Non-Custodial and Behavioral Health Staffing Analysis

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Facility Acronyms

CCC-L	Community Corrections Center – Lincoln
CCC-O	Community Corrections Center – Omaha
NCCW	Nebraska Correctional Center for Women
NCYF	Nebraska Correctional Youth Facility
NSP	Nebraska State Penitentiary
OCC	Omaha Correctional Center
RTC	Reception and Treatment Center
TSCI	Tecumseh State Correctional Institution

Executive Summary

Purpose of the report

Abt Global (Abt) conducted a comprehensive staffing analysis for the Nebraska Department of Correctional Services (NDCS). The analysis assesses current staffing levels, identifies gaps, benchmarks NDCS against peer correctional systems, and highlights opportunities to improve operational effectiveness. Adequate staffing is key to ensuring that NDCS can operate effectively and efficiently, allowing it to achieve its mission to keep people safe. Nebraska statute requires that NDCS conduct a non-custodial staffing analysis every six years[1] to ensure compliance with state requirements, examine staffing patterns, and prepare for future planning exercises. NDCS conducted the last non-custodial staffing analysis in 2020. Since that report, the Office of the Inspector General cited a shortage of mental and behavioral health providers as one of the most significant challenges for the state's correctional system in a 2024 report.[2]

As of the end of fiscal year (FY) 2025, NDCS operated nine correctional facilities with approximately 2,735 employees across 150 job classifications. Non-custodial staff manage critical functions such as administration, finance, maintenance, health, and food service, while behavioral health services provide essential mental health and substance use treatment. Because both groups are vital to the stability and effectiveness of correctional operations, ensuring the right staffing levels is critical.

Our analysis has four key objectives:

1. Assess staffing levels between FY 2023 and 2025,
2. Compare staffing levels against peer institutions and industry standards,
3. Understand potential gaps and areas for improvement in existing staffing structure,
4. Identify recommendations for improving efficiency, retention, and staff well-being.

To achieve these goals, we analyzed NDCS facility-level data and administrative human resources data. We also spoke with 86 non-custodial and behavioral health leadership and staff. We begin with an overview of our methodology, then describe system-wide results, followed by facility-specific results in order from largest to smallest facility by incarcerated population. For each facility, we provide a brief profile of the facility and then staffing levels findings.

Key findings

- **Overall staffing framework is sound.** Across many facilities, authorized staffing levels are reasonably aligned with workload-based estimates and industry benchmarks, indicating that many challenges stem from recruitment and retention rather than workforce design.
- **Medical services are largely structured to meet operational needs.** Several facilities maintain appropriate medical staffing models, and smaller facilities effectively leverage shared healthcare resources, contracted services, and telehealth to support care delivery.
- **NDCS compares favorably to peer systems on staffing ratios and compensation.** The department's non-custodial staff-to-incarcerated-person ratio is comparable to or better than several peer correctional systems, and average salaries are generally competitive.

[1] NE Code § 83-906 (2024)

[2] Office of Inspector General of the Nebraska Correctional System. (2024). *2024 Annual Report.*

- **Facilities continue to maintain broad programming portfolios despite staffing constraints.** Major institutions support extensive educational, treatment, recreational, vocational, and rehabilitative programming, demonstrating strong commitment to inmate services and reentry preparation.

- **Behavioral health staffing remains the most significant challenge across the system. High** vacancy rates among Behavioral Health Practitioners, psychologists, psychiatrists, and social workers may limit the department's ability to provide timely assessments, treatment planning, crisis intervention, and ongoing behavioral health services. Several facilities operate substantially below estimated behavioral health staffing requirements.

- **Vacancies, rather than authorization levels, are driving many operational challenges.** Across multiple facilities, authorized positions exist but remain unfilled, particularly in behavioral health, medical services, administration, food service, and case management. Recruiting and retaining qualified staff remains a primary operational concern.

- **Overtime costs suggest ongoing staffing strain.** Rising overtime expenditures across facilities indicate continued pressure on existing staff and highlight the operational impact of persistent vacancies.

- **Several smaller facilities have opportunities to reallocate surplus capacity.** Facilities such as NCCW, WEC, CCC-O, and NCYF have staffing areas where resources exceed estimated requirements, creating opportunities to strengthen higher-priority operational functions without significant net staff growth.

Methodology

This analysis employed a cross-sectional, mixed-methods design to estimate staffing requirements for non-custodial and behavioral health services. The approach integrates administrative workforce data, facility-level operational data, and workload-based modeling to quantify staffing needs, assess workforce composition, and evaluate alignment between staffing levels and service delivery demands. We also compared findings against benchmarks from peer institutions and national industry standards. Details on the benchmark analysis are in Appendix A.

Data sources

The analysis draws on multiple data sources spanning FY 2023 through 2025. Primary inputs include administrative human resources data capturing authorized positions, filled positions, vacancy duration, and job classifications across non-custodial and behavioral health roles. NDCS provided facility-level operational data which include average daily population (ADP), population characteristics (e.g., prevalence of serious mental illness [SMI]), program offerings, and program operating hours. We harmonized data sources, where appropriate, to ensure consistency in units of analysis (e.g., facility-level aggregation) and reporting periods. To contextualize quantitative findings, we collected qualitative data through 86 semi-structured interviews with facility leadership and staff. These interviews provided insight into operational workflows, workload distribution, and perceived constraints on service delivery.

Measures

We operationalized service demand using facility-level population measures, including ADP and indicators of population acuity such as the proportion of individuals with SMI, and the number of substance use treatment recommendations. Additional proxies for service demand included the number of programs offered, program hours per day, and the proportion of the population eligible for specific services (e.g., education).

Workforce variables included:

- Number of filled positions by role and facility
- Number of authorized positions by role and facility
- Vacancy rates and average duration of vacancies
- Job classification categories (e.g., behavioral health practitioners, administrative staff, program staff)

Operational outcomes included indicators of service delivery and workforce strain, including:

- Program availability and coverage (e.g., programs operating at or below intended capacity)
- Service access constraints (e.g., delays in clinical intake or reduced participation capacity)
- Overtime utilization as a proxy for staffing insufficiency and workload imbalance

Analytic Approach

Estimation of Required Staffing

We estimated required staffing levels using a workload-based modeling framework. For each facility, staffing requirements were derived from service demand using role-specific workload assumptions. These assumptions define the expected volume of work that can be performed by a single full-time equivalent (FTE) within a specified role (e.g., caseload for behavioral health providers, student-to-teacher ratios for education staff, or group sessions per day for program staff). Service demand inputs varied by role and included measures such as SMI population (for behavioral health staff), total population (for case management, food service, etc.), or program volume and hours (for program and education staff). For

roles where workload is variable (non-fixed) we use an adjustment factor of 1.25, which represents a coverage multiplier applied to account for non-productive time, including leave, training, and administrative duties. This adjustment ensures that staffing estimates reflect the total number of personnel required to sustain continuous service delivery.

Comparison of Required, Authorized, and Filled Staffing

To assess staffing adequacy, we calculated and compared three measures of staffing:

1. **Filled staffing**, representing current workforce levels.
2. **Authorized staffing**, based on approved position counts (filled plus vacant positions).
3. **Required staffing**, derived from peer benchmarks, workload analysis (where applicable), and national industry standards.

Differences between required and authorized staffing typically represent structural gaps in workforce design, while differences between authorized and filled staffing are typically due to recruitment or retention gaps. Importantly, gaps between authorized and required staffing do not always reflect a need to adjust authorized staffing levels.

Assessment of Staffing Mix

We analyzed workforce composition by calculating the distribution of staff across job classifications within each facility. We aggregated role-specific FTE counts to estimate the proportion of staff assigned to clinical, programmatic, administrative, and support functions. We compared these distributions against workload-driven staffing requirements to assess alignment between workforce composition and service delivery needs.

Notes:

1. Because we use a workforce multiplier of 1.25 for several positions, required staffing levels often include fractional staff (e.g. 1.2 FTEs). When making recommendations for adding or reducing staff levels, however, we always default to the lowest whole number as hiring fractional FTEs is not typically recommended. That means if the required staffing is estimated at 8.7 but the authorized and filled is at 7, we might recommend one additional FTE, not 1.7 FTEs. Additionally, in some cases, there are significant gaps between filled and authorized positions in addition to gaps between authorized and required positions. In these cases, we typically defer to filling vacant positions and reassessing staffing needs before adding authorized positions, with a few exceptions.
2. With some exceptions, caseworkers at NDCS fulfill duties similar to corporals. Exceptions include caseworkers at NCCW, CCC-O, and CCC-L. At these facilities, caseworkers maintain a caseload. Additionally, some caseworkers are behavioral health caseworkers or programmatic staff, but this distinction is not available in the data for this analysis. Due to the data limitations, we do not make recommendations related to caseworker staffing.
3. We include facility-specific analyses for eight NDCS facilities, all except the Work Ethic Camp (WEC). WEC was converted to an immigration detention facility in November 2025. Accordingly, we exclude facility analysis and recommendations for that facility from this report as requirements for federal immigration facility staffing differ from other NDCS facilities.

Limitations

There are a few limitations to this analysis. First, workload assumptions are based on generalized standards and reported practices and may not fully capture variation in individual staff productivity or cross training. Second, some facility-level data (e.g., program participation rates or time allocation across tasks) were not uniformly available, requiring the use of proxy measures. Third, differences in reporting periods (e.g., fiscal year versus calendar year) may introduce minor inconsistencies in trend analysis. Additionally, qualitative findings informed some workload assumptions, however, these assumptions are based on a limited number of interviews and may not fully represent all staff perspectives. Fourth, NDCS did not provide an overall staffing plan which required us to make assumptions about some staff allocations, particularly for administrative support staff. Finally, if an individual works in multiple facilities, we include them in the analysis only for their home facility as the data only provide information on home facility.

NDCS Staffing Overview

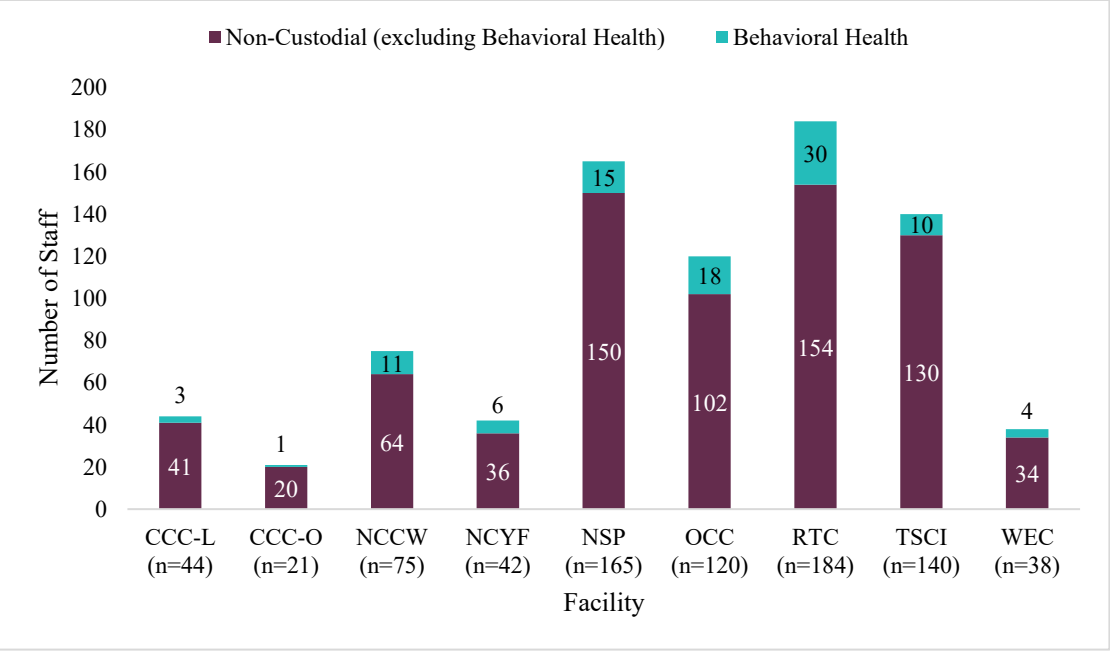
At the end of fiscal year 2025, NDCS had 1,086 non-custodial employees, including 112 behavioral health employees. As shown in Table 1, there were similar numbers at the end of FY 2023 and 2024.

Table 1. Number of Non-Custodial and Behavioral Health Staff at the End of FY23-FY25

	Number of Non-Custodial Employees	% Change Non-Custodial	Number of Behavioral Health Employees	% Change Behavioral Health
June 2023	1,036	-	109	-
June 2024	1,011	-2.4%	98	-10.1%
June 2025	1,086	7.4%	112	13.3%
Note: Non-custodial staff includes behavioral health staff				

In FY 2023-2025, most non-custodial staff worked in one (or more) of nine state correctional facilities.[3] Staff who work in more than one facility were coded as working in their home facility, based on the Position Control Report data. On average across the three fiscal years, 829 non-custodial staff worked in facilities, including 98 behavioral health staff. Figure 1 shows this breakdown by facility.

Figure 1. Average Count of Non-Custodial and Behavioral Health Staff (FY23-FY25), by Facility (N=829)



Of the remaining non-custodial employees, most worked in Central Office/Pharmacy (155), followed by Cornhusker State Industries (CSI).

[3] For the purposes of this analysis, historical data from DEC and LCC have been combined to reflect RTC at the end of FY 2025.

Central Office, Pharmacy, and Cornhusker State Industries

We analyzed authorized versus filled versus required staffing across key staffing categories. To identify required staffing levels we used peer benchmarking, recommendations from national industry associations, requirements from Nebraska State Legislature, and information from interviews with NDCS staff. Table 2 provides an overview of authorized and filled administrative positions for central office, pharmacy, and Cornhusker State Industries (CSI).

Table 2. CO, Pharmacy, CSI Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
Office of General Counsel						
General Counsel (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Attorney	2.0	2.0	3.0	1.0	1.0	Three attorneys for NDCS
Paralegal	1.0	1.0	1.0	0.0	0.0	One per three attorneys
Office of the Chief of Staff						
Chief of Staff Services (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Legislative Coordinator	1.0	1.0	1.0	0.0	0.0	One per NDCS
Marketing & Communications Specialist II	1.0	1.0	1.0	0.0	0.0	One per NDCS
Marketing & Communications Specialist III	1.0	1.0	1.0	0.0	0.0	One per NDCS
Research						
Research Director (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Research Supervisor	0.7	1.4	1.0	0.3	-0.4	One per NDCS
Program Analyst	1.0	1.0	2.0	1.0	1.0	Two per NDCS
IT Business Systems Analyst	2.3	2.7	2.0	-0.3	-0.7	Two per NDCS
Correctional Records						
Corr Records Administrator	1.0	1.0	1.0	0.0	0.0	One per NDCS central records team
Corr Records Manager I	1.0	1.0	1.0	0.0	0.0	One per NDCS central records team
Corr Records Manager II	2.0	2.0	2.0	0.0	0.0	Two per NDCS central records team
Human Talent						
HR Divisional Director/HR Director	1.0	1.0	1.0	0.0	0.0	One per NDCS
Process improvement supervisor	0.0	0.0	1.0	1.0	1.0	One per NDCS
Process Improvement Cord II	0.3	2.0	3.5	3.2	1.5	One per ~650 NDCS staff
HR Specialist Manager / HR Business Partner II	6.0	6.0	6.0	0.0	0.0	2 for payroll; 1 recruitment; 1 for classification and compensation; 1 for health services; 1 regional manager
Training Coordinator	1.0	1.0	1.0	0.0	0.0	One per NDCS
HR Specialist/Generalists	9.6	10.7	11.0	1.5	0.3	One per 1,500 staff for recruitment; 7 for payroll; 2 for classification and compensation; 1 for central office support;

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
HR Specialist Senior / HR Business Partner I	2.8	3.0				
HR Specialist/Generalist	2.0	2.0				
HR Specialist/Generalist Assistant	3.7	4.7				
HR Specialist/Generalist	1.0	1.0				
Chief of Operations						
Chief of Operations (Discretionary Non-Class)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Intelligence						
Corrections Security Administrator	1.0	1.0	1.0	0.0	0.0	One per NDCS
IT Business Systems Analyst/Coordinator	1.0	1.0	1.0	0.0	0.0	One per NDCS
Restrictive Housing Program Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Investigations						
Corrections Investigator	2.0	2.2	2.0	0.0	-0.2	Two per NDCS
Investigations Coordinator	0.0	0.0	1.0	1.0	1.0	One per NDCS
IT Business Systems Analyst/Coordinator	1.0	1.0	1.0	0.0	0.0	One per NDCS
Administrative						
Assistant Director of Supervision and Services	1.0	1.0	1.0	0.0	0.0	One per NDCS
Prison Administration						
Deputy Director - Prisons	1.0	1.0	1.0	0.0	0.0	One per NDCS
Corrections Warden	1.0	1.0	1.0	0.0	0.0	One per NDCS
Food Service Administrator	0.0	1.0	0.0	0.0	-1.0	
Prison Programs						
Deputy Director - Programs	1.0	1.0	1.0	0.0	0.0	One per NDCS
Corr Programs Coordinator	3.6	5.6	4.0	0.4	-1.6	1 for programs 1 for volunteer services 1 for reentry 1 for recreation
Corrections Program Manager	6.5	7.5	6.0	-0.5	-1.5	1 for programs 1 for volunteer services 3 for recreation 1 for classification

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
Corrections Unit Case Manager	2.4	2.4	2.0	-0.4	-0.4	1 for reentry, 1 for programs
Corrections Unit Caseworker	8.6	9.7	-	-	-	
Corrections Unit Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Program Specialist	1.0	1.0	1.0	0.0	0.0	One per NDCS
Reentry Specialist	1.0	1.0	1.0	0.0	0.0	One per NDCS
CSI, Engineering, Surplus (CO+ CSI)						
Deputy Director CSI (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Office Specialist	1.0	1.0	1.0	0.0	0.0	One per NDCS
Federal Surplus						
Federal Surplus Property Manager	0.0	0.0	1.0	1.0	1.0	One per NDCS
Procurement Specialist	1.4	1.5	1	-0.4	-0.5	One per federal surplus team
Automotive Mechanic						Facility based
IT Business Systems Analyst	1.0	1.0	1.0	0.0	0.0	One per federal surplus team
Engineering						
Facilities Engineering Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Facilities Maintenance Leader	0.0	0.0	1.0	1.0	1.0	One per NDCS
Facilities Engineering Assistant Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Administrative Programs Officer II	1.0	1.0	1.0	0.0	0.0	One per facility maintenance team
Facilities Management Systems Coordinator	2.0	3.0	1.0	-1.0	-2.0	One per NDCS
Facilities Construction Coordinator II	4.0	4.0	5.0	1.0	1.0	One per NDCS + 1 per 2-3 prison facilities
Engineer	1.0	2.0	3.0	2.0	1.0	One per engineering team + 2 manufacturing engineers
Maintenance Specialist II	1.0	1.0	1.0	0.0	0.0	
HR/ACA/Safety						
Administrative Technician	1.0	2.0	1.0	0.0	-1.0	1 per ~400 inmate workers
Safety Coordinator	0.0	1.0	1.0	1.0	0.0	One per NDCS
Safety Specialists	0.0	0.0	5.0	5.0	5.0	One per large/med facility
HR Specialist/Generalist	1.0	1.0	1.0	0.0	0.0	One per NDCS

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
Business Office						
Budget Officer III	1.0	1.0	1.0	0.0	0.0	One per CSI operation
Accountant I	1.0	1.0	1.0	0.0	0.0	One per business office
Administrative Programs Officer I	1.0	1.0	1.0	0.0	0.0	One per business office
Procurement Officer	0.5	1.0	2.0	1.5	1.0	Two per business office
Corr Industries Sales Manager	1.0	2.0	1.0	0.0	-1.0	One per CSI operation
Corr Industries Sales Representative	2.0	3.0	3.0	1.0	0.0	One per 5-6 shops
CSI Sales Order Processing Coordinator	1.0	1.0	1.0	0.0	0.0	One per business office
Marketing & Communications Specialist II	1.0	1.0	1.0	0.0	0.0	One per business office
Supply Technician II	0.7	1.0	1.0	0.3	0.0	One per business office
Supply Manager	1.0	1.0	1.0	0.0	0.0	One per quality assurance group
Warehouse Manager	0.7	1.0	3.0	2.3	2.0	One per quality assurance group plus one per CSI operation plus one per warehouse
Shop Operations-Operations Management						
CSI Shop Operations Manager	2.4	2.9	1.0	-1.4	-1.9	One per CSI operation
Corr Industries Shop Opr	1.0	2.0	1.0	0.0	-1.0	One per CSI operation
Corr Industries Laundry Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Corr Industries Manuf Coord	2.0	2.0	2.0	0.0	0.0	Varies
Corr Programs Coordinator	1.0	1.0	1.0	0.0	0.0	Varies
Medical Services						
Medical Services Director (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Medical Services Administration						
DHHS Program Specialist RN	1.2	2.2	1.0	-0.2	-1.2	One per NDCS
Health Care Administrator	0.6	1.0	1.0	0.4	0.0	One per NDCS
Infec Control/Risk Mgmt Nurse	0.0	1.0	1.0	1.0	0.0	One per NDCS
Director of Nursing	1.0	1.0	1.0	0.0	0.0	One per NDCS
Medical Records Clerk	0.0	0.0	1.0	1.0	1.0	One per medical services
Clinical Nurse Trainer	1.0	1.1				Varies for facility support/based at CO
Licensed Practical Nurse	0.8	1.0				Varies for facility support/based at CO

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
Pharmacy						
Pharmacist	3.00	3.00	2.9	-0.1	-0.1	One per 2,000 inmates
Pharmacy Inventory Technician	1.00	1.00	1.0	0.0	0.0	One per NDCS
Pharmacy Manager	1.00	1.00	1.0	0.0	0.0	One per NDCS
Pharmacy Technician	6.00	6.00	5.8	-0.2	-0.2	One per 1,000 inmates
Behavioral Health						
Psychology Director	1.0	1.0	1.0	0.0	0.0	One per NDCS
Behavioral Health Administrator	1.0	1.0	1.0	0.0	0.0	One per NDCS
Administrative Nurse	1.0	1.5	1.0	0.0	-0.5	One per NDCS
Clinical Social Worker	0.0	0.0	1.0	1.0	1.0	One per NDCS
Administrative Services Division						
Deputy Director Admin Services (Discretionary Non-Classified)	1.0	1.0	1.0	0.0	0.0	One per NDCS
Agency Budget Management Analyst	0.0	0.0	1.0	1.0	1.0	One per NDCS
Correctional Grievance Coordinator	0.0	0.0	1.0	1.0	1.0	One per NDCS
Information Technology						
IT Manager	1.0	1.0	1.0	0.0	0.0	Based on OCIO staff
IT Support	2.0	2.0	5.0	3.0	3.0	Based on OCIO staff
IT Support Analyst	0.0	0.0				
IT Help Desk Coordinator/Senior	1.0	1.0				
IT Help Desk Coordinator	1.0	1.0				
Purchasing						
Corrections Materiel Administrator	1.0	1.0	1.0	0.0	0.0	One per NDCS
Materiel Control Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Supply Technician II	1.0	1.0	2.0	1.0	1.0	One per NDCS
Procurement Manager	0.8	1.0	1.0	0.2	0.0	One per NDCS
Procurement Specialist	3.0	3.0	5.0	2.0	2.0	One per 1,200 inmates + 1
Supply Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Warehouse Manager	1.0	1.0	1.0	0.0	0.0	One per NDCS
Accounting						

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Central Office)
Controller	1.0	1.0	1.0	0.0	0.0	One per NDCS
Accounting And Finance Manager	2.0	2.0	2.0	0.0	0.0	Two per NDCS
Systems/Finance/Inmate Accounts						
Accounting Clerk I	0.0	0.0	5.0	5.0	5.0	Varies based on staff size
Accountant III	3.0	3.0	3.0	0.0	0.0	1 finance team, medical 1 finance team, general
Accountant II	3.9	4.0	4.0	0.1	0.0	One per 1,500 inmates
Accountant I	13.3	14.0	15.6	2.3	1.6	1 per 1,200 inmates for finance team, general and one per 1,000 inmates for inmate accounts 5 for systems
Procurement Contracts Officer	2.0	3.0	3.0	1.0	0.0	One per approx. 1,200 inmates
Grants						
Federal Aid administrator	2.0	2.0	1.0	-1.0	-1.0	One per NDCS
Federal Aid Administrator I	1.0	1.0	1.0	0.0	0.0	One per NDCS
Federal Aid Administrator III	1.0	1.0	1.0	0.0	0.0	One per NDCS
Agency Budget Management Analyst	1.0	1.0	1.0	0.0	0.0	One per NDCS
Administrative Support (all NDCS)						
All Admin Support	36.2	38.0	38	1.8	0.0	See below
Administrative Assistant I	1.0	1.0				
Administrative Programs Officer I	9.2	9.5				
Administrative Programs Officer II	7.4	7.7				
Administrative Specialist	4.5	5.0				
Administrative Technician	6.3	6.7				
Office Specialist	4.4	4.4				
Office Technician	3.5	3.7				

Gap analysis and operational impact

Central office and CSI staffing is generally aligned with operational needs; however, some staffing gaps and imbalances exist across legal services, investigations, engineering, information technology, procurement, and safety functions. In several areas, authorized positions exceed operational requirements and could be reallocated to higher-priority functions that currently lack sufficient capacity.

General Counsel

The Office of General Counsel has been able to operate effectively with its current staffing of two full-time attorneys. Analysis indicates a need for an additional authorized attorney position, however with the General Counsel taking on attorney some attorney duties, that brings current staffing levels to 2.5 attorney FTEs. Current workloads maintain sufficient capacity for legal review, policy support, contract oversight, litigation management, and emerging legal initiatives. We did not identify any significant operational concerns.

Chief of Staff

Staffing levels within the Chief of Staff organization appear appropriately aligned with operational requirements. We did not identify any significant operational concerns.

Chief of Operations

There are no authorized investigations coordinators, but one is needed. There is an authorized position for food service administrator that is not filled and not identified in any staffing plan, suggesting there is no operational need identified for this position.

Prison Programs

Authorized staffing exceeds operational requirements in several program management functions:

- Corrections Program Coordinators exceed requirements by 1.6 FTEs,
- Corrections Program Managers exceed requirements by 1.5 FTEs, and

CSI, Engineering, Federal Surplus

Overall engineering and facilities support staffing is adequate. Although vacancies exist in positions such as Maintenance Leader and Construction Coordinator, excess capacity within Management Systems Coordinator roles provide partial coverage for these responsibilities.

For the HR/ACA/Safety team there are no authorized safety specialists but one is needed for each large/medium facility.

The business office has one filled Correctional Industries Sales Manager and two authorized. Only one sales manager is needed. NDCS could reduce authorized FTEs to one.

Medical Services

Medical services have no Medical Records Clerk position authorized. The function appears necessary but may currently be performed by personnel classified under broader administrative support positions. NDCS should evaluate administrative support assignments to determine whether medical records responsibilities should be formally classified and authorized.

Administrative Services Division

No authorized positions exist for Agency Budget Analyst or Correctional Grievance Counselor roles. These responsibilities appear to be performed through administrative positions assigned under different classifications. NDCS should validate role assignments and consider formal classification alignment where appropriate.

In the information technology (IT) team, five IT support positions are needed but just two are authorized and filled. The current staffing model limits capacity to provide timely technical support, system administration assistance, troubleshooting, and user support across the agency. For the purchasing team, staffing falls below operational requirements. Two additional Procurement Specialists are needed. Insufficient procurement support may delay purchasing activities, contract administration, vendor management, and operational acquisitions.

For the systems, finance, and inmate accounts team there are five Accounting Clerk I positions needed and none authorized. It is possible that these roles are filled via administrative positions listed under a different title.

Administrative Support

Administrative support functions across Central Office and CSI appear appropriately sized overall. While a direct one-to-one mapping between existing and recommended administrative positions was not possible, the analysis identified a need for approximately 38 administrative support FTEs, which closely aligns with the current 38 authorized positions (36.2 filled).

As a result, no net increase in administrative support staffing is recommended. Existing authorized positions can likely be aligned to support identified administrative needs across legal services, behavioral health, investigations, purchasing, medical services, information technology, correctional records, grants management, and other operational functions.

Recommendations

Position Additions

- +1 Investigation Coordinator
- +2 IT Support Analysts / IT Help Desk Coordinators
- +2 Procurement Specialists

Position Reductions

- -1 Food Service Administrator
- -1 Corrections Program Coordinators
- -1 Corrections Program Manager
- -1 Correctional Industries Sales Manager

Total: +5 Authorized FTEs, -4 Authorized FTEs

Facility-Level Analysis

Reception and Treatment Center

RTC is a medium and maximum-security facility that houses adult males. RTC was established when the Lincoln Correctional Center and the Diagnostic and Evaluation Center merged in 2022. RTC 1 processes all adult male admissions to the NDCS; RTC 2 consists of multiple general population units and mission specific units to include a skilled nursing facility. In FY25 the average daily population was 1,369 residents, this exceeded the operational and bedspace capacity. Estimated gross overtime costs for non-custodial staff at RTC were $328,851 for the second half of 2023, $753,415 for 2024, and $751,324 for 2025. Overtime costs are often driven by position vacancies. At the end of fiscal year 2025, there were 64 non-custodial vacancies at RTC. This represents about 22% of the non-custodial workforce.

RTC Quick Facts FY 2025	
Average Daily Population	
1,369	
Operational Capacity	
1,105 (124%)	
Bedspace Capacity	
1,250 (109%)	
Housing Classifications	
General Population	
Intake (1X)	366
1X/2X	591
Mission Based	
Mental Health (MH)	155
Protective Management (PM)	128
Restrictive Housing Unit (RHU)	16

Source: NDCS website

Population Overview

The average length of stay in calendar year 2025 was 1.2 years, or about 14 months. RTC is an intake facility, so the average length of stay is lower due to higher rates of population movement in and out of the facility. About 63% of admissions to RTC had an average length of stay of less than 60 days (Table 3). RTC can house inmates with regular sentences, county safekeepers, and interstate transfers. In 2025, 2.2% of the population was made up of county safekeepers who had an average length of stay of 76 days. There were no interstate transfers in 2025.

Table 3. RTC Length of Stay by Admissions, FY25

Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	-	21.7%	21.7%
30-59 days	-	41.6%	63.3%
60+ days	-	36.7%	100.0%

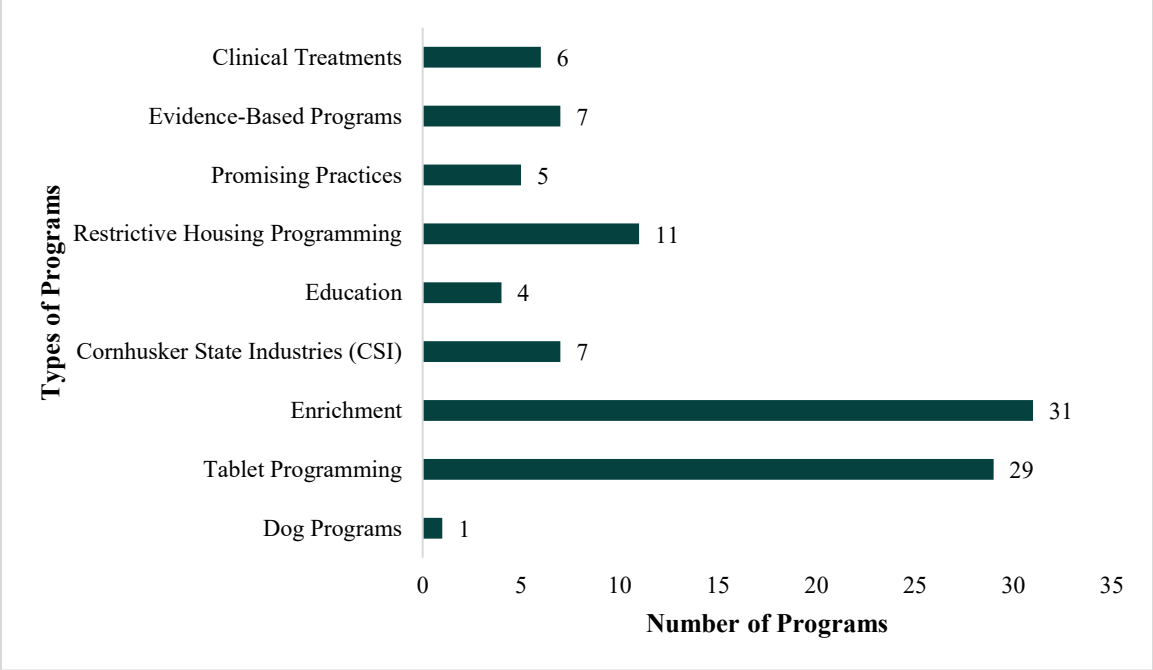
In FY 2025, 337 of the 2,172 individuals in RTC were diagnosed with a serious mental illness. Additionally, 542 did not have a high school diploma or GED. There were 2,043 substance use treatment recommendations made for individuals at RTC, though since RTC is an intake facility some of these individuals may have received treatment at another facility.

Service and Program Expectations

RTC is Nebraska's primary intake and assessment facility for men entering state custody. It also houses individuals needing specialized medical, mental health, protective management, or substance use treatment. RTC is the only facility for men that provides residential substance use treatment. RTC is one of three facilities that has a skilled nursing facility.

RTC offers a total of 101 programs including clinical treatment, evidence-based programs, promising practices, restrictive housing programming, education, CSI, enrichment, tablet programming, and dog programs (Figure 3).

Figure 3. Count of Programs at RTC, by Type – FY25 (N=101)



Authorized vs. Filled vs. Required Staffing

Table 4 provides authorized vs. filled vs. required staffing for RTC.

Table 4. RTC Filled, Authorized, Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Behavioral Health						
Clinical Program Manager	**1.0**	**2.0**	**1.0**	**0.0**	**-1.0**	1 per facility
Clinical Psychiatrist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Licensed Psychologist	**2.7**	**4.2**	**4.9**	**2.2**	**0.7**	1 per facility plus additional 1 for every 350 inmates
Psychologist/Prov Licensed	1.0	1.0				
Psychology Supervisor	1.7	1.2				
Behavioral Health Administrator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Behavioral Health Practitioners	**9.2**	**28.6**	**34.0**	**24.8**	**5.4**	1:25 population with SMI or SUD need
Behavioral Health Practitioner I	1.1	4.5				
Behavioral Health Practitioner II	2.1	14.0				
Behavioral Health Practitioner IV	6.0	10.2				
Behavioral Health Supervisors	**5.9**	**6.4**	**8.5**	**2.6**	**2.1**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor I	1.3	1.4				
Behavioral Health Practitioner Supervisor II	4.6	5.0				
Clinical Psychiatrist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility; can be contracted
Psychiatric Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Director Of Social Work	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	2 per NDCS based at RTC and NSP
Social Work	**4.1**	**6.7**	**6.4**	**2.3**	**-0.3**	1:500 inmates for inpatient substance use plus 1:100 for reentry population
Certified Master Social Worker	1.4	3.0				
CMSW Supervisor	1.0	1.0				
Master Social Worker	1.7	1.7				
Medical Services						
Physician	**0.0**	**1.6**	**2.0**	**2.0**	**0.5**	1 per facility + 1 for SNF
Physician Assistant	**1.4**	**4.3**	**1.0**	**-0.4**	**-3.3**	1 per facility
Nurse Practitioner	**3.3**	**4.4**	**2.0**	**-1.3**	**-2.4**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Assistant Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Nurse Supervisor	**1.0**	**2.0**	**1.0**	**0.0**	**-1.0**	1 per facility
Registered Nurse	**7.0**	**16.1**	**8.0**	**1.0**	**-8.1**	4 per facility +4 for SNF
Licensed Practical Nurse	**6.1**	**8.3**	**8.0**	**1.9**	**-0.3**	4 per facility +4 for SNF
Staff Care Technician II	**6.0**	**7.8**	**8.0**	**2.0**	**0.2**	4 per facility + 4 for population >1,000 or SNF
Dental Assistant	**1.9**	**3.0**	**1.0**	**-0.9**	**-2.0**	
Dental Hygienist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Dentist	**1.0**	**2.0**	**1.0**	**0.0**	**-1.0**	1 per facility
Optometric Aide	**0.5**	**0.5**	**1.0**	**0.5**	**0.5**	1 per facility
Administrative						
Administrative	**15.6**	**19.0**	**20.0**	**4.5**	**1.0**	20 for large facilities; support various departments
Administrative Nurse	1.2	1.8				
Administrative Programs Officer I	1.0	1.0				
Administrative Programs Officer II	4.9	5.2				
Administrative Specialist	1.7	2.0				
Administrative Technician	3.9	6.2				
Office Specialist	4.0	4.6				
Emergency Response						
Emergency Preparedness & Response Specialist	**1.6**	**1.6**	**1.0**	**-0.6**	**-0.6**	1 per facility
Daily Operations						
Corrections Unit Case Manager	28.2	29.7	**33.2**	**5.0**	**3.5**	1:60 population + 1:200 intakes
Corrections Unit Caseworker	24.5	30.3	**N/A**	**-**	**-**	
Scientist I	**2.0**	**2.0**	**1.7**	**-0.3**	**-0.3**	1:800 intakes
Unit Administrator	**1.0**	**1.3**	**2.3**	**1.3**	**1.0**	1:500-750 population
Corrections Unit Administrator	1.0	1.3				
Unit Manager	**8.0**	**8.5**	**9.1**	**1.1**	**1.1**	1:150 population
Corrections Unit Manager	8.0	8.5				
Correctional Industry/Cornhusker	**3.0**	**3.0**	**3.0**	**0.0**	**0.0**	Varies, approx. 3 per facility
Corr Industries Print Shop Opr	1.0	1.0				
Corr Industries Shop Operator	1.0	1.0				
Corrections Industries Print Shop Operator	1.0	1.0				
Corr Records Manager II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Records Officer	**1.0**	**1.4**	**1.0**	**0.0**	**-0.4**	1 per facility
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corrections Deputy Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility
Accountant II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Business Manager III	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Mail/Material Specialist	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	2 per facility
Food Service						

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Food Service Directors	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility
Food Service Director I	1.0	1.0				
Food Service Director II	1.0	1.0				
Food Service Managers	**1.4**	**3.2**	**3.0**	**1.6**	**-0.2**	3 per facility
Food Service Manager	1.4	3.2				
Food Service Worker	**8.3**	**15.1**	**9.0**	**0.7**	**-6.1**	9 per facility
Corr Canteen Supervisor	**1.0**	**1.0**		**-1.0**	**-1.0**	1 per facility
Corr Canteen Operator	**2.6**	**1.6**	**5.0**	**2.4**	**3.4**	5 per facility
Corr Laundry Operator	**1.0**	**1.0**	**4.0**	**3.0**	**3.0**	3-5 per facility
Maintenance						
Maintenance Manager	**4.0**	**4.0**	**2.0**	**-2.0**	**-2.0**	2 per facility
Maintenance Manager I	1.0	1.0				
Maintenance Manager II	1.0	1.0				
Facility Maintenance Mgr II	1.0	1.0				
Maintenance Supervisor	1.0	1.0				
Maintenance Specialists	**14.4**	**15.0**	**15.0**	**0.6**	**0.0**	15 per facility
Maintenance Specialist I	12.6	13.0				
Plumber	1.8	2.0				
Human Resources						
Employment Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**2.1**	**2.1**	**1.0**	**-1.1**	**-1.1**	1 per facility
Program Staff						
Librarian/Corrections	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	2 per facility
Recreation Manager	**1.0**	**1.0**	**1.8**	**0.8**	**0.8**	1:750 population
Recreation Specialist	**4.7**	**5.0**	**13.7**	**9.0**	**8.7**	1:100 population
Religious Coordinator	**2.5**	**2.6**	**2.7**	**0.3**	**0.2**	1:500 population
Teacher (SCATA Contract)	**2.1**	**3.1**	**2.0**	**-0.1**	**-1.1**	1:25 classroom ratio target
Total	**191.9**	**258.1**	**269.9**	**77.1**	**12.3**	

Gap Analysis and Operational Impact

RTC faces some staffing shortages, primarily due to vacancies in behavioral health, case management, and select medical and program service positions. While the facility's authorized staffing levels are close to estimated requirements, many authorized positions remain vacant, indicating that recruitment and retention challenges, rather than workforce design alone, are the primary contributors to staffing gaps.

Behavioral Health

Behavioral health shortages are driven by vacancies rather than a lack of authorized FTEs. Behavioral Health Practitioner (BHP) vacancies are particularly drastic with just 9.2 of 28.6 authorized FTEs filled. On average, BHP and BHP supervisor positions are vacant for 11 months (FY23-25). Operational demands further magnify the effects of these staffing shortages. Due to the facility's size, physical layout, and the need to separate multiple housing populations, transporting individuals to behavioral health appointments and programming requires a significant amount of staff time. Behavioral health staff estimate that approximately two hours of each workday is spent escorting residents throughout the facility rather than providing direct clinical services. Given RTC's unique intake mission and the rapid turnover of much of its population, the current authorized staffing level appears generally appropriate. Additional shortages exist among licensed psychologists, with a deficit of 2.2 FTEs, and no psychiatrist position is currently filled. On average, BHP and BHP supervisor positions are vacant for 18 months at RTC. While psychiatric coverage is supplemented through shared staffing arrangements across facilities and contracted providers, continued reliance on these arrangements may affect consistency and continuity of care. In some cases, NDCS may supplement these positions with contracted positions, which is not reflected in this analysis.

Medical

For medical services, authorized staffing levels are adequate, but vacancies may threaten daily operations and access to care. On average, medical/dental/clinical staff positions are vacant for eight months at RTC (FY23-25). One priority is to fill the two authorized Physician positions, which were vacant in FY25.

Food Service

RTC has the right amount of Food Service Workers based on filled positions but has a surplus of six authorized FTEs.

Programs

RTC has a deficit of eight authorized FTEs for Recreation Specialists. This represents one of the largest shortages outside of behavioral health and case management. Smaller gaps exist among recreation managers and religious services staff. These shortages may limit access to structured programming, recreational opportunities, and pro-social activities, all of which are particularly important in a facility operating above both operational and bedspace capacity and managing more than 100 programs.

Staffing Mix Assessment

RTC can optimize staffing primarily by focusing on recruitment and retention strategies to fill currently authorized but vacant positions, as most of the facility's staffing gaps stem from vacancies rather than insufficient authorized staffing levels. The highest priority should be behavioral health, where only 9.2 of 28.6 authorized BHP FTEs are filled. Given RTC's role as the intake facility for adult males and its significant behavioral health and substance use treatment responsibilities, closing these vacancies would likely have the greatest impact on service delivery and operational stability. Similarly, filling vacant Physician positions and other medical vacancies should remain a priority to maintain access to care and reduce strain on existing healthcare staff.

RTC has a significant shortage of Recreation Specialists, with an estimated deficit of 8 FTEs, as well as smaller shortages in recreation management and religious services. Expanding these positions could increase access to structured programming, pro-social activities, and recreation, which are especially important in a facility operating above capacity and managing more than 100 programs.

RTC may also consider reviewing areas with surplus authorized staffing. For example, the facility has approximately 6 more authorized Food Service Worker positions than required based on current staffing levels. While these positions may provide operational flexibility, leadership should evaluate whether some vacant food service authorizations could be repurposed to support higher-priority needs in behavioral health, case management, or programming. Although RTC appears to have 1 surplus Corrections Assistant Warden II position, the facility's size, intake mission, and complex housing structure suggest that maintaining this position is likely operationally prudent.

Overall, RTC's greatest opportunity for staffing optimization is not redesigning its workforce but improving its ability to recruit, hire, and retain staff in behavioral health, medical services, case management, and programming. Addressing these vacancies would help reduce workload pressures, improve service delivery, and better position the facility to manage ongoing population pressures and its unique operational responsibilities.

Facility-Specific Recommendations

- Physician: Fill Physician vacancy (no additional authorized FTEs)
    - At minimum, 1 full-time physician should be recruited immediately to comply with statutory requirements for facilities with a population greater than 500.[4]
    - After filling the physician vacancy, consider reducing authorized physicians to 1 FTE instead of 2 FTEs in favor of physician assistants or nurse practitioners.
- Food Service Workers: -6 Authorized FTEs
- Recreation Specialists: +8 Authorized FTEs

Total: +8 Authorized FTEs, -6 Authorized FTEs

[4] NE Code § 83-4,159 (2025)

Nebraska State Penitentiary

NSP is a maximum, medium and minimum security facility that houses adult males. While primarily a general population facility, there are some designated mission specific units. In FY25 the average daily population was 1,287, about 126% of the operational capacity, but below the bedspace capacity. Estimated gross overtime costs for non-custodial staff at NSP were $266,914 for the second half of 2023, $676,683 for 2024, and $714,405 for 2025. In the last quarter of fiscal year 2025, there was a monthly average of 160 filled non-custodial positions and 58 non-custodial vacancies at NSP. The 58 vacancies represent about 26% of the non-custodial workforce for FY25.

NSP Quick Facts FY2025	
Average Daily Population	
1,287	
Operational Capacity	
1,023 (126%)	
Bedspace Capacity	
1,352 (95%)	
Housing Classifications	
General Population	
1X/2X	665
3A	692
Mission-Based Housing	
Limited Movement Unit	40
SAi	100

Source: NDCS website

Population Overview

As shown in Table 5, the average length of stay at NSP in calendar year 2025 was 211 days, or just over seven months.

Table 5. NSP Average Length of Stay, CY25

Calendar Year	Average Length of Stay Days (Years)
2023	234 (0.6)
2024	232 (0.6)
2025	211 (0.6)

About 20% of admissions to NSP had an average length of stay of less than 60 days (Table 6). NSP can house inmates with regular sentences and interstate transfers. In 2025, 0.1% of the population was made up of interstate transfers who had an average length of stay of 441 days.

Table 6. NSP Length of Stay by Admissions, FY25

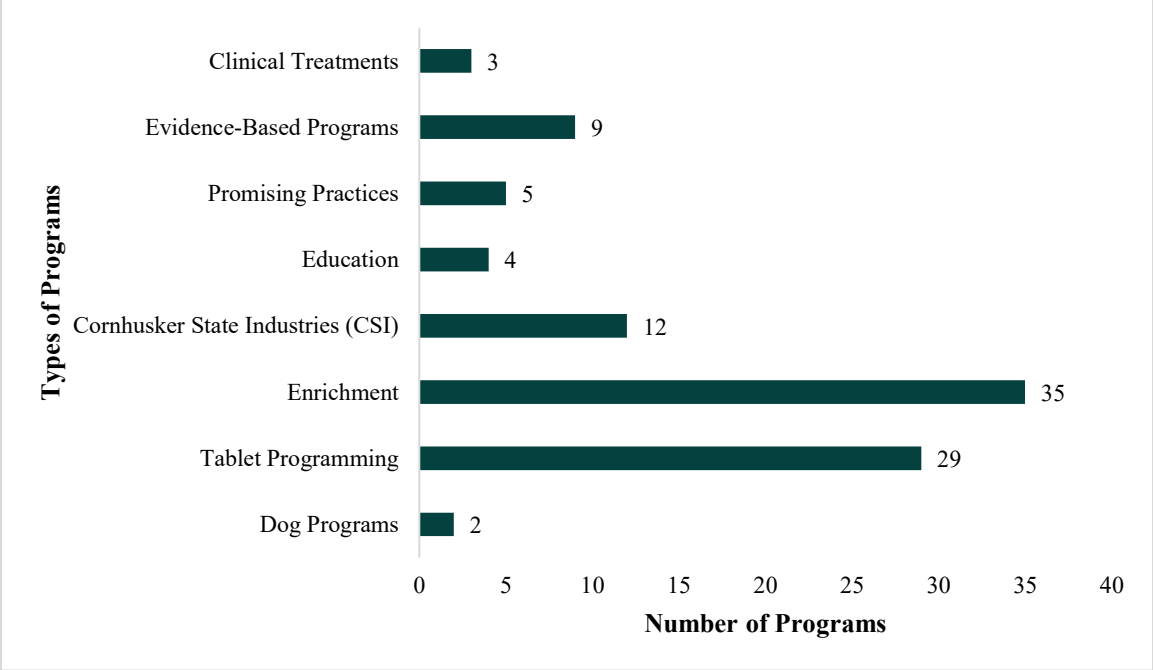
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	N/A	22.5%	22.5%
30-59 days	N/A	19.5%	42.1%
60+ days	N/A	58.0%	100.0%

In FY 2025, 289 of the 2,533 individuals in NSP were diagnosed with a serious mental illness. Additionally, 1,728 did not have a high school diploma or GED on intake. There were 48 substance use treatment recommendations made for individuals at NSP in FY25.

Service and Program Expectations

NSP offers 99 programs including clinical treatments, evidence-based programs, promising practices, education, CSI, enrichment, tablet programming, and dog programs (Figure 3). NSP provides an inpatient substance abuse treatment program (100-person capacity). In addition, NSP offers outpatient sex offender treatment.

Figure 2. Count of Programs at NSP, by Type (N=99) for FY25



Authorized vs. Filled vs. Required Staffing

Table 7 provides authorized vs. filled vs. required staffing for NSP.

Table 7. NSP Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Behavioral Health						
Clinical Program Manager	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Clinical Psychiatrist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Licensed Psychologist	**1.9**	**3.3**	**4.7**	**2.8**	**1.4**	1 per facility plus additional 1 for every 350 inmates; can be contracted
Psychology Supervisor	1.9	1.9				
Behavioral Health Administrator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Behavioral Health Practitioners	**3.0**	**5.6**	**14.5**	**11.5**	**8.9**	1:25 population with SMI or SUD need
Behavioral Health Practitioner I		1.6				
Behavioral Health Practitioner IV	3.0	4.0				
Behavioral Health Supervisors	**1.5**	**1.5**	**1.4**	**-0.1**	**-0.1**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor II		1.5				
Psychiatric Director	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Director Of Social Work	**1.0**	**1.0**	1.0	**0.0**	**0.0**	2 per NDCS, based at NSP and RTC
Social Work	**0.5**	**4.1**	**2.7**	**2.2**	**-1.4**	1:100 for population preparing for reentry
Certified Master Social Worker	0.5	4.1				
Medical Services						
Physician	**1.4**	**1.5**	**1.0**	**-0.4**	**-0.5**	1 per facility + 1 for SNF
Physician Assistant	**1.6**	**1.6**	**1.0**	**-0.6**	**-0.6**	1 per facility
Nurse Practitioner	**0.0**	**1.0**	**2.0**	**2.0**	**1.0**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Assistant Director of Nursing	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Nurse Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Registered Nurse	**8.5**	**14.1**	**4.0**	**-4.5**	**-10.1**	4 per facility +4 for SNF
Licensed Practical Nurse	**2.2**	**2.4**	**4.0**	**1.8**	**1.6**	4 per facility +4 for SNF
Staff Care Technician II	**3.6**	**4.0**	**8.0**	**4.5**	**4.0**	4 per facility + 4 for population >1,000 or SNF
Medical Radiographer	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	Varies
Dental Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Dental Hygienist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Dentist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Optometric Aide	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Administrative						
Administrative	**10.0**	**19.1**	**20.0**	**10.0**	**0.9**	20 for large facilities; support various departments
Administrative Nurse	1.0	1.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Administrative Programs Officer I	2.6	4.1				
Administrative Programs Officer II	2.3	3.0				
Administrative Specialist	0.0	0.0				
Administrative Technician	1.0	1.0				
Office Specialist	2.1	5.0				
Office Technician	1.0	6.0				
Emergency Response						
Corr Emergency Preparedness & Response Specialist	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility
Daily Operations						
Corrections Unit Case Manager	14.2	15.8	**21.5**	**7.3**	**5.6**	1:60 population
Corrections Unit Caseworker	19.5	36.6	-	-	-	
Corrections Unit Administrator	**2.0**	**2.0**	**2.2**	**0.2**	**0.2**	1:500-750 population
Corrections Unit Manager	**7.8**	**8.7**	**8.6**	**0.8**	**-0.2**	1:150 population
Correctional Industry/Cornhusker	**11.6**	**12.3**				Varies
Corr Industries Print Shop Opr	3.0	3.1				
Corr Industries Shop Operator	7.6	8.2				
Wood Shop Supervisor	1.0	1.0				
Corr Records Manager II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Records Officer	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corrections Deputy Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**2.0**	**3.9**	**1.0**	**-1.0**	**-2.9**	1 per facility
Accountant II	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Business Manager III	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Mail/Material Specialist	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	2 per facility
Food Service						
Food Service Director	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	1 per facility +1 NSP for outside kitchen
Food Service Director I	1.0	1.0				
Food Service Director II	1.0	1.0				
Food Service Manager	**3.6**	**4.0**	**3.0**	**-0.6**	**-1.0**	3 per facility
Food Service Worker	**5.4**	**8.8**	9.0	**3.6**	**0.2**	9 per facility
Corr Canteen Supervisor	**1.4**	**1.4**	**1.0**	**-0.4**	**-0.4**	1 per facility
Corr Canteen Operator	**3.6**	**1.0**	**5.0**	**1.4**	**4.0**	5 per facility

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Maintenance						
Maintenance Manager	**2.6**	**3.6**	**2.0**	**-0.6**	**-1.6**	2 per facility
Maintenance Manager I	1.0	1.0				
Maintenance Manager II	1.6	1.6				
Facility Maintenance Mgr II	0.0	1.0				
Maintenance Specialists	**9.3**	**12.1**	**15.0**	**5.7**	**2.9**	15 per facility
Maintenance Specialist I	5.9	8.0				
Plumber	2.4	3.1				
Automotive/Diesel Mechanic	1.0	1.0				
Corr Laundry Operator	**0.0**	**0.0**	**4.0**	**4.0**	**4.0**	3-5 per facility
Human Resources						
Employment Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Program Staff						
Librarian/Corrections	**1.0**	**1.0**	**2.0**	**1.0**	**1.0**	2 per facility
Recreation Manager	**1.0**	**1.0**	**1.7**	**0.7**	**0.7**	1:750 population
Recreation Specialist	**6.3**	**7.0**	**12.9**	**6.6**	**5.9**	1:100 population
Religious Coordinator	**1.4**	**2.0**	**2.6**	**1.2**	**0.6**	1:500 population
Teacher (SCATA Contract)	**3.0**	**3.0**	**2.9**	**-0.1**	**-0.1**	1:25 classroom ratio target
Total	**147.4**	**204.1**	**211.4**	**75.5**	**19.6**	

Gap Analysis and Operational Impact

NSP is generally staffed in alignment with estimated operational requirements; however, several staffing mix and deployment challenges limit the facility's ability to fully meet operational, treatment, and programming demands. The most significant gaps exist in behavioral health services, case management, recreational programming, and select support functions. Additionally, opportunities exist to rebalance staffing resources within medical and administrative operations to improve efficiency, strengthen service delivery, and better align staffing with facility needs. Compounding these challenges are unique operational pressures, including NSP's open-campus design, the housing of multiple custody levels within a single facility, and infrastructure impacts resulting from roof damage sustained during the August 2025 storm event. These factors increase supervision complexity and place additional demands on facility staff.

Behavioral Health

Behavioral health staffing is significantly below identified operational need. NSP currently has only 3.0 filled Behavioral Health Practitioner (BHP) positions and 5.6 authorized FTEs, compared to an estimated requirement of 14.5 FTEs. Insufficient behavioral health staffing limits the facility's ability to provide timely assessments, treatment planning, crisis intervention, ongoing counseling services, and support for individuals with mental health and substance use needs. The shortage may contribute to longer wait times for services, increased strain on existing clinicians, and greater operational challenges for custody staff managing individuals with unmet behavioral health needs.

Medical Services

Overall medical staffing levels appear sufficient to support facility operations. However, the current staffing model may not be optimized for efficient utilization of clinical personnel. Highly skilled nursing staff may be performing duties that could be completed by support personnel. This limits the ability of Registered Nurses to focus on assessment, clinical decision-making, care coordination, and other responsibilities requiring professional licensure. There may be an opportunity to reduce the number of Registered Nurses (RN) and increase Staff Care Technician IIs to ensure RNs operate at the top of their license and delegate other work to technicians.

Facility Operations

NSP has about two more Assistant Warden II positions authorized than may be required in the facility. Filled positions reflect operation needs. Additionally, there is no authorized Accountant II position at NSP. The absence of a dedicated accounting resource may result in administrative and financial oversight responsibilities being absorbed by facility leadership. This can divert management attention away from strategic, operational, and staff leadership functions. Authorizing an accountant may allow wardens to focus on higher level work.

Food Service

NSP has a slight shortage of Food Service Workers (about 3 FTEs authorized that are not filled). To maintain uninterrupted meal service, higher-cost custodial or operational staff may be reassigned to cover food service functions. This practice can increase labor costs, reduce efficiency, and create staffing shortages in other operational areas.

Program Staff

There is insufficient programming and structured recreational options for 1X/2X inmates outside of work. Space available for programs is limited and often shared with core services (e.g., visitation, religious services). NSP may be able to offer more recreation time, programming, and pro-social activities if they

increase their authorized Recreation Specialist staffing from 7 to 12.9 in line with a 1:100 population ratio.

Staffing Mix Assessment

Overall, NSP's authorized and filled staffing levels are generally aligned with estimated requirements; however, several staffing mix challenges remain. The most significant gap is in behavioral health, where only 3 FTEs are filled and 5.6 are authorized compared to an estimated need of 14.5 FTEs. In medical services, staffing levels appear adequate, but there may be an opportunity to optimize the mix by reducing Registered Nurse positions and increasing Staff Care Technician II positions, allowing RNs to practice at the top of their license while delegating appropriate tasks. In facility operations, NSP appears to have about two more Assistant Warden II positions authorized than needed, while lacking an authorized Accountant II position, suggesting an opportunity to better align administrative resources and allow wardens to focus on higher-level responsibilities. Food service also faces a modest staffing shortage, with approximately three authorized positions remaining vacant, potentially resulting in the use of higher-cost custodial staff to maintain operations. Finally, increasing authorized Recreation Specialist staffing from seven to 13 FTEs, consistent with a 1:100 population ratio, could expand recreation, programming, and pro-social activity opportunities for the incarcerated population.

Facility-Specific Recommendations

- Behavioral Health Practitioners: +8 authorized FTEs
    - Fill existing vacancies before requesting additional positions. Authorized staffing (5.6 FTEs) falls short of the estimated required level (14.5 FTEs), but only 3.0 FTEs are currently filled.
- Registered Nurses: -5 Authorized FTEs
    - Current filled staffing for RNs (8.5) FTEs exceeds required staffing (4 FTEs) but falls short of authorized staffing (14.1 FTEs). Reducing authorized positions to align with current filled positions can meet NSP needs.
- Staff Care Technician II: +4 Authorized FTEs
    - While all authorized positions are filled, increasing authorized positions can support service delivery.
- Administrative Positions: Fill vacant positions
    - Recruit an additional 10 FTE to support facility operations and align staffing with authorized positions.
- Corrections Assistant Wardens: -3 Authorized FTEs
    - Expand administrative support to reduce reliance on assistant wardens (Fill accountant II position).
- Food Service Workers: Fill vacant positions
    - Fill vacant positions to align with authorized and required staffing and reduce reliance on custodial staff to perform food service duties.
- Recreation specialists: +6 authorized FTEs
    - Increase Recreation Specialist staffing to align to 1:100 ratio.

Total: +18 authorized FTEs, -8 authorized FTEs

Tecumseh State Correctional Institution

TSCI is a maximum- and medium- security facility that houses adult males. While primarily a general population facility, there are designated mission specific housing units to include incarcerated individuals sentenced to the death penalty, restrictive housing, protective management, and a skilled nursing facility. In FY25 the average daily population was 1,042 residents, this was below the operational and above the bedspace capacity. Estimated gross overtime costs for non-custodial staff at TSCI were $235,944 for the second half of 2023, $494,549 for 2024, and $519,825 for 2025. At the end of fiscal year 2025, there were 40 non-custodial vacancies at TSCI. This represents about 21% of the non-custodial workforce.

TSCI Quick Facts FY 2025	
Average Daily Population	
1,042	
Operational Capacity	
1,200 (87%)	
Bedspace Capacity	
938 (111%)	
Housing Classifications	
General Population	
1X/2X	1,016
Mission Based	
Individuals Sentenced to the Death Penalty	14
Restrictive Housing Units	123

Source: NDCS website

Population Overview

The average length of stay at TSCI in calendar year 2025 was 397 days, or 1.1 years (Table 8).

Table 8. TSCI Average Length of Stay, CY25

Calendar Year	Average Length of Stay Days (Years)
2023	404 (1.1)
2024	436 (1.2)
2025	397 (1.1)

About 30% of admissions to TSCI had an average length of stay of less than 60 days (Table 9). TSCI can house inmates with regular sentences, county safekeepers, and interstate transfers. In fiscal year 2025, 0.1% of the population was made up of interstate transfers who had an average length of stay of 658 days. There were no county safekeepers in 2025.

Table 9. TSCI Length of Stay by Admissions, FY25

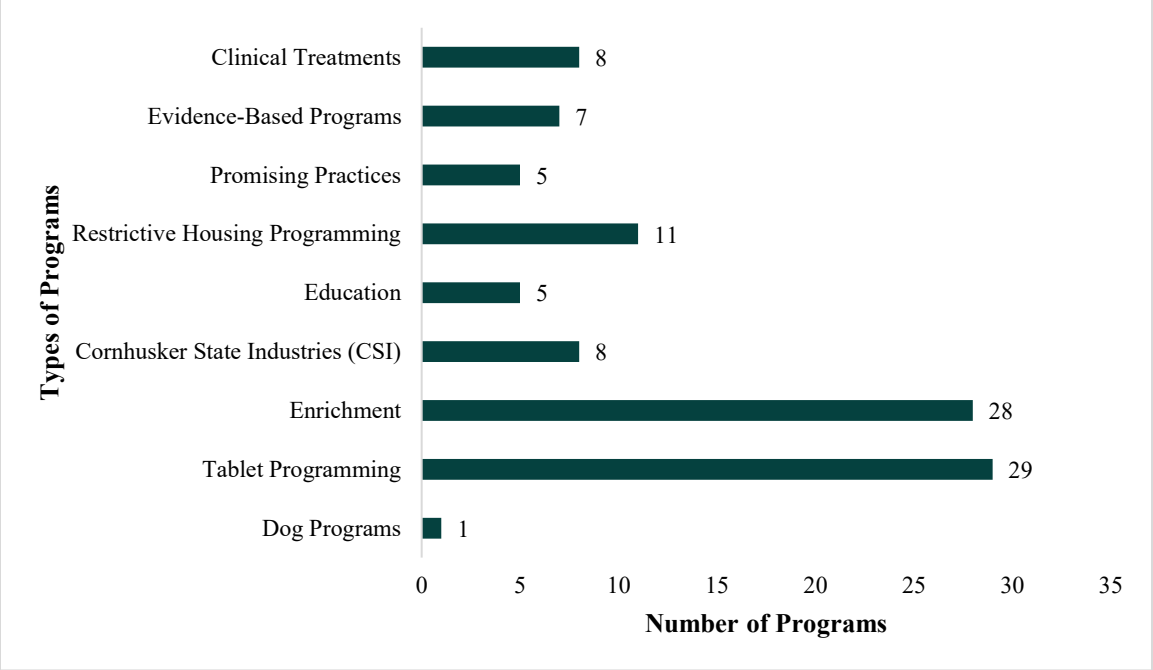
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	-	16.71%	16.71%
30-59 days	-	12.87%	29.58%
60+ days	-	70.42%	100.00%

In FY 2025, 410 of the 1,562 individuals in TSCI were diagnosed with a serious mental illness. Additionally, 1,014 did not have a high school diploma or GED on intake. There were 75 substance use treatment recommendations made for individuals at TSCI.

Service and Program Expectations

TSCI offers a total of 102 programs including clinical treatment, evidence-based programs, promising practices, restrictive housing programming, education, CSI, enrichment, tablet programming, and dog programs (Figure 4). TSCI provides an inpatient substance abuse treatment program for a designated housing group (64-person capacity). TSCI also has a 10-bed skilled nursing facility.

Figure 3. Count of Programs at TSCI, by Type (N=102)



Authorized vs. Filled vs. Required Staffing

Table 10 provides authorized vs. filled vs. required staffing for TSCI.

Table 10. TSCI Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Behavioral Health						
Clinical Program Manager	**1.0**	**1.2**	**1.0**	**0.0**	**-0.2**	1 per facility
Clinical Psychiatrist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility; may be contracted
Licensed Psychologist	**0.0**	**3.0**	**4.7**	**4.7**	**1.7**	1 per facility plus 1 per 350 inmates; may be contracted
Psychology Supervisor	0.0	0.0				
Behavioral Health Administrator	**0.0**	**2.0**	**1.0**	**1.0**	**-1.0**	1 per facility
Behavioral Health Practitioners	**1.6**	**10.6**	**16.4**	**14.9**	**5.9**	1:25 population with SMI or SUD need
Behavioral Health Practitioner I		3.0				
Behavioral Health Practitioner II		5.0				
Behavioral Health Practitioner IV	1.6	2.6				
Behavioral Health Supervisors	**2.0**	**2.0**	**2.6**	**0.6**	**0.6**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor I	1.0	1.0				
Behavioral Health Practitioner Supervisor II	1.0	1.0				
Psychiatric Director	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Social Work	**0.0**	**0.0**	**2.7**	**2.7**	**2.7**	1:100 for population preparing for reentry
Certified Master Social Worker	0.0	0.0				
Medical Services						
Physician	**1.0**	**2.0**	**2.0**	**1.0**	**0.0**	1 per facility + 1 for SNF
Physician Assistant	**1.0**	**1.3**	**1.0**	**0.0**	**-0.3**	1 per facility
Nurse Practitioner	**1.0**	**1.0**	**2.0**	**1.0**	**1.0**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Assistant Director of Nursing	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Nurse Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Registered Nurse	**2.5**	**7.6**	**8.0**	**5.5**	**0.4**	4 per facility +4 for SNF
Licensed Practical Nurse	**3.3**	**6.6**	**8.0**	**4.7**	**1.5**	4 per facility +4 for SNF
Staff Care Technician II	**5.0**	**6.0**	**8.0**	**3.0**	**2.0**	4 per facility + 4 for population >1,000 or SNF
Medical Radiographer	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	Varies
Dental Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Dental Hygienist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Dentist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Optometric Aide	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Administrative						
Administrative	**14.1**	**17.0**	**20.0**	**5.9**	**3.0**	20 for large facilities; support various departments

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Administrative Nurse	1.0	1.0				
Administrative Programs Officer I	2.0	2.0				
Administrative Programs Officer II	3.0	3.0				
Administrative Specialist	1.0	1.0				
Administrative Technician	2.0	3.0				
Office Technician	6.1	8.0				
Emergency Response						
Emergency Preparedness & Response Specialist	**0.0**	**1.0**	**1.0**	**1.0**	**1.0**	1 per facility
Daily Operations						
Corrections Unit Case Manager	15.6	15.8	**17.4**	**1.8**	**1.5**	1:60 population
Corrections Unit Caseworker	11.2	15.6	-	-	-	
Corrections Unit Administrator	**1.0**	**1.0**	**1.6**	**0.6**	**0.6**	1:500-750 population
Corrections Unit Manager	**6.4**	**6.6**	**7.0**	**0.6**	**0.3**	1:150 population
Correctional Industry/Cornhusker	**16.0**	**16.0**				Varies
Corr Industries Print Shop Opr	0.0	0.0				
Corr Industries Shop Operator	10.0	10.0				
Supply Manager	1.0	1.0				
Supply Technician II	4.0	4.0				
Wood Shop Supervisor	1.0	1.0				
Corr Records Manager II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Records Officer	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corrections Deputy Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Accountant I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Business Manager III	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Mail/Material Specialist	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	2 per facility
Food Service						
Food Service Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Director I	0.0	0.0				
Food Service Director II	1.0	1.0				
Food Service Manager	**2.1**	**2.8**	**3.0**	**0.9**	**0.2**	3 per facility
Food Service Worker	**2.1**	**7.0**	**9.0**	**6.9**	**2.0**	9 per facility

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Corr Canteen Supervisor	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Canteen Operator	**3.0**	**3.0**	**5.0**	**2.0**	**2.0**	5 per facility
Maintenance						
Maintenance Manager	**2.0**	**2.0**	**2.0**	**0.0**	**0.0**	2 per facility
Maintenance Manager I	1.0	1.0				
Maintenance Manager II	1.0	1.0				
Maintenance Specialists	**12.0**	**13.3**	**15.0**	**3.0**	**1.7**	15 per facility
Facilities Management Systems Coordinator	1.0	1.0				
Maintenance Specialist I	9.0	9.3				
Plumber	0.0	1.0				
Automotive/Diesel Mechanic	0.0	0.0				
Stationary Engineer Senior	2.0	2.0				
Corr Laundry Operator	**1.0**	**1.0**	**4.0**	**3.0**	**3.0**	3-5 per facility
Human Resources						
Employment Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Program Staff						
Librarian/Corrections	**1.0**	**1.0**	**2.0**	**1.0**	**1.0**	2 per facility
Recreation Manager	**1.0**	**1.0**	**1.4**	**0.4**	**0.4**	1:750 population
Recreation Specialist	**5.0**	**6.0**	**10.4**	**5.4**	**4.4**	1:100 population
Religious Coordinator	**1.0**	**1.0**	**2.1**	**1.1**	**1.1**	1:500 population
Teacher (SCATA Contract)	**3.0**	**3.0**	**1.9**	**-1.1**	**-1.1**	1:25 classroom ratio target
Total	**133.7**	**176.3**	**211.4**	**93.7**	**51.1**	

Gap Analysis and Operational Impact

TSCI's authorized and filled staffing levels are generally aligned with estimated requirements; however, several vacancy-driven challenges and targeted staffing gaps affect the facility's ability to fully meet operational, treatment, emergency preparedness, and programming needs. The most significant opportunities for improvement include strengthening behavioral health services, enhancing nursing leadership capacity, improving emergency preparedness coverage, addressing food service staffing shortages, and expanding programming and recreational opportunities for the incarcerated population.

Behavioral Health

Overall behavioral health staff are authorized at levels that align with TSCI's needs, in part due to contracting out of some positions like psychologists and psychiatrists. One exception is for social workers, for which there are no filled or authorized positions at TSCI despite an estimate need of about 3 FTEs. There is a discrepancy between filled and authorized positions for Behavioral Health Practitioners (BHP) for which there are 1.6 FTEs filled compared to 10.6 FTEs authorized. BHP and BHP supervisor positions were vacant for an average of 12 months at TSCI in FY23-25, suggesting recruitment challenges. While the overall behavioral health model is structurally sound, persistent vacancies significantly reduce available treatment capacity. Additionally, the absence of dedicated social work resources limits the facility's ability to provide case coordination, discharge planning, resource navigation, and reentry-related support services.

Medical Services

For medical services, authorized staffing levels are generally adequate but vacancies for some positions may place operational strain on existing staff. Medical/dental/clinical positions were vacant for an average of eight months at TSCI for FY23-25 suggesting recruitment challenges. There are 5 Registered Nurse (RN) vacancies, 3 Licensed Practical Nurse (LPN) vacancies, and 1 Staff Care Technician II vacancies. Extended nursing vacancies increase workload pressures on remaining clinical staff, potentially affecting scheduling flexibility, continuity of care, and responsiveness to medical needs. Currently, there is no Assistant Director of Nursing or Nurse Supervisor authorized position. The lack of dedicated nursing leadership positions may also limit clinical oversight, staff development, quality assurance efforts, and operational coordination, however it is possible that current nursing staff are unofficially acting in a leadership role. If this is the case, we recommend updating their title to reflect these additional responsibilities.

Administrative Staff

Authorized positions generally align with facility needs, but there are 3 vacancies across administrative support positions. Although relatively modest, these vacancies may reduce efficiency in scheduling, documentation management, records processing, reporting, and clerical support functions. Administrative shortages can also shift routine tasks to operational and supervisory staff, reducing time available for higher-value responsibilities.

Emergency Response

TSCI does not have a designated Emergency Preparedness & Response Specialist, although there is an authorized position. Given TSCI's somewhat isolated geographic location, it is important to fill this position rather than relying on support from other facilities.

Facility Administration

TSCI has adequate levels of staffing and authorized positions for facility administration roles.

Food Service

NSP has a slight shortage in Food Service Workers (about 5 FTEs authorized that are not filled, in addition to needing about 2 FTEs more than authorized positions). When food service positions are empty, they may be filled with more expensive custodial staff to ensure continuity of operations. All canteen staff positions are filled. While the estimated requirement suggests an additional 2 FTE for Canteen Operators, if existing canteen staff are operating without reliance on others to cover during time off these additional positions may not be needed.

Program Staff

Recreation and programming services are generally available but remain below estimated staffing levels needed to maximize participation opportunities. TSCI may be able to offer more recreation time, programming, and pro-social activities if they increase their authorized recreation specialist staffing from 6 to 10 in line with a 1:100 population ratio.

Staffing Mix Assessment

Overall, TSCI's staffing model is largely aligned with estimated requirements, and most challenges stem from vacancies rather than structural staffing deficiencies. The most significant operational concerns involve behavioral health vacancies, the absence of dedicated social work resources, nursing leadership gaps, emergency preparedness coverage, and food service staffing shortages. In many areas, filling currently authorized vacancies represents the highest-impact action before seeking substantial increases in authorized staffing levels.

Facility-Specific Recommendations

- Behavioral Health Practitioners: fill existing vacancies
    - After filling vacancies, assess need for +5 authorized FTEs.
- Social Workers: +2 Authorized FTEs
    - Establish dedicated social work capacity in the facility.
- Assistant Director of Nursing OR Nurse Supervisor: +1 Authorized FTEs
    - Ensure availability of clinical leadership in the facility, including current staff who may be unofficially operating in that capacity.
- Registered Nurse: Fill existing vacancies
- Licensed Practical Nurse: Fill existing vacancies
- Administrative positions: Fill existing vacancies
- Emergency response: Fill existing vacancy
- Food Service Workers: +2 authorized FTEs
- Recreation Specialists: +4 FTEs
    - Increase staffing to align with a target 1:100 population staffing ratio.

Total: +10 authorized FTEs

Omaha Correctional Center

OCC is a minimum security facility that houses adult males. While primarily a general population facility, there are some designated mission specific housing units to include inpatient sex offender programming and inpatient substance use programming. In FY25 the average daily population was 782 residents, this exceeded the operational capacity but met the bedspace capacity. Estimated gross overtime costs for non-custodial staff at OCC were $196,026 for the second half of 2023, $425,107 for 2024, and $587,888 for 2025. At the end of FY 2025, there were 21 non-custodial vacancies at OCC. This represents about 14% of the non-custodial workforce.

OCC Quick Facts FY 2025	
Average Daily Population	
782	
Operational Capacity	
495 (158%)	
Bedspace Capacity	
789 (99%)	
Housing Classifications	
General Population	
2X	104
3A	478
Mission Based	
RSU	88
Sexual Offense Specific Treatment (iHelp)	96

Source: NDCS website

Population Overview

The average length of stay at OCC in 2025 was 269 days, or just under ten months (Table 11).

Table 11. OCC Average Length of Stay, CY25

Calendar Year	Average Length of Stay Days (Years)
2023	256 (0.7)
2024	262 (0.7)
2025	269 (0.7)

About 34% of admissions to OCC had an average length of stay of less than 60 days (Table 12). OCC can house inmates with regular sentences and interstate transfers. In fiscal year 2025, 0.1% of the population was made up of interstate transfers who had an average length of stay of 2,203 days.

Table 12. OCC Length of Stay by Admissions, FY25

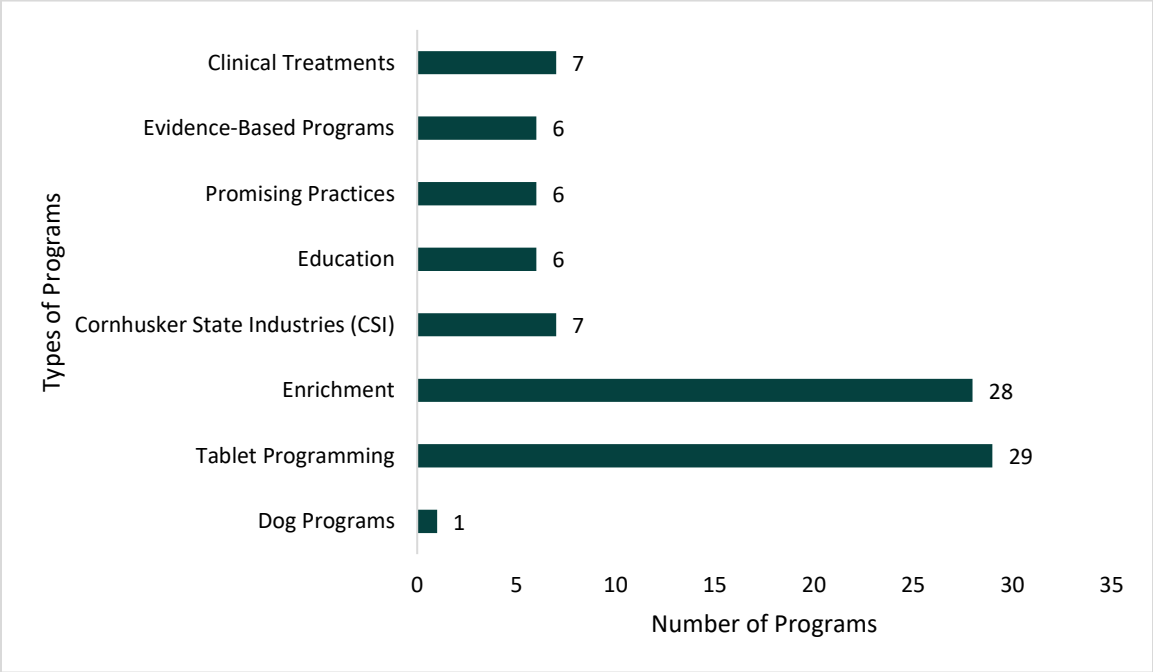
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	-	20.0%	20.0%
30-59 days	-	13.9%	33.9%
60+ days	-	66.1%	100.0%

In FY 2025, 135 of the 1,639 individuals in OCC were diagnosed with a serious mental illness. Additionally, 1,146 did not have a high school diploma or GED on intake. There were 24 substance use treatment recommendations made for individuals at OCC.

Service and Program Expectations

OCC offers a total of 90 programs including clinical treatment, evidence-based programs, promising practices, education, CSI, enrichment, tablet programming, and dog programs (Figure 5). There are no restrictive housing programs at OCC. OCC also provides an inpatient substance abuse treatment program for a designated housing group (96-person capacity) and sex offender treatment (inpatient). The average length of stay for residents at this facility is relatively low, which impacts programming participation. There are only four rooms large enough for programs and group activities.

Figure 4. Count of Programs at OCC, by Type (N=90)



Authorized vs. Filled vs. Required Staffing

Table 13 provides authorized vs. filled vs. required staffing for OCC.

Table 13. OCC Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Behavioral Health						
Clinical Psychiatrist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility, can be contracted
Licensed Psychologist	**1.6**	**3.0**	**1.4**	**-0.2**	**-1.6**	1 per facility plus additional 1 for every 350 inmates
Psychologist/Licensed	1.6	3.0				
Behavioral Health Administrator	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	0, use from central office
Behavioral Health Practitioners	**8.9**	**14.0**	**7.4**	**-1.5**	**-6.6**	1:25 population with SMI or SUD need+ 1 per inpatient substance use program
Behavioral Health Practitioner I	4.5	2.0				
Behavioral Health Practitioner II	0.0	6.0				
Behavioral Health Practitioner IV	4.5	6.0				
Behavioral Health Supervisors	**2.0**	**3.0**	**3.5**	**1.5**	**0.5**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor I	**0.0**	**1.0**				
Behavioral Health Practitioner Supervisor II	2.0	2.0				
Social Work	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Certified Master Social Worker	1.0	1.0				
Medical Services						
Physician	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Physician Assistant	**1.0**	**1.4**	**1.0**	**0.0**	**-0.4**	1 per facility
Nurse Practitioner	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Assistant Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Nurse Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Registered Nurse	**2.4**	**3.5**	**4.0**	**1.6**	**0.6**	4 per facility
Licensed Practical Nurse	**1.2**	**4.5**	**4.0**	**2.8**	**-0.5**	4 per facility
Staff Care Technician II	**2.0**	**2.0**	**4.0**	**2.0**	**2.0**	4 per facility + 4 for population >1,000
Medical Radiographer	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	
Dental Assistant	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility; shared with CCO and NCYF
Dental Hygienist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility; shared with CCO and NCYF
Dentist	**0.0**	**1.0**	**0.0**	**0.0**	**-1.0**	1 per facility; shared with CCO and NCYF
Optometric Aide	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Administrative						
Administrative	**7.0**	**7.0**	**18.0**	**11.0**	**11.0**	20 for large facilities; support various departments
Administrative Nurse	1.0	1.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Administrative Programs Officer I	3.0	3.0				
Administrative Programs Officer II	2.0	2.0				
Administrative Specialist	0.0	0.0				
Administrative Technician	0.0	0.0				
Office Specialist	0.0	0.0				
Office Technician	1.0	1.0				
Emergency Response						
Corr Emergency Preparedness & Response Specialist	**0.0**	**1.0**	**0.0**	**0.0**	**-1.0**	1 per facility; shared with CCO and NCYF
Daily Operations						
Corrections Unit Case Manager	10.0	10.4	**13.0**	**3.0**	**2.7**	1:60 population
Corrections Unit Caseworker	30.1	34.8	-	-	-	
Corrections Unit Administrator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1:500-750 population
Corrections Unit Manager	**3.9**	**4.0**	**5.2**	**1.3**	**1.2**	1:150 population
Correctional Industry/Cornhusker	**4.0**	**4.3**				Varies
Supply Technician II	1.0	1.0				
Corr Industries Shop Operator	2.0	2.3				
CSI Shop Operations Manager	1.0	1.0				
Corr Records Manager II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Records Officer	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corrections Deputy Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Accountant I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Business Manager III	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Mail/Material Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service and Canteen						
Food Service Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Director I	0.0	0.0				
Food Service Director II	1.0	1.0				
Food Service Manager	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility
Food Service Worker	**4.6**	**5.0**	**5.0**	**0.4**	**0.0**	5 per facility
Corr Canteen Supervisor	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Canteen Operator	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Large Facility)
Maintenance						
Maintenance Manager	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Maintenance Manager I	1.0	1.0				
Maintenance Manager II	0.0	0.0				
Facility Maintenance Mgr II	0.0	0.0				
Facility Maintenance Supervisor	**1.0**	**0.0**	**1.0**	**0.0**	**1.0**	1 per facility
Maintenance Specialists	**5.8**	**8.1**	**2.0**	**-3.8**	**-6.1**	2 per facility
Maintenance Specialist I	2.8	4.1				
Plumber	1.0	1.0				
Stationary Engineer Senior	1.0	1.0				
Electrician	1.0	1.0				
Corr Laundry Operator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Human Resources						
Employment Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**1.6**	**1.7**	**1.0**	**-0.6**	**-0.7**	1 per facility
Program Staff						
Librarian/Corrections	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Recreation Manager	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Recreation Specialist	**1.8**	**3.0**	**3.0**	**1.2**	**0.0**	3 additional program staff
Religious Coordinator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Teacher (SCATA Contract)	**3.0**	**3.0**	**3.8**	**0.8**	**0.8**	1:25 classroom ratio target
Total	**119.8**	**142.5**	**119.1**	**3.3**	**-18.2**	

Gap Analysis and Operational Impact

OCC's authorized and filled staffing levels are well aligned with estimated requirements. Most major functions appear adequately resourced, and the facility does not experience the same level of staffing shortages observed at some other large NDCS facilities. However, the assessment identified several opportunities to better align staffing resources with operational demand. These include potential surplus capacity within behavioral health and case management functions, a gap in administrative support staffing, and a modest need for additional front-line supervision capacity within housing operations.

Behavioral Health

Overall behavioral health staff are authorized at levels that align with OCC's needs, in part due to contracting out of some positions like psychologists and psychiatrists. OCC may have more Behavioral Health Practitioners (BHP) than are needed for their population (8.9 FTE filled vs. 7.4 FTE required). The current staffing structure does not create operational concerns and may provide beneficial flexibility for managing fluctuations in patient acuity, treatment needs, crisis intervention demands, and staff leave coverage. However, excess capacity within behavioral health should be monitored over time to ensure resources remain aligned with evolving service needs.

Administrative Staff

While all administrative positions are filled, there are only 7 administrative positions authorized compared to an estimated 20 that are required for large facilities like OCC. Administrative support shortages can require managers, supervisors, and professional staff to perform clerical, scheduling, documentation, records management, data entry, and reporting functions that could otherwise be delegated. Over time, this can reduce efficiency and divert leadership resources away from strategic, operational, and supervisory responsibilities.

Staffing Mix Assessment

Overall, OCC's staffing mix provides adequate leadership, administrative support, and operational oversight. Unlike other large facilities which show some frontline staff shortages, OCC may have more authorized positions than are needed for its population.

Facility-Specific Recommendations

- Behavioral Health Practitioners: -5 Authorized FTEs
    - Aligning authorized positions to current filled positions.
    - Monitor workloads and service demand before considering future reductions.
- Administrative positions: + 5 Authorized FTEs
    - Then reassess need for additional administrative support.

Total: +5 authorized FTEs, -5 authorized FTEs

Community Correctional Center - Lincoln

CCC-L is a community custody facility that houses adult males and females. Males and females are divided in separate portions of the facility. Individuals on work detail or work release regularly leave the facility to work or attend school. In FY25 the average daily population was 576 residents; this met the operational capacity and fell below the bedspace capacity. Estimated gross overtime costs for non-custodial staff at CCC-L were $38,784 for the second half of 2023, $139,590 for 2024, and $176,112 for 2025. At the end of fiscal year 2025, there were six non-custodial vacancies at CCC-L. This represents 12% of the non-custodial workforce.

CCC-L Quick Facts FY2025	
Average Daily Population	
580	
Operational Capacity	
575 (100%)	
Bedspace Capacity	
660 (87%)	
Housing Classifications	
4A	
Male	500
Female	160

Source: NDCS website

Population Overview

The average length of stay at CCC-L in 2025 was 158 days, or just under five months (Table 14).

Table 14. CCC-L Average Length of Stay, CY25

Calendar Year	Average Length of Stay Days (Years)
2023	170 (0.5)
2024	160 (0.4)
2025	158 (0.4)

About 26% of admissions to CCC-L had an average length of stay of less than 60 days (Table 15). CCC-L can house inmates with regular sentences, as well as interstate transfers. From 2023 to 2025, there were no interstate transfers housed at CCC-L.

Table 15. CCC-L Length of Stay by Admissions, FY25

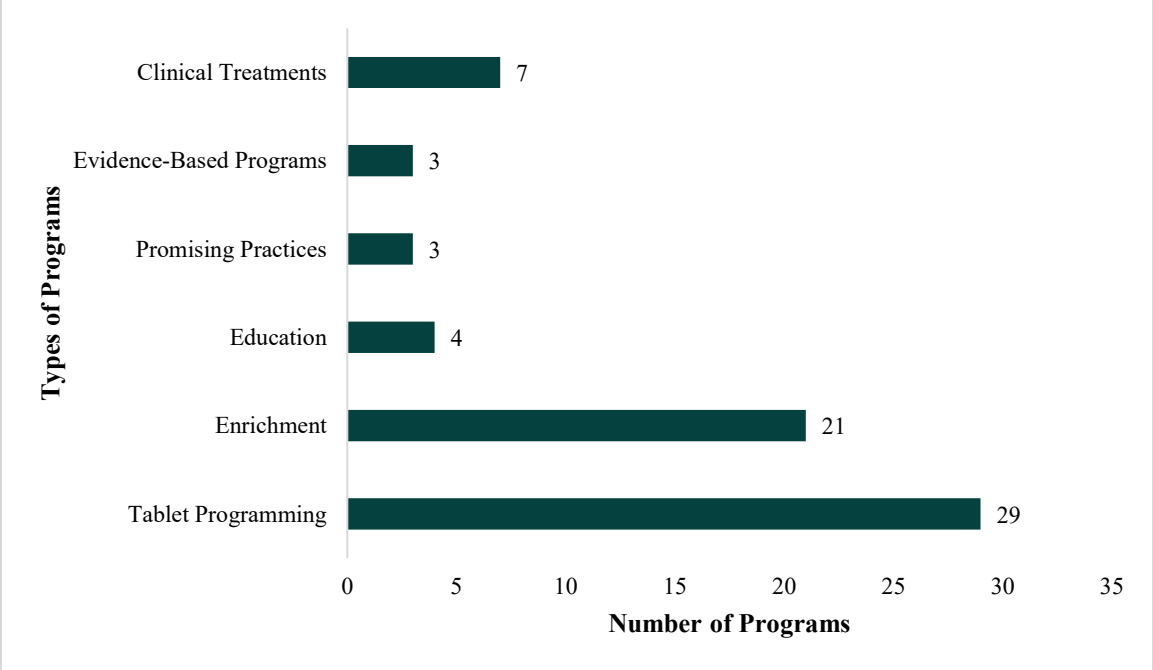
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	N/A	10.0%	10.0%
30-59 days	N/A	16.4%	26.4%
60+ days	N/A	73.6%	100.0%

In FY 2025, 72 of the 1,662 individuals in CCC-L were diagnosed with a serious mental illness. Additionally, 1,173 did not have a high school diploma or GED on intake. There were 12 substance use treatment recommendations made for individuals at CCC-L.

Service and Program Expectations

CCC-L offers a total of 67 programs including clinical treatment, evidence-based programs, promising practices, education, enrichment, and tablet programming (Figure 6). CCC-L provides outpatient substance abuse and sex offender treatment (outpatient).

Figure 5. Count of Programs at CCC-L, by Type (N=67)



Authorized vs. Filled vs. Required Staffing

Table 16 provides authorized vs. filled vs. required staffing for CCC-L.

Table 16 CCC-L Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Behavioral Health						
Licensed Psychologist	**0.0**	**0.0**	**1.7**	**1.7**	**1.7**	1 per facility plus additional 1 for every 350 inmates; may be contracted
Psychologist/Licensed	0.0	0.0				
Behavioral Health Practitioners	**1.0**		**2.9**	**1.9**	**2.9**	1:25 population with SMI or SUD need+ 1 per inpatient substance use program
Behavioral Health Practitioner I	1.0	1.0				
Behavioral Health Practitioner II	0.0	3.0				
Behavioral Health Practitioner IV	0.0	0.0				
Behavioral Health Supervisors	**1.0**	**1.0**	**1**	**0.0**	**0.0**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor I	1.0	1.0				
Clinical Psychiatrist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility, can be contracted
Social Work	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Certified Master Social Worker	0.0	0.0				
Medical Services						
Physician	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Physician Assistant	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Nurse Practitioner	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Assistant Director of Nursing	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Nurse Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Registered Nurse	**2.0**	**2.2**	**4.0**	**2.0**	**1.8**	4 per facility
Licensed Practical Nurse	**0.0**	**0.0**	**4.0**	**4.0**	**4.0**	4 per facility
Staff Care Technician II	**0.0**	**0.0**	**4.0**	**4.0**	**4.0**	4 per facility + 4 for population >1,000
Dental Assistant	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Dental Hygienist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Dentist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Optometric Aide	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Administrative						
Administrative	**5.0**	**5.0**	**18.0**	**13.0**	**13.0**	18 for medium facilities; support various departments
Administrative Nurse	1.0	1.0				
Administrative Programs Officer I	1.0	1.0				
Administrative Programs Officer II	1.0	1.0				
Administrative Specialist	0.0	0.0				
Administrative Technician	1.0	1.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Office Specialist	1.0	1.0				
Office Technician	0.0	0.0				
Emergency Response						
Corr Emergency Preparedness & Response Specialist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Daily Operations						
Corrections Unit Case Manager	9.8	10.0	9.7	**-0.2**	**-0.3**	1:60 population
Corrections Unit Caseworker	9.6	10.0	-	-	-	
Unit Administrator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1:500-750 population
Corrections Unit Administrator	1.0	1.0				
Unit Manager	**1.0**	**1.0**	**3.9**	**2.9**	**2.9**	1:150 population
Corrections Unit Manager	1.0	1.0				
Correctional Industry/Cornhusker	**0.0**	**0.0**				Varies
Supply Technician II		0.0				
Corr Industries Shop Operator		0.0				
CSI Shop Operations Manager		0.0				
Corr Records Manager I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Facility Administration						
Corrections Warden	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Corrections Deputy Warden	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Not required
Corr Assistant Warden I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Accountant I	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Business Manager III	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Mail/Material Specialist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Food Service and Canteen						
Food Service Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Director I	1.0	1.0				
Food Service Director II	0.0	0.0				
Food Service Managers	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Manager	1.0	1.0				
Food Service Worker	**3.8**	**4.9**	5.0	**1.2**	**0.1**	5 per facility
Corr Canteen Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Corr Canteen Operator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Maintenance						

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Maintenance Manager	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Maintenance Manager I	0.0	0.0				
Maintenance Manager II	0.0	0.0				
Facility Maintenance Mgr II	0.0	0.0				
Facility Maintenance Supervisor	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Maintenance Specialists	**3.0**	**1.0**	**2.0**	**-1.0**	**1.0**	2 per facility
Maintenance Specialist I	2.0	2.0				
Plumber	1.0	0.0				
Corr Laundry Operator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Human Resources						
Employment Specialist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Program Staff						
Librarian/Corrections	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Recreation Manager	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Recreation Specialist	**0.0**	**0.0**	**3.0**	**3.0**	**3.0**	3 additional program staff
Religious Coordinator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Teacher (SCATA Contract)	**1.0**	**1.0**	**0.6**	**-0.4**	**-0.4**	1:25 classroom ratio target
Total	**45.3**	**48.1**	**105.3**	**60.0**	**57.2**	

Gap Analysis and Operational Impact

CCC-L's authorized and filled staffing levels are lower than estimated requirements for several core staff areas. While certain services, particularly behavioral health, are supplemented through contracted providers, staffing deficiencies exist in healthcare, administrative support, emergency preparedness, and operational supervision. Primary concerns involve the absence of key clinical leadership and provider positions within medical services, limited administrative support capacity, and insufficient staffing dedicated to emergency preparedness and unit management. Addressing these deficiencies would strengthen operational resilience, improve service delivery, enhance regulatory compliance, and better position CCC-L to meet the needs of a medium-security facility.

Behavioral Health

Overall behavioral health staff are authorized at levels that align with CCC-L's needs, in part due to contracting out of some positions like psychologists and psychiatrists. CCC-L has no authorized Social Work positions but needs 1 FTE.

Medical Services

CCC-L has a vacancy for the Physician position, despite this being required by Nebraska statute. Medical/dental/clinical positions remain vacant for approximately ten months, on average, at CCC-L, suggesting potential recruitment challenges. Additionally, there are no authorized positions for Physician Assistants, Nurse Practitioners, Director of Nursing, Assistant Director of Nursing or Nurse Supervisors, all of which should have one FTE for a medium facility. There are also no dental staff, and no Licensed Practical Nurses or Staff Care Technician II positions authorized. This leaves a substantial operational deficiency for medical and dental services at CCC-L. The current healthcare staffing model may limit CCC-L's ability to provide comprehensive, timely, and sustainable healthcare services. Without advanced practice providers, nursing leadership, and clinical support staff, routine medical care, chronic disease management, care coordination, quality assurance, and clinical oversight functions become increasingly difficult to maintain.

Administrative Staff

While all administrative positions are filled, there are only 5 administrative positions authorized, which is 13 FTEs short of the 18 recommended positions for medium facilities. Insufficient administrative support can reduce organizational efficiency and require professional, operational, and supervisory staff to spend time performing clerical and administrative functions. This may affect scheduling, records management, reporting, correspondence, data entry, document processing, and other support activities that enable facility operations. Limited administrative capacity can also reduce the effectiveness of facility leadership by shifting focus away from strategic management, operational oversight, and staff development.

Emergency Response

CCC-L does not have an authorized Emergency Preparedness & Response specialist, though one is recommended for each facility.

Daily Operations

CCC-L may need an additional 2 FTEs for Corrections Unit Managers above what is authorized to align with the 1:150 ratio. Strengthening unit management capacity would enhance accountability, operational consistency, and communication across the facility. However, increasing administrative support may allow existing unit managers to meet facility needs.

Staffing Mix Assessment

Overall, CCC-L's staffing mix indicates significant gaps between authorized staffing levels and estimated operational requirements, particularly in healthcare and administrative support functions. While behavioral health staffing generally aligns with facility needs through the use of contracted providers, the facility lacks an authorized Social Worker position despite an estimated need for 1 FTE. The most substantial deficiency exists in medical services, where the Physician position is vacant and there are no authorized positions for key clinical leadership and provider roles, including Physician Assistants, Nurse Practitioners, a Director of Nursing, Assistant Director of Nursing, Nurse Supervisors, dental staff, Licensed Practical Nurses, or Staff Care Technician II positions. These gaps create a significant operational challenge for the delivery of medical and dental care. Administrative staffing is also limited, with all positions filled but only 5 authorized positions compared to a recommended staffing level of 18 FTEs for a medium facility. Additionally, CCC-L does not have an authorized Emergency Preparedness & Response Specialist, despite recommendations that each facility maintain this capability. Within daily operations, the facility may benefit from approximately 2 additional Corrections Unit Managers to align staffing levels with the recommended 1:150 ratio. Overall, CCC-L's staffing needs are concentrated in medical services, administrative support, emergency preparedness, and unit management, suggesting a need for both additional authorized positions and targeted recruitment efforts.

Facility-Specific Recommendations

- Social Worker: + 1 Authorized FTEs
    - Provide dedicated case coordination and reentry support services.
- Physician: Fill vacant position
    - The vacancy in the Physician position creates a critical service-delivery risk and may affect compliance with healthcare standards and statutory requirements.
- Physician Assistant OR Nurse Practitioner: +1 Authorized FTE
- Director OR Assistant Director of Nursing: +1 Authorized FTE
    - After filling this position, assess need for authorized nurse supervisor position.
- Licensed Practical Nurse OR Staff Care Technician II: +4 Authorized FTE
- Administrative positions: + 5 Authorized FTEs
    - Then reassess need for additional administrative support.
    - Prioritize placement of administrative resources in high-demand support functions, including operations, records management, healthcare, and facility administration.
    - After addition of new administrative positions, reassess need for additional unit managers and emergency preparedness and response specialist.
- Emergency Preparedness & Response Specialist: Fill using existing resources
    - Consider whether existing emergency preparedness and response specialists from other facilities can cover this role with support from an on-site administrative position.

Total: +12 authorized FTEs

Nebraska Correctional Center for Women

NCCW is a maximum, medium and minimum-security facility that houses adult females. In addition to general population, there are there are several mission specific housing units as well as a skilled nursing facility. In FY25 the average daily population was 323 residents, this was below the operational and bedspace capacity. Estimated gross overtime costs for non-custodial staff at NCCW were $102,270 for the second half of 2023, $242,190 for 2024, and $297,173 for 2025. At the end of fiscal year 2025, there were 23 non-custodial vacancies at NCCW. This represents about 22% of the non-custodial workforce.

NCCW Quick Facts FY 2025	
Average Daily Population	
326	
Operational Capacity	
344 (94%)	
Bedspace Capacity	
420 (77%)	
Housing Classifications	
General Population	
Intake (1X)	48
1X/2X	330
Mission Based	
Mental Health	9
Substance Abuse Unit (SAU)	64
Parenting/Nursery	15

Source: NDCS website

Population Overview

The average length of stay at NCCW in FY 2025 was 2.56 years. About 30% of admissions to NCCW had an average length of stay of less than 60 days (Table 17). NCCW can house inmates with regular sentences, county safekeepers, and interstate transfer. In 2025, 2.7% of the population was made up of county safekeepers who had an average length of stay of 66 days. There were no interstate transfers in 2025.

Table 17. NCCW Length of Stay by Admissions, FY25

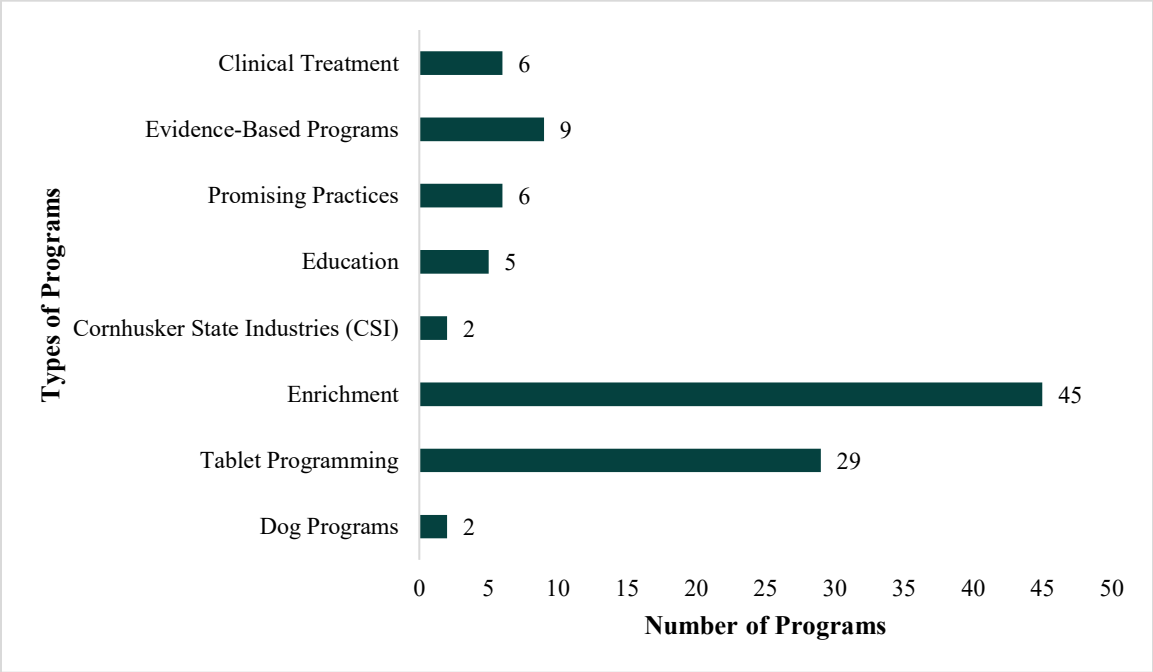
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	-	12.5%	12.5%
30-59 days	-	17.9%	30.4%
60+ days	-	69.7%	100.0%

In FY 2025, 75 of the 678 individuals in NCCW were diagnosed with a serious mental illness. Additionally, 285 did not have a high school diploma or GED on intake. There were 404 substance use treatment recommendations made for individuals at NCCW.

Service and Program Expectations

NCCW offers a total of 104 programs including clinical treatment, evidence-based programs, promising practices, education, CSI, enrichment, tablet programming, and dog programs (Figure 7). NCCW provides inpatient and outpatient substance abuse and sex offender treatment (outpatient). NCCW also has a skilled nursing facility.

Figure 6. Count of Programs at NCCW, by Type (N=104)



Authorized vs. Filled vs. Required Staffing

Table 18 provides authorized vs. filled vs. required staffing for NCCW.

Table 18. NCCW Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Behavioral Health						
Licensed Psychologist	**0.0**	**2.0**	**1.7**	**1.7**	**-0.3**	1 per facility plus additional 1 for every 350 inmates
Psychologist/Licensed	0.0	2.0				
Behavioral Health Practitioners	**5.3**	**8.3**	**5.0**	**-0.3**	**-3.3**	1:25 population with SMI or SUD need+ 1 per inpatient substance use program
Behavioral Health Practitioner I	2.0	1.0				
Behavioral Health Practitioner II	1.0	4.0				
Behavioral Health Practitioner III	1.0	1.0				
Behavioral Health Practitioner IV	1.3	2.3				
Behavioral Health Supervisors	**2.9**	**3.1**	**1.3**	**-1.6**	**-1.8**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor I	1.0	1.0				
Behavioral Health Practitioner Supervisor II	1.9	2.1				
Social Work	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Certified Master Social Worker	0.0	0.0				
Medical Services						
Nurse Practitioner	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility plus additional 1 for population >1,000
Director of Nursing	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Assistant Director of Nursing	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility
Nurse Supervisor	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility
Registered Nurse	**3.0**	**3.6**	**4.0**	**1.0**	**0.5**	4 per facility +4 for SNF
Licensed Practical Nurse	**1.8**	**5.0**	**4.0**	**2.2**	**-1.0**	4 per facility +4 for SNF
Staff Care Technician II	**0.0**	**0.0**	**4.0**	**4.0**	**4.0**	4 per facility + 4 for population >1,000 or SNF
Dental Assistant	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility
Dental Hygienist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility
Dentist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
Optometric Aide	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Administrative						
Administrative	**5.6**	**6.8**	**18.0**	**12.5**	**11.2**	18 for medium facilities; support various departments
Administrative Nurse	0.0	1.0				
Administrative Programs Officer I	1.0	1.0				
Administrative Programs Officer II	1.6	0.0				
Administrative Specialist	1.6	1.8				
Administrative Technician	1.0	1.0				
Office Specialist	0.0	0.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Office Technician	2.0	2.0				
Emergency Response						
Corr Emergency Preparedness & Response Specialist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	1 per facility
Daily Operations						
Corrections Unit Case Manager	7.6	7.7	12.5	**4.9**	**4.8**	1:30 population + 1:200 intakes
Corrections Unit Caseworker	19.6	24.1	-	-	-	
Unit Administrator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corrections Unit Administrator	1.0	1.0				
Unit Manager	**2.0**	**2.0**	**2.2**	**0.2**	**0.2**	1:150 population
Corrections Unit Manager	2.0	2.0				
Correctional Industry/Cornhusker	**2.0**	**2.0**				Varies
Supply Technician II	1.0	1.0				
Corr Industries Shop Operator	1.0	1.0				
CSI Shop Operations Manager	0.0	0.0				
Corr Records Manager I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Accountant I	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Business Manager III	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Mail/Material Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service and Canteen						
Food Service Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Director I	1.0	1.0				
Food Service Director II	0.0	0.0				
Food Service Managers	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Manager	1.0	1.0				
Food Service Worker	**3.0**	**3.0**	**5.0**	**2.0**	**2.0**	5 per facility
Corr Canteen Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Corr Canteen Operator	**1.5**	**1.8**	**1.0**	**-0.5**	**-0.8**	1 per facility
Maintenance						
Maintenance Manager	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Maintenance Manager I	1.0	1.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Medium Facility)
Facility Maintenance Supervisor	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Maintenance Specialists	**3.7**	**5.4**	**2.0**	**-1.7**	**-3.4**	2 per facility
Maintenance Specialist I	2.7	4.4				
Maintenance Specialist II	1.0	1.0				
Corr Laundry Operator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Human Resources						
Employment Specialist	**0.0**	**1.0**	**1.0**	**1.0**	**0.0**	1 per facility
HR Specialist Senior / HR Business Partner I	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
HR Specialist/Generalist Assistant	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Staff Training Academy						
Training Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Program Staff						
Librarian/Corrections	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Recreation Manager	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Recreation Specialist	**1.0**	**1.0**	**3.0**	**2.0**	**2.0**	3 additional program staff
Religious Coordinator	**1.0**	**1.2**	**1.0**	**0.0**	**-0.2**	1 per facility
Teacher (SCATA Contract)	**2.0**	**2.0**	**3.0**	**1.0**	**1.0**	1:25 classroom ratio target + 2 for nursery/parenting
Total	**74.9**	**93.9**	**92.2**	**19.3**	**0.3**	

Gap Analysis and Operational Impact

NCCW's authorized and filled staffing levels are well aligned to requirements. Unlike several other facilities, NCCW's primary staffing challenges are not driven by broad staffing shortages, but rather by opportunities to better align authorized positions with operational priorities. The assessment identified potential surplus capacity in behavioral health and case management functions, alongside unmet needs in social work, medical support services, emergency preparedness, administrative support, and programming. Strategic reallocation of authorized positions from areas of excess capacity to functions with identified gaps would improve operational efficiency, enhance service delivery, and strengthen rehabilitative programming without requiring a significant net increase in overall staffing.

Behavioral Health

Overall behavioral health staff are authorized at levels that align with NCCW's needs, in part due to contracting out of some positions like psychologists and psychiatrists. NCCW has no authorized Social Work positions but needs one FTE. NCCW may have 3 additional Behavioral Health Practitioners (BHP) authorized relative to their needs based on estimated caseload and 1 surplus BHP Supervisor authorized relative to their needs. The current staffing model provides adequate behavioral health coverage but may not be optimally configured to support residential substance use treatment. Rather than reducing BHPs, we recommend reconfiguring current staff to more efficiently support NCCW's behavioral health needs.

Medical Services

NCCW medical services staffing aligns with requirements except for dentists, for which there is a vacancy. There is 1 surplus Licensed Practical Nurse (LPN) position authorized relative to requirements, however, due to vacancies there is still a shortage of LPNs. Further, there are no authorized staff care technicians despite needing around 4 to support the SNF and general medical services. The absence of Staff Care Technician positions places greater demands on licensed clinical staff, who may be performing support functions that could be delegated. Additionally, interviews with staff from NCCW indicate that substance use treatment beds remain vacant despite having a waitlist for substance use treatment, due to insufficient staffing.

Administrative Staff

Despite strong vacancy management, the facility is substantially below the recommended administrative staffing model for a medium-sized correctional facility. NCCW has approximately 11 fewer authorized administrative support positions than recommended. Limited administrative support can result in managers, clinicians, and operational staff performing clerical tasks that could otherwise be delegated.

Emergency Response

NCCW does not have an authorized Emergency Preparedness & Response Specialist, though one is recommended for each facility.

Program Staff

NCCW has no Librarian or Recreation Manager authorized. To fill this gap, NCCW relies on other non-custodial staff as well as protective services staff to fill these roles which may be more costly than hiring dedicated personnel. One challenge at NCCW is a lack of space for programming, education, and recreation. There is also a single female juvenile at NCCW due to a lack of other options for female juveniles within NDCS. When a juvenile is housed at NCCW separate recreation time must be held for the juvenile; they may not share recreation time with adults.

Staffing Mix Assessment

NCCW's staffing profile demonstrates a strong overall alignment between staffing levels and operational requirements. The facility's most significant opportunity lies not in expanding overall staffing, but in strategically reallocating authorized positions from areas with surplus capacity to functions with identified operational needs. The facility's unique responsibilities, including supporting a female juvenile population and operating programming within constrained physical space, further underscore the importance of investing in dedicated program support and administrative capacity.

Facility-Specific Recommendations

- Behavioral Health Practitioner: -3 Authorized FTEs (to align with filled staffing)
    - Consider moving authorized BHPs to support inpatient substance use treatment, where possible.
- Behavioral Health Practitioner Supervisors: -1 Authorized FTEs
- Social Worker: + 1 Authorized FTE
    - Provide dedicated onsite social work support.
- Licensed Practical Nurse: +1 Authorized FTE, but fill 2 vacancies
- Staff Care Technician II: +4 Authorized FTEs
    - Prioritize support for inpatient substance use treatment and skilled nursing facility
- Administrative positions: + 5 Authorized FTEs
    - Then reassess need to further increase administrative support.
- Emergency Preparedness & Response Specialist: Fill using existing resources
    - Consider whether existing emergency preparedness and response specialists from other facilities can cover this role with support from an on-site administrative position.
- Librarian OR Recreation Manager: +1 Authorized FTE

Total: +12 authorized FTEs, -4 authorized FTEs

Community Correctional Center-Omaha

CCC-O is a community custody facility that houses adult males. Individuals on work detail or work release regularly leave the facility to work or attend school. In FY25 the average daily population was 174 residents, this exceeded the operational capacity while meeting the bedspace capacity. Estimated gross overtime costs for non-custodial staff at CCC-O were $59,625 for the second half of 2023, $137,974 for 2024, and $140,860 for 2025. At the end of fiscal year 2025, there was just one non-custodial vacancy at CCC-O.

CCC-O Quick Facts FY 2025	
Average Daily Population	
174	
Operational Capacity	
113 (154%)	
Bedspace Capacity	
179 (97%)	
Housing Classifications	
4A/4B	179

Source: NDCS website

Population Overview

The average length of stay at CCC-O in fiscal 2025 was 160 days (0.4 years), or just under five months. About 28% of admissions to CCC-O had an average length of stay less than 60 days (Table 19). CCC-O can house inmates with regular sentences, as well as interstate transfers. From 2023 to 2025, there were no interstate transfers housed at CCC-O.

Table19. CCC-O Length of Stay by Admission, FY25

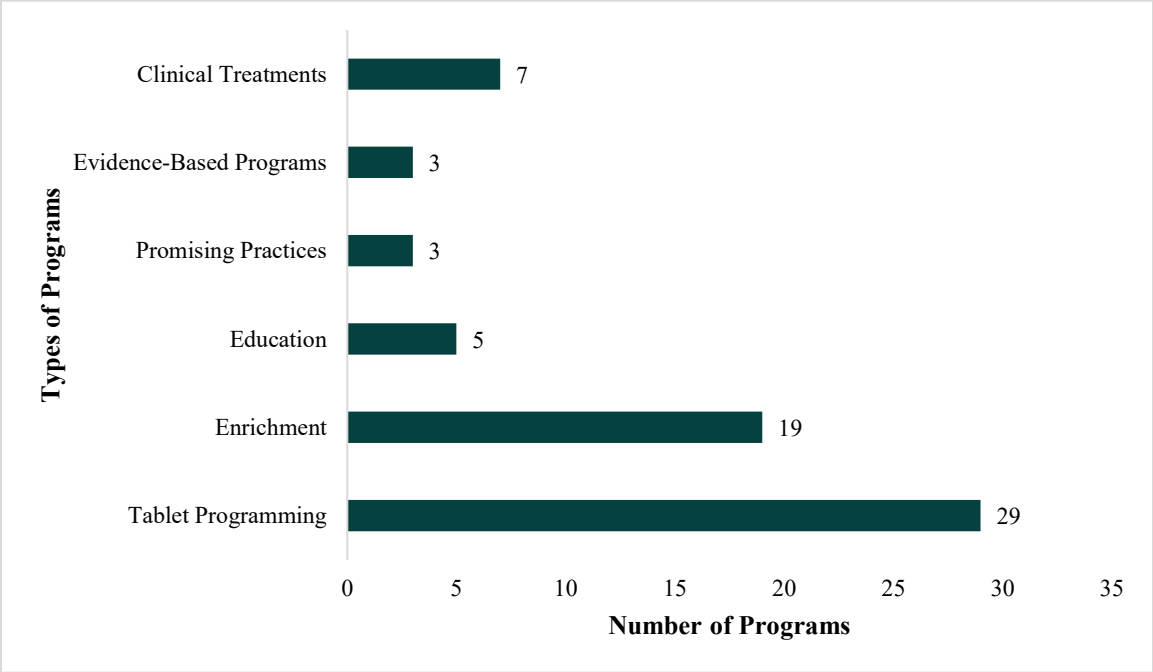
Average Length of Stay	Number of Admissions	% of Admissions	Cumulative %
<30 days	N/A	18.7%	18.7%
30-59 days	N/A	9.2%	27.9%
60+ days	N/A	72.1%	100.0%

In FY 2025, 23 of the 426 individuals in CCC-O were diagnosed with a serious mental illness. Additionally, 296 did not have a high school diploma or GED on intake. There were five substance use treatment recommendations made for individuals at CCC-O.

Facility Programming

CCC-O offers 66 programs including clinical treatment, evidence-based programs, promising practices, education, enrichment, and tablet programming (Figure 8). CCC-O provides outpatient substance use treatment.

Figure 8. Count of Programs at CCC-O, by Type (N=66)



Authorized vs. Filled vs. Required Staffing

Table 20 provides authorized vs. filled vs. required staffing for CCC-O.

Table 20. CCC-O Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Small Facility)
Behavioral Health						
Behavioral Health Practitioners	**1.0**	**1.0**	**1.1**	**0.1**	**0.1**	1:25 population with SMI or SUD need
Behavioral Health Practitioner II	1.0	1.0				
Behavioral Health Supervisors	**0.0**	**0.0**	**0.3**	**0.3**	**0.3**	1 per 4 behavioral health practitioners
Medical Services						
Physician Assistant	**0.0**	**0.0**				shared with OCC and NCYF
Nurse Supervisor	**0.0**	**0.0**				shared with OCC and NCYF
Registered Nurse	**0.0**	**0.0**				shared with OCC and NCYF
Licensed Practical Nurse	**0.0**	**0.0**				shared with OCC and NCYF
Dental Assistant	**0.0**	**0.0**				shared with OCC and NCYF
Dental Hygienist	**0.0**	**0.0**				shared with OCC and NCYF
Dentist	**0.0**	**0.0**				shared with OCC and NCYF
Administrative						
Administrative	**1.0**	**1.0**	**5.0**	**4.0**	**4.0**	5 for small facilities, support various departments
Administrative Programs Officer I	1.0	1.0				
Emergency Response						
Corr Emergency Preparedness & Response Specialist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	shared with OCC and NCYF
Daily Operations						
Corrections Unit Case Manager	6.3	6.5	5.8	**-0.5**	**-0.7**	1:30 population
Corrections Unit Caseworker	6.3	6.4	-	-	-	
Unit Manager	**0.0**	**1.0**	**0.8**	**0.8**	**-0.2**	1:150 population
Corrections Unit Manager	0.0	1.0				
Corr Records Manager I	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None; handled by Staff Assistant II
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Asst Superintendent	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility OR corrections asst warden
Accountant I	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None, supported by central office
Business Manager III	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Food Service and Canteen						
Food Service Director	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Food Service Director I	0.0	0.0				
Food Service Director II	0.0	0.0				

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Small Facility)
Food Service Worker	**1.6**	**4.0**	4.0	**2.5**	**0.0**	4 per facility
Corr Canteen Operator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Maintenance						
Maintenance Manager	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Facility Maintenance Supervisor	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None
Maintenance Specialists	**1.0**	**1.0**	**2.0**	**1.0**	**1.0**	2 per facility
Maintenance Specialist II	1.0	1.0				
Corr Laundry Operator	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1 per facility
Human Resources						
HR Specialist Senior / HR Business Partner I	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None; handled by Administrative Assistant II
Staff Training Academy						
Training Specialist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None; supported by central office
Program Staff						
Librarian/Corrections	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Varies
Recreation Manager	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Varies
Recreation Specialist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Varies
Religious Coordinator	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None; handled by Staff Assistant II
Teacher (SCATA Contract)	**0.0**	**0.0**	**1.0**	**1.0**	**1.0**	1:25 classroom ratio target
Total	**19.1**	**22.8**	**30.7**	**5.6**	**1.9**	

Gap Analysis and Operational Impact

CCC-O maintains a staffing profile that is generally aligned with estimated operational requirements and benefits from its proximity to other Omaha-area NDCS facilities. The facility leverages shared resources, particularly in healthcare, allowing it to operate efficiently without maintaining the full range of onsite specialty positions required at larger institutions.

Medical Services

CCC-O has no advanced practice nurses or physicians. Medical services are supplemented through shared staffing resources across the Omaha correctional complex, including OCC and NCYF.

Administrative Support

CCC-O has 1 authorized and filled administrative position which is 4 FTEs short of the 5 that are required. Given the streamlined staffing structure at CCC-O and reliance on other Omaha facilities to fill core positions, it may be critical to add authorized FTEs to support CCC-O daily operations. Adding administrative support positions could improve operational efficiency and reduce reliance on shared resources for routine facility functions.

Program Staff

Pro-social activities and clubs are limited by reduced staff and space. The facility has attempted to mitigate this issue by implementing the PSP program, however staffing limitations still impact the range of activities that can be offered. CCC-O has no program staff. Adding 1 FTE to support across programming types and adding 1 FTE for teachers can support program availability and prosocial activities in the facility. However, NCYF has a surplus of teachers, so consider borrowing from NCYF before adding authorized FTEs to CCC-O.

Staffing Mix Assessment

CCC-O could optimize staffing by reallocating resources from areas with excess capacity to functions that currently have unmet needs. While CCC-O benefits from shared medical services with other Omaha-area facilities and may not require dedicated onsite physicians or advanced practice providers, the facility is understaffed in administrative support, with only 1 authorized administrative position compared to an estimated need for 5. CCC-O also lacks dedicated program staff, limiting its ability to provide educational, rehabilitative, and pro-social programming. Overall, CCC-O's greatest opportunity for optimization is to shift excess capacity in case management toward administrative and program functions that are currently understaffed while continuing to leverage shared services for specialized medical care.

Facility-Specific Recommendations

- Administrative: +2 Authorized FTEs
- Program Staff: Share 1 teacher and 1 program staff from NCYF to fulfill programming needs.

Total: +2 Authorized FTEs authorized FTEs

Nebraska Correctional Youth Facility

NCYF is a maximum, medium and minimum-security facility that houses youthful individuals (under 18 sentenced to NDCS), as well as individuals 18 and older who are peer support specialists or serve as positive influencers. Youthful individuals are assigned to a separate housing unit. In FY25 the average daily population was 69 residents, this was below the operational and bedspace capacity. Estimated gross overtime costs for non-custodial staff at NCYF were $46,868 for the second half of 2023, $104,993 for 2024, and $141,430 for 2025. At the end of fiscal year 2025, there were six non-custodial vacancies at NCYF. This represents about 11% of the non-custodial workforce.

NCYF Quick Facts FY 2025	
Average Daily Population	
69	
Operational Capacity	
95 (72%)	
Bedspace Capacity	
141 (48%)	
Housing Classifications	
<18	69
>18	36
Peer Support Program	19

Source: NDCS website

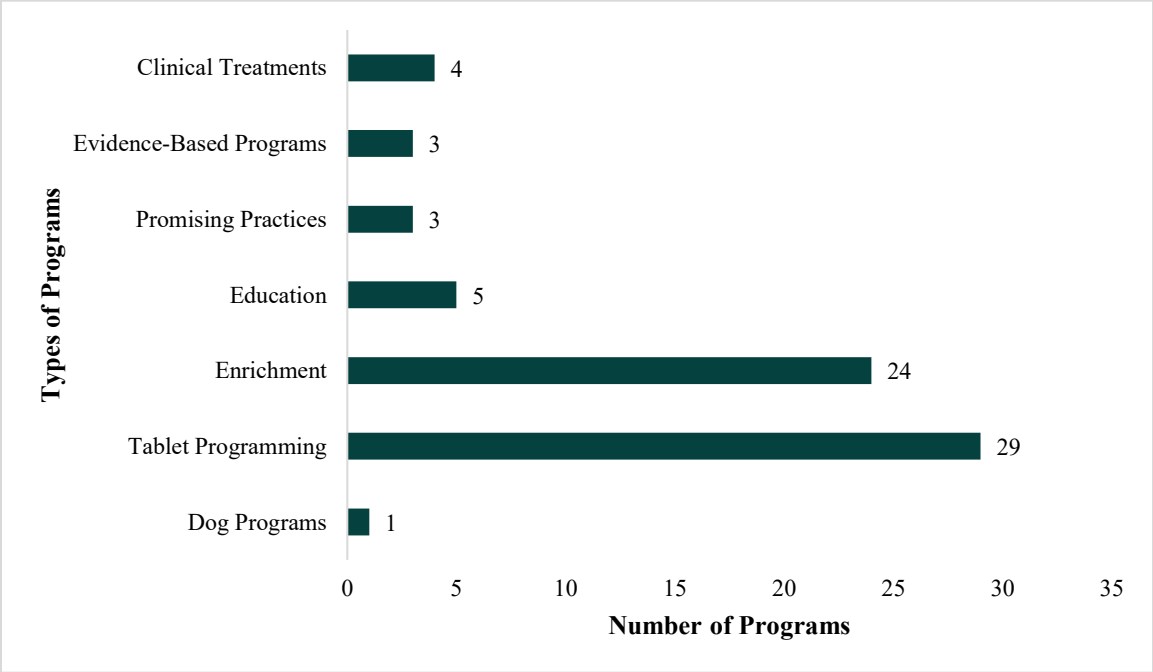
Population Overview

The average length of stay at NCYF in calendar year 2025 was 1.4 years. In FY 2025, one of the 153 individuals in NCYF were diagnosed with a serious mental illness. Additionally, 121 did not have a high school diploma or GED on intake. There were eight substance use treatment recommendations made for individuals at NCYF.

Facility Programming

NCYF offered a total of 69 programs including clinical treatment, evidence-based programs, promising practices, education, enrichment, tablet programming, and dog programs (Figure 9). There were no restrictive housing programs, CSI Apprenticeship or Certification programs at NCYF. NCYF provided outpatient substance use treatment.

Figure 9. Count of Programs at NCYF, by Type (N=69)



Authorized vs. Filled vs. Required Staffing

Table 21 provides authorized vs. filled vs. required staffing for NCYF.

Table 19. NCYF Filled, Authorized, and Required Staffing

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Small Facility)
Behavioral Health						
Licensed Psychologist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility plus additional 1 for every 350 inmates
Psychologist/Licensed	1.0	1.0				
Behavioral Health Practitioners	**2.0**	**4.0**	**1.1**	**-0.9**	**-2.9**	1:25 population with SMI or SUD need
Behavioral Health Practitioner I	1.0	1.0				
Behavioral Health Practitioner II	0.0	1.0				
Behavioral Health Practitioner IV	1.0	2.0				
Behavioral Health Supervisors	**2.0**	**2.0**	**0.3**	**-1.8**	**-1.8**	1 per 4 behavioral health practitioners
Behavioral Health Practitioner Supervisor II	2.0	2.0				
Medical Services						
Physician	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Physician Assistant	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Nurse Practitioner	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Director of Nursing	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Assistant Director of Nursing	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Nurse Supervisor	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Registered Nurse	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Licensed Practical Nurse	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Staff Care Technician II	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Medical Radiographer	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Relies on OCC for medical care
Dental Staff	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Contracted
Optometric Aide	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Contracted
Administrative						
Administrative	**5.0**	**5.0**	**5.0**	**0.0**	**0.0**	5 for small facilities; support various departments
Administrative Programs Officer I	1.0	1.0				
Administrative Programs Officer II	1.0	1.0				
Administrative Specialist	1.0	1.0				
Administrative Technician	1.0	1.0				
Office Specialist	1.0	1.0				
Daily Operations						
Corrections Unit Case Manager	2.0	2.0	2.3	**0.3**	**0.3**	1:30 population
Corrections Unit Caseworker	10.2	12.0	-	-	-	

Position	Filled FTEs	Authorized FTEs	Required FTEs	Gap (filled)	Gap (authorized)	Drivers (Small Facility)
Unit Administrator	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per 500-75- inmates
Corrections Unit Administrator	1.0	1.0				
Reentry Specialist	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per NCYF
Facility Administration						
Corrections Warden	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Corr Assistant Warden II	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility OR corrections asst superintendent
Food Service and Canteen						
Food Service Director	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Director I	1.0	1.0				
Food Service Managers	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	1 per facility
Food Service Manager	1.0	1.0				
Food Service Worker	**4.0**	**4.0**	**5.0**	**1.0**	**1.0**	4 per facility, +1 for NCYF school lunches
Corr Canteen Supervisor	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	none required
Corr Canteen Operator	**2.0**	**2.0**	**1.0**	**-1.0**	**-1.0**	1 per facility
Maintenance						
Maintenance Manager	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Contracted
Maintenance Specialists	**1.5**	**1.6**	**2.0**	**0.6**	**0.4**	2 per facility
Maintenance Specialist I	1.5	1.6				
Human Resources						
HR Specialist/Generalist Assistant	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	None; handled by Administrative Assistant II
Staff Training Academy						
Training Specialist	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Shared with OCC and CCC-O
Program Staff						
Librarian/Corrections	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	Operated by high school team
Recreation Manager	**1.0**	**1.0**				Varies
Recreation Specialist	**1.0**	**1.0**				Varies
Religious Coordinator	**1.0**	**1.0**				None; handled by Staff Assistant II
Principal	**1.0**	**1.0**	**1.0**	**0.0**	**0.0**	One per NDCS
Teacher (SCATA Contract)	**5.3**	**5.9**	**3.0**	**-2.3**	**-2.9**	1:17 classroom ratio target, 2 additional staff for high school
Total	**44.9**	**49.6**	**30.0**	**-11.9**	**-16.6**	

Gap Analysis and Operational Impact

NCYF's authorized and filled staffing levels are well aligned to requirements. The facility effectively leverages shared services for healthcare and maintains staffing levels that support its unique mission of serving a youthful population. NCYF's primary opportunities lie in optimizing workforce allocation and maximizing the utilization of existing resources.

Medical Services

NCYF utilizes a shared-services healthcare model, relying on Omaha Correctional Center (OCC) for medical services while contracting for dental care. This approach allows the facility to provide access to healthcare services without maintaining a full complement of onsite medical and dental staff.

Program Staff

As a youth-focused facility, NCYF requires a stronger emphasis on education, rehabilitation, behavioral programming, and structured activities than most adult correctional institutions. NCYF may have a surplus of teachers, representing an opportunity to share teaching staff with CCC-O which has a deficit of teaching staff.

Staffing Mix Assessment

Overall, NCYF's staffing model is well aligned with operational requirements and appropriately reflects the facility's unique role within the correctional system. The facility benefits from shared healthcare resources and maintains strong educational and programmatic capacity to support youth rehabilitation and development. The most significant opportunity for optimization lies within case management staffing, where authorized positions exceed estimated workload requirements. Given the facility's youth population, staffing decisions should continue to prioritize educational programming, behavioral interventions, rehabilitative services, and structured activities that support positive outcomes and successful community reintegration.

Facility-Specific Recommendations

- Teachers: Share surplus teaching staff with CCC-O

Appendix A. Benchmarking

There is no single staffing model that can be adapted to fit all correctional institutions. Even national organizations do not provide specific staffing ratios from which to benchmark staffing plans. This is because facility-specific characteristics such as the layout of the physical facility, the number of housing units, and number of segregated populations all influence staffing needs. The characteristics of the incarcerated population also influence staffing needs. We begin by providing a few key benchmarks on which we base our recommendations that follow the staffing analysis at the end of this report. Specifically, we provide two categories of benchmarks. First, we examine staffing levels and ratios at peer institutions. Second, we review relevant performance and outcome-based standards from national organizations.

Peer Institutions

We established staffing benchmarks by analyzing data from comparable state departments of corrections. We selected Kansas, Idaho, and New Mexico since they are similar in geographic region, size, and operational scope. As shown in Table 20, NDCS operates nine correctional facilities, including one juvenile facility; the Kansas Department of Corrections (KDOC) operates 10 adult facilities and one juvenile facility; the Idaho Department of Corrections (IDOC) operates 15 adult facilities; and the New Mexico Corrections Department (NMCD) operates eight facilities.[5] As shown in Table 20, our selected peer institutions also have a similar breakdown of community corrections facilities as well as security levels across the state-run correctional facilities.

Table 20. Facility Characteristics of State Departments of Correction

	NDCS	KDOC	IDOC	NMCD
Number of Facilities by Population Type				
Adult Male	6	8	11	6
Adult Female	1	1	3	1
Co-Ed	1	0	1	1
Youth	1	1	0	0
Number of Facilities by Highest Security Level				
Maximum	5	6	3	4
Medium	0	2	3	3
Minimum	1	1	3	1
Community Corrections	3	1	6	0
Total Number of Correctional Facilities	**9**	**10**	**15**	**8**

Notes: Juvenile facilities in Idaho and New Mexico are not operated by the state department of corrections.
Sources: Facilities, Kansas Department of Corrections; Prison Locations, Idaho Department of Correction; NMCD Prison Facilities, New Mexico Corrections Department

As shown in Table 21, NMCD is most comparable to NDCS in terms of the number of incarcerated individuals in state correctional facilities, while KDOC is most similar in terms of percent male incarcerated individuals and the adult imprisonment rate per 100,000 residents.

[5] New Mexico also operates one private prison, but we did not include this in the analyses.

Table 21. Inmate Counts of State Departments of Correction (2023 Year-End)

	NDCS	KDOC	IDOC	NMCD
Total Number of Inmates Under State Jurisdiction, by Sex				
Male	5,521 (93%)	10,725 (91%)	8,311 (85%)	5,341 (90%)
Female	410 (7%)	855 (9%)	1,518 (15%)	505 (10%)
Total	5,931	11,580	9,829	5,846
Total Number of Inmates Under State Jurisdiction in the Custody of Privately Operated Facilities and Local Jails	44	6	1,480	1,633
Total Number of Inmates in State-Run Facilities	5,887	9,119	8,349	3,953
Imprisonment rate per 100,000 residents	294	307	417	186
Sources: Prisoners in 2023 – Statistical Tables, BJS; State Population Totals: 2020-2024, Census				

A key metric of interest when comparing to peer institutions is overall staffing levels and the ratio of staff to incarcerated individuals. Since peer institutions in this analysis vary somewhat in terms of the total inmate population, we standardize staffing levels using a staff: inmate ratio to allow a more direct comparison. Notably, many non-custodial staff do not work within a facility, so these numbers do not represent facility-specific staffing ratios, but ratios for the entire state department of corrections. As shown in Table 22, NDCS has a ratio of non-custodial staff to inmates of 1:6, which is the same as NMCD and lower than KDOC and IDOC. These trends suggest that overall non-custodial staffing levels in NDCS are comparable or favorable compared to their peers. This must be interpreted, however, in the context of facility-specific ratios which we discuss in subsequent sections of this report.

Table 22. Staffing Levels of State Departments of Correction

	NDCS	KDOC	IDOC	NMCD
Number of staff				
Non-custodial	1,074	877	1,168	910
Protective Services	1,063	2,118	1,172	847
Total	2,217	3,110	2,614	1,876
Staffing ratios				
Non-custodial: inmate ratio	1: 6	1: 10	1: 8	1: 6
Total staff (including protective services): inmate ratio	1: 3	1: 3	1: 4	1: 3
Number of facilities: staff	1: 659	1: 913	1: 983	1: 698
Note: KDOC, IDOC, and NMCD contract out medical and behavioral health services, and it is unclear how many of those staff are included in the state payroll data. **Data Sources:** Payroll - All State Employees - Kansas Open Gov, 2024; Transparent Idaho – Pay Rates, 2025; New Mexico Sunshine Portal - Employees, 2025				

Another key metric in assessing staffing levels is average salary (Table 23). Compensation that is not comparable with peers can lead to increased turnover, reducing overall staffing levels and increasing costs associated with recruitment and overtime to cover shortages. Overall, NDCS salaries are favorable relative to peer institutions. NDCS average salaries may be skewed by higher paying salaries for medical positions, however. Peer institutions in our analysis contract out medical positions, which means their salaries are not included in stay payroll data.

Table 23. Average Annual Salary for Employees of State Departments of Corrections

	NDCS	KDOC	IDOC	NMCD
Average salary: All correctional staff	$73,499.7	$54,906.7	$63,132.9	$51.996.6
Average salary: Non-custodial staff	$83,356.9	$60,4912.0	$76,065.4	$71,370.2
Median salary for the state	$64,817.0	$46,988.0	$63,974.4	$60,731.7
Data Sources: State of Nebraska 2025 Personnel Almanac, 2025; Payroll - All State Employees - Kansas Open Gov, 2024; Transparent Idaho – Pay Rates, 2025; New Mexico Sunshine Portal - Employees, 2025				

Industry Standards

National industries do not set standardized staffing ratios or other benchmarks for non-custodial staffing in prisons. There are some recommended practices related to staffing, however, that we review below against NDCS policy and staffing levels data, including American Correctional Association (ACA) performance-based standards and National Commission on Correctional Healthcare (NCCHC) outcome-based standards and position statements. Below each standard, we provide a summary of NDCS alignment with the standard and any areas to improve alignment.

American Correctional Association Performance-Based Standards

NDCS shared 19 staffing-related policies for the Abt team to review as a part of the benchmarking analysis; 13 of those policies referred to ACA standards that NDCS has used to inform their written policies, procedures, and practices. Of the policies we reviewed, NDCS cited 92 unique ACA standards in policy areas such as Administration and Management, Health Care, Institutional Operations, Physical Plant, and Special Management Housing and Restrictive Housing. Policies are reviewed regularly and revised as needed; all policies we reviewed had been reviewed by NDCS leadership within the last one and a half years.

4-4050 ACA Standards for Adult Correctional Institutions, Section C – The staffing requirements for all categories of personnel are determined on an ongoing basis to ensure that inmates have access to staff, programs, and services.

Detail: Staffing requirements should be determined on more than inmate population figures and should include review of staffing needs for health care, academic, vocational, library, recreation, and religious programs and services. Workload ratios should reflect such factors as goals, legal requirements, character and needs of the inmates supervised, and other duties required of staff. Workloads should be sufficiently low to provide access to staff and effective services.[6]

Areas of Success

In line with ACA recommendations, NDCS determines non-custodial staffing requirements using a variety of factors, including the inmate count within a given facility, the needs of the overall facility population; and program-specific performance goals and metrics. In some cases, positions can be converted to align with NDCS needs. For example, in FY25, a behavioral health position was converted to an administrative position based on staff feedback that the administrative workload was a barrier to completing their core responsibilities.

[6] American Correctional Association. (2020). *Performance-Based Standards and Expected Practices for Adult Correctional Institutions*. 5th Edition.

Overall workload ratios for non-custodial staff are in line with ratios observed in peer institutions. When examining workload ratios within individual facilities and by job categories, however, there are some facilities and job categories for which vacancies are causing shortages, or minimum staffing levels are not sufficient to provide access to all planned services as described in the main body of the report.

Opportunities for Improvement:

Despite NDCS' flexibility to set appropriate minimum staffing levels, there remain some gaps in non-custodial staffing, particularly for RTC, TSCI, NSP, OCC, NCCW. Some programs are not implemented at the scale they would be with more robust staffing. Further, some core programs are not operational.

- Vacancies impact the extent of clinical programming; previously offered violence reduction and anger management programming was discontinued following a completed program evaluation by external researchers.
- Several facilities rely on protective services staff to support recreation, library, and food services. Together, these trends point to understaffing for facility-based non-custodial and behavioral health staff.

4-4051 ACA Standards for Adult Correctional Institutions, Section C-The institution uses a formula to determine the number of staff needed for essential positions. The formula considers, at a minimum, holidays, regular days off, annual leave, and average sick leave.

None of the key stakeholders we spoke with could identify a specific formula used to determine needs for non-custodial or behavioral health staff. Interviews with staff indicate that in some facilities, services, including education, recreation, library, and other programs, halt when individuals take time off, suggesting that paid time off like annual leave and sick leave are not sufficiently accounted for in minimum staffing levels.

4-052 ACA Standards for Adult Correctional Institutions, Section C -The warden/superintendent can document that the overall vacancy rate among the staff positions authorized for working directly with inmates does not exceed 10 percent for any 18-month period.

> *Detail: Wardens/superintendents should ensure that a pool or register of eligible candidates is available to fill or keep to a minimum any vacancies among staff who work directly with inmates (correctional officers, counselors, teachers, chaplains, librarians, and so on). Position vacancies that are frozen by legislative or fiscal controls should not be considered in the 10 percent vacancy rate specified in the standard. When unusual conditions cause an excessive number of vacancies, the warden/superintendent should notify the central agency in writing about the disparity between positions authorized and filled, documenting the reasons and alerting the agency to the potential problems.*

Areas of Success:

Across all nine facilities, non-custodial vacancies were filled in less than the recommended 18-month period, on average.

Opportunities for Improvement:

NDCS staff we spoke with could not point to a written staffing plan documenting target staff ratios for non-custodial and behavioral health staff. Instead, PCR data document who is staffed and how many vacancies exist by job category.

Wardens and other NDCS leadership we spoke with indicated that there is no pool of eligible candidates to fill vacancies among staff who work directly with inmates.

At the end of fiscal year 2025, there were 234 non-custodial vacancies, including 77 for behavioral health staff. This represents about 18% of the non-custodial workforce, and 41% of the behavioral health workforce, exceeding the 10% target. This pattern was persistent, with minor variation, across the three-year period of our analysis, indicating the 10% threshold was exceeded for more than the 18-month period.

At RTC, TSCI, and NCCW, behavioral health leadership positions (i.e. psychiatry, psychology) were vacant for extended periods, although in many cases these staff were supported through contracted positions.

- RTC had an average of 18 months for vacancies to be filled; TSCI 19 months, and NCCW, 36 months.

National Commission on Correctional Healthcare

NCCHC publishes outcome-focused standards and position statements in separate manuals for jails, prisons, juvenile facilities, mental health services, and opioid treatment programs. Topics range from governance and administration, health promotion, disease prevention, personnel training, patient care and treatment, to special needs services and medical-legal issues. The NCCHC's goals and standards are designed to improve health care quality, ensure safety and legal compliance, promote continuous improvement, and elevate correctional health care as a recognized specialty. The latest 2026 NCCHC standards do not provide specific ratios or benchmarks, instead indicating that "medical and mental health staffing be sufficient in number and qualifications to meet inmate needs 24/7." They further emphasize the use of technology, including telehealth, to facilitate access to mental and behavioral healthcare.

Areas of Success:

NDCS uses telehealth for psychologists working with sex offenders. Fully licensed mental health BHPs, psychologists, and two psychiatrists are on call to respond to immediate patient needs. BHPs and psychologists are on call at the facility level on a rotating basis, while psychiatrists are always on call for all patients on their case load.

- If there is a serious suicide attempt, Behavioral Health Officer of the Day (BHOD) come in within three hours.
- If an individual with SMI is being placed in immediate segregation, a BHOD comes in within 24 hours.
- Otherwise, a BHOD may call someone who is at the facility to check on their clients.

Opportunities for Improvement:

Vacancies impact the extent behavioral health programs are such as dialectical behavioral therapy are offered.