.

District of Columbia, and four large metropolitan jail systems. In addition to total system and restrictive housing population numbers, the survey includes data on the number of individuals with mental illnesses in restrictive housing, as well as measures regarding length of stay in restrictive housing, gender, race and ethnicity, and age. This information is presented in more detail in the tables that follow. Please note that each table in this section contains two data points for Nebraska. The first is the data provided by Nebraska for the CLA-Liman report. This data is different than the average daily population measures presented throughout the Restrictive Housing Annual Report due to differences in counting rules and the timeframe under examination. More specifically, the CLA-Liman data is based on a snapshot of the NDCS population at the beginning of July of 2021. The CLA-Liman survey's definition of restrictive housing excludes individuals with a length of stay in a restrictive housing environment that is 14 days or less. The ADP values from the 2024 Restrictive Housing Annual Report have been provided to illustrate what the FY2024 data looks like after controlling for normal fluctuations that occur within any population and includes individuals housed in restrictive housing for 14 days or less.

The 2021 CLA-Liman report notes that the 34 reporting jurisdictions identified a total of 731,202 individuals under their direct control, of whom 25,083 (or 3.4%) were held in restrictive housing.

Race, Gender, Age, and Length of Stay

Regarding the demographics of restrictive housing populations, nationally, racial/ethnic minorities are somewhat overrepresented in restrictive housing populations relative to white inmates. Table 10a provides the total agency population for each state surrounding Nebraska, broken down by race/ethnicity, while Table 10b provides the restrictive housing racial/ethnic distribution for each of these agencies.

Table 10a: Agency Population by Race/Ethnicity, 2021 CLA-Liman Data[1]

Race/Ethnicity	Iowa	Kansas	Nebraska	South Dakota	Wyoming	Nebraska (FY2024 ADP)[2]
ASIAN	(not reported)	70	45	26	7	47
BLACK	1,968	2,349	1,508	277	99	1,694
HISPANIC	551	1,071	790	148	257	924
NATIVE AMERICAN	179	233	271	1,165	165	310
OTHER	79	(not reported)	58	10	4	70
PACIFIC ISLANDER	(not reported)	(not reported)	2	1	7	7
WHITE	4,977	4,848	2,774	1,725	1,655	2,829
Total	7,754	8,571	5,448	3,352	2,194	5,881

[1]Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri.
[2]Excludes individuals that did not provide race/ethnicity information.

Table 10b: Restrictive Housing Population by Race/Ethnicity, 2021 CLA-Liman Data[1]

Race/Ethnicity	**Iowa**	**Kansas**	**Nebraska**	**South Dakota**	**Wyoming**	**Nebraska (FY2024 ADP)[2]**
ASIAN	(not reported)	0	0	0	0	1
BLACK	170	183	50	5	1	62
HISPANIC	58	95	40	2	3	50
NATIVE AMERICAN	9	7	19	26	2	12
OTHER[2]	4	(not reported)	1	0	0	2
PACIFIC ISLANDER	(not reported)	(not reported)	0	0	0	0
WHITE	321	319	76	18	18	65
Total	562	604	186	51	24	193

[1]Information on race/ethnicity for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on race/ethnicity was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.
[2]Excludes individuals that did not provide race/ethnicity information. Includes individuals with a length of stay of 14 days or less.

Please note that not all jurisdictions reported on each racial/ethnic category, and Missouri did not provide any racial/ethnic distributions to the CLA-Liman study. For additional information about national trends in the use of restrictive housing by race/ethnicity, please refer to the original 2021 CLA-Liman report.

It is not surprising that a higher proportion of restrictive housing populations, nationally, is comprised of males relative to females (the median percentage for males was 3.4% and 0.7% of females held in restrictive housing). This same trend exists in Nebraska as Nebraska does not house females in restrictive housing. Table 11 provides the distribution of males and females in restrictive housing in surrounding states.

Table 11: Restrictive Housing Population for Surrounding States by Gender, 2021 CLA-Liman Data[1]

State	Total System Population	Total Restrictive Housing Population	Males in Restrictive Housing	Females in Restrictive Housing
Iowa	7,754	562	546	16
Kansas	8,571	604	600	4
Nebraska	5,448	186	182	4
South Dakota	3,352	51	51	0
Wyoming	2,194	24	24	0

[1]Information on gender for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on gender was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.
[2] Includes individuals with a length of stay of 14 days or less.

Nationally, most individuals in restrictive housing are between the ages of 26 and 50. This is consistent with Nebraska where 71.33% of those in restrictive housing are between the ages of 27 and 51. Table 12 provides the age distribution for the restrictive housing populations in states surrounding Nebraska.

Table 12: Restrictive Housing Population by Age Group, 2021 CLA-Liman Data[1]

Age Group	Iowa	Kansas	Nebraska	South Dakota	Wyoming	Nebraska (FY2024 ADP)[2]
Under 18	2	0	0	0	0	0.57 (18 and under)
18-25	143	61	43	16	3	47.07 (19-26)
26-50	384	455	133	33	19	136.45 (27-51)
51-70	33	84	10	2	2	7.60 (52-61)
Over 70	0	4	0	0	0	1.13 (62+)
Total	562	604	186	51	24	192.82

[1]Information on age for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on age was not reported by Missouri. Excludes stays in restrictive housing of 14 days or less.
[2] Includes individuals with a length of stay of 14 days or less.

Thirty-three jurisdictions reported information regarding the amount of time individuals were held in restrictive housing. This information is presented in Figure 7 and Table 13.

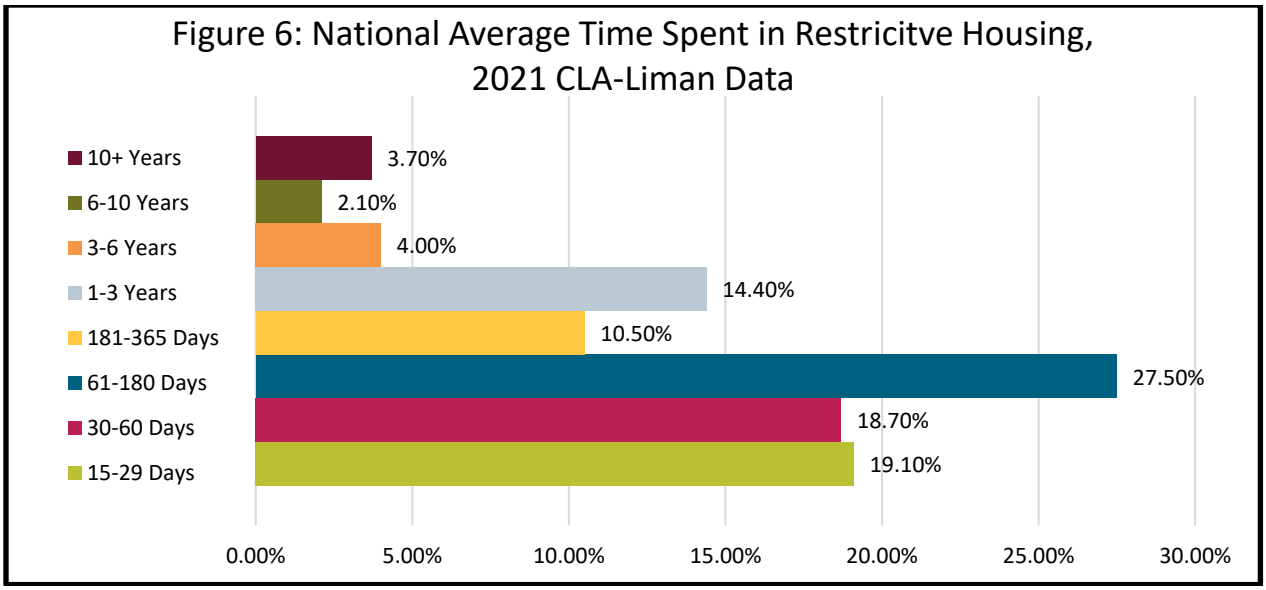


Table 13: Length of Stay for Surrounding States, 2021 CLA-Liman Data[1]

State	15-29 Days	30-60 Days	61-180 Days	181- 365 Days	1 – 3 Years	3 – 6 Years	6+ Years
Iowa	423	47	59	22	11	0	0
Kansas	135	152	212	59	46	0	0
Nebraska	27	32	65	28	18	16	0
South Dakota	0	7	18	11	13	1	1
Wyoming	12	6	2	1	3	0	0
Nebraska (all FY2025 RH events)[2]	323	273	195	102	49		

[1]*Missouri did not report on length of stay in restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing*
[2]*Excludes RH events that were 14 days or less.*

Mental Illness in Restrictive Housing, Nationally

As noted on page 51 in the 2021 CLA-Liman report:

> *…definitions of "serious mental illness" vary substantially across jurisdictions. Sources for definitions include correctional agency rules, sometimes keyed to psychiatric manuals, statutes, and rulings by courts. Thus, some jurisdictions have adopted the ACA's definition of serious mental illness. Others define SMI through certain diagnoses, and the terms and scope of included diagnoses vary. Other jurisdictions relied on mental health professionals' individual assessments of the severity of a person's illness. Given the variation in the scope and detail of jurisdictions' definitions, a person could be classified as seriously mentally ill in one jurisdiction and not in another.*

Because of these definitional differences, it is difficult to make cross-state comparisons about the use of restrictive housing for individuals with mental illnesses. The report further notes that the data in the report has not been scaled nor transformed in any other way to allow for comparisons, but is instead, reported as provided by each jurisdiction. Table 14 provides the count of individuals in restrictive housing in each of the surrounding states who are noted by that agency to have a serious mental illness.

Table 14: Inmates with Serious Mental Illnesses (SMI) in Restrictive Housing in Surrounding States, 2021 CLA-Liman Data[1]

State	Custodial Population with SMI	Population with SMI in RH
Iowa	1,504	150
Kansas	1,842	309
Nebraska	1,725	47
South Dakota	154	0

[1]Information for Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Information on SMI population was not reported by Missouri or Wyoming. Excludes individuals with a length of stay of 14 days or less.
[2] Includes individuals with a length of stay of 14 days or less.

Reasons for Placement and Community Releases, Nationally

The 2021 CLA-Liman is the first year that the survey obtained data for the reasons for placement in restrictive housing across jurisdictions. The categorizations offered are "administrative", "safety", "punishment", "personal choice", "COVID-19", and "other". It is worth noting that like the challenges in defining serious mental illness across jurisdictions, there is also variance among the categorizations of reasons for placement into restrictive housing. What may qualify as "safety" from one jurisdiction may be counted as "administrative" in another. For Nebraska, reasons one through five (Serious act of violent behavior, Recent escape or attempted escape, Threats or actions of violence, Active membership in a Security Threat Group, Incitement or threats to incite group disturbances) were included in the "Safety" category, and reason six (Presence in General Population will create a significant risk of physical harm) was categorized as "Personal Choice" with the exception of those with a placement reason of six and a subcategorization of "Other". The latter individuals were categorized as "Other" for the purposes of the CLA-Liman survey

Table 15: Reasons for Placement for Surrounding States, 2021 CLA-Liman Data[1,2]

State	Administ-rative	Safety	Punish-ment	Personal Choice	COVID-19	Other
Iowa	159	68	267	68	(not reported)	(not reported)
Kansas	380	1	55	166	2	0
Nebraska	0	156	0	27	0	3
South Dakota	(not reported)	50	(not reported)	(not reported)	(not reported)	1
Wyoming	0	0	23	0	0	1
Nebraska (all FY2024 IS placements)	0	1146	0	604	0	82

[1]Missouri did not report on placement reasons to restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing. Excludes individuals with a length of stay of 14 days or less.
[2] Includes individuals with a length of stay of 14 days or less and excludes holding events without IS placement.

Another addition to the 2021 CLA-Liman survey was data focused on releases from restrictive housing back to the general prison population and direct releases from restrictive housing to the community. For more detailed information on the individuals released from restrictive housing to the community in Nebraska, see Appendix 2.

Table 16: Individuals Released back to General Population and Direct Releases to the Community during FY2021 for Surrounding States[1]

State	Released to General Population	Released to the Community
Iowa	390	5
Nebraska[2]	833	17
South Dakota	104	4
Wyoming	0	0

[1]Kansas and Missouri did not report on releases from restrictive housing. Colorado was excluded because they do not have individuals that fall within the survey parameters of restrictive housing.
[2]Representative of the total number of unique individuals that had a restrictive housing event end between 7/1/2020 and 7/1/2021. Only restrictive housing events with a length of stay of 15 days or more are included. Total number of qualifying restrictive housing events that ended in the timeframe was 1,010.

Other Applicable Housing

General facility trends

As discussed previously, this report will provide information on housing unit assignments that are neither restrictive housing nor general population ("Other Applicable Housing"). If a housing unit does not meet all of the following requirements to be considered general population under statute, then those units are included in this section: an incarcerated

individual housing area that allows out-of-cell movement without the use of restraints, a minimum of six hours per day of out-of-cell time, regular access to programming areas outside the living unit, and access to services available to the broader population.

Other applicable housing units are divided amongst three facilities: RTC, TSC and NCW. NDCS has dedicated and allocated many resources to reduce the number of individuals housed in these units. For this reason, many of the older units that were discontinued, and several newer units were opened with new purposes. These units will be described in further detail later in this report. It is important to note that while an ADP can be calculated for each housing type, Average Length of Stay (LOS) cannot be calculated for Health Services Units. RH and SMU LOS reports are calculated based on an event start and a corresponding end date. Mental Health Units and Skilled Nursing Facilities do not have a way to track this information.

The two types of other applicable housing that will be discussed are:

(1) Special Management Units (Protective Management, RTC F/G Units, TSC Upper A and E Galleries, and the NCW Behavior Intervention and Program Unit) and
(2) Health Services Units (Skilled Nursing Facilities and Mental Health Units).

Table 17: Types of Other Applicable Housing Units by Facility

Facility	Special Management Units	Mental Health Units	Skilled Nursing Facilities
RTC	Active	Active	Active
TSC	Active	~	Active
NCW	Active	~	Active

Protective Management (PM):

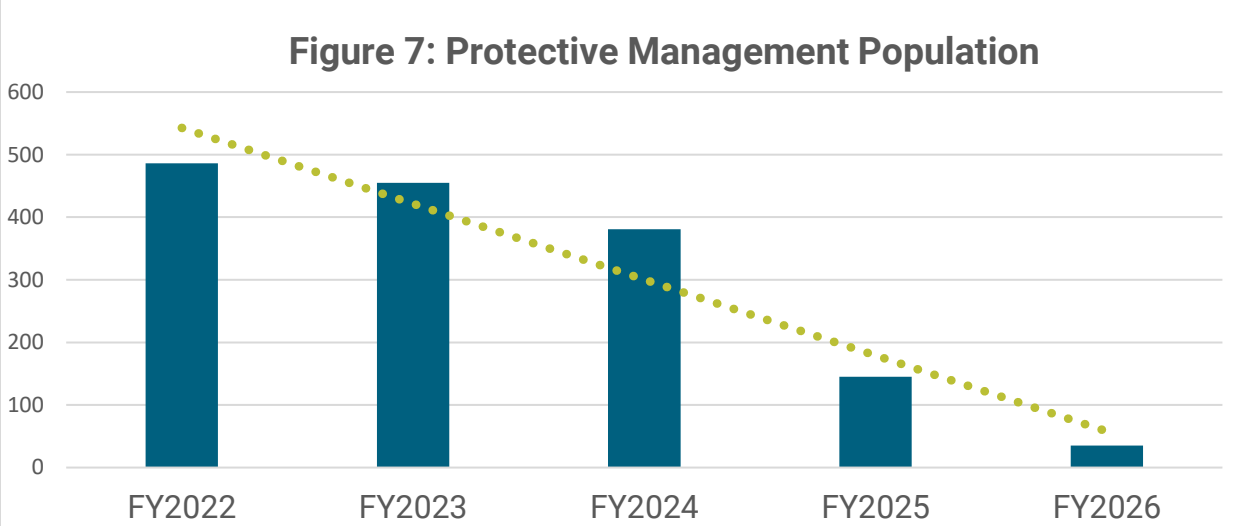
Protective Management units are considered Mission Specific Housing (MSH); these units are designed for individuals who cannot be safely housed in other general population units. Protective management is the classification status of an individual who is housed in a safe location to reduce the risk of harm by others while having privileges similar to general population housing in terms of out-of-cell time, as well as access to programming, work, and recreation opportunities, and are not part of restrictive housing. Any individual may request protective management; alternatively, it may be determined that an individual needs to be placed on involuntary protective management for their own safety. These individuals will participate in a Protective Management Investigation completed by designated staff. The investigation will be reviewed and information verified to determine if the individual will be classified to the Protective Management Unit. The Warden and/or designee will approve/deny protective management placements.

Each Protective Management unit has at a minimum of 1 control corporal and a floor corporal/unit caseworker. Each Protective Management Unit also has the additional resources of a unit manager and at least one case manager.

Programming and services provided are similar to general population. Programming will be discussed in a later section; however, the following services are made available to the PM individuals: education, library/law library, supervised yard access, gym activities, medical/mental health/dental, canteen, mail, visiting, telephone access, and religious services.

If an individual decides they no longer need/want protective management, they can notify their housing unit staff and sign the Refusal for Protective Custody form. This request will be reviewed and approved/denied depending on the safety/security of the facility and the individual. If approved, the individual will be reclassified to general population and removed from the Protective Management Unit based on bed space and availability.

It is important to note that the Protective Management population has decreased significantly from FY2022 to FY2026. This can be attributed to the changes that NDCS has made to Restrictive Housing and Special Management. By removing higher-risk, predatory individuals from general population settings, individuals that previously required Protective Management no longer need protective custody. This is illustrated in Figure 7 below.



Special Management Unit (SMU):

The ADP for SMU during FY2026 was 398 individuals with RTC housing 346 individuals (86.77%), TSC housing 41 individuals (10.17%), and NCW housing 12 individuals (3.06%) on any given day. Of the individuals housed in SMU, 77.16% were between the ages of 22 and 41. The average length of stay for all SMU was 380 days, with a median of 338 days.

RTC F/G Units:

F/G Unit is used to reduce the use of restrictive housing for special populations that require a controlled and structured environment and are classified Maximum 1A custody. The purpose of F/G Unit is to provide a structured environment with conditions of confinement like a General Population setting for individuals whose behavior and institutional history demonstrate a pattern of high-risk behavior that in turn poses a significant risk to the safe and effective operation of NDCS facilities. At the beginning of FY2024, this unit became a Special Management Unit due to several serious staff assaults on May 31, 2023, involving three incarcerated individuals utilizing weapons to assault staff. For this reason, this unit operated with 3.5 hours out-of-cell time daily.

Staffing requirements for F/G Unit from 0700-1900 is eight floor corporals, four control corporals, six utility staff, and two sergeants. Staffing requirements for F/G Unit from 1900-0700 is four floor corporals, two control corporals, four utility staff, and one sergeant. F/G Unit also have the additional resources of a unit manager and six case managers.

Due to the high-risk nature of this population a strict schedule in which movement is controlled and monitored is utilized to minimize risk to staff and other individuals as well as manage a safe and successful housing unit. F Unit and G Unit have one shared yard each; due to the nature of the groups in which the individuals are assigned, they are not permitted to intermingle or have direct contact. F1/F2 and G1/G2 will have alternating Yard and Dayroom schedules to ensure groups from F1 do not have contact with F2. The same is true for G1/G2.

This highly structured environment serves a dual purpose by reducing the use of restrictive housing and giving the individuals that have been on LTRH the opportunity to transition to a less restrictive setting before reintegrating with general population; and reducing the use of restrictive housing when used as an alternative to LTRH placement. NDCS mitigates the higher risk of violence towards staff by ensuring staff are trained and properly equipped with the necessary tools to maintain a safe and secure environment.

TSCI Upper A and E Galleries:

In January 2024, a 22-bed gallery at the TSC Restrictive Housing Unit was discontinued as a Restrictive Housing Gallery and repurposed as a Mission Specific Housing Unit. On October 7, 2024, another 20 beds were repurposed as Mission Specific Housing. These units (Upper A and E Galleries) are used to reduce the use of restrictive housing for special populations that require a controlled and structured environment and are classified to Maximum 1A custody, but require a higher level of structure and control than RTC F/G. The purpose of Upper A and E Galleries is to provide a structured environment with conditions of confinement similar to a General Population setting for individuals whose behavior and institutional history demonstrate a pattern of high-risk behavior that in tum poses a significant risk to the safe and effective operation of NDCS facilities.

During FY2026, individuals assigned to Upper A and E galleries were offered 3.5 hours of out-of-cell time per day. Staffing requirements for Upper A and E Galleries from 0700-1900 is three floor corporals; from 1900-0700 is one floor corporal. Upper A and E Galleries also have the additional resources of a unit manager, corrections captain and a case manager.

Due to the high-risk nature of this population a strict schedule in which movement is controlled and monitored is utilized to minimize risk to staff and other individuals as well as manage a safe and successful housing unit. Upper A and E Galleries both have one yard that is utilized by one individual at a time. The units are offered free time in the day room and the units are divided into small groups to ensure movement is monitored and controlled in the safest manner possible. This highly structured environment serves a dual purpose by reducing the use of restrictive housing and giving the individuals that have been on LTRH the opportunity to transition to a less restrictive setting before reintegrating with general population; and reducing the use of restrictive housing when used as an alternative to LTRH placement. NDCS mitigates the higher risk of violence towards staff by ensuring staff are trained and properly equipped with the necessary tools to maintain a safe and secure environment. The individuals assigned to this unit are given an incentive-based case plan focusing on pro-social development, anger management and conflict resolution to assist in the transition to a general population setting. Some examples of the programming offered are: 7 Habits of Highly Effective People, 5 Keys, and a variety of programs available via tablet.

Behavior Intervention and Programming Unit (BIPU):

The Behavior Intervention and Programming Unit (BIPU) was developed to replace the use of immediate segregation and longer-term restrictive housing at NCCW. The BIPU functions as a controlled movement unit, and the individuals assigned to the BIPU have demonstrated institutional behavior that is disruptive to the effective operations of the facility. The BIPU is a gender responsive approach to reducing trauma during incarceration, with the objective of identifying high-risk behaviors and addressing those behaviors through interventions, such as cognitive-behavioral programming, clinical programming, and intentional peer support. Programming can be completed in rooms and outside of the unit.

The BIPU allows NCW team members to identify and target the specific needs of an individual. Shift supervisors can place individuals in the BIPU if they become disruptive to the facility and all placements are reviewed by the warden/designee within 72 hours of placement. After initial placement, each woman in the BIPU is reviewed weekly to determine their progress and identify programming needs with the focus being successful transition and return of residents to general population. As a mission-specific housing unit, the BIPU has similar conditions of confinement as those found in the general population. The unit allows for at least six hours out-of-cell each day, congregate activities, full property and canteen privileges, and less use of physical restraints. The

residents can participate in an incentive program that encourages pro-social behaviors and allows them to work toward assignment back to general population.

Health Services Units Demographics:

On average during FY2026, approximately 122 individuals were held in HS SMU on any given day. RTC housed approximately 113 (92.06%) of these individuals, while TSC housed approximately 9 (6.96%) individuals and NCW housed approximately 1 (0.98%). 54.16% of the individuals housed in HS SMUs were between the ages of 22 and 41, and 44.97% were age 42 or more.

Skilled Nursing Facilities (SNF):

NDCS provides comprehensive health care to the patient population, to facilitate these services RTC, TSC, and NCW maintain a Skilled Nursing Facility (SNF) within the facility. Care beyond the resources provided by the SNF will be provided using community resources. While each SNF has their own procedures they all have overriding requirements to be considered a licensed Skilled Nursing Facility; these requirements include:

- The definition of the scope of infirmary care services available
    - Each SNF provides the following levels of care:
        - Acute In-Patient Stay
        - Chronic Care Stay (SNF care longer than 30 days)
        - Short Stay (must be admitted if need persists over 24 hours)
- A physician on call 24 hours a day or available twenty-four hours per day
- Health care personnel with access to a provider or Registered Nurse
- Health care personnel on duty 24 hours per day
- All patients within sight or sound of a team member
- A manual of nursing care procedures
- An infirmary record that is a separate and distinct section of the medical record
- Compliance with applicable State statutes and local licensing requirements

Medical Staffing Requirements:

A Senior Physician at the assigned facility will serve as the Healthcare Coordinator for the Skilled Nursing Facility. They will ensure a Medical Officer of the Day roster is maintained to provide on-call service 24 hours per day. This roster will utilize all full-time Physicians, Nurse Practitioners and Physician Assistants employed at various NDCS medical facilities. A physician will be designated on backup call for each physician's assistant/nurse practitioner. The Director of Nursing at each facility, who is required to be a registered nurse, is responsible for all nursing services to include the availability of on-site 24-hour nursing care. Responsibility for the day-to-day operation of the SNF rests jointly with the Healthcare Coordinator, Director of Nursing, Associate Warden, and Warden. The Institutional Healthcare Coordinator and the NDCS Health Care Administrator will ensure the SNF retains a current State of Nebraska license.

Mental Health Unit (MHU):

The mission of the Mental Health Units (MHU) is to provide optimal management of NDCS' Special Needs Individuals in a safe and secure therapeutic environment. The MHU utilizes a collaborative, multi-disciplinary approach to facilitate psychiatric stabilization and help the individual achieve their highest level of functioning. The overall goal is to increase the probability of a successful transition to general population. A wide range of services are necessary to identify, evaluate, diagnose, and treat these individuals successfully. These services are provided by qualified mental health professionals who meet the educational and license/certification criteria. The focus of the Mental Health Unit is to provide individuals with a safe, psychologically healthy environment that promotes positive change and growth. Individuals will be offered stabilization and treatment services.

Individuals who have been screened and identified as having a Serious Mental Illness (SMI), and whose mental health concerns cannot be safely/effectively managed in a general population setting may be eligible to be transferred to an MHU. Individuals referred to MHU are screened by a Qualified Mental Health Professional (QMHP) who considers both diagnostic criteria and functional impairment. Individuals who present with functional impairment, suicidal ideation, or other psychiatric concerns may be further assessed for a higher level of care. Any QMHP may recommend MHU placement for individuals requiring Chronic Care treatment. Consultation between the referring QMHP and the MHU providers should occur to coordinate placement of an individual. Placement may also be decided by a MHU Multi-Disciplinary Team (MDT). The MHU MDT will consist of a psychiatrist, psychologist, Warden/designee, mental health practitioner, nurse, social worker, behavioral health caseworker and a representative of the institutional unit staff. The MHU MDT will consider multiple factors, including the individual's special management needs, the specific circumstances that require the individual to reside in a more controlled housing setting in lieu other general population housing assignment, and overall safety/security factors. If there is not consensus regarding the recommendation, the Medical Director shall determine formal disposition of assignment.

Staffing requirements for a MHU include: a psychiatrist, psychologist, mental health practitioners, psychiatric nurse, behavioral health caseworkers, certified master social worker, and clinical treatment manager. A control corporal and floor corporal/unit caseworker are also on the unit. Each unit also has the addition of a unit manager and at least one case manager as an additional resource.

Programming in Other Applicable Housing Units

Programming offered in Other Applicable Housing Units varies based on the population assigned to that unit. The Violence Reduction Program was terminated during FY2024 and is no longer offered in any housing unit. Health Services MSH boasts the highest number of program completions and that is due in large part to their compliance with programming in general. HS MSH consists of Mental Health and Skilled Nursing, a population that does not typically engage in high-risk behaviors.

Conclusion

This report demonstrates NDCS's continued progress in safely reducing the use of restrictive housing. The restrictive housing average daily population decreased from 160.34 in FY2025 to 149.19 in FY2026, a 7% reduction and the lowest level recorded during the past five fiscal years. Since FY2019, the average daily population has declined from approximately 372 individuals to 149, representing an overall reduction of approximately 60%. This continued downward trend reflects NDCS's commitment to housing individuals in the least restrictive environment that can safely meet their needs while maintaining the safety and security of staff, incarcerated individuals, and facilities.

The number of new longer-term restrictive housing assignments also continued to decrease. During FY2026, 153 individuals were assigned to LTRH, compared with 177 in FY2025, representing a reduction of approximately 13.6%. Additionally, 82.35% of FY2026 LTRH assignments resulted from serious acts of violent behavior or threats or actions of violence. These outcomes demonstrate that LTRH is increasingly reserved for individuals whose behavior presents a significant and continuing risk that cannot yet be safely managed in a less restrictive setting.

Immediate segregation placements were also resolved more quickly during FY2026. The average length of an IS placement decreased from 10.36 days in FY2025 to 8.32 days in FY2026, a reduction of approximately 19.7%, while the median stay decreased from eight days to six days. Excluding same-day releases, 49.31% of restrictive housing placements ended within 30 days, compared with 38.46% during the previous fiscal year. Placements ending within 15 days increased from 30.30% to 43.28%, further demonstrating that a greater proportion of individuals are transitioning from restrictive housing more quickly.

NDCS has also continued to expand the range of alternatives available for managing individuals who require additional structure, protection, or intervention. Although placements associated with a significant risk of physical harm accounted for 40.61% of IS placements, they represented only 13.73% of LTRH assignments. This difference indicates that, in many cases, staff were able to identify safe and appropriate housing alternatives without the need for a longer-term restrictive housing placement. Mission-specific housing units, multidisciplinary review, and individualized transition planning provide NDCS with additional tools to manage risk while reducing unnecessary reliance on restrictive housing.

Increased programming opportunities further support individuals' transition to less restrictive environments. Through Pathways to Change and tablet-based programming available through Edovo and CypherWorx, individuals assigned to LTRH have access to targeted cognitive interventions, as well as tens of thousands of hours of educational, vocational, rehabilitative, and personal-development coursework. NDCS will continue evaluating its practices, expanding appropriate alternatives, and pursuing opportunities

to reduce both the number and duration of restrictive housing placements while maintaining safe and secure correctional environments.

Outcomes for individuals diagnosed with a serious mental illness also reflect NDCS's efforts to limit both the use and duration of restrictive housing for this population. During FY2026, 91.71% of holding events involving individuals with an SMI resulted either in diversion from restrictive housing or in an immediate segregation placement that ended within 30 days. Their average restrictive housing event lasted 22.49 days, 35.59% shorter than the average for the restrictive housing population as a whole, and 46.53% of placements ended within 15 days. For individuals with a serious mental illness who required LTRH placement, the average length of stay was 221.44 days, 30.73% shorter than the overall LTRH average. These outcomes demonstrate NDCS's continued focus on providing appropriate treatment and transitioning individuals with serious mental illness to general population or mission-specific housing as soon as they can be safely managed in a less restrictive setting.

Appendix 1: Longer-Term Restrictive Housing Referral Outcomes, FY2023 through FY2025

Table 5: Longer-Term Restrictive Housing Referral Outcomes - FY2025					
Facility Submissions		**MDRT Decision**			
Recommendation	# of Referrals	Assign	Continue	Remove	MDRT Approval Rate
Assign to LTRH	243	176	0	67	72.43%
Continue Placement	692	0	580	112	83.82%
Remove	156	1	30	125	80.13%
Total	1091	177	610	304	~

Longer-Term Restrictive Housing Referral Outcomes - FY2024					
Facility Submissions		**MDRT Decision**			
Recommendation	# of Referrals	Assign	Continue	Remove	MDRT Approval Rate
Assign to LTRH	462	375	4	83	81.17%
Continue Placement	590	~	471	119	79.83%
Remove	215	~	13	202	93.95%
Total	1267	375	488	404	~

Longer-Term Restrictive Housing Referral Outcomes - FY2023					
Facility Submissions		**MDRT Decision**			
Recommendation	# of Referrals	Assign	Continue	Remove	MDRT Approval Rate
Assign to LTRH	321	284	0	37	88.47%
Continue Placement	885	0	707	178	79.89%
Remove	271	1	23	247	91.14%
Total	1477	285	730	462	~

Appendix 2: Individuals Released from Restrictive Housing into the Community, FY2025

Individuals Released from Restrictive Housing into the Community						
Release Date	Placement Reason	Length of Stay	Status	Released From	Release Type	Released to Detainer
11/12/2025	Presence in GP will create a significant risk of physical harm	2	IS	RTC	PROL	No
12/14/2025	Threats or actions of violence	15	IS	RTC	DISC	No
1/12/2026	Serious act of violent behavior	31	LTRH	TSC	PROL	No
4/21/2026	Presence in GP will create a significant risk of physical harm	5	IS	NSP	PROL	No