OFFICE OF INSPECTOR GENERAL
OF THE NEBRASKA CORRECTIONAL SYSTEM

Mental health care, conditions and related matters in NDCS facilities

SUMMARY OF INVESTIGATIVE REPORT NO. 2025-01
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Doug Koebernick, Inspector General
Zach Pluhacek, Assistant Inspector General

EXECUTIVE SUMMARY

This report by the Office of Inspector General of the Nebraska Correctional System (OIG) explores five areas of interest and/or concern related to mental health services within Nebraska Department of Correctional Services (NDCS) facilities.

The findings and recommendations in this report resulted from more than a year of examination of the NDCS mental health system. This work began in early 2024, after NDCS moved to consolidate almost all of its inpatient mental health beds for men from across the system into the Reception and Treatment Center (RTC) in Lincoln. The change – which was directed by NDCS administration, not mental health officials – prompted complaints from patients and their advocates about the living conditions and how this disruption had impacted their mental health. Through interactions with more patients and providers, additional matters came to the OIG's attention.

Although not an exhaustive list, the five topics addressed in this report were selected based on 1) how frequently they were mentioned by people in the system, including patients and staff; 2) the significance of their impact on the system; and 3) their relevance to the Legislature, based on existing statutes and past legislative engagements in this area. These five topics are as follows:

1. **Staffing.** NDCS mental health services are in a longstanding staffing crisis, which appear more significant than the staffing challenges facing the overall behavioral health industry, including other state-run institutions. However, NDCS appears to be making some progress in this area.
2. **Living conditions.** The OIG fielded a variety of complaints about the living conditions in NDCS mental health units, including the use of custody restraints, limited out-of-cell time, and quality of facilities. Some of these conditions may be improving with new facilities, management changes and better custody/security staffing, but concerns remain.
3. **Restrictive housing for seriously mentally ill individuals.** State statute prohibits placing seriously mentally ill people in longer-term restrictive housing. However, NDCS' interpretation and implementation of statute results in many people with serious mental illnesses being placed in these settings, anyway.
4. **Discharge review.** State statute also requires NDCS to have "evidence-based criteria" for screening people nearing release who are mentally ill and dangerous and may require civil commitment. However, it is unclear whether an evidence-based tool even exists for such a purpose.

5. **Programming for high-risk individuals.** There is a general lack of structured, clinical treatment programming available for individuals in high-security settings. NDCS terminated its version of the Violence Reduction Program (VRP), intended for those at high risk for violence, in early 2024 and has yet to identify a replacement.

More specific findings are included in each section of this report. The report concludes with a summary of these findings, as well as recommendations for NDCS and the Legislature to consider.

The OIG appreciates the efforts of NDCS mental health providers, administrators, and others involved in this area of the correctional system. Although this report provides a broad (and, hopefully, instructive) look at NDCS mental health services, it is not intended to serve as a comprehensive review. It is hoped that these findings and recommendations will help further the Department's own efforts at improving this system as well as the Legislature's role in assisting and guiding that process through policy.

CONTENTS

BACKGROUND AND SCOPE

About the OIG

The Office of Inspector General of the Nebraska Correctional System (OIG) is an office of the Legislature which provides oversight, accountability, and recommendations for improvement of the Nebraska correctional system. As part of the Division of Legislative Oversight, the OIG receives guidance and supervision from the Director of Legislative Oversight and the Legislative Oversight Committee.

The OIG investigates all deaths and serious injury incidents within the state correctional system, including state prisons and parole, as well as allegations or incidents of possible wrongdoing by corrections officials or contractors. The Office also conducts other investigations, audits, inspections, and oversight activities as necessary to perform its duties. The OIG is not a law enforcement agency, and its investigations are purely for oversight purposes.

About this Investigation

The Office of Inspector General regularly receives contact from people with serious mental illnesses or other mental health issues within Nebraska's correctional system. In early 2024, the Office began receiving complaints from mental health patients and others who disagreed with population movements and operational changes being made in relation to the mental health units within the Nebraska Department of Correctional Services (NDCS, or Department). While visiting these areas and speaking with patients and staff, additional concerns came to light.

As a result of these concerns, the OIG determined that a broader examination of NDCS mental health services and related conditions was merited. The OIG gathered information from the following sources:

- Agency records, including staffing data, treatment records, and restrictive housing and out-of-cell-time records;
- Facility tours;
- Patient interviews;
- Interviews with clinical and nonclinical staff;
- Several meetings with current and past NDCS administrators;
- Review of state statutes, rules and regulations, and departmental policies and procedures;
- Review of past examinations of NDCS mental health and related operations; and

- Research on national accreditation standards and mental health care in other systems.

Beyond the specific issues raised, this report also serves as a general source of information about mental health care in the state correctional system. Care and treatment of state prisoners with serious mental illnesses and/or other mental health needs has been a focus of the Legislature for many years. For example:

- The Nebraska Correctional Health Care Services Act, adopted in 2001, requires NDCS to provide a community standard of health care, including mental health care, to all inmates.[1]
- In 2015, the Legislature required mental health screenings for all new inmates, evaluations for those nearing release who might be mentally ill and dangerous, and "adequate mental health treatment" for those in the Department's custody who are found to be mentally ill.[2]
- In 2018, the Legislature specifically mentioned behavioral health staffing as part of a new requirement for NDCS to conduct regular, department-wide studies of its staffing needs.[3]
- In 2019, the Legislature voted to abolish the use of longer-term restrictive housing for inmates who are seriously mentally ill. The change took effect the following year.[4]
- In 2022, the Legislature added specific requirements for NDCS to evaluate the quality and availability of programs throughout the correctional system, including that clinical treatment programs should be evaluated every three years.[5]

Report and Response

This document is a redacted version of a confidential report by the OIG. The original report was submitted to the NDCS Director on September 16, 2025. NDCS responded in writing on October 3, 2025, and provided further clarification of its response on October 9, 2025. NDCS accepted two of the recommendations outright, accepted another two recommendations after the OIG agreed to modifications, and rejected the remaining five recommendations. These responses and related correspondence are attached as appendices to this report. The full report was finalized on October 20, 2025.

[1] Neb. Rev. Stat. § 83-4,153 et seq.
[2] LB 598 (2015), Neb. Rev. Stat. § 83-180.
[3] LB 841 (2018), Neb. Rev. Stat. § 83-906.
[4] LB 686 (2019), Neb. Rev. Stat. § 83-173.03.
[5] LB 896 (2022), Neb. Rev. Stat. § 83-182.01.

OVERVIEW OF NDCS MENTAL HEALTH SERVICES

People with serious mental illnesses constitute a significant share of Nebraska's incarcerated population. As of October 2024, approximately 1,300 people in NDCS facilities were considered to have one or more serious mental illnesses (SMI).

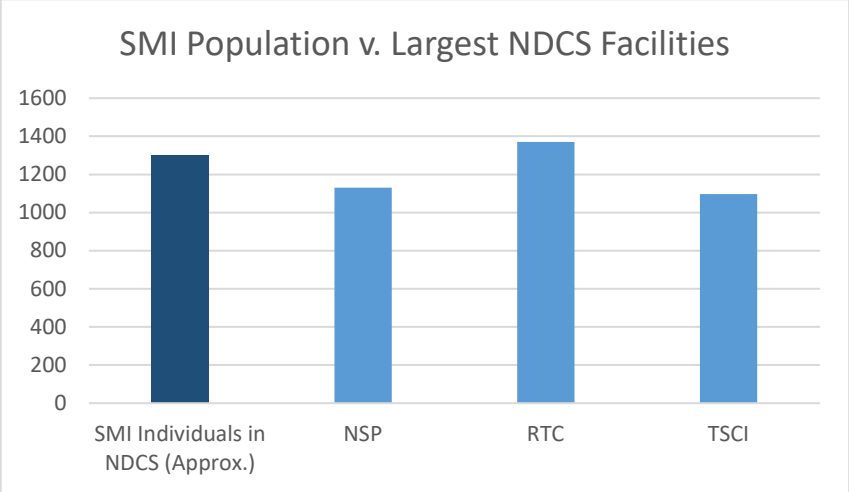


Figure 1: This chart shows the number of seriously mentally ill individuals in NDCS custody as of October 2024 compared with the overall populations of the agency's three largest facilities: the Nebraska State Penitentiary, the Reception and Treatment Center, and Tecumseh State Correctional Institution.

This number does not include all people with substance use disorders or other behavioral/mental health disorders which are not severe or persistent enough to be considered serious mental illnesses. For example, as of March 2025, more than 1,600 people in NDCS custody had outstanding recommendations for intensive outpatient substance use treatment, the department's most frequently recommended clinical program. While some of these individuals also have SMI, others do not.

Of the many people with SMI within NDCS facilities, a small share – about 100 at any given time – are housed in secure mental health units, which are more controlled settings intended to allow for frequent contact with mental health providers.

Administration and Facilities

Mental health services within the Department of Correctional Services are a component of the Department's larger health services division. The agency mental health director is supervised by the medical director, who reports to the NDCS director.

NDCS employs mental health providers at each of its nine facilities. Some of these providers are assigned to specific programs, such as those for substance use or sex offense-related issues. Others mostly provide general mental health services, such as one-on-one therapy or monitoring of patients with serious mental illnesses and people assigned to restrictive housing. Most mental health services are provided to people in the general prison population, although NDCS does operate treatment-specific units at some facilities. These include:

- A mental health unit (Housing Unit H) for men at the Reception and Treatment Center (RTC) in Lincoln;
- A unit (Housing Unit C) at the RTC which includes one gallery of restrictive housing cells and three galleries of mental health cells, all for men;

Figure 2: Housing Unit H at the RTC.

- Two units at the Nebraska Correctional Center for Women (NCCW) in York which house women with acute/subacute or chronic mental health needs. These units also house women who are in protective custody or have been removed from the general prison population for behavioral reasons;
- A unit at the Omaha Correctional Center (OCC) for men participating in sex offense-related programs, the inpatient and outpatient Healthy Lives Programs (iHeLP and oHeLP); and
- Two residential substance use treatment units: one for men at the RTC, and one for women at NCCW.

Specific Services

To better understand the demand for mental health services within NDCS, it is helpful to review some of the specific needs and tasks which exist. What follows is not a comprehensive list, but is intended to provide a sense of the demands within the system. Some of these demands – and the challenges NDCS has faced in meeting them – will be examined in greater detail later in this report.

SMI Population

The exact number of seriously mentally ill (SMI) people in NDCS custody varies over time, based on the overall inmate population and diagnostic decisions made by providers. The SMI population also includes a small number of "safekeepers" who are being housed on behalf of county jails that are unable to provide the level of care they require, as well as people pending court-ordered mental health evaluations.

Most SMI patients, despite their serious mental illness, are considered by NDCS to be "stable and capable of meeting the ordinary demands of prison." Departmental policy requires each person with SMI to have an individualized treatment plan, be "seen" at least monthly by a mental health provider, and be assessed every 90 days by a psychiatric provider.[6]

At any given point, about 100 of the roughly 1,300 SMI patients are considered to require a higher level of care than is offered in the general prison population. These patients are usually housed in designated mental health units, and are supposed to have their behavior tracked and documented by staff on a daily basis. Depending on their exact level of care (LOC) as determined by the Department, some of these patients require weekly or daily assessment by a mental health provider.

[6] NDCS Policy 115.22, "Mental Health Levels of Care," revised Dec. 31, 2024.

Recently, NDCS mental health officials observed that some patients who are recorded as having SMIs might not actually be seriously mentally ill. For example, someone newly admitted to prison might exhibit mental health symptoms that resemble an SMI but are actually temporary. NDCS policy does not outline a clear process for review and removal of an SMI diagnosis based on further observation. This is a delicate question, and it is not yet clear what would result from a more systematic review of each SMI diagnosis in the incarcerated population.

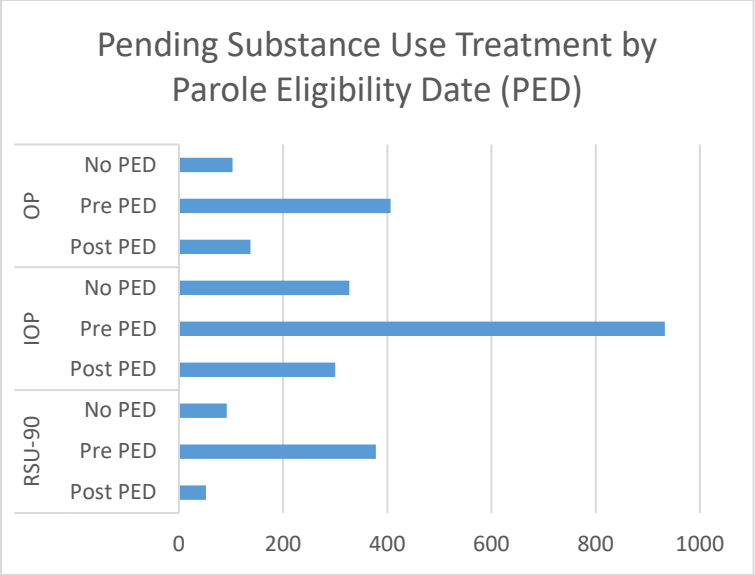


Figure 3: About half the NDCS population is recommended to take some form of substance use treatment. This chart shows the number of people recommended for outpatient (OP), intensive outpatient (IOP), and 90-day residential substance use (RSU-90) programming, relative to each person's parole eligibility date (PED). No PED means a person does not have the chance at discretionary parole, such as those who receive "flat" sentences without supervision upon release, those sentenced to mandatory post-release supervision, or those serving mandatory life sentences.

Programs

Many mental health staff are specifically assigned to provide structured clinical programs for substance use and sex offense-related concerns. However, the Department does not have the capacity to provide these programs promptly to everyone who is recommended to take them, particularly with substance use programming.

Figures 3 and 4 illustrate the high demand for substance use programming in NDCS and the timeframes for providing these programs before individuals are released from custody.

Other Responsibilities

Assessments/Evaluations

Each person admitted to an NDCS facility is screened by a mental health practitioner as part of the intake process.[7] Additionally, NDCS psychologists spend much of their time conducting statutorily required

[7] Required pursuant to Neb. Rev. Stat. § 83-180.

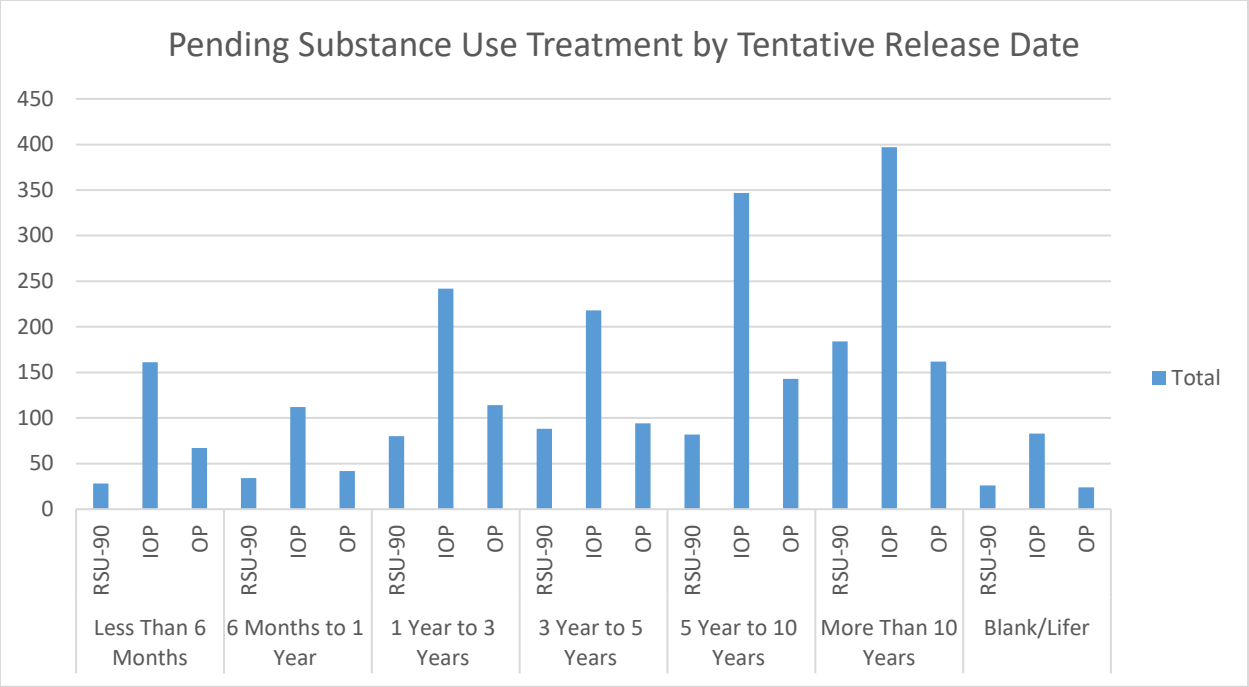


Figure 4: The number of people recommended for three NDCS substance use treatment programs – RSU-90, IOP, and OP – broken down by each person's tentative release date (when they are expected to discharge from the system).

evaluations of convicted sex offenders, evaluations requested by the Board of Parole, and other evaluations which NDCS requires before certain offenders can transition to lower-security facilities.[8]

Discharge Review

In addition to the above evaluations, NDCS rules and regulations require three psychologists to participate in a discharge review team (DRT), which reviews individuals who are nearing release and are considered high-risk.[9] The DRT reviews 100 to 200 people each month, for a total of more than 1,600 reviews in 2024.

Determining who should be reviewed by the DRT is a process of its own, which requires mental health practitioners to examine the files of each person within the Department who is nearing discharge and complete a scoring sheet. The score they receive determines whether or not they are referred to DRT.

[8] The sex offender evaluations are required under Neb. Rev. Stat. § 84-174.02. These evaluations are often called "1199 reviews" in reference to Legislative Bill 1199 (2006), which created the requirement.
[9] Title 72, Nebraska Administrative Code, Chapter 4.

Restrictive Housing

NDCS also has specific mental health-related obligations in caring for people in restrictive housing. For example, each person in longer-term restrictive housing must receive a weekly cell-front visit by a mental health provider. This is required under departmental rules and regulations, and is a standard of the American Correctional Association, through which NDCS is accredited.[10] Providers must also:

- Provide a one-on-one, out-of-cell assessment within 24 hours if concerns are raised about a person's mental health status upon their admission to restrictive housing; and
- Complete a behavioral health assessment at least every 30 days for people in restrictive housing who have diagnosed mental health disorders, and every 90 days for others in restrictive housing.

Suicidal Thoughts/Self-Harming Behaviors

Figure 5: The "plan" (suicide watch) gallery in the RTC's Housing Unit H.

Mental health providers take turns working on-call for significant incidents which take place outside normal business hours. These include situations when a person is exhibiting suicidal or self-harming behavior. If a person requires placement in an acute bed or on "suicide watch" (also referred to as "plan status"), that decision is made by a mental health provider. The provider conducts an initial assessment and completes an individualized treatment plan. Under NDCS policy, these patients must be seen by a mental health provider at least once each day, in addition to consistent monitoring by custody staff.

General Mental Health Services

People in crisis, others with serious mental illness, those participating in structured clinical programs, and those in restrictive housing do not represent the entirety of needs for mental health services within NDCS. People with intellectual or developmental disabilities, traumatic brain injuries, or less serious mental health diagnoses still often require some level of interaction with mental health providers. However, in

[10] Title 72, Nebraska Administrative Code, Chapter 1.

most cases, these demands are not specifically enumerated in policy and therefore depend somewhat on provider discretion and availability.

TOPIC #1: STAFFING

A shortage of mental health providers has been a persistent problem for Nebraska's correctional system in recent years.

As of 2016, when the OIG began tracking this information, NDCS reported 31 vacant mental health positions compared with 99 positions filled. [11] The Department has added positions since then, but has been unable to fill many of them. As of February 2025, of 170.5 authorized FTEs, 68.5 were vacant and 102 were filled. This amounted to an overall vacancy rate of 40 percent. With the addition of 7.5 private contractors being used to fill some of these positions, the vacancy rate dropped to just under 36 percent.

The practice areas/positions with the highest percentages of vacancies were substance use treatment services and psychology. As of February 2025, more than half of the psychologist positions and half the substance use disorder (SUD) treatment positions in NDCS were unfilled.

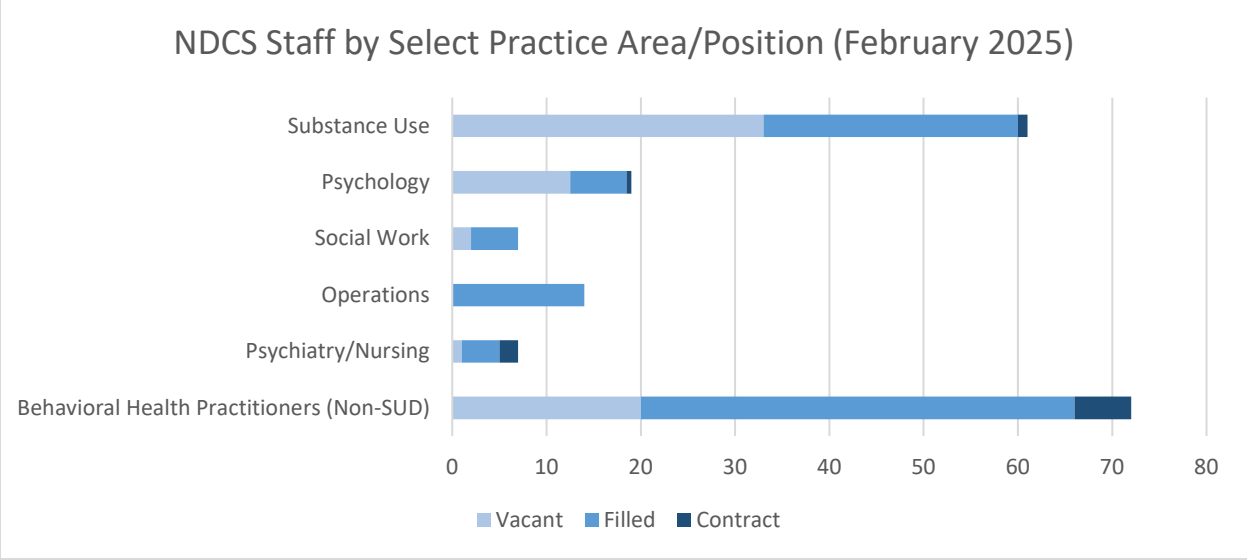


Figure 6. Source: NDCS.

Broken down by facility, the Reception and Treatment Center (RTC) had the largest number of mental health positions overall but also the largest number of vacancies within the Department. At Tecumseh State Correctional Institution (TSCI), the Nebraska Correctional Center for Women (NCCW), and the Community Corrections Center-Lincoln (CCL), more than half the mental health positions were vacant.

[11] See Attachment: August 1, 2016 NDCS Health Services Staffing Breakdown by Facility.

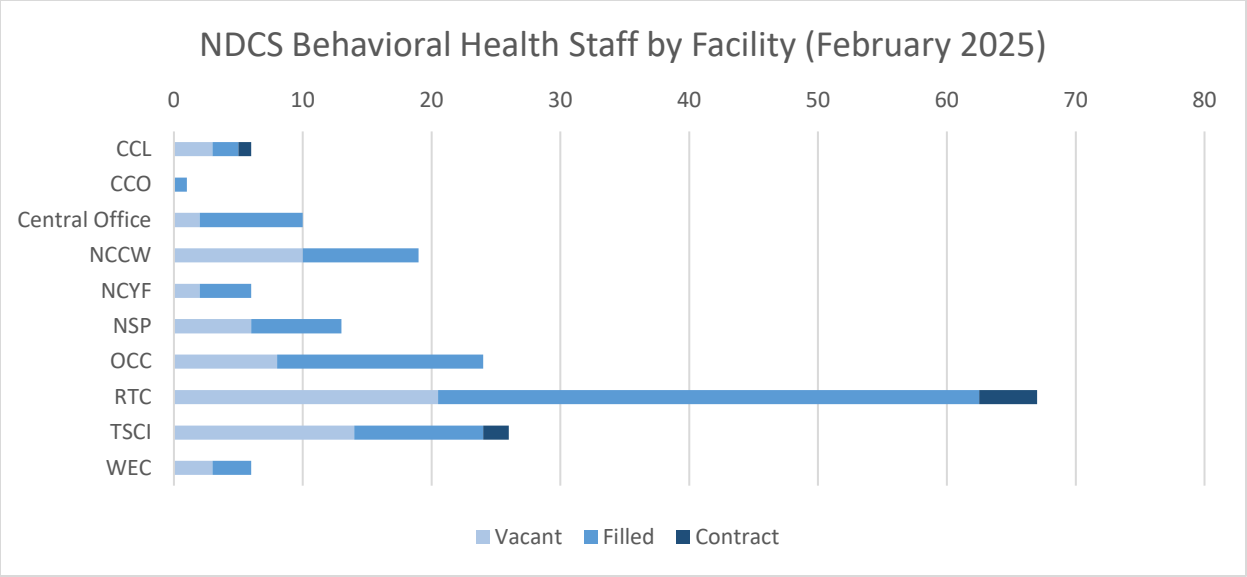


Figure 7. Source: NDCS.

More items of note:

- At NCCW, both psychologist positions were vacant, and six of nine substance use treatment positions were vacant. The facility's other two vacancies were for behavioral health practitioners.
- The RTC, which includes the Department's residential substance use treatment unit for men, nine of the 20 substance use treatment positions were unfilled.
- At TSCI, all three psychologist positions were vacant, five of eight substance use positions were unfilled, and six of 11 behavioral health practitioner positions were unfilled.
- At CCL, three of the facility's five substance use treatment positions were vacant.
- At the Nebraska State Penitentiary (NSP), both substance use treatment positions were unfilled, and three of four psychologist positions were vacant.

Comparison with DHHS

In recent years, several NDCS mental health employees have left their positions and were hired by the Nebraska Department of Health and Human Services (DHHS). Because of this, the OIG sought to compare staffing levels for key positions within the two agencies.

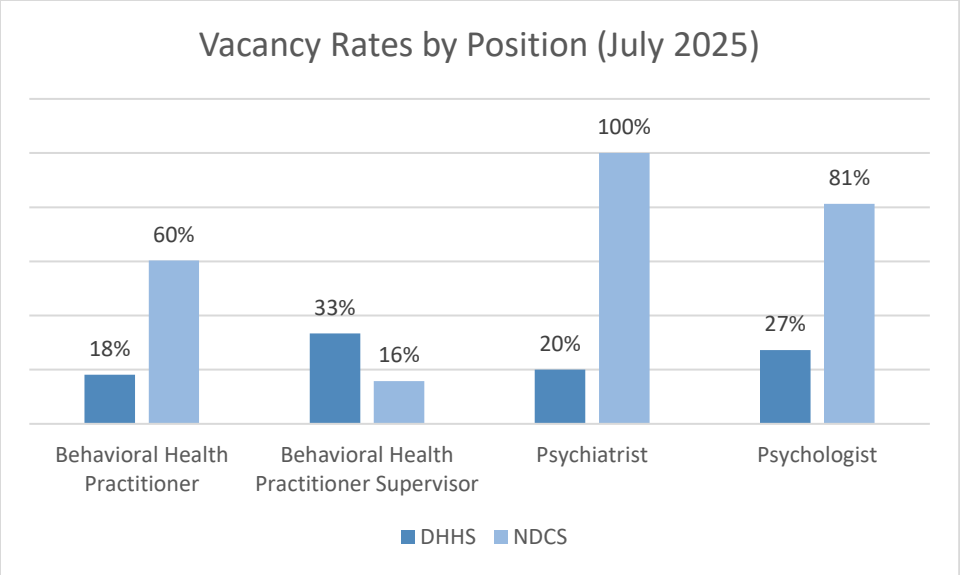


Figure 8. Source: Department of Administrative Services and NDCS.

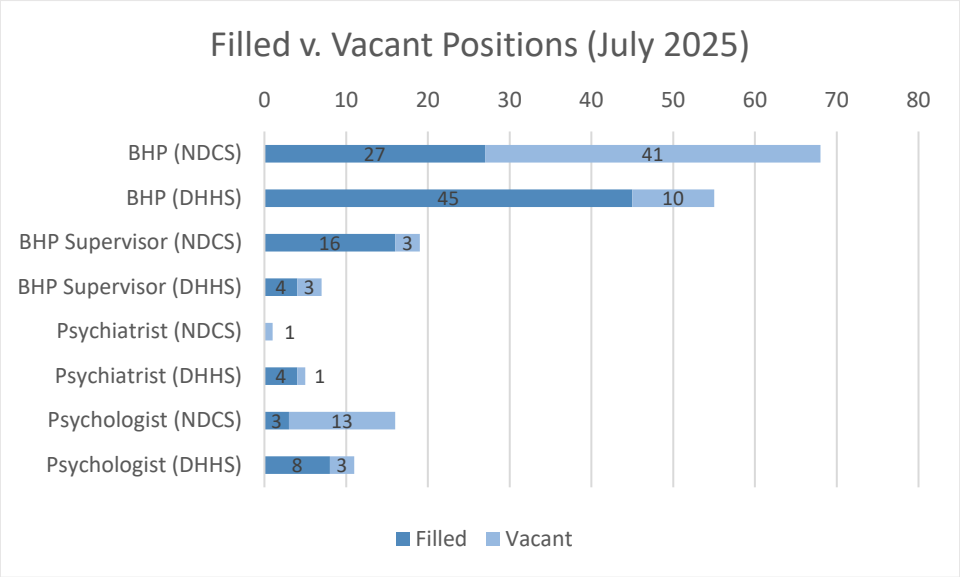


Figure 9. Source: Department of Administrative Services and NDCS.

Overall, NDCS reported much higher vacancies than DHHS in these areas. Interestingly, NDCS has many more Behavioral Health Practitioner Supervisor positions than DHHS, and has had some success filling those positions. Also, although NDCS had no staff psychiatrist at the time of this data, it did utilize contract providers in this area and has since hired a new chief psychiatrist.

It is worth noting that, while similarities and overlap exist, the conditions and clients served in DHHS facilities differ from those in NDCS facilities. However, both agencies have challenging treatment

environments and comparable staff salaries. These charts show it is not impossible to find mental health providers who are willing to serve in Nebraska's state institutions.

Contracted Staff

As of July 2025, NDCS utilized more than 200 contract staff to fill needs within its medical and mental health ranks. This practice was more widespread with medical positions, such as nurses, medication aides, phlebotomists, dental assistants, and more. For mental health providers, NDCS had contracts with one therapist, one behavioral health practitioner supervisor, three licensed mental health practitioners, and four licensed independent mental health practitioners.

Early in this investigation, the OIG was told the mental health director was working to enlist more contract staff due to the number of vacancies in this area and the difficulty with hiring state employees. However, the OIG has since been told NDCS is working to reduce its number of contract staff for budgetary and other reasons. The OIG will continue to monitor these changes as well as their impact on overall mental health staffing and services.

Staffing Analysis

NDCS is statutorily required to conduct a staffing analysis every six years and submit reports of these studies to the Legislature. This includes a requirement for "a specific analysis regarding behavioral health staffing."[12] The first such report was due in 2020.

To satisfy this requirement for 2026 as it relates to non-custody staffing, NDCS has contracted with ABT Associates Inc. of Cambridge Mass. The $242,886 contract began July 1, 2025, and terminates at the end of 2026, although a timeline included in the company's bid projects final acceptance within 20 weeks. This analysis should be timely due to the upcoming addition of 64 new mental health beds at the RTC.

Possible Progress

In late August, the NDCS mental health director provided the OIG with some hiring-related updates in key positions, including a full-time psychiatrist and a new chief psychologist for general mental health services to supervise facility-level behavioral health supervisors and the residential treatment programs at

[12] Neb. Rev. Stat. § 83-906.

the RTC and NCCW. These are promising steps, which hopefully will result in additional hires at the facility level, as well as retention of these providers.

Culture Question

For many years, mental health professionals working for NDCS complained about what they viewed as excessive and inappropriate "meddling" in clinical decisions by nonclinical administrators. Some providers even cited this as a reason why they quit working for NDCS. Although this seems to have improved under the current administration, unlike in a purely clinical/treatment-focused environment, mental health care in NDCS still takes place within the constraints of a correctional setting. Maintaining this balance will remain essential going forward.

Findings

1. NDCS continues to struggle with filling vacant mental health positions, although the Department has made improvements over the past year.
2. The behavioral health staffing analysis will be timely due to the current staffing situation within NDCS and the opening of two new mental health units.

TOPIC #2: LIVING CONDITIONS

Housing for the seriously mentally ill within NDCS has changed significantly in recent years:

- Beginning in 2020, the Legislature barred the use of restrictive housing for members of "vulnerable populations," including people with serious mental illnesses. However, in some cases, NDCS continues to house people with serious mental illnesses in restrictive housing, including longer-term restrictive housing.[13]
- In 2021, NDCS eliminated the use of restrictive housing for women. The former restrictive housing unit at NCCW, now called the Behavior Intervention and Programming Unit (BIPU), remains a highly controlled setting for women in lieu of restrictive housing, protective custody, or inpatient mental health placement.

Figure 10: The BIPU at NCCW.

- In 2022, a new acute/subacute mental health unit – Housing Unit H – opened within the RTC as part of the major expansion of that complex. This unit includes four living galleries with eight cells each. One of the galleries is used for people on suicide watch.
- Most recently, in late 2023/early 2024, NDCS made numerous changes to its mental health spaces in men's facilities. These include:
    - Eliminating a chronic care mental health unit at the RTC (Housing Unit D), which had provided a more therapeutic setting for these patients than general population living units

[13] This issue is addressed in more detail later in this report.

Figure 11: Work continues on two new housing units for people with special needs, including those with serious mental illness, at the RTC.

or more secure mental health settings. This space has since been converted into a general population unit.

- Eliminating the mental health unit at TSCI, known as "Upper B," and moving these patients to the RTC.
- Converting the bulk of another RTC living unit, Housing Unit C, into secure mental health housing. While this unit has long served a variety of purposes – including mental health, restrictive housing, intake overflow, and general population – it is now three-fourths mental health housing and one-fourth restrictive housing.

- In the coming months, work will be completed on two new, 32-bed units at the RTC that are intended to house members of special needs populations, including those with serious mental illness. (See Figure 11.)

Complaints about the late 2023/early 2024 changes are largely responsible for prompting this OIG examination of the mental health system. The OIG was unable to access NDCS facilities right when these changes occurred, but the mental health units were among the OIG's first visits when the Office's access was restored.[14]

[14] More about this situation can be found starting on Page 6 in the OIG's 2024 Annual Report, https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Inspector_General_of_the_Nebraska_Correctional_System/600_20240912-130303.pdf. The Legislature has since taken further action in this area with the passage of Legislative Bill 298 in 2025, creating the Division of Legislative Oversight.

During these visits, and in discussions with patients and staff on the units, the following issues arose:

1. At TSCI, suicide watch (or "plan") cells are located immediately adjacent to cells used for longer-term restrictive housing, which raises concerns about safety and the impact on mental health.
2. At the RTC, where most mental health inpatients are housed, the physical layout of the facility and staffing shortages have at times posed challenges in providing quality out-of-cell time.
3. Also at the RTC, safety concerns have resulted in the long-term use of "restraint status" for certain patients, which would not be acceptable in other mental health settings, even highly secure settings.
4. The restructuring of mental health units and other key decisions were made without substantial input from mental health administrators.

Each of these issues is examined in greater detail in this section.

'Plan' Cells

NDCS refers to suicide watch as "plan status." People on plan status are generally placed in designated cells which are retrofitted to provide for closer observation by staff and limit a patient's access to furniture or other objects that could be used for self-harm. Smaller facilities or those without plan cells can temporarily place suicidal or self-harming patients in other observation cells as needed.

TSCI has three plan cells, which are located inside a gallery used for longer-term restrictive housing (LTRH). That means these patients who are undergoing acute mental health crisis or are in subacute care (often immediately following a mental health crisis) are housed in cells right next door to those in restrictive housing. This can create problems for these patients as well as those in restrictive housing. For example:

- One man who spoke with the OIG while in longer-term restrictive housing described spending days at a time subjected to screaming, loud ramblings, and suicidal or self-harming behavior by patients on suicide watch in adjacent cells. The man who was in LTRH also has a serious mental illness,[15] and was able to use some of his own coping strategies in attempts to support those nearby. This man later ended up in a "plan" cell himself.

[15] The placement of seriously mentally ill individuals in longer-term restrictive housing is discussed later in this report.

- TSCI no longer has mental health beds for those who require inpatient care but not at the crisis/acute/subacute level. As a result, patients who are transitioning off suicide watch either need to be transferred to a different facility or kept in a non-mental health setting at TSCI. For this and other reasons, providers have said they felt pressure to manipulate "level of care" determinations to ensure appropriate housing for these individuals.[16]

Figure 12: An empty "plan" cell at TSCI.

- The intent of suicide watch is to limit a person's potential for self-harm. However, mixing these patients with people in LTRH creates more opportunities for members of both groups to introduce/exchange weapons and other contraband. While one might think restrictive housing units are secure enough to control these things, recent examples would indicate otherwise.

The area where these plan cells are located was previously a mental health unit, albeit a small one, located within the TSCI restrictive housing building. However, this unit was relocated to the RTC in late 2023/early 2024.

RTC Limitations

The RTC is the largest facility within NDCS, comprising two former facilities built in the 1970s as well as several additions which opened beginning in 2022. The RTC complex includes two mental health units: Housing Unit C, which is in the former Lincoln Correctional Center, a building that opened in 1976

[16] More information about the NDCS levels of care system is included in the restrictive housing section of this report.

and was designed as a minimum-security prison; and Housing Unit H, which was designed as a mental health unit and is part of the new additions.

Figure 13: The cages used for outdoor time for people in restrictive housing as well as certain secure mental health placements at the RTC.

Both of these units, in particular Housing Unit C, present challenges in managing the populations they house, especially when the facility's operational hours are shortened due to low staffing or other disruptions.

For example, Housing Unit C lacks a true outdoor yard. The unit's "mini-compound" is divided up into smaller, caged spaces to facilitate outdoor time for people in restrictive housing and secure mental health placements. This means patients who don't require such high security lack access to suitable outdoor space. For patients who do require this higher security, staff must juggle individual outdoor time for as many as dozens of people per day.

Figure 14: Due to space constraints, the RTC has had to make do with this converted walkway to provide outdoor space for patients on Housing Unit C who are able to use a group "yard," as opposed to the cages.

The OIG raised concerns to RTC administration about the living conditions on Housing Unit C in early 2024, and the facility made operational changes to provide more meaningful out-of-cell time for some of these patients. Additionally, the new special needs housing units being added at this facility may provide some relief in this regard. However, it remains to be seen exactly which population will be assigned to these units and how NDCS will continue to manage its higher-security mental health population.

Statute v. NDCS Policy

Under statute, one feature of restrictive housing is that it provides less than 24 hours of out-of-cell time *per week.*[17] In other words, this is the minimum amount of out-of-cell time which must be provided to patients with serious mental illnesses, as these individuals may not be placed in restrictive housing under the law.[18] However, NDCS policy provides a more specific out-of-cell time requirement for people in chronic care mental health units, including most of Housing Unit C. At a minimum, these individuals are to be offered at least 4 hours of out-of-cell time *each day*.[19]

This daily requirement may limit flexibility for staff managing these units, especially considering the RTC's logistical constraints. For example, it might be more realistic to facilitate longer periods of out-of-cell time on certain days of the week, when staffing levels are higher or other parts of the facility (e.g. the gymnasium or even the main yard) are closed to the general population and could be available for use by people from the mental health unit.

On the other hand, the daily requirement provides some reassurance that patients won't be confined to their cells for entire days at a time. It also helps ensure patients won't miss entire weeks' worth of out-of-cell time because they have one or two bad days and refuse to leave their cells, or because of unexpected events within the facility that might restrict movement for one or more days at a time.

'Restraint Status'

Along with the actual physical space, the long-term use of security restraints was a concern expressed by several RTC patients, especially on Housing Unit C.

Patients on so-called "restraint status" are required to be in handcuffs and shackles whenever they are out of their cells. Complainants described being placed on restraint status for indefinite periods without formal review. This allegation was confirmed through interviews with RTC staff, incarcerated people, and the OIG's own observations of these units, even predating 2024. Some people in the RTC mental health units have remained on restraint status for months or years at a time.

These restraint status decisions are made by nonclinical administrators and are separate from the use of "therapeutic restraints," which are overseen by behavioral health or medical staff. The use of therapeutic

[17] Neb. Rev. Stat. § 83-170.
[18] This issue is examined in greater detail in the next section of this report.
[19] NDCS Policy 115.22, "Mental Health Levels of Care."

restraints within NDCS is tightly controlled by policy. The agency medical director must approve any use of therapeutic restraints lasting more than 24 hours.[20]

Unlike therapeutic restraints, NDCS policy is less specific about the use of nonclinical restraints. To the OIG's knowledge, the term "restraint status" does not appear anywhere in agency policy. However, the Department's overall policy on use of restraints directs anyone using a restraint device to have approval from the facility warden or designee, which can come in the form of "standing orders" for routine situations.[21] The policy also addresses specific situations where staff might proactively use restraints on a person based on their "past history and present behavior."[22] Under such circumstances, approval should be obtained in advance, if possible. Per NDCS policy:

> *Decisions to utilize restraints for these purposes must include specific instructions to team members regarding:*
> *(a) The type of restraints designated.*
> *(b) Activities where restraints must be used.*
> *(c) Duration restraints will be used.*
> *(d) Constant supervision of the incarcerated individual by team member.*

The OIG requested documentation of these decisions from RTC administration in July 2024, but it was not provided. Without documentation, evidence suggests these decisions were being made informally at the time, with no consistent review.

Since the OIG raised this issue, RTC administration has begun including discussions about "restraint status" in its weekly restrictive housing meetings. This is a positive step; however, it is unclear if certain individuals will ever be taken off restraint status as a result of this procedural change. The OIG is not aware of any formal restraint status reviews being conducted by NDCS central administration.

Use in Other Mental Health Settings

The long-term use of restraints seen in the NDCS mental health units would not be acceptable in other mental health contexts. For example, in psychiatric hospitals receiving Medicare funds, restraints "may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and

[20] NDCS Policy 115.02, "Therapeutic Restraints."
[21] NDCS Policy 116.06, "Use of Restraints."
[22] While the policy cited in this section applies in most circumstances, staff have blanket authorization to use restraints for internal movement in restrictive housing. See Policy 210.01 (2024), Attachment K.

must be discontinued at the earliest possible time." Restraint orders in these settings may not be issued as standing orders, and must be reviewed by a licensed clinician at least every 24 hours.[23]

These rules do not apply to NDCS, but they do apply at the Lincoln Regional Center, which serves a similar population and sometimes provides stabilization services for patients from NDCS – some of the very same people who are housed in the NDCS mental health units.

It is important to note that while clinical staff and their supervisors are responsible for providing mental health care, living conditions for patients are subject to the realities of the prison environment. Decisions about facility operations and management are ultimately made by wardens and director-level administrators, often – but not always – with input from clinical professionals.

Decision Making

Given the complaints about living conditions which prompted this investigation, the OIG inquired with current and former mental health administrators about their involvement in decision-making about restructuring the NDCS mental health units. These administrators said the decisions were made without their input and took place either a) after their departure from NDCS or b) prior to them assuming a leadership role within the Department.

It remains to be seen how much input by mental health professionals will be taken into account in relation to the two new special needs units at the RTC. Mental health staff have proposed retaining Housing Unit C for patients who require the highest levels of security, while providing a more therapeutic environment

[23] 42 C.F.R. § 482.13 (2024).

within the new units. Interestingly, this would give the new units a role similar to the one served by Housing Unit D before that unit was reconfigured as part of the late 2023/early 2024 changes.

Findings

3. Locating TSCI's suicide watch cells within a living area used for longer-term restrictive housing raises concerns.
4. The living conditions on the RTC's Housing Unit C are not sufficient for how the unit is currently utilized.
5. NDCS policy does not provide adequate limitations on long-term use of security/custody restraints for patients in secure mental health settings.
6. Key decisions related to mental health services within NDCS have been made without adequate input from mental health administrators.

TOPIC #3: RESTRICTIVE HOUSING

State statute prohibits placing members of "vulnerable populations," including people with serious mental illnesses, in restrictive housing. However, NDCS has interpreted this statute to allow the Department to continue placing seriously mentally ill people in restrictive housing, depending on how a person's illness presents itself at any given time.

For example, someone diagnosed with schizoaffective disorder is considered to have a serious mental illness. Under statute, this diagnosis categorically excludes such a person from placement in restrictive housing.[24] Despite this, under NDCS policy, if a person with a serious mental illness such as schizoaffective disorder is considered "currently stable and capable of meeting the ordinary demands of prison," the person may be placed in restrictive housing.[25]

Situations like this are not uncommon within NDCS. As of August 5, 2025, of the 104 people in longer-term restrictive housing in NDCS, 25 had a diagnosed serious mental illness, according to agency records.

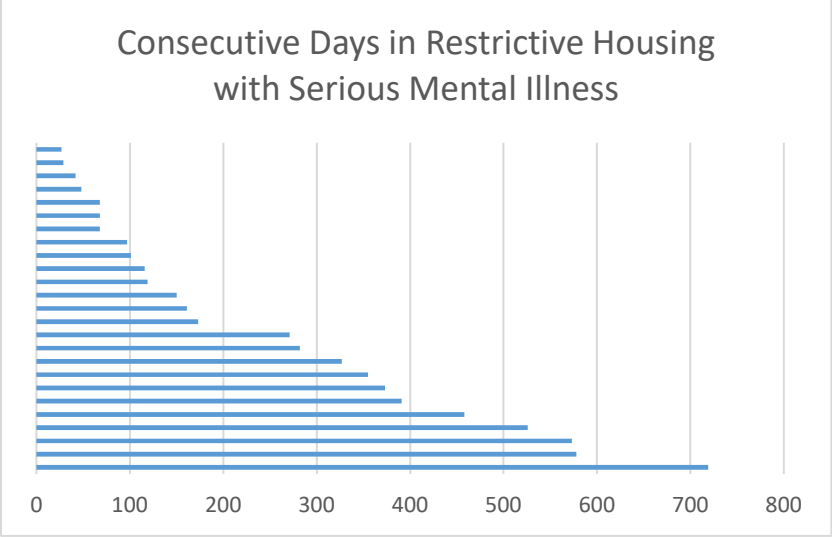


Figure 15: Each row of this chart represents a person with serious mental illness in NDCS longer-term restrictive housing as of August 5, 2025. The row lengths show the number of consecutive days each person had spent in restrictive housing.

[24] Neb. Rev. Stat. § 83-173.03(3) and § 44-792(5)(b).
[25] NDCS Policy 115.22, "Mental Health Levels of Care," effective Dec. 31, 2024.

These individuals had spent anywhere from 27 to 719 consecutive days on restrictive housing "status." (See Figure 15.) For some, this was just the most recent in a series of placements in longer-term restrictive housing:

- A person who had spent 355 consecutive days in LTRH had previously been in LTRH for periods of 180, 627, 114, 122, and 224 days since 2019.
- A person with 271 consecutive days in LTRH had previous stays of 61, 119, 253, and 223 days since 2019.
- A person with 161 consecutive days in LTRH had previous stays of 446 and 430 consecutive days on LTRH.
- The person who had been in restrictive housing for 719 consecutive days had previous stays of 436 days and 334 days, meaning he had spent most of the past five years in restrictive housing.

Levels of Care Policy

NDCS determines whether or not it will allow a seriously mentally ill person to be placed in restrictive housing based on the person's assigned mental health level of care (LOC). Those with a level of care of 3 or higher are excluded from longer-term restrictive housing, while those with LOCs of 2 or lower may be placed in LTRH.

An individual's LOC is not static. In fact, providers can and often do adjust patients' levels of care based on their treatment needs at the time. This sometimes results in seriously mentally ill patients being kept on LTRH "status," even when their mental health level of care is 3 or higher.

Levels of Care

All people in NDCS custody are assigned a mental health level of care (LOC), as determined by mental health staff. A person's LOC is defined as the "amount and type of intervention identified as necessary to appropriately treat a patient's mental health needs."

The NDCS levels of care are as follows:

LOC 5 – acute/crisis stabilization services
LOC 4 – subacute care
LOC 3 – chronic/residential treatment
LOC 2 – intensive outpatient treatment
LOC 1 – outpatient treatment
LOC 0 – no treatment needs

All patients with serious mental illness are automatically considered LOC 2 or higher. However, under NDCS policy, only those with an LOC 3 or higher are excluded from restrictive housing placement.

Although these patients might be temporarily relocated to a mental health unit during this time, they generally experience similar conditions of confinement as those living in restrictive housing units, including limited out-of-cell time. Neb. Rev. Stat. § 83-170 defines restrictive housing as "*conditions of confinement* [emphasis added by OIG] that provide limited contact with other offenders, strictly controlled movement while out of cell, and out-of-cell time of less than twenty-four hours per week." The actual physical location or setting where these conditions exist is irrelevant.

Similarly, patients who commit violent acts while experiencing a mental health crisis or while receiving inpatient mental health care might ultimately end up in restrictive housing as a result of their actions, once they have stabilized and their level of care has been reduced to LOC 2. However, the person still has a serious mental illness, notwithstanding NDCS' interpretation of statute.

Reasons for Placement

Most people are assigned to longer-term restrictive housing as a result of serious misconduct, such as violence toward staff or other incarcerated people, or participating in gang activity. Others might be kept in restrictive housing after requesting protective custody or because they have refused other housing placements.

Of the 25 seriously mentally ill people in NDCS longer-term restrictive housing as of early August, 10 were placed in restrictive housing due to a "serious act of violent behavior," while 15 were due to "threats or actions of violence," according to NDCS records. These broad categories are generally accurate, but do not always provide the full picture. For example, one man who was placed in LTRH for "threats or actions of violence" had requested protective custody and said he made a weapon for self-defense because "there is going to be a race war between the blacks, Mexicans, and natives and I don't wanna be apart [sic] of it."

Background

The origins of the ban on placing people with serious mental illness in longer-term restrictive housing can be found in NDCS' own work with the Vera Institute of Justice (Vera) to reform its restrictive housing practices.

The Vera Institute partnered with NDCS in 2015 as part of the organization's "Safe Alternatives to Segregation Initiative." In its final report from that effort, Vera recommended Nebraska adopt "firm

policies" to prevent members of vulnerable populations from being placed "in any form of restrictive housing that limits meaningful access to social interaction, physical exercise, environmental stimulation, and therapeutic programming."[26] Vera further recommended that people in secure mental health units should receive a minimum of 20 to 25 hours each week out of their cells, including at least 10 to 15 hours in structured programming and 10 hours of unstructured time.

By the time Vera released its report, the Legislature had already revised statutes to place some limitations on the use of restrictive housing by NDCS. These changes were made as part of Legislative Bill 598 in 2015. However, the language regarding members of vulnerable populations was not included at that time.

The prohibition on placing members of vulnerable populations in restrictive housing, other than immediate segregation,[27] was passed by the Legislature in 2019 as part of Legislative Bill 686. The changes took effect in March 2020. Vulnerable populations include those who are 18 or younger, pregnant, or diagnosed with a serious mental illness, developmental disability, or traumatic brain injury.[28]

Findings

7. NDCS may be violating state statute by placing individuals with serious mental illnesses in longer-term restrictive housing.
8. The NDCS policy on mental health levels of care allows patients with serious mental illnesses – even those deemed ineligible for restrictive housing by NDCS – to be confined in conditions which essentially replicate restrictive housing.

[26] Although this report was previously posted on the NDCS website, the original link is no longer working.
[27] There is no definition of immediate segregation in Nebraska statute, although there have been attempts to place a definition in law. NDCS rules and regulations (72 NAC 1) define immediate segregation as a "short-term restrictive housing assignment of not more than 30 days," with exceptions for longer periods of time if approved by the NDCS Director or designee, but not to exceed 60 days total.
[28] Neb. Rev. Stat. § 83-173.03.

TOPIC #4: DISCHARGE REVIEW

State statute and departmental rules and regulations contain requirements for identifying people with mental illness who are nearing release from prison and might merit further intervention, including possible civil commitment under the Nebraska Mental Health Commitment Act. The group which conducts these reviews is referred to as the NDCS Discharge Review Team (DRT).

Through contacts with mental health providers and others who have participated in the DRT, the OIG became aware of concerns, including that the criteria used by DRT were not evidence based, which is contrary to statute, and that the process itself was needlessly burdensome.

DRT Background

In 2014, prompted largely by the 2013 NDCS release of Nikko Jenkins and Jenkins' subsequent murder spree, the Legislative Audit Office conducted a wide-ranging performance audit of the Department's disciplinary process, programs, and commitment processes. Among other results, the audit found there was not a "statutory requirement identifying which authorities should be notified regarding inmates near release who (NDCS) evaluated as potentially mentally ill and dangerous persons. There is also no precise time requirement for when NDCS should provide this notification."[29] The audit acknowledged NDCS had created a Discharge Review Team in fall 2013 to monitor and review inmates who could be dangerous or have other difficulties once release. At the time, the DRT referred those with identified concerns to a psychologist for an evaluation. Depending on the results of the evaluation, the psychologist could then refer the individual to the county attorney to consider commitment proceedings or notify law enforcement agencies of the pending release of an individual considered to be at risk for violent activity.

As a result of the audit, Legislative Bill 592 was introduced in 2015 to require the NDCS Director "to adopt and promulgate rules and regulations to establish evidence-based criteria which the department shall use to identify any person nearing release that should be evaluated to determine whether he or she is a mentally ill and dangerous person as defined in section 71-908." This was amended into LB 598 (the same bill which created the OIG) and became law.[30] Then-NDCS Director Scott Frakes testified during the hearing on LB 592, "The department has taken steps to ensure that inmates are reviewed prior to release through the creation of the discharge review team. And I support formally promulgating the rules

[29] https://nebraskalegislature.gov/pdf/reports/audit/corrections_2014.pdf (page xii).
[30] Neb. Rev. Stat. § 83-180(3).

of that process. I'm in support of the concept of notifying law enforcement prior to the release of offenders who are mentally ill and dangerous." Director Frakes did share that he was not aware of an evaluation tool that could determine if an individual may be potentially mentally ill and dangerous in the future. NDCS ultimately adopted rules and regulations regarding this change in state law in July 2017.[31]

The rules and regulations, which have not been amended since 2017, established the membership of the DRT to include three psychologists, a social worker, a victim-witness representative, and members of the NDCS intelligence and investigative functions.[32] The code requires all inmates with mental illness to be evaluated by a behavioral health professional at least 90 days prior to their release. If they are found to be high risk, they are referred to the DRT for additional review and possible action. This identification process is supposed to utilize "evidence-based assessment tools." Additionally, any NDCS staff member may also make a referral to the DRT if they believe someone will present a danger upon their discharge.

For those referred to the DRT, the team "will use evidence-based and empirically valid psychological and/or violence risk/threat assessment and social work procedures to identify risk factors to the inmate's discharge, including: mental health issues, criminogenic thinking, substance abuse, lack of appropriate supports, etc." Based on its findings, the DRT may take action such as referring the person for a mental health commitment or notifying law enforcement agencies and potential victims of dangerous behavior.

Current Process

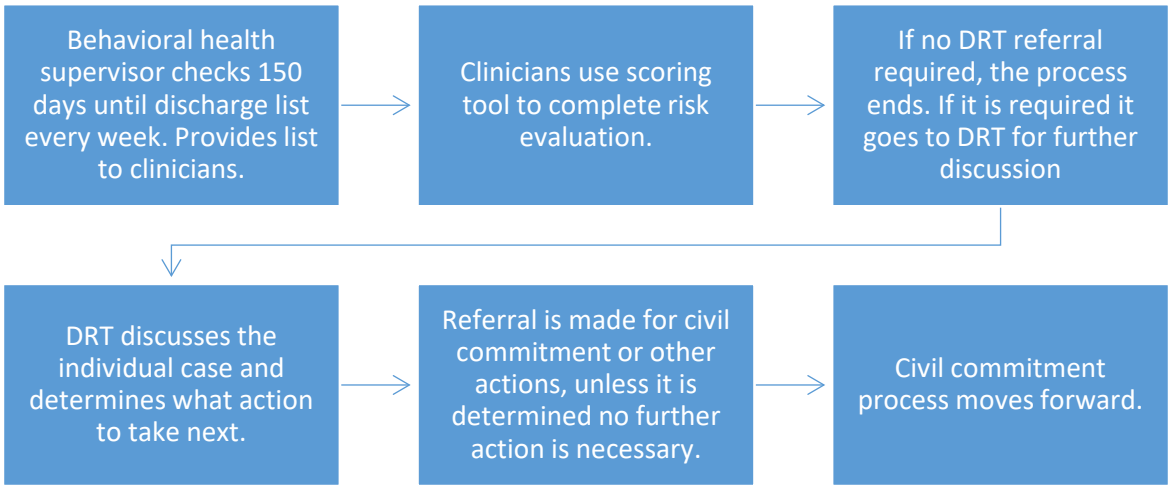
In 2020, following a review by the NDCS legal counsel, the Department implemented a pair of scoring tools to help determine who should be referred to the DRT and then to help guide the DRT's decisions related to those individuals. To develop these tools, NDCS mental health staff reviewed multiple existing evidence-based risk assessment tools, and compared the overlap among them. The resulting NDCS tools have been described by department officials as "evidence-informed."

Internal department policy was updated in 2022 to reflect the new tools and the department's new process, which includes formally screening each person nearing release for potential referral to the DRT. The process now consists of the following steps:

- A behavioral health supervisor checks an auto-generated list of those scheduled for discharge in the next 150 days every Monday.

[31] Title 72, Nebraska Administrative Code, Chapter 4.
[32] The current membership also includes a representative from the NDCS reentry team.

- For each person, a clinician must use one of the NDCS scoring tools to complete a risk evaluation, and upload the results to the person's case file.
- If the person's score requires a referral to DRT, a copy of the evaluation is sent to the DRT.
- A second tool, which is populated with protective factors, is completed by other members of the DRT.
- The DRT meets and may discuss each person's situation, including their transition plans, mental health and medical issues, any safety concerns related to the individual or others, the score generated by the tool, and the need for further action by the DRT.
- In some cases, scoring may not indicate a need for further action, but the DRT may still have concerns. In those cases, the NDCS medical director decides what steps should be taken by NDCS.
- Any actual referrals for civil commitment are made through a collaborative effort of social work and mental health staff. However, commitment referrals are somewhat rare (staff could only recall a few in recent years) and often result from informal discussions among providers, rather than the formal DRT process.



Annual Report

The current rules and regulations governing DRT have the following requirement of NDCS:

> *The Discharge Review Team shall establish a procedure to review the outcomes of recommendations made on discharged inmates to ensure fidelity to the process, identify and address relevant challenges. The findings of the quality assurance shall be included in the DRT's annual report.*[33]

It is the understanding of the OIG that annual reports have not been completed by the DRT. This finding has been shared with NDCS by the OIG.

Concerns and Future

The main concerns with this process which emerged as part of the OIG's review included the lack of evidence-based evaluation tools as required by statute and departmental rules, and the burden on NDCS mental health staff. Specifically, the requirement that the DRT include at least three psychologists was viewed as a particular drain on resources at a time when the Department barely had that number of psychologists on its payroll.

As noted earlier in this report, the DRT completed more than 1,600 reviews in 2024. These resulted from preliminary reviews of more than 2,600 people who were nearing release from NDCS. This means more than 55 percent of people screened were referred to the DRT as a result. This adds to concerns about the initial review tool and its selectivity.

Of the more than 1,600 people evaluated by the DRT itself, 10 received scores on that second evaluation which were high enough to require further action, such as notification of law enforcement. However, people involved in the process were quick to note that they often make decisions irrespective of the tool.

NDCS has acknowledged these concerns and has begun trying to address them. The NDCS mental health director, who has significant experience in correctional mental health care outside of the state of Nebraska, said she was not aware of any systems which use a process similar to Nebraska's and did not know of any existing evidence-based tool which could serve the DRT's purposes. (For example, risk assessment tools used by law enforcement agencies are intended to be performed in the community, not in a prison setting.) The mental health director said the medical director had inquired with a nationwide email listserv of correctional mental health experts, to no avail.

In February, the mental health director issued a memo indicating the department's DRT rules would be repromulgated. Based on conversations with the mental health director, it is the OIG's understanding that

[33] Title 72, Nebraska Administrative Code, Chapter 4.

the repromulgation is specifically intended to address concerns about the process, including the requirement for evidence-based tools and three psychologists on DRT. As of August 1, it is the understanding of the OIG that NDCS is still reviewing the current rules and regulations and working to promulgate updated rules and regulations.

Other Demands on Staff

The overview of NDCS mental health services at the start of this report is not exhaustive, but it provides a glimpse at the wide range of demands placed on the Department's mental health providers. Much of this work must be documented in order to ensure compliance with statutory, regulatory, accreditation, or policy requirements.

Unfortunately, the systems NDCS uses for entering and retrieving patient information were described as a source of frustration for some mental health staff. Some expressed concerns about the amount of time they spend entering redundant or similar information into numerous screens in the Nebraska Inmate Case Management System (NICaMS), as well as difficulties finding information already within the system. The OIG believes this is worth considering as NDCS looks at revamping its discharge review process and other mental health-related assessments.

Findings

9. NDCS has attempted to comply with state statute regarding its discharge review process, but full compliance might be impossible, and the Department's current approach raises concerns about its tediousness and effectiveness.

TOPIC #5: PROGRAMMING

As described in the 2024 OIG Annual Report, NDCS discontinued a program commonly referred to as the Violence Reduction Program (VRP) in March 2024. As noted in previous OIG reports, this was one of the most significant clinical programs offered within NDCS and was targeted at individuals who were considered to be at high risk for violence.[34]

In 2022, largely in response to concerns shared by the OIG, the Legislature passed Legislative Bill 896, which requires the Department to conduct regular evaluations of all of its clinical treatment programs. NDCS contracted with the Nebraska Center for Justice Research (NCJR) at the University of Nebraska at Omaha to conduct the evaluations, and NCJR released its first evaluation report about VRP. The NCJR report concluded that VRP, in the altered form provided by NDCS, did not provide its intended effects, and that for every dollar invested in VRP, the state lost 93 cents. Due to preliminary feedback as part of the evaluation, NDCS had already suspended VRP at the beginning of 2024. NDCS indicated at the time that it would be working with behavioral health organizations across the state for input and that it had formed a short-term committee of community experts to review its behavioral health services. NDCS did convene one meeting with some behavioral health providers but no specific ideas on violence treatment in a correctional setting were presented at that time. At the time of this report, no replacement program for the needs of this violent population had been identified or implemented by NDCS. However, NDCS is actively seeking to fill the position of Chief Psychologist for Aggression Reduction Programming. One of the first tasks for this person will be to renew programming for aggression reduction needs.

Around the time it suspended VRP, NDCS also suspended its Anger Management High Risk/Need (AMHRN) program. AMHRN had previously been recommended for individuals who had been assessed and determined to need a level of anger or violence programming but did not fit the criteria for those recommended for VRP. After NCJR completed a program evaluation of AMHRN, the Department did not continue the program in any form. The program evaluation made several findings, including the following:

[34] This is covered more extensively in the 2024 OIG Annual Report which can be found starting on page 54 at https://nebraskalegislature.gov/FloorDocs/108/PDF/Agencies/Inspector_General_of_the_Nebraska_Correctional_System/600_20240912-130303.pdf.

AMHRN did not decrease the rate of institutional outcomes or the instance of community outcomes, including violent convictions.[35]

NCJR also made multiple recommendations to NDCS, including extending the length of the program and refreshing it with enhanced fidelity. At the time of this report, this program remains suspended and no replacement program for AMHRN had been implemented by NDCS.

Staff Concerns

The fate of VRP was a subject of concerns expressed by several NDCS clinical staff who spoke with the OIG as part of this investigation. Specifically, staff noted the following:

- Before being terminated by NDCS, the program had been changed and "watered down" to such an extent it no longer followed the VRP model. These changes were made to increase the number of people who could complete the program.
- People who were recommended to complete VRP during their incarceration had that recommendation eliminated from their file. (Some staff have retained access to this information, and NDCS shared a list of the individuals with the OIG.) As a result, these individuals might be released without the recommended program or a comparable replacement.
- Some staff felt the lack of a replacement for VRP showed a diminished concern for the importance of mental health care within NDCS.

Findings

10. NDCS still lacks structured clinical treatment programs for addressing individuals at high risk of violence when they return to the community.

[35] https://www.unomaha.edu/college-of-public-affairs-and-community-service/nebraska-center-for-justice-research/documents/anger-management.pdf.

SUMMARY OF FINDINGS

The OIG held an exit meeting with NDCS health services administration on September 8, 2025, to discuss the general findings from this examination. The OIG's specific findings are as follows:

1. NDCS continues to struggle with filling vacant mental health positions, although the Department has made improvements over the past year.
2. The behavioral health staffing analysis will be timely due to the current staffing situation within NDCS and the opening of two new mental health units.
3. Locating TSCI's suicide watch cells within a living area used for longer-term restrictive housing raises concerns.
4. The living conditions on the RTC's Housing Unit C are not sufficient for how the unit is currently utilized.
5. NDCS policy does not provide adequate limitations on long-term use of security/custody restraints for patients in secure mental health settings.
6. Key decisions related to mental health services within NDCS have been made without adequate input from mental health administrators.
7. NDCS may be violating state statute by placing individuals with serious mental illnesses in longer-term restrictive housing.
8. The NDCS policy on mental health levels of care allows patients with serious mental illnesses – even those deemed ineligible for restrictive housing by NDCS – to be confined in conditions which essentially replicate restrictive housing.
9. NDCS has attempted to comply with state statute regarding its discharge review process, but full compliance might be impossible, and the Department's current approach raises concerns about its tediousness and effectiveness.
10. NDCS still lacks structured clinical treatment programs for addressing individuals at high risk of violence when they return to the community.

RECOMMENDATIONS

For NDCS

General Recommendation

1. **Pursue a higher level of accreditation.** NDCS is currently accredited by the American Correctional Association (ACA) and has retained that accreditation despite concerns related to mental health care and living conditions for people with serious mental illnesses. Additionally, in past years, mental health has often taken a backseat to other correctional considerations within the agency. NDCS could elevate and protect this vital component of its mission going forward by obtaining additional accreditation for mental health and other health services. This is particularly important at the RTC, NCCW, and possibly TSCI, as these are the main locations for inpatient mental health and medical care within NDCS.

Staffing

2. **Survey former staff.** NDCS should conduct an anonymous survey of former mental health staff who have left the Department for other agencies or to work in the community.
3. **Pursue reclassification of mental health positions in secure facilities.** Providing mental health care in a maximum-security prison is different from providing this care in the community or other institutional settings. NDCS might consider engaging with the Department of Administrative Services and other stakeholders to examine reclassifying key behavioral health positions to reflect this difference.

Living Conditions

4. **Require Central Office review of long-term "restraint status."** Weekly facility-level reviews are a positive step toward more oversight of the use of custody restraints for mental health patients. However, when a person remains on "restraint status" for six months, a year or more, review by NDCS administration is merited. This review should be conducted by a multidisciplinary team, similar to the process for reviewing LTRH placements.
5. **Review conditions of inpatient mental health units.** While there is reason to believe this is taking place in connection with the opening of the new "special needs" units at the RTC, it is essential that this process involve behavioral health staff and administrators and that emphasis be placed on ensuring a treatment-focused environment in new and existing mental health units.

Restrictive Housing

6. **Identify alternative placements for people in restrictive housing with serious mental illnesses.** Current placement of these individuals in longer-term restrictive housing is arguably contrary to statute.

Discharge Review

7. **Keep statute in mind when tweaking rules and regulations.** Although NDCS is right to seek updates to its discharge review rules and regulations, statutory changes might also be necessary. For now, NDCS is still required to have "evidence-based criteria" to identify those nearing release who may be mentally ill and dangerous.
8. **Continue process improvement efforts, with emphasis on streamlining digital records.** The discharge review process is just one example of the many mental health-related processes which require significant documentation by the staff involved. Going forward, NDCS should seek to streamline documentation and reduce the existence of redundant or siloed records.

Programming

9. **Adopt one or more programs and/or interventions for individuals with aggression histories, including those who previously would have been recommended for VRP or AMHRN.** Once NDCS identifies these services, it is essential they be implemented with fidelity to the model and be made available to the populations most in need.

For the Legislature

The Legislature may wish to consider the following:

1. Requiring NDCS to seek accreditation beyond what is currently specified in statute.
2. Reviewing mental health staffing levels across state agencies, with an emphasis on inpatient services.
3. Clarifying Neb. Rev. Stat. § 83-173.03, given NDCS' continued use of longer-term restrictive housing for people with serious mental illness.
4. Revising Neb. Rev. Stat. § 83-180 to provide better guidance for discharge reviews. This could include directing NDCS to consult with known Nebraska-based experts in threat assessment when it crafts future rules and regulations pursuant to this section.
5. Conducting a broader review of the role of mental illness in the state's criminal justice system.

LIST OF ATTACHMENTS

- Health Services Staffing breakdown by Facility (NDCS document dated 8-1-16)
- OIG letter to NDCS Director Rob Jeffreys (dated Sept. 15, 2025, but sent Sept. 16, 2025)
- NDCS response to OIG (October 3, 2025)
- Clarification of NDCS response (October 9, 2025)
- OIG final letter (October 20, 2025)

ATTACHMENT 12

Health Services Staffing breakdown by Facility

*As of 8-1-15

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

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

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

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

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

NCYF	Filled	Vacant	Total
Behavioral Health Staff	3	0	3

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

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

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

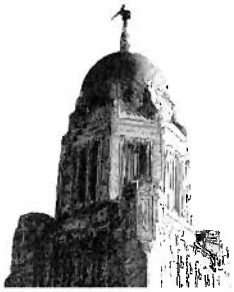
Trabert Hall	Filled	Vacant	Total
Behavioral Health Staff	4	2	6

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

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

DOUG KOEBERNICK
Inspector General

ZACH PLUHACEK
Assistant Inspector General



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

September 15, 2025

Rob Jeffreys
Director, NDCS
P.O. Box 94661
Lincoln, NE 65509-4661

Dear Director Jeffreys:

In the past year, my office has examined the mental health system within NDCS. As a result, I am submitting a report to you with our findings and recommendations.

Over this time, my office met with those who lead the efforts to provide mental health services to NDCS residents, as well as those who provide and receive those services. I especially appreciate the multiple conversations we had with Dr. Atterberry during this process.

Under § 50-1914, our reports are presented to you within three business days after I have presented them to the Director of Legislative Oversight and the chairperson of the Legislative Oversight Committee. Per § 50-1915, you have 15 business days to determine whether to accept, reject, or request modifications of any recommendations contained in the report. At some point after this, a summary of this report will be shared via my office's website. It will take out any identifying or confidential information. If you have any concerns about information which may be considered confidential and should not be released, please let me know.

Finally, if you or your staff would like to meet to discuss the contents of the report, I am available to meet.

Sincerely,

Doug Koebernick

NEBRASKA

Good Life. Great Mission.

DEPT OF CORRECTIONAL SERVICES

Jim Pillen, Governor

October 03, 2025

Doug Koebernick, Inspector General
P.O. Box 90604
Lincoln, NE 68509-4604

Dear Mr. Koebernick:

I received your report titled, "Mental health care, conditions and related matters in NDCS facilities," on September 16, 2025. In accordance with Nebraska Revised Statute §50-1914, the following response to your recommendations is provided.

General Recommendation:

1. Pursue a higher level of accreditation.

   REJECT: Consistent with State statute, the medical program is accredited by the American Correctional Association (ACA) Commission on Accreditation, which sets comprehensive standards for adult and juvenile facilities, community corrections, and correctional health services. Pursuing additional accreditation could prove redundant.

   There isn't a formal hierarchy of accrediting bodies for correctional systems, but there are several prominent organizations that play distinct roles in setting standards and granting accreditation. These bodies vary in scope, specialization, and influence, and can be thought of as complementary rather than ranked. Several of our healthcare leaders are certified by the National Commission on Correctional Health Care (NCCHC), including our Mental Health Director (CCHP-MH), Chief Psychiatrist (CCHP-MH), and Chief Nursing Officer (CCHP-RN). Their certification ensures they are well-versed in NCCHC standards and actively pursue adherence in mental health care and the guidance provided to our clinicians.

   NDCS disagrees with the assertion that mental health has often been secondary to other correctional priorities. The agency has made significant investments in expanding mental health bed capacity in recent years, along with improvements through resource consolidation and enhanced continuity of care – efforts that directly counter this claim.

Staffing

2. Survey former staff.

Rob Jeffreys, Director
Department of Correctional Services

P.O. Box 94661 Lincoln, NE 68509-4661
Phone: 402-471-2654 Fax: 402-479-5623

corrections.nebraska.gov

REJECT: NDCS values our team members and remains committed to employee retention. Former NDCS staff are not in a position to speak to the current administration/state of mental health services. Individuals leaving NDCS employment are provided the option to complete an electronic exit interview or, if preferred, to contact human resources to request a paper copy of the exit interview.

3. Pursue reclassification of mental health positions in secure facilities.

   REJECT: This recommendation is not within the authority of NDCS. Position classifications are determined by the Department of Administrative Services.

Living Conditions

4. Require central office review of long-term "restraint status."

   REJECT: As this function directly impacts the safety and security of the facility, it is appropriate for the facility warden/designee to maintain authority of the use restraints consistent with policy, to include review of individuals on restraint status for longer periods of time.

5. Review locations and conditions of inpatient mental health units and suicide watch cells.

   MODIFY: The current locations of inpatient mental health units and suicide watch cells are appropriate. While a minimalist environment for suicide watch cells prioritizes safety, psychological stability and clinical clarity, NDCS agrees that aesthetic changes could provide a more therapeutic environment in designated mental health units. The Reception and Treatment Center 32-bed mental health units (2) that will soon be operational were designed to provide a therapeutic environment. Moving forward, aesthetic changes to other established mental health units will be considered.

Restrictive Housing

6. Identify alternative placements for people in restrictive housing with serious mental illnesses.

   REJECT: NDCS puts considerable effort into identifying individuals with a serious mental illness, categorizing their level of care, and managing them properly. NDCS has significantly reduced the number of people in restrictive housing and will continue this work moving forward without jeopardizing our mission to keep people safe.

   NDCS disagrees with the assertion that use of longer-term restrictive housing is contrary to statute.

Discharge Review

7. Keep statute in mind when tweaking rules and regulations.

   ACCEPT: Nebraska revised state statutes have been and will continue to be a primary consideration when developing and/or modifying agency rules and policies.

8. Continue process improvement efforts, with emphasis on streamlining digital records.

   ACCEPT: NDCS is committed to process improvements and will continue to identify ways to reduce

redundancy and streamline mental health record keeping for all processes, including the discharge review process.

Programming

9. Adopt one or more replacement programs for VRP and AMHRN.

   MODIFY: Efforts to find specific programs to "replace" VRP and AMHRN" have been unsuccessful. The NDCS mental health director is actively working to identify appropriate interventions for individuals who have aggression histories. Clinicians will then use these interventions to develop individual treatment plans and programming/service referrals.

Sincerely,

for Rob Jeffreys
Director

c: File

Nebraska Legislature

Doug Koebernick <dkoebernick@leg.ne.gov>

NDCS Director's Response: OIG Mental Health Services Report

Sabatka-Rine, Diane <Diane.Sabatka-Rine@nebraska.gov> Thu, Oct 9, 2025 at 1:20 PM
To: "Koebernick, Doug" <dkoebernick@leg.ne.gov>
Cc: "Britton, Geoff" <geoff.britton@nebraska.gov>

Doug,

We interpreted Recommendation #5 ("Review locations and conditions of inpatient mental health units and suicide watch cells") to be two-fold: "Review locations of inpatient mental health units and suicide watch cells" **and** "Review conditions of inpatient mental health units and suicide watch cells." As such, our response is two-fold. The current locations of inpatient mental health units and suicide watch cells are appropriate. In a correctional setting, conditions most often refers to conditions of confinement, terminology used to describe the environment in which individuals are held and how those conditions affect their safety, dignity, and well-being. In that regard, we explained why the minimalist environment for suicide watch cells is appropriate and agree that aesthetic changes to the established mental health units would be considered to improve the conditions of those environments. In terms of modified recommendation, we suggest "Review conditions of inpatient mental health units."

We support the amended language for Recommendation #9: "Adopt one or more programs and/or interventions for individuals with aggression histories, including those who previously would have been recommended for VRP or AMHRN."

Thank you for the opportunity to clarify our response.

Diane Sabatka-Rine
Assistant Director | CENTRAL OFFICE

Nebraska Department of Correctional Services
[redacted]
diane.sabatka-rine@nebraska.gov
corrections.nebraska.gov |**Facebook** | **Twitter**

From: Doug Koebernick <dkoebernick@leg.ne.gov>
Sent: Monday, October 6, 2025 2:53 PM
To: Sabatka-Rine, Diane <Diane.Sabatka-Rine@nebraska.gov>
Cc: Britton, Geoff <geoff.britton@nebraska.gov>
Subject: Re: NDCS Director's Response: OIG Mental Health Services Report

Diane,

Thank you for the response to the report. I appreciate the engagement and the detailed comments you provided. Before I finalize the report, I would like to clarify the requested modifications to recommendations #5 and #9.

- I am willing to amend recommendation #9 as follows: "**Adopt one or more programs and/or interventions for individuals with aggression histories, including those who previously would have been recommended for VRP or AMHRN.**" (As noted with the original recommendation, such programs and/or interventions should be implemented with fidelity to the model and be made available to the populations most in need.)

If you are open to that wording, I will modify the recommendation and consider it accepted.

- It is unclear how you wish to modify recommendation #5. The requested modification appears to address the underlying findings, but the recommendation itself is simply seeking a review of these living areas. I would welcome and consider any specific edits you might suggest for this recommendation; otherwise I will need to treat the recommendation as rejected.

Pursuant to § 50-1915, the report becomes final 15 business days after your request for modifications, which was dated October 3, 2025. As such, if you are able to provide these clarifications by the end of the week, it will allow my office to fully consider the requested modifications and make any revisions we deem appropriate prior to the statutory deadline.

Thank you,

Doug

On Fri, Oct 3, 2025 at 5:22 PM Doug Koebernick <dkoebernick@leg.ne.gov> wrote:

> Thank you. I appreciate the response.
>
> Doug
>
> On Fri, Oct 3, 2025, 5:02 PM Sabatka-Rine, Diane <Diane.Sabatka-Rine@nebraska.gov> wrote:
>
> > Doug,
> >
> > The Director's response to your mental health services report is attached.
> >
> > Thank you.
> >
> > **Diane Sabatka-Rine**
> >
> > *Assistant Director* | CENTRAL OFFICE
> >
> > **Nebraska Department of Correctional Services**
> >
> > [redacted]
> >
> > diane.sabatka-rine@nebraska.gov
> >
> > corrections.nebraska.gov **|Facebook | Twitter**
> >
> > ---
> >
> > **From:** Doug Koebernick <dkoebernick@leg.ne.gov>
> > **Sent:** Tuesday, September 16, 2025 8:26:42 AM
> > **To:** Jeffreys, Rob <rob.jeffreys@nebraska.gov>
> > **Subject:** OIG Report
> >
> > Director Jeffreys,
> >
> > Attached is a cover letter and the report completed by my office on mental health services within NDCS. I hope it is not only interesting, but helpful in your continued efforts to move NDCS forward. I am genuinely thankful for the

cooperation of your staff in the compiling of this report and for all those who provide mental health care within the correctional system.

Doug

--

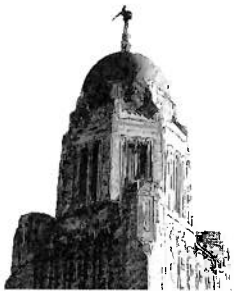
Doug Koebernick

Inspector General of Corrections

402-471-4215

DOUG KOEBERNICK
Inspector General

ZACH PLUHACEK
Assistant Inspector General



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

October 20, 2025

Rob Jeffreys
Director, NDCS
P.O. Box 94661
Lincoln, NE 65509-4661

Dear Director Jeffreys:

Thank you for your response to my office's September 16, 2025, report. Attached is the final version of the report, with modifications.

After reviewing your written response and receiving clarification from Assistant Director Sabatka-Rine, I have decided to accept both requested modifications to our recommendations. The new recommendations read as follows:

- **Recommendation #5:** Review conditions of inpatient mental health units.
- **Recommendation #9:** Adopt one or more programs and/or interventions for individuals with aggression histories, including those who previously would have been recommended for VRP or AMHRN.

My understanding is NDCS is already reviewing the locations and uses of some of its mental health units as it prepares to open new units at the Reception and Treatment Center. I took this into account in agreeing to modify this recommendation. Regarding the new mental health units, I would suggest that any "restraint status" on these units be part of a structured step-down program with the intent of gradually removing these individuals from restraint status. This could include unrestrained small group activities such as what is allowed in the BIPU at NCCW.

Additionally, I would like to briefly respond to the rejection of Recommendation #1.

Your commitment to advancing mental health services within NDCS is appreciated, as is your team's work to pursue adherence to NCCHC standards for mental health care. As you noted, state statute currently requires NDCS to seek accreditation of its medical program by the ACA. However, it does not restrict NDCS from seeking additional accreditation in this area.

Complimentary accreditation, such as through NCCHC, could help further and protect advancements NDCS makes in mental health or other health services. Since attaining such accreditation could be a long-term effort, our recommendation does not include a specific timeframe. I am hopeful that we can continue our dialogue about this topic going forward. In the meantime, we have made this an additional recommendation for the Legislature to consider in this final version of our report.

Thank you again for your response and for engaging with my office about these issues.

Sincerely,

Doug Koebernick