NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

Making A Difference

FINAL REPORT APRIL 2015

PROGRAM STATEMENT
"RECEPTION & TREATMENT CENTER"

'Diagnostic & Evaluation Center' & 'Lincoln Correctional Center', Lincoln, Nebraska

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MISSION STATEMENT

The mission of the Department of Correctional Services is to serve and protect the public by providing control, humane care and program opportunities for those individuals placed in its custody and supervision, thereby facilitating their return to society as responsible persons."

Mission Statement - Nebraska Department of Correctional Services

ACKNOWLEDGEMENTS

The BVH / PBA team acknowledges the following people whose participation and cooperation influenced the success of this Program Statement effort.

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1.0 INTRODUCTION

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1.1 Background & History

In June of 2013, the Nebraska Department of Correctional Services requested proposals for consultants for the 'Strategic Capital Facilities Master Plan & Program Statements'. This new master plan was an update to the 2006 Strategic Capital Facilities Master Plan. In April, 2014, BVH Architects and consultant, Pulitzer Bogard and Associates, were selected to prepare the Program Statement for the "Medical-Consolidate NDCS Infirmaries" as supplement to the 'Correctional Facility Master Plan', Fiscal Year 2013-2014 done by Dewberry/CWPA. Other facets of improvements were studied as well as documented below.

1.2 Project Description

This program statement proposes new Medical, Intake and Food Services (MIFS) facilities that would be contiguous to the existing 'Diagnostic Evaluation Center' (DEC) / 'Lincoln Correctional Center' (LCC) complex. For the purpose of this Program Statement, NDCS consolidates the new MIFS areas, the existing DEC and the new Entry/Administration as one facility, the Reception and Treatment Center (RTC). Lincoln Correctional Center (LCC), while physically connected, would stand as a separate facility with its own Warden.

This program statement focuses on study for a) new Medical facilities, b) new Intake Area, and c) new Food Service facilities. In addition this study includes: d) new parking areas, e) new entry road from Van Dorn street to a new secure gate/'Sally Port' on the east perimeter security fence, f) new central Pharmacy building with planned vehicle circulation for pickup and delivery outside secured area of the prisons, g) new Central Warehouse, and h) 'repurposed' areas within DEC & LCC, as a result of some functions being relocated to new construction.

Background: the Diagnostic & Evaluation Center (DEC) was opened in August, 1979, as a 160 bed maximum security reception, diagnostic, evaluation assessment, classification, and assignment institution. All adult male felons sentenced in Nebraska to the Department of Correctional Services are received into the prison system at the Diagnostic and Evaluation Center. Each incoming inmate undergoes intensive medical, psychological and sociological assessment with results documented in an individual Classification Study. Following classification designation of custody status and individual needs, the inmate is then assigned and transferred to an appropriate institution within the prison system where his individualized treatment plan is initiated.

The Lincoln Correctional Center (LCC) was originally known as the Men's Reformatory with the present institution authorized by the 1975 Legislature. The LCC, originally a minimum-medium security institution, opened in August of 1979. Located on land west of the City of Lincoln, the Lincoln Correctional Center was constructed near the site of the original institution.

1.3 Purpose & Objectives. General

Medical Infirmary Considerations (MIFS)

Vision: "The Health Services Department strives to continually improve the health of the individual placed in our custody by developing integrated delivery systems that efficiently provide a continuum of needed, accessible and quality health."

NDCS currently has medical infirmaries licensed as Skilled Nursing Facilities at the Nebraska State Penitentiary (NSP), Tecumseh State Correctional Institution (TSCI), and the Diagnostic and Evaluation Center (DEC). Infirmary services for DEC and NSP are intended to be consolidated into one facility. Some infirmary functions will continue to be provided at existing NDCS facilities, but many are proposed to be facilitated at this new facility at the new RTC/ DEC/LCC location and with much improved efficiency.

Other needs that will be provided for at this new location will serve the 'aging inmate' population, provide for inmates with 'chronic mental health conditions, transmissible diseases, and ambulatory (ADA) issues'.

Intake (MIFS)

This program statement is intended to supplement the overall 'Correctional Facility Master Plan' done by Dewberry/CWPA, Fall, 2014. Following is background and general recommendations pulled from that Master Plan:

"The DEC was opened in 1979 and was designed to serve an intake ADP of 160, when admissions were less than 2,000 per year. It now houses closer to 370 male inmates, all of whom are processed in an intake area of approximately 2,500 SF. The intake processing space is not sufficient for the system's current volume of intakes, which reached 3,476 in 2012 and which includes youthful offenders (male and female) with the typical sight and sound separation issues, plus standard intakes further complicated by new separation requirements due to PREA. As a result, youthful females are process at NCCW and youthful males only come to DEC for initial processing before transfer to NCYF. Standard male admissions are forecasted to reach just under 3,600 per year by the year 2023.

Approximately 4-5% of adult male admissions are "non-standard" – these include 90-day evaluators, federal safekeepers, and county safekeepers, who typically require a high level of evaluative services and continued monitoring by medical and MH staff and who are mixed in with the NDCXS intakes, but who will never be transferred to DCS facilities."

The "Correctional Facility Master Plan" recommended: *"Construction of a new +/- 20,000 sf intake area, to be located adjacent to and in conjunction with the new medical/mental health treatment area."*

With the recommendations provided within the Correctional Facility Master Plan, this program statement details these new Intake spaces (8,598 sf), operation, and staffing. With provision of new Intake space, the vacated Intake areas in the DEC are programed to be repurposed for future 'Visiting' areas.

Food Service (MIFS)

DEC and LCC are 'overcrowded' today. Inmate numbers will continue to grow and expansion of Housing provisions at the DEC has been considered. In planning new Food Service, consideration of additional population must be taken consideration. In addition, this program's increased 'infirmary' population will contribute to the need for expanded food service capabilities and additional dining halls. With the increased Infirmary population, 'special diet' preparations and segregated dining from the general population of DEC & LCC, requires expansion of the Kitchen facilities and modernization. This program statement details spaces, operations and staffing.

The new Food Service facilities and dining areas will be included in the newly named "Reception and Treatment Center (RTC) and the existing Kitchen and Dining areas in the LCC repurposed for other programming uses. Details of the new facilities are located in Chapter 6.

OTHER PROGRAMMED AREAS

NDCS Central Pharmacy

The current Central Pharmacy is located approximately one-half mile east of the proposed new location (between CCC and the new RTC/ existing LCC facilities. The Pharmacy serves not only the new RTC, but will continue as the centralized pharmacy for distribution to other NDSC facilities. The new Pharmacy will be located outside the secure perimeter of RTC/LCC and central and easily accessible for deliveries and distributions to the other facilities.

Existing Pharmacy, 2620 West Van Dorn, Lincoln, NE

The new Central Pharmacy will directly serve the RTC (24/7) operation, with general operations being on a 5-day work week. This will require close coordination between staff of both operations.

The proposed location is outside of the secure perimeter which provides protection from potential security breaches that multiple UPS and other delivery trucks could present. The new Central Pharmacy, 7,139 sf, is proposed to be an extension of the new Central Warehouse/Food Service Warehouse building.

This facility will have outgoing deliveries daily to other NDCS facilities and a convenient new drive onto Van Dorn Street will facilitate easy access.

Site circulation for in/out delivery vehicles will be separated from parking for staff and visitors.

The new Central Pharmacy will have secure narcotic storage.

Central Warehouse

A new 19,000 sf central warehouse will be located outside the secure perimeter and accessed from the new road off of Van Dorn Street. The warehouse will serve as general storage for the RTC/LCC; and a separate area will serve RTC's Food Service storage complete with walk-in coolers, walk-in freezer, dry storage and paper product storage; and will connect to the Central Pharmacy mentioned above. The new central warehouse is comparable in size to the same at Tecumseh State Correctional Institute.

Site Improvements

With a new 'Intake' that requires secure entry from the east, deliveries to the new food service area, and deliveries to the Medical areas on the east, a new service road and vehicle sally port are required. Accordingly, a new access road is planned to enter the site from a new service entry off of Van Dorn Street and approximately a quarter mile east of the existing entry to the RTC /LCC facility. This road will also serve the new pharmacy, the new warehouse and as mentioned, entry to the new sally port that leads into the secure perimeter.

The current parking for DEC/LCC will be impacted with the construction of the new RTC Administration construction. This program statement provides for reconfiguration of the existing and new parking located on existing state-owned land that abuts LCC on the west.

1.4 Other Facilities Visited

In early August, 2014 a team comprised of NDCS and the consultant team went to Iowa to tour their new medical and mental health facilities (see the Appendix for a summary of the site visit) .The two facilities visited were the Iowa Medical and Classification Center in Oakdale (near Cedar Rapids) and the Iowa Correctional Institution for Women in Mitchellville (near Des Moines). Both facilities house similar populations with a range of medical and mental health needs similar to the inmates that are to be housed at the new RTC. In addition, both facilities represent the state of the art in evidence based design and practices for providing health care services within a correctional environment.

The IMCC facility became operational in 2008 and serves the male offender population in the Iowa Department of Corrections (IDOC). ICIW is a new 888 bed facility on the grounds of an older women's facility that has been demolished and serves only female offenders in a gender responsive trauma informed environment. ICIW has a new health services building similar in size and scope to the new RTC which became operational in the spring of 2014. Both facilities have a range of clinical care services and house offenders requiring skilled nursing care and assisted living care. In addition, both facilities house seriously mentally ill offenders ranging from acute care, to sub-acute care to special needs.

The tours preceded the project team's operational and space planning workshops for the new RTC and served as a good foundation for those discussions.

2.0 JUSTIFICATION OF THE PROJECT

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2.1 Justification Which Supports the Need For This Project

A. Population Profile Analysis

Introduction

The proposed medical/mental health, intake and food service (MIFS) expansion to the DEC and LCC complex involves delivering intake, medical, and food services to a substantial number of inmates. In addition, this expansion will considerably increase housing for inmates requiring specialized mental health and medical services care, often for an extended period of time. The complexity of these subpopulations suggests that planning efforts would benefit from a clear definition for these subpopulations and an in-depth examination of the characteristics of these subpopulations to better identify appropriate housing and service needs.

The focus of this chapter will be concentrated on two main populations: 1) inmates requiring special housing for mental health reasons, and 2) inmates requiring special housing for medical reasons. Inmates requiring special housing for mental health reasons can be further subdivided into: 1) Acute mental health needs inmates; 2) Subacute/Chronic mental health needs inmates; 3) Subacute/Chronically-unstable needs inmates; and 4) Vulnerable inmates who are often housed in General Population (GP) beds. For inmates requiring medical housing they can be further subdivided into those requiring skilled nurse care (SNF beds), nursing assisted care including dementia care, and medical housing. It is worthwhile to distinguish between dementia and non-dementia populations as inmates suffering with dementia may require more specialized accommodations than other medically-supported populations.

Discussions of the intake, food service, and skilled nursing facilities (including the use of skilled nursing and suicide watch beds) and expanded housing for County Safekeepers and 90 Day Evaluators will be reserved for other sections of this project statement.

Population Profiles for Inmates Requiring Special Housing for Mental Health Needs.

Acute Mental Health Needs

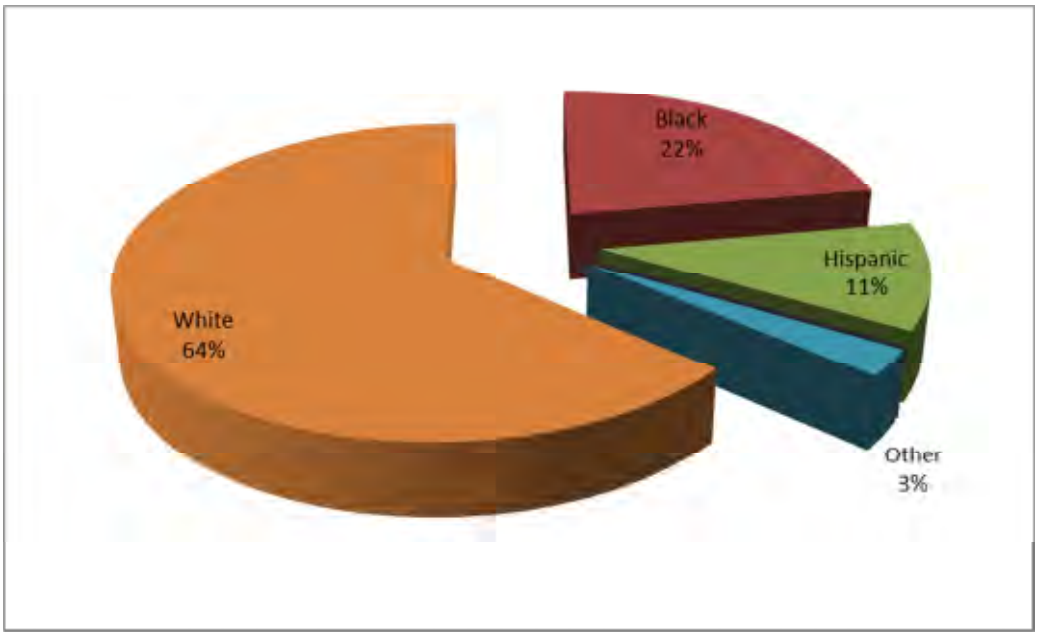
Currently, the Lincoln Correctional Center (LCC) has a specialized mental health housing unit. This unit is an open setting that is not sufficiently secure for those inmates who require acute care due to aggressive and/or severely disruptive behavior; therefore, it was difficult to distinguish acute but manageable inmates from those who were housed in this unit for subacute care for stabilization.

The Acute Mental Health Needs population consists of inmates who either suffer from situational crises, serious depression with suicidal ideation, or serious mental illnesses. Generally inmates requiring acute care stabilize sufficiently within a few weeks to few months to move to subacute care. In the current LCC mental health unit, they would remain in the same unit. Therefore, the length of stay was used to identify those who were acute versus subacute. This subpopulation of inmates were identified again primarily through the location history information and consists of inmates who resided on the LCC Mental Health Unit for less than six months in FY2013.[1]

[1] The choice of six months was an arbitrary threshold to distinguish between the acute and

The distribution of race/ethnicity of inmates with mental health needs is provided in Figure A – 1.[2] From this figure Whites comprise the largest racial/ethnic group at 64% of this population with Blacks (22%) and Hispanics (11%) also comprising a meaningful population size.

Figure A – 1. Distribution of Race/Ethnicity for Acute Mental Health Needs Inmates

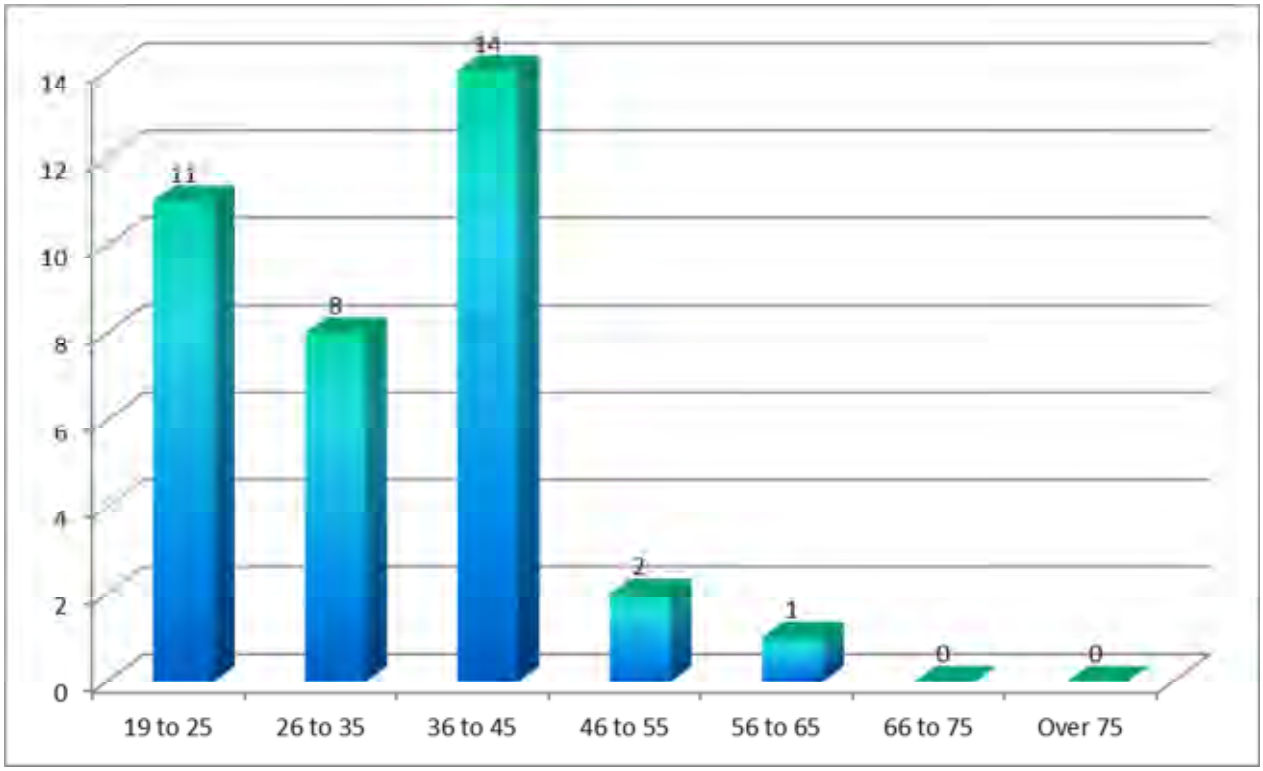


The age distribution for the Acute Mental Health Needs population is presented in Figure A – 2. The age distribution of this population skews slightly younger compared to the Chronic Mental Health Needs Population discussed later. The majority of inmates in this population fall into the 36 – 45 years category, followed closely by the 19 – 25 years category, and then the 26 – 35 years category. There are very few inmates in this population that exceed 45 years of age.

subacute populations. If a different threshold were used, the number of inmates comprising this population and the characteristics of this population may change. Since the methods for identifying this population were limited by the available data, this remains a limitation of the current analysis.

[2] Since at least the 2000 Census, Federal agencies have identified race as reflecting a self-identified categorization process, where individuals can select multiple racial groups that comprise their racial identity. Further, ethnicity has been generally recognized as a separate dimension of ancestry that potentially intersects all racial categorizations. The NDCS data does not capture the same level of diversity in race and ethnicity responses as the U.S. Census Bureau. The current understanding of racial/ethnic identity in the NDCS data suggests that designations of "White," "Black," "Native American," and "Asian" imply a singular identification of these racial groups and non-Hispanic ethnicity. "Hispanic" corresponds to "White, Hispanic," and "Other" implies a racial designation not included previously, multiple racial designations, or non-White Hispanic.

Figure A – 2. Age Distribution for Acute Mental Health Needs Inmates



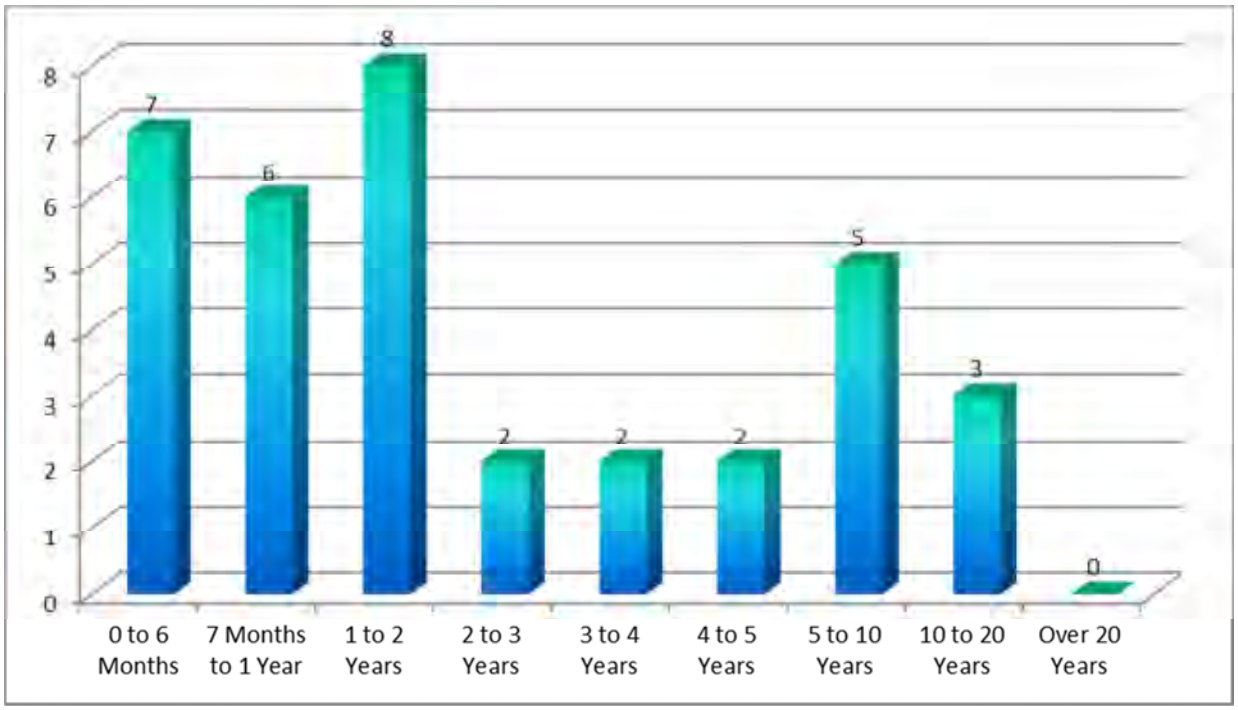
In regard to the offenses committed by this population that led to their current incarceration, between the 36 individuals that comprise this population in FY 2013, a total of 90 separate offenses was accumulated. Table A – 1 below provides the distribution of offense types for these 90 separate offenses. From this table, it can be seen that Violent Crimes constitute a large percentage of these offenses (36.67%), specifically rape/sexual assault (11.11%) and assault crimes (18.89%). Theft also constitutes a large percentage of the total number of offenses (13.33%). While the largest category of offenses is "other," this category represents an amalgamation of disparate offenses and is not readily interpretable.

Table A – 1. Current Offenses for Acute Mental Health Needs Inmates

CRIME TYPE	NUMBER	PCT
Violent Crimes	**33**	**36.67%**
Murder/Manslaughter/Homicide	1	1.11%
Rape/Sexual Assault	10	11.11%
Robbery	5	5.56%
Assault	17	18.89%
Property Crimes	**22**	**24.44%**
Arson	3	3.33%
Burglary	2	2.22%
Theft	12	13.33%
Financial/Fraud	5	5.56%
Other Crimes	**35**	**38.89%**
Kidnapping/False Imprisonment	2	2.22%
Drugs	7	7.78%
Weapons	5	5.56%
DUI	2	2.22%
Other	19	21.11%
TOTAL	**90**	

Considering both the age distribution and the type of offenses of this population, it is not surprising that there is a wide range in terms of the number of months of incarceration that this population had accrued by the end of FY2013. Again, the number of accrued years skews towards the lower categories for the Acute population – partially due to the definition of Acute (6 months or less at LCC MHU in FY2013) v. Chronic/Subacute (over 6 months at LCC MHU in FY2013). However, the definitional differences cannot fully explain the comparatively lower length of stay as the Acute population has a higher proportion of inmates in the 7 months to 1 year category as well. Three of the inmates in the Acute population were released prior to the end of FY2013.

Figure A – 3. Length of Stay to end of FY2013 for Acute Mental Health Needs Inmates



Specifically considering the mental health needs of this population, 16 of the 36 inmates in this population received a designation of "Major Mental Illness" (or MMI) and 2 of the 36 inmates received a designation of "Social/Developmentally Impaired" (or SDI).[3] These designations are applied after a review by the Mental Health Review Team (MHRT) to alert mental health and medical staff to the presence of potentially serious mental health problems that may affect an inmate's behavior or vulnerability within the general population. Although a substantial number of individuals receiving these designations remain in the GP, these designations do indicate a heightened level of concern for an inmate among NDCS mental health staff.

The specific DSM IV T-R Axis 1 diagnoses for the Acute Mental Health Needs inmates are presented in Table A – 2 below.[4] A substantial number of inmates in this population have diagnoses for Schizophrenia and Other Psychotic Disorders. This suggests a high level of impairment among this population. Since this population is incarcerated, it is not surprising to observe a large number of Substance-Related Disorders. A number of inmates in this population also suffer from Mood and Anxiety Disorders.

[3] MMI and SDI designations are not mutually exclusive and inmates may receive both designations upon review by the Mental Health Review Team.

[4] Because of the number of diagnoses from older DSM versions that persist in the mental health data, we only considered the first four listed diagnoses for each inmate as this should eliminate many of the "Not Otherwise Specified" diagnoses that have carried over from older DSM diagnoses in the mental health data. Because only the first four diagnoses were used, percentages are not presented with the diagnosis counts.

Table A – 2. DSM IV T-R Axis 1 Diagnoses for the Acute Mental Health Needs Inmates

DIAGNOSIS	NUMBER
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence	**2**
Attention-deficit and Disruptive Behavior Disorders	2
Delirium, Dementia, Amnestic, and Other Cognitive Disorders	**0**
Somatoform Disorders	**0**
Factitious Disorder	**0**
Dissociative Disorders	**0**
Sexual and Gender Identity Disorders	**3**
Paraphilias	3
Eating Disorders	**0**
Sleep Disorders	**0**
Substance-Related Disorders	**14**
Alcohol-related Disorders	3
Amphetamine-related Disorders	3
Cannabis-related Disorders	4
Polysubstance-related Disorder	4
Schizophrenia and Other Psychotic Disorders	**21**
Schizophrenia	12
Schizoaffective Disorder	3
Substance-induced Psychotic Disorder	1
Psychotic Disorder Not Otherwise Specified	5
Mood Disorders	**7**
Bipolar Disorders	4
Mood Disorder Not Otherwise Specified	3
Anxiety Disorders	**6**
Posttraumatic Stress Disorder	2
Generalized Anxiety Disorder	1
Substance-induced Anxiety Disorder	2
Anxiety Disorder Not Otherwise Specified	1
Impulse Control Disorders not Elsewhere Classified	**1**
Intermittent Explosive Disorder	1
Adjustment Disorders	**3**
Adjustment Disorder	3

Subacute/Chronic Mental Health Needs

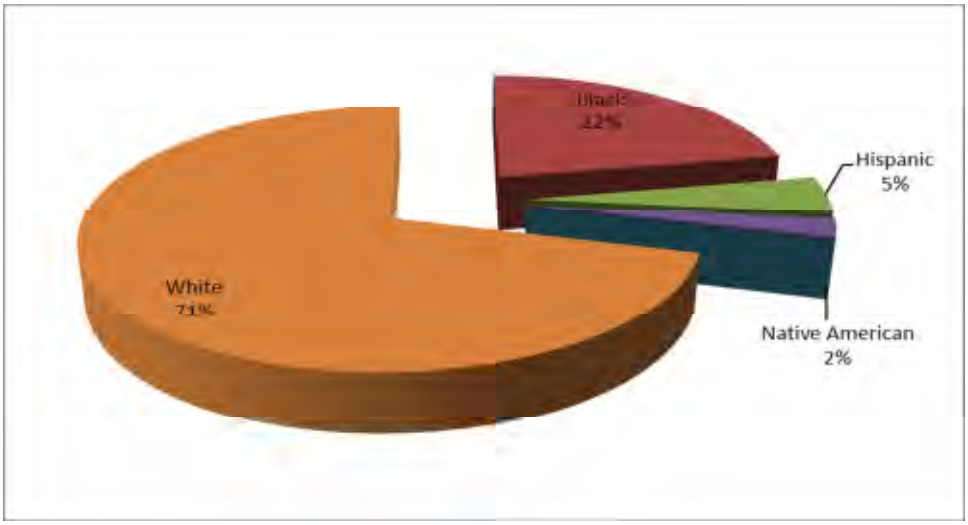
There is a continuum of subacute populations. The first type of subacute population is in transition from acute care toward general population. Generally these are inmates who were seriously symptomatic, in acute crisis, or acutely decompensated due to a psychotic illness. In most situations, these inmates respond well to treatment while in acute care and transition to subacute care. Depending on their individual needs the length of stay in subacute care will vary but will seldom be longer than 4-6 months and frequently stabilize in a matter of weeks. A subset of subacute care inmates will eventually move into general population.

Another subacute population is the Chronic Mental Health Needs population, also referred to as chronically persistently mentally ill (CPMI) or seriously persistently mentally ill (SPMI), who often struggle with severe mental health symptomatology and have a much more difficult time integrating within the general population. As such, this subpopulation of inmates tends to require longer term specialized mental health housing. While some of these inmates may stay in subacute mental health housing for the majority of their sentence, it is preferable to provide some mechanism for "step down" housing to allow them to transition to general population beds often referred to as Special Needs Unit (SNU) that are dedicated to more vulnerable populations with access to general population activities.

It is not possible to readily distinguish between these two populations in the available NDCS data, so these populations have been collapsed to a single category: Subacute/Chronic Mental Health Needs inmates. This subpopulation of inmates was again identified through location history data and consists of those inmates who resided on the LCC Mental Health unit for at least 6 months out of the most recent fiscal year.

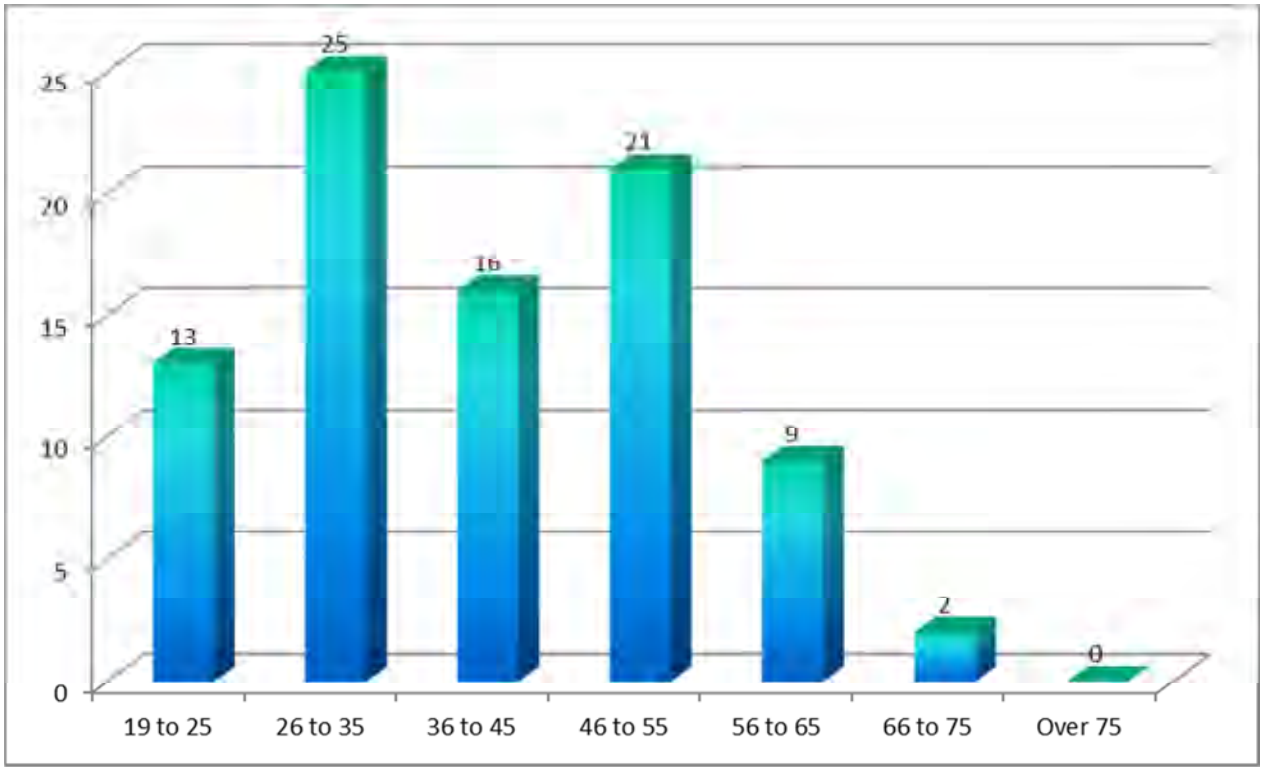
The distribution of racial/ethnic groups in this population is presented below in Figure A - 4. Whites comprise the largest racial/ethnic group (71%) with a sizable percentage of Black inmates (22%) as well.

Figure A – 4. Distribution of Race/Ethnicity for Subacute/Chronic Mental Health Needs Inmates



The age distribution for the Subacute/Chronic Mental Health Needs population is presented in Figure A – 5. As previously noted, the age distribution of this population skews older in comparison to the Acute Mental Health Needs population. There is a sizable number of inmates aged 26 to 35 followed by inmates aged 46 – 55 and inmates aged 36 to 45. Very few inmates in this population are older than 55 years.

Figure A – 5. Age Distribution for Subacute/Chronic Mental Health Needs Inmates



The offenses committed by this population are highlighted in Table A – 3. Of the 86 inmates that constitute this population, they are responsible for 205 separate offenses. Again, violent crimes appear to be highly represented in this population (44.88% of offenses) with a high percentage of murder/manslaughter/homicide (11.71%), rape/sexual assault (14.15%), and assault (14.63%). There are also a large percentage of weapons-related offenses (10.24%).

Table A – 3. Current Offenses for Subacute/Chronic Mental Health Needs Inmates

CRIME TYPE	NUMBER	PCT
Violent Crimes	**92**	**44.88%**
Murder/Manslaughter/Homicide	24	11.71%
Rape/Sexual Assault	29	14.15%
Robbery	9	4.39%
Assault	30	14.63%
Property Crimes	**27**	**13.17%**
Arson	2	0.98%
Burglary	10	4.88%
Theft	10	4.88%
Financial/Fraud	5	2.44%
Other Crimes	**86**	**41.95%**
Kidnapping/False Imprisonment	10	4.88%
Drugs	16	7.80%
Weapons	21	10.24%
DUI	1	0.49%
Other	38	18.54%
TOTAL	**205**	

Figure A – 6 presents the length of stay through the end of FY2013 for the Subacute/Chronic Mental Health Needs population. Again as previously mentioned, some of the differences in length of stay through FY2013 for the Subacute/Chronic population compared to the Acute population is due to the use of a threshold of over six months in LCC MHU in FY2013 to differentiate the populations. However, the size of the 7 months to 1 year population is much smaller compared to the Acute population and there is a sizable number of offenders who have accrued between 5 and 10 years of incarceration by the end of FY2013. None of the inmates in this population were released by the end of FY2013.

Figure A – 6. Length of Stay to end of FY2013 for Subacute/Chronic Mental Health Needs Inmates

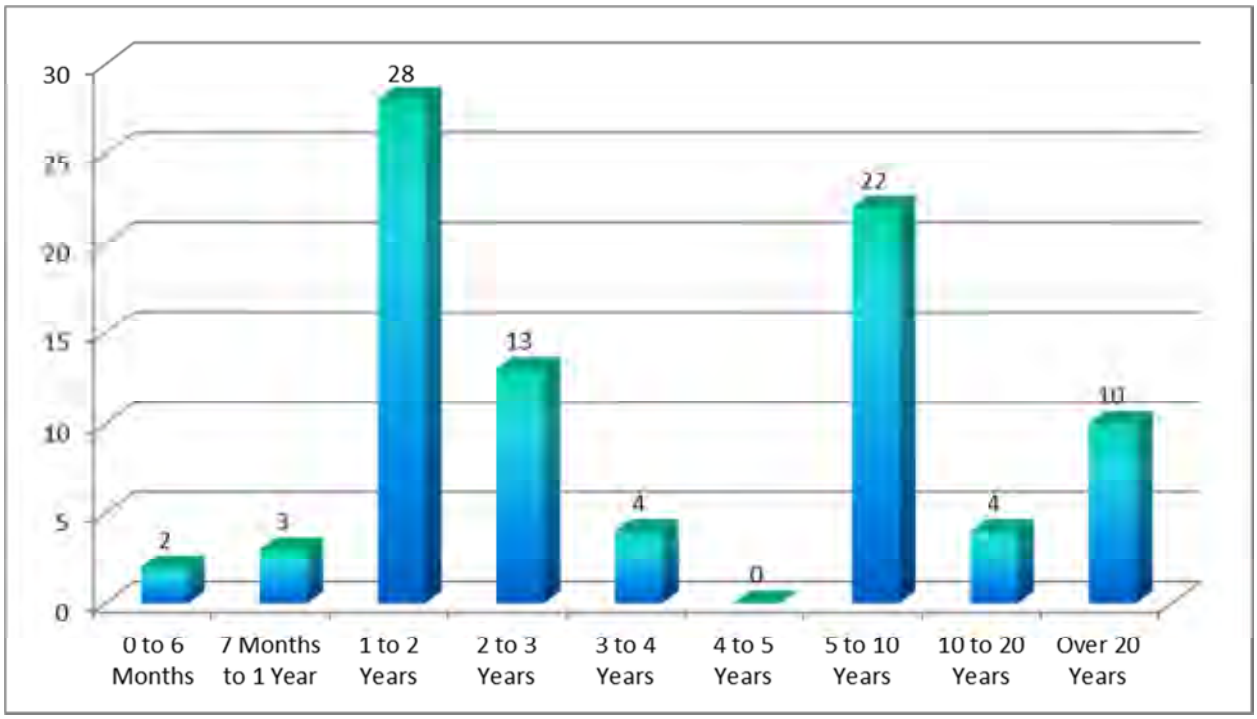


Table A – 4 details the Axis 1 DSM IV T-R diagnoses given to the inmates in the Subacute/Chronic Mental Health Needs population. A total of 49 out of 86 inmates received an MMI designation and 4 out of 86 received an SDI designation. Again, there appears to be a high number of diagnoses for Schizophrenia and Other Psychotic Disorders, suggesting a population with high mental health needs. There are also a number of diagnoses for Mood and Anxiety Disorders. Again, given that this is an incarcerated population, many of the Subacute/Chronic Mental Health Needs population have diagnoses for Substance-Related Disorders.

Table A – 4. DSM IV T-R Axis 1 Diagnoses for the Subacute/Chronic Mental Health Needs Inmates

DIAGNOSIS	NUMBER
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence	**2**
Attention-deficit and Disruptive Behavior Disorders	2
Delirium, Dementia, Amnestic, and Other Cognitive Disorders	**1**
Dementias	1
Somatoform Disorders	**0**
Factitious Disorder	**0**
Dissociative Disorders	**0**
Sexual and Gender Identity Disorders	**6**
Paraphilias	6
Eating Disorders	**0**
Sleep Disorders	**1**
Primary Sleep Disorders	1
Substance-Related Disorders	**46**
Alcohol-related Disorders	19
Amphetamine-related Disorders	5
Cannabis-related Disorders	12
Cocaine-related Disorders	4
Polysubstance-related Disorder	6
Schizophrenia and Other Psychotic Disorders	**40**
Schizophrenia	16
Schizophreniform Disorder	1
Schizoaffective Disorder	11
Delusional Disorder	3
Psychotic Disorder Not Otherwise Specified	9
Mood Disorders	**13**
Depressive Disorders	3
Bipolar Disorders	8
Mood Disorder Not Otherwise Specified	2
Anxiety Disorders	**9**
Panic Disorder	1
Social Phobia (Social Anxiety Disorder)	1
Obsessive-Compulsive Disorder	1
Posttraumatic Stress Disorder	3
Generalized Anxiety Disorder	3
Impulse Control Disorders not Elsewhere Classified	**1**
Impulse Control Disorder Not Otherwise Specified	1
Adjustment Disorders	**6**
Adjustment Disorder	6

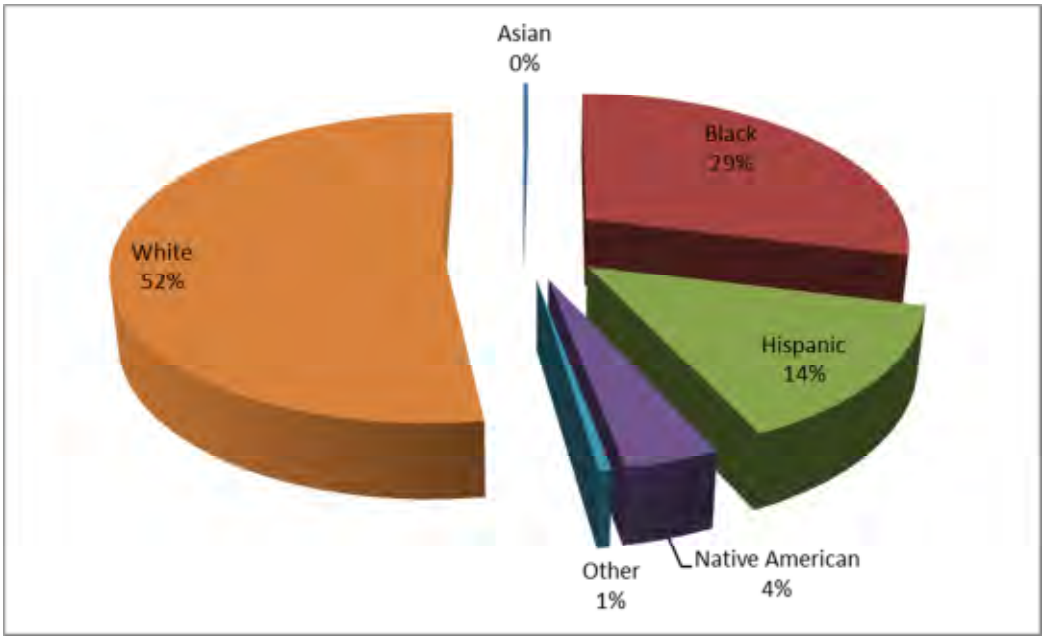
Subacute/Chronically Unstable Needs

Within the continuum of mental health care are inmates with severe mental health issues who may experience severe psychotic episodes or other episodes that make it difficult to manage them within a standard mental health unit. When possible, these inmates may be housed in a more secure mental health housing unit that can manage unstable, disruptive, and aggressive behavior. These inmates have acute symptoms that may be refractive to treatment or they may be refusing treatment. When there is availability for acute care, they may have been in the acute care unit for a number of weeks to months without reaching stabilization that would allow them to step down to a typical subacute unit. Therefore, there is a need for intensive mental health care in a small, specialized subacute care unit that meets their individualized treatment needs and safety. Unfortunately, when such housing is unavailable, these inmates may be housed in some form of restrictive housing on a temporary basis.

Recently, LCC created a secure mental health unit (LCC C2 Unit). Data from this unit was supplemented with information from inmates with "Major Mental Illnesses" held under "Intensive Management" (at NSP and TSCI) as these are likely inmates that are severely decompensating. It is important to recognize that Acute and Subacute/Chronic inmates may experience a mental health episode that requires movement to more secure housing. In the current data, 48 of the inmates in the Subacute/Chronically Unstable Needs population also spent time in the LCC Mental Health Unit in FY2013. This indicates that these inmates either experienced a severe episode that temporarily required a more secure housing placement or were placed in the MHU after stabilizing.

The racial and ethnic distribution of this population is provided in Figure A – 7. While Whites remain the largest racial/ethnic group in this population (52%), there are considerably higher proportions of Black (29%) and Hispanic (14%) inmates compared to the previous subpopulations.

Figure A – 7. Distribution of Race/Ethnicity for Subacute/Chronically Unstable Mental Health Needs Inmates



The age distribution of this population is presented in Figure A – 8. Compared to the previous two populations, the Chronically Unstable population appears considerably

younger. The 19 to 25 age range contains the largest number of inmates in this population, followed by the 26 to 35 age range. The number of inmates in each subsequent category drops considerably and there are few inmates aged 46 and above in this population.

Figure A – 8. Age Distribution for Subacute/Chronically Unstable Mental Health Needs Inmates

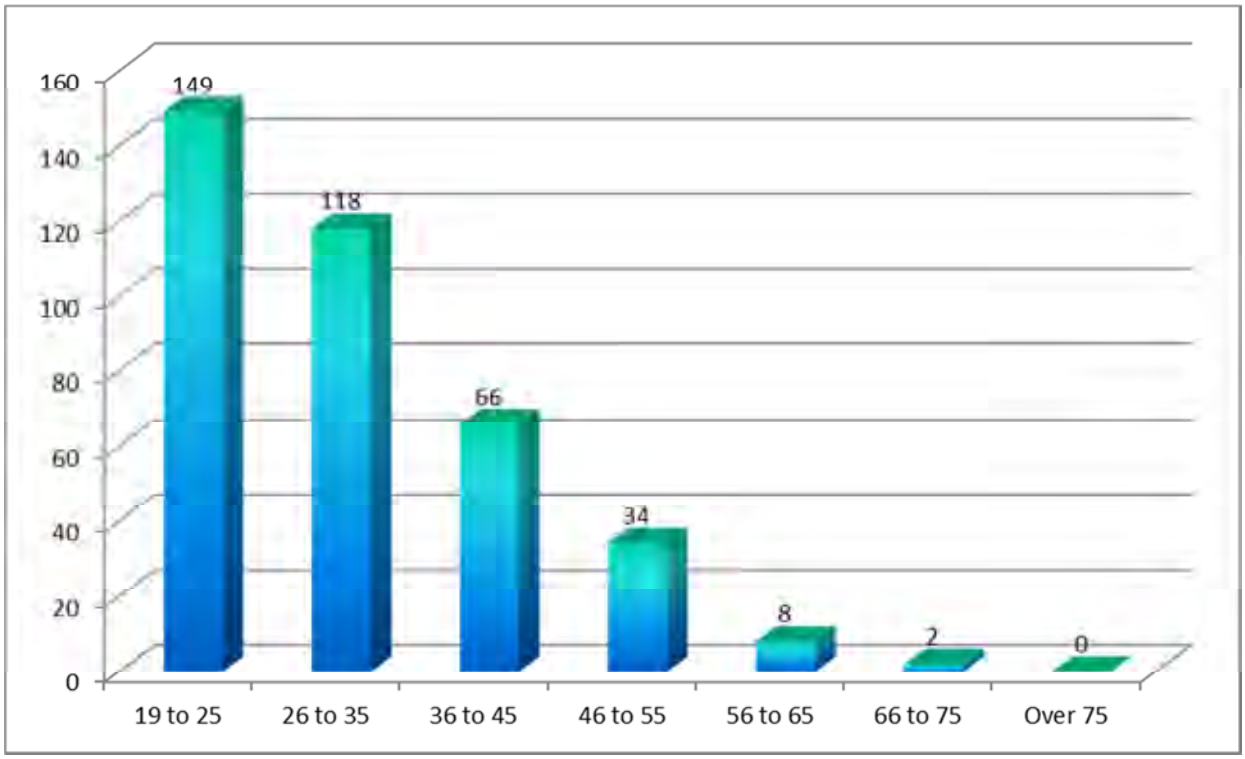


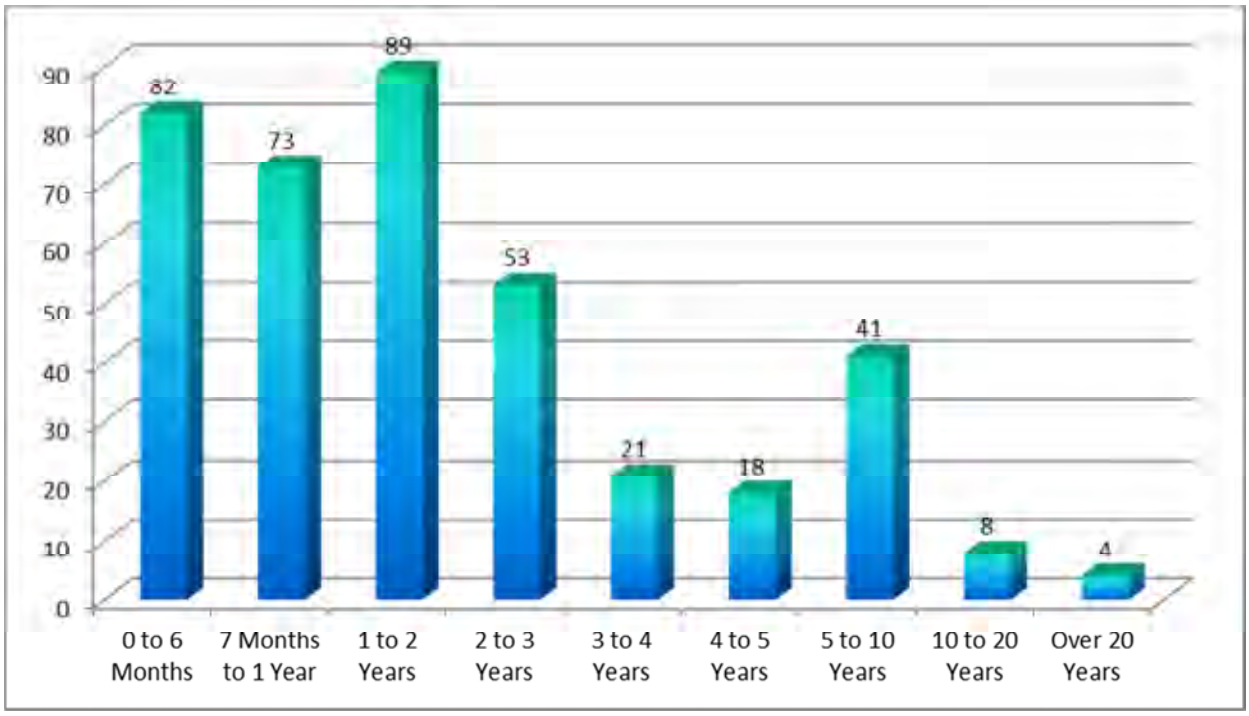
Table A – 5 provides the offenses for which this population of inmates is responsible. The 378 inmates that comprise this population committed a total of 820 offenses. The offense profile of this population is different from the previous two groups with a much higher percentage of Robbery (13.29%) offenses represented in the Violent Crimes. Assaults (13.78%) constitute the largest percentage of offenses and there are sizable numbers of Theft (9.39%), Drugs (9.88%), and Weapons (9.27%) offenses.

Table A – 5. Current Offenses for Subacute/Chronically Unstable Mental Health Needs Inmates

CRIME TYPE	NUMBER	PCT
Violent Crimes	**305**	**37.20%**
Murder/Manslaughter/Homicide	25	3.05%
Rape/Sexual Assault	58	7.07%
Robbery	109	13.29%
Assault	113	13.78%
Property Crimes	**177**	**21.59%**
Arson	8	0.98%
Burglary	65	7.93%
Theft	77	9.39%
Financial/Fraud	27	3.29%
Other Crimes	**338**	**41.22%**
Kidnapping/False Imprisonment	16	1.95%
Drugs	81	9.88%
Weapons	76	9.27%
DUI	11	1.34%
Other	154	18.78%
TOTAL	**820**	

The length of stay through the end of FY2013 for the Subacute Chronically Unstable Mental Health Needs population is illustrated in Figure A – 9. Compared to the Acute and Subacute/Chronic populations, the Chronically Unstable inmates have accrued a much shorter length of stay in NDCS custody. The large majority of these inmates have been in NDCS custody for two years or less. A much smaller number of inmates have resided in NDCS custody from 2 to 10 years and very few have been in NDCS custody for over 10 years. Twelve inmates from this population were released prior to the end of FY2013.

Figure A – 9. Length of Stay to end of FY2013 for Subacute/Chronically Unstable MH Needs Inmates



The mental health needs of this population are detailed in Table A – 6. Very few inmates in this population have MMI (16 out of 378) or SDI (4 out of 378) designations. From the frequencies of Axis 1 diagnoses, Substance-Related Disorders are by far the most common mental health issue facing this population. There are also a large number of Mood, Anxiety, and Adjustment Disorder diagnoses received by this population. In contrast to the Acute and Subacute/Chronic populations, there is a considerably smaller proportion of diagnoses of Schizophrenia and Other Psychotic Disorder. However, in considering a specific number of beds for this population, the focus was on the number of inmates who did have a diagnosis of Schizophrenia, Bipolar Disorders and Other Psychotic Disorders.

Table A – 6. DSM IV T-R Axis 1 Diagnoses for the Subacute/Chronically Unstable MH Needs Inmates

DIAGNOSIS	NUMBER
Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence	**30**
Attention-deficit and Disruptive Behavior Disorders	30
Delirium, Dementia, Amnestic, and Other Cognitive Disorders	**4**
Dementias	2
Cognitive Disorder Not Otherwise Specified	2
Sexual and Gender Identity Disorders	**11**
Paraphilias	11
Sleep Disorders	**8**
Primary Sleep Disorders	8
Substance-Related Disorders	**323**
Alcohol-related Disorders	90
Amphetamine-related Disorders	53
Cannabis-related Disorders	109
Cocaine-related Disorders	21
Hallucinogen-related Disorders	2
Nicotine-related Disorders	1
Opiod-related Disorders	10
Polysubstance-related Disorder	36
Other Substance-related Disorder	1
Schizophrenia and Other Psychotic Disorders	**36**
Schizophrenia	19
Schizophreniform Disorder	1
Schizoaffective Disorder	8
Delusional Disorder	1
Psychotic Disorder Not Otherwise Specified	7
Mood Disorders	**96**
Depressive Disorders	26
Bipolar Disorders	36
Mood Disorder Not Otherwise Specified	34
Anxiety Disorders	**90**
Panic Disorder	1
Obsessive-Compulsive Disorder	5
Posttraumatic Stress Disorder	18
Generalized Anxiety Disorder	15
Anxiety Disorder Not Otherwise Specified	51
Impulse Control Disorders not Elsewhere Classified	**9**
Intermittent Explosive Disorder	4
Impulse Control Disorder Not Otherwise Specified	5
Adjustment Disorders	**49**
Adjustment Disorder	49

Vulnerable Inmates

Some inmates with particular physical or social/developmental handicaps or mental health issues may be at heightened risk for being victimized or exploited in a standard general population setting. Although these inmates may be able to function within the GP, they might benefit substantially from a more sheltered housing setting where they are housed with other similarly situated individuals but have access to all the advantages of general population housing. These inmates are very difficult to identify in the NDCS data as there is currently no reserved housing unit for these individuals.

In order to identify the size of this population, it was first necessary to identify a fairly large pool of potential inmates who may benefit from this type of housing. From this larger population, a random sample of 42 cases (30% of the total) was selected for additional review to determine the proportion of inmates who would benefit from a designated GP unit for vulnerable inmates.

The case review only identified one individual who may benefit from specialized housing. Based on this finding, at most, 3 to 4 inmates are currently housed in units such as protective custody or restricted housing that, if available, specialized mental health housing for these inmates would be preferable. Therefore, it is assumed, based on this low number and the case reviews that the majority of this population is included in the subacute populations.

A.1. Population Profiles for Inmates Requiring Medical Housing

Medical Housing

A number of inmates in the NDCS system would benefit from a specialized housing unit due to serious medical problems. These inmates require assistance with activities of daily living including "personal care, meals, transportation and medication administration."[5] This housing unit would also serve to accommodate those inmates who require specialized accommodation under the Americans with Disabilities Act.

Inmates who are in need of health care services in prisons are no longer a population of healthy young males. Instead, delivering health care in a correctional setting is particularly challenging because inmates are both older and in poor health compared to the general population. Few of the inmates have had regular medical care and inmates are more likely to suffer from chronic diseases such as diabetes, hypertension, asthma, mental illness alcohol and drug abuse, and communicable diseases such as tuberculosis, hepatitis and HIV. Inmates also suffer from age-related conditions earlier in life. "Personal histories of poor nutrition, lack of preventive care, and high-risk behavior (drinking, smoking, drug use) are common in jail populations. This makes a 50 year old inmate's health status comparable to that of a 65 year old living in the community."[6]

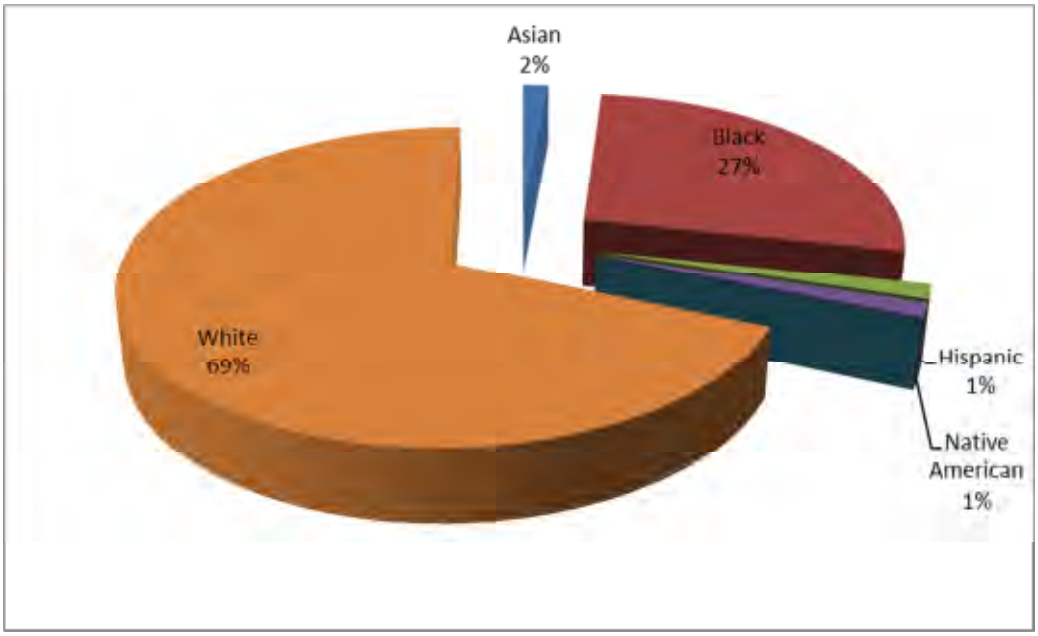
Reliable historic data on inmates that would benefit from Medical Housing are not available in electronic format at this time.[7] For this reason, the size of the population was estimated from a "snapshot" of inmates that are currently housed in NDCS custody (June - July, 2014) and would benefit from medical housing. A memorandum describing the

[5] Language was taken from a memorandum from Dr. Randy T. Kohl – Deputy Director, Health Services.
[6] Corrections Nursing: Scope and Standards of Practice Handbook. (2007). American Nurses Association.
[7] NDCS has worked with Gerontology faculty from the University of Nebraska at Omaha to develop a screening instrument to identify inmates who are experiencing difficulties with activities of daily living and may warrant placement in a medically supported housing unit. This instrument is currently undergoing revision. It is recommended, however, that this tool (or one similar to it) be regularly used to identify inmates who are well-suited for a medical housing unit.

criteria to identify these inmates was circulated to nursing staff at each of the institutions.[8] The nursing staff was asked to identify inmates that would be well-suited for this type of unit in addition to the reason for this accommodation and the acuity of care needed. This information was then cross-listed with inmate records to provide information about the characteristics of this population.[9]

The racial/ethnic make-up of this population is presented in Figure A - 10. White inmates constitute the largest demographic group in this population (69%) with a smaller but substantial number of Black inmates (27%).

Figure A – 10. Distribution of Race/Ethnicity for Medical Housing Needs Inmates

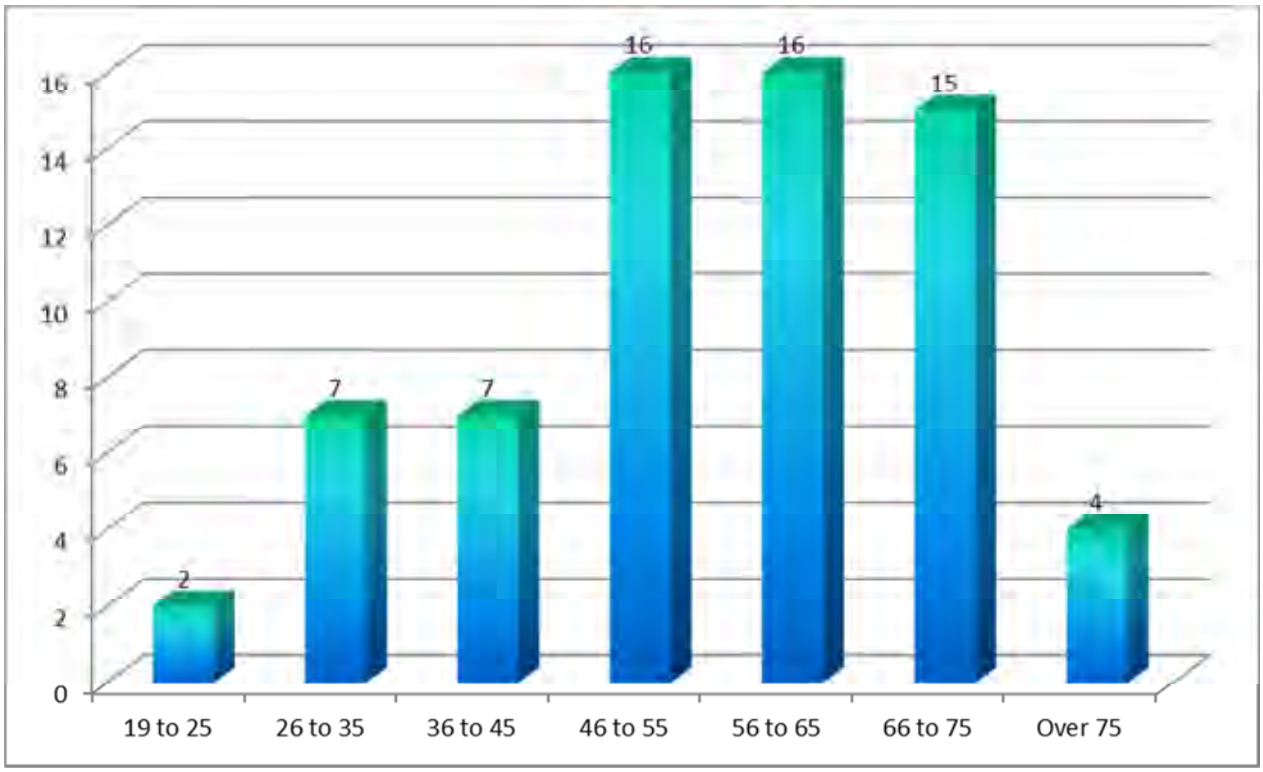


The age distribution for inmates requiring Medical Housing is presented in Figure A – 11. Not surprisingly, the age distribution of this population is heavily skewed towards the older end of the age distribution as older inmates are more likely to have chronic conditions that require more intensive medical care or are more likely to suffer from mobility problems. A very small proportion of this population falls into age categories 45 and below and the majority of this population is age 46 and above.

[8] NCCW and NCYF were excluded due to their unique populations (women and juveniles respectively). The community corrections facilities (CCC-O and CCC-L) were also excluded as it would be unlikely to remove someone on community custody to be placed in a secured medical housing unit.

[9] Importantly, the number of inmates requiring medical housing beds was reduced after additional case review to eliminate inmates requiring temporary accommodations or inmates that require no current accommodations but would require them in the foreseeable future. The population profile, however, was taken from the larger population of inmates as these may provide a broader picture of the race/ethnicity, age, and current offenses for inmates that would be placed into the medical housing unit.

Figure A – 11. Age Distribution for Medical Housing Needs Inmates



The offenses for which these inmates are currently incarcerated are presented in Table A – 7. The most serious offenses murder/manslaughter/homicide and rape/sexual assault constitute the highest percentage of offenses (14.89% and 26.24% respectively), followed by weapons offenses (12.06%). The increased level of severity of offenses among this population is not surprising as many of these individuals have been incarcerated for a lengthy period of time given their ages. In fact, 23.88% of this population has life sentences and another 7.5% have upwards of 20 years remaining until their tentative release date.

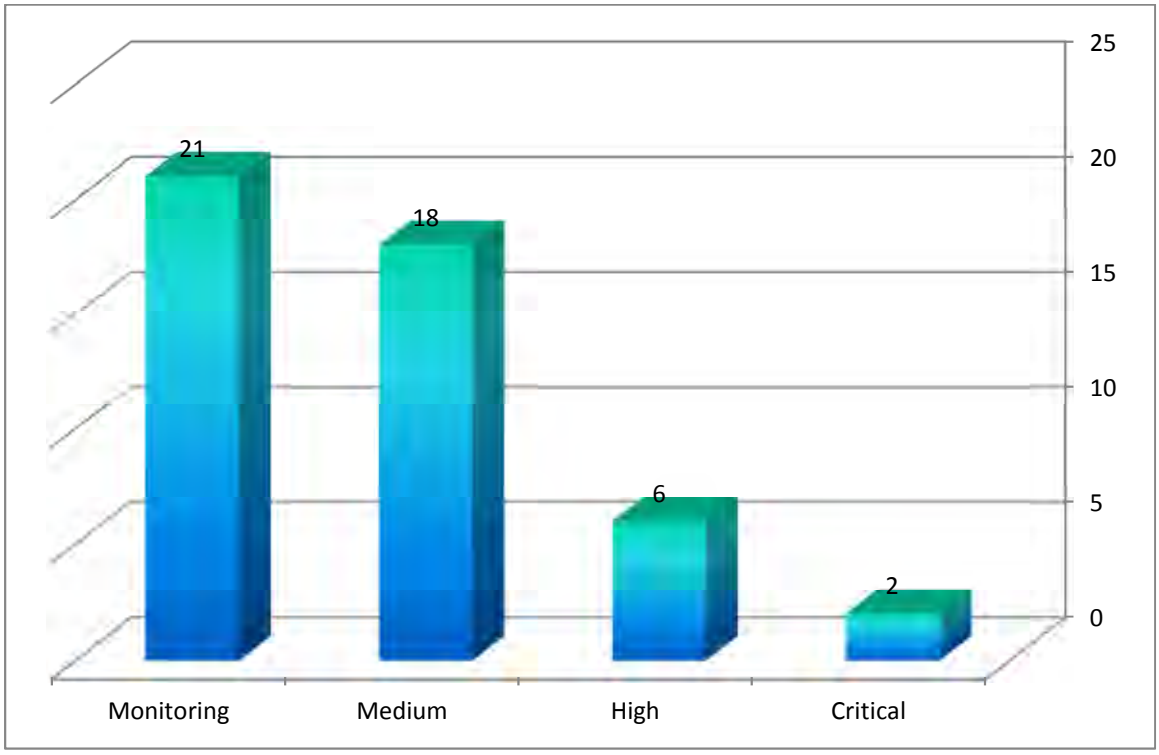
Table A – 7. Current Offenses for Medical Housing Needs Inmates

CRIME TYPE	NUMBER	PCT
Violent Crimes	**80**	**56.74%**
Murder/Manslaughter/Homicide	21	14.89%
Rape/Sexual Assault	37	26.24%
Robbery	9	6.38%
Assault	13	9.22%
Property Crimes	**9**	**6.38%**
Arson	0	0.00%
Burglary	3	2.13%
Theft	4	2.84%
Financial/Fraud	2	1.42%
Other Crimes	**52**	**36.88%**
Kidnapping/False Imprisonment	4	2.84%
Drugs	11	7.80%
Weapons	17	12.06%
DUI	2	1.42%
Other	18	12.77%
TOTAL	**141**	

In addition to identifying the population of inmates that would benefit from medical housing, medical staff at each facility was also asked to identify the level of care required for each inmate according to four categories: Critical, High, Moderate, or Monitoring. Inmates requiring critical care require total assistance with activities of daily life. Inmates requiring high level of care require extensive assistance with activities of daily life, but less than inmates requiring critical care. Inmates requiring medium level of care require moderate assistance with activities of daily life and require less care than inmates requiring critical or high care. Finally, inmates requiring monitoring range from inmates that are fairly independent to inmates that require continual supervision but are capable of managing many of the activities of daily life. Figure A – 12 provides the distribution of the necessary level of care for the inmates identified as part of this population.[10]

[10] To avoid distorting the level of care needed for the medical- population, only data for the 47 inmates that are currently in need of medical housing are used in Figure A - 12

Figure A – 12. Level of Care Required for Medical Housing Need Inmates



Dementia Special Unit Beds

Aging inmates are a growing population in corrections. Inmates with dementia pose distinct challenges for housing and management. While the underlying cause of dementia could be traumatic brain injury, mental illness, or a deteriorating medical condition (such as Alzheimer's disease), these inmates often suffer from serious functional deficits and for many of these inmates their level of functioning deteriorates over time. Due to the significant and unique challenges that managing these inmates pose, it is often desirable to house them in a specialized unit. If sufficient need does not exist, it may also be preferable to house them in a distinct subunit within a medically supported housing unit. The Department of Planning, Research, and Accreditation at NDCS provided information on inmates diagnosed with dementia between FY2009 – 2013. There were a total of 12 male and 1 female inmates diagnosed with dementia over this period of time. Only the 12 male inmates are considered in these analyses. Due to the small size of the population considered, additional caution is necessary when interpreting the distributions of the population characteristics of interest.

The distribution of race/ethnicity in the dementia population is presented in Figure A – 13. The majority of the current population of dementia inmates is white (58%) and the remainder are Black (25%) and Hispanic (17%). The age distribution of dementia inmates is provided in Figure A – 14. Only one dementia inmate is less than 46 years old, with about equal amounts of inmates aged 46 – 65 and aged 66 and above.

Figure A – 13. Distribution of Race/Ethnicity for Inmates with Dementia

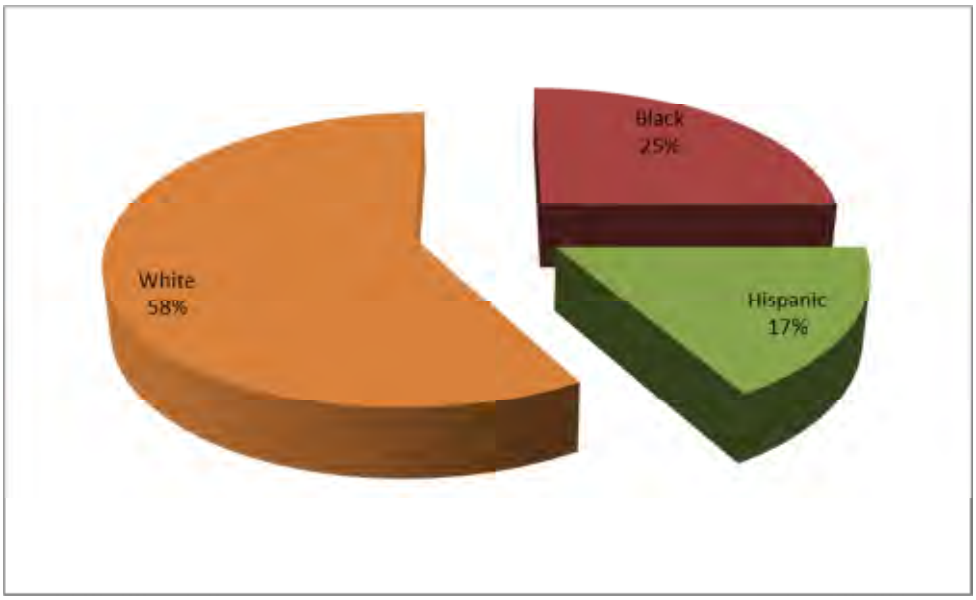


Figure A – 14. Age Distribution for Inmates with Dementia

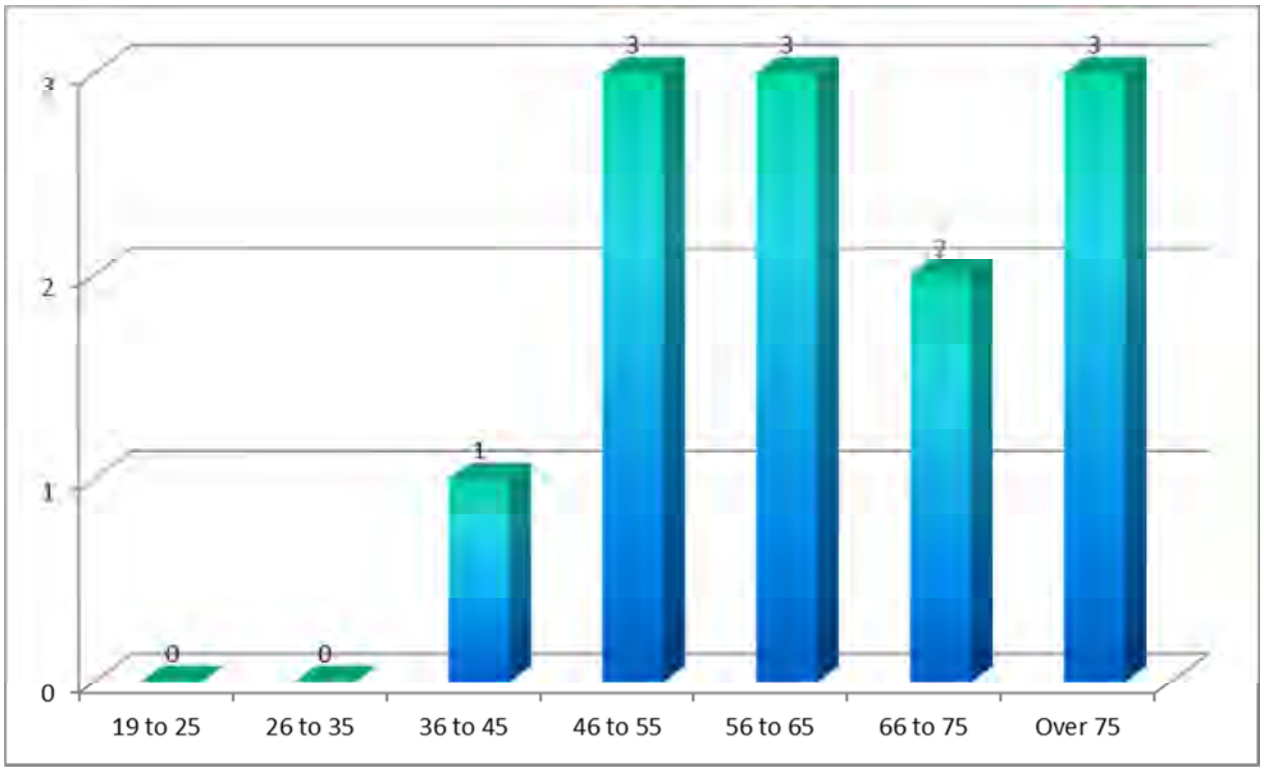


Table A – 8 provides the offenses committed by inmates with dementia. The 12 dementia inmates account for a total of 25 separate offenses. The most common types of offenses include Assaults (28%) and Rape/Sexual Assault (20%). Five of the 12 inmates were no longer in NDCS custody by the end of FY2013 and one additional dementia inmate was released after FY2013. Two additional dementia inmates died in NDCS custody after FY2013.

Table A – 8. Current Offenses for Inmates with Dementia

CRIME TYPE	NUMBER	PCT
Violent Crimes	**13**	**52.00%**
Murder/Manslaughter/Homicide	0	0.00%
Rape/Sexual Assault	5	20.00%
Robbery	1	4.00%
Assault	7	28.00%
Property Crimes	**3**	**12.00%**
Arson	0	0.00%
Burglary	0	0.00%
Theft	3	12.00%
Financial/Fraud	0	0.00%
Other Crimes	**9**	**36.00%**
Kidnapping/False Imprisonment	0	0.00%
Drugs	2	8.00%
Weapons	2	8.00%
DUI	0	0.00%
Other	5	20.00%
TOTAL	**25**	

Figure A – 15 presents the age at admission for the dementia inmates. These inmates were all admitted at later ages. There were no inmates admitted younger than age 30, and the majority of the dementia inmates were admitted at age 50 and above. Figure A – 16 provides the number of years in NDCS custody prior to the diagnosis of dementia being given. It is notable that the majority of these inmates resided in NDCS custody for less than one year before receiving a diagnosis of dementia. This suggests that many of the dementia inmates are entering NDCS custody with pre-existing dementia conditions.

Figure A – 15. Age at Admission for Dementia Inmates

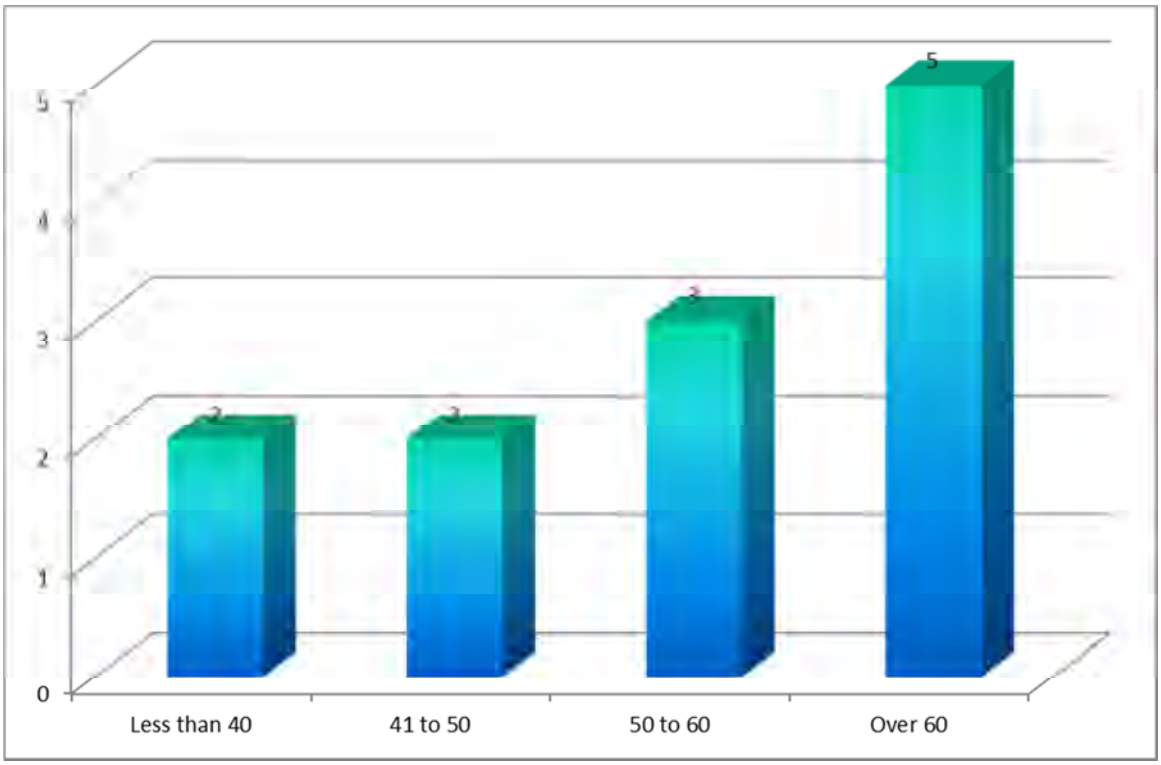
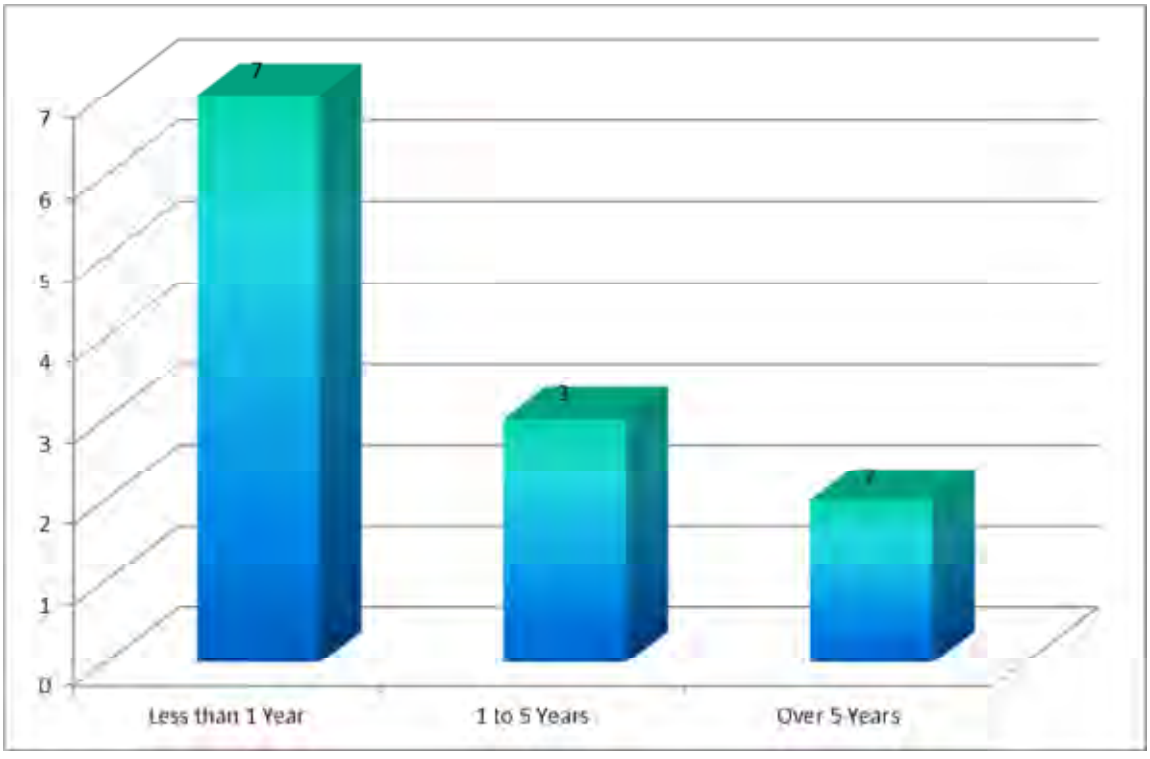


Figure A – 16. Time from Admission to Dementia Diagnosis for Dementia Inmates



B. Population Projections

B.1 Analysis of Bedspace Needs

Introduction

In order to develop a plan for the proposed medical/mental health, intake and food service (MIFS) expansion to the DEC and LCC complex, it is necessary to obtain an accurate estimate of the future bedspace demand. It is possible to distinguish between two types of beds needed for this project: count and non-count beds. Count beds refer to those correctional beds that will serve as the primary housing location for inmates housed in the expanded facility. In contrast, non-count beds refer to those beds that house inmates on a temporary basis, such as beds used by the skilled nursing facility and suicide watch. While inmates occupy non-count beds, their original beds remain reserved pending their return to the general population.

This distinction is important as assessments of bedspace needs for non-count beds can be considered independent from assessments of count bed needs. As such, with non-count bed estimates, there will be "overlap" as the population serviced will also occupy permanent housing placements. In contrast, identifying overlap among the various subpopulations that will be served in the count beds is important as this overlap can result in "double counting" inmates and overestimating the number of beds required. Where possible, inmates that fall into multiple subpopulations were identified and counts were adjusted to eliminate "double counting."

Ideally, it is preferable to produce independent forecasts for the various subpopulations that would be served by this new facility in order to estimate future bedspace demand. This enables consideration of whether the medical or mental health needs of the current population are increasing or decreasing over time. Unfortunately, the Nebraska Department of Correctional Services (NDCS) data are limited and digital records are not available for a sufficient length of time to produce independent estimates of population growth. Although anecdotal evidence suggests that the demand for mental health and medical services among NDCS inmates have increased in recent years, there is no quantitative method available to demonstrate whether this is the case.

Generally, the methodology used to estimate the future bedspace need consists of first estimating the daily count for each subpopulation under consideration for FY 2013. This daily count provides a direct measure of bedspace usage for each subpopulation. From this information it is possible to construct an "empirical distribution" for the daily counts. This distribution links a particular count (number of occupied beds) with the number of days in FY 2013 that this count occurred. This distribution is then used to calculate the "expected overages" or the percentage of days in FY 2013 where the daily count would have exceeded a given value. For example, if the expected overage for a count of 5 is 20%, this implies that for 20% of days in FY 2013 (73 days) the observed daily count was 6 or more. These percentages were then used to identify the count corresponding to less than 5% overages (the count exceeded by less than 18 days in FY 2013). If the number of available beds for this population was set equal to this count, then there would be sufficient bedspace available for this subpopulation 95% of the time in FY 2013.

After this, the estimated bedspace need was extrapolated to 10 and 20 years using the projections developed during the 2013 Capital Facilities Master Plan by Dewberry which are presented in Table B-1 below. This method is reliant on the accuracy of the prior forecasts and the continued applicability of the estimates over time. Importantly, policy changes that yield significant departures in terms of the number of inmates admitted to

NDCS custody or the average length of stay for these inmates will likely lead to considerable departures from the forecasted ADP.

In some cases, additional information was needed either to supplement or in lieu of FY 2013 estimates to produce projections. These situations will be further discussed under the relevant subsection.

Table B – 1. Fiscal Year ADP Projections from the Capital Facilities Master Plan

YEAR	Male Standard ADP	Female Standard ADP	Non Standard ADP	Juvenile ADP	Total ADP
FY 2015	4501	357	42	48	4949
FY 2016	4610	358	42	48	5059
FY 2017	4706	364	42	48	5159
FY 2018	4807	371	42	48	5268
FY 2019	4916	378	42	48	5384
FY 2020	5032	385	42	48	5507
FY 2021	5153	393	42	48	5636
FY 2022	5279	401	42	48	5770
FY 2023	5410	408	42	48	5908
FY 2024	5544	416	42	48	6050
FY 2025	5682	424	42	48	6196
FY 2026	5823	431	42	48	6344
FY 2027	5967	439	42	48	6496
FY 2028	6113	447	42	48	6649
FY 2029	6261	454	42	48	6805
FY 2030	6411	462	42	48	6963
FY 2031	6563	470	42	48	7122
FY 2032	6717	477	42	48	7284
FY 2033	6872	485	42	48	7446

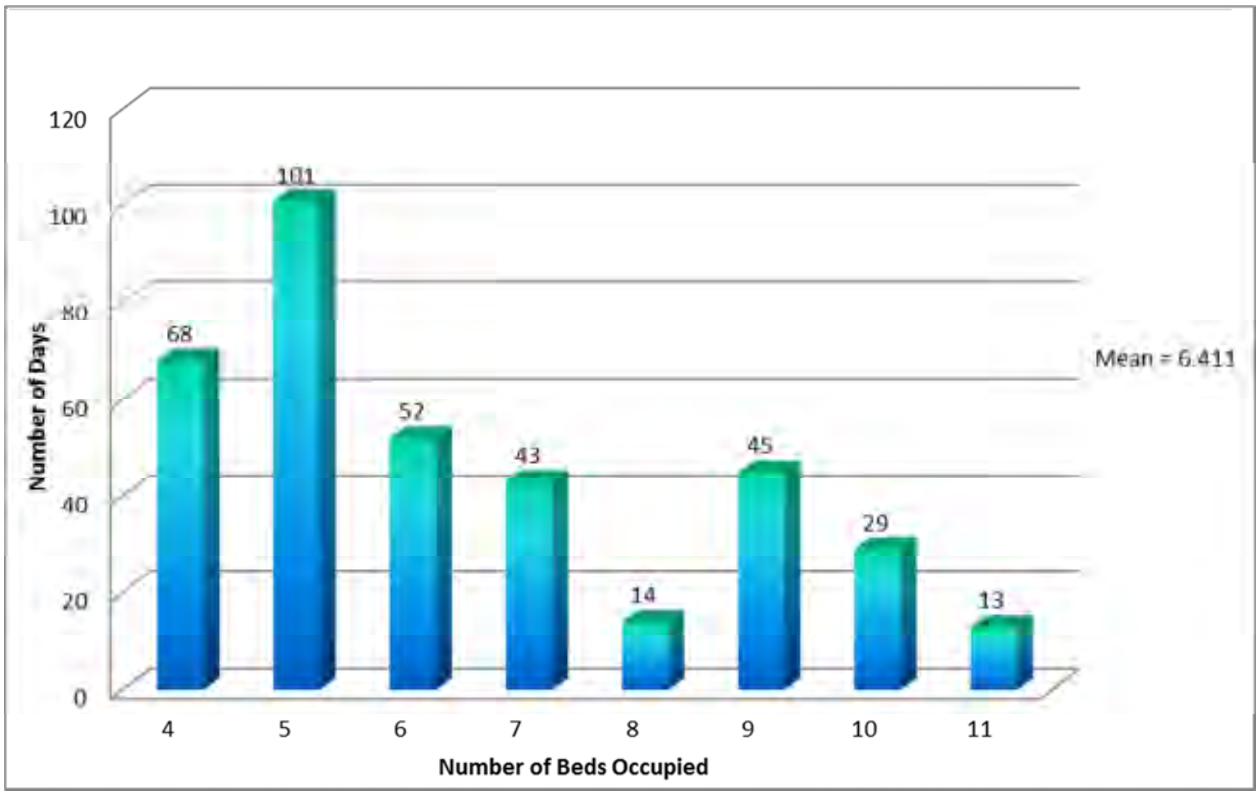
B.2 Estimated Bedspace Needs for Mental Health Populations

Acute Mental Health Needs

As described in the previous chapter, this subpopulation of inmates was identified primarily through the location history information and consists of inmates who resided on the LCC Mental Health Unit for less than six months. Figure B-1 below presents the daily counts of beds occupied by inmates residing for less than six months on the LCC unit in FY 2013.

The x-axis indicates the number of beds occupied by Acute Mental Health Inmates on a given day. The y-axis indicates the number of days in FY 2013 that this count was achieved. For example, for 101 days in FY 2013, Acute Mental Health Needs inmates occupied 5 beds. The average daily count of beds filled by this population (6.411) is provided on the right of the chart. The distribution appears slightly "bimodal" due to seven inmates that stayed in the MHU unit for longer than six months, but less than six months of the total time in the MHU occurred in FY 2013. These inmates were left in the acute population as a representation of inmates who might be "stepped down" into subacute care near the end of their time in the MHU if a dedicated subacute unit was available.

Figure B – 1. Daily Count of Acute Mental Health Need Inmates, FY 2013



From these daily counts, the expected overages were computed and are presented in Table B - 2 below. These expected overages represent the percentage of days where the bedspace demand would exceed the available beds for a selected number of beds. The grey box highlights the number of beds needed to meet accommodations at least 95% of the time. In other words, with the ADP at FY 2013 levels, 10 beds would be sufficient to accommodate all the inmates with Acute Mental Health Needs at least 95% of the time. For this distribution, the 5% overage is fairly close to the maximum number of beds filled.

This is a consequence of the bimodal nature of this distribution and will not always be the case.

Table B – 2. Expected Overages Based on FY 2013 for Acute Mental Health Needs Inmates

Type	Number of Beds	Pct Days Exceeded
Acute Mental Health	6	39.45%
	7	27.67%
	8	23.84%
	9	11.51%
	10	3.56%
	11	0.00%

The projections for FY 2023 and FY 2033 are presented in Table B - 3 below. As discussed previously, the expected bedspace needs for FY 2023 and FY 2033 were obtained by extrapolating the FY 2013 estimates using the ratio of beds to total ADP. Importantly, since this analysis was based on a retrospective consideration of location history it may be worthwhile to increase the acute bedspace and correspondingly decrease the chronic bedspace for planning purposes. It is not possible to exactly distinguish between long term (chronic/subacute) vs. short term (acute) populations prospectively. Thus, a number of "subacute" cases will end up staying in the mental health unit longer than anticipated. It is possible to adjust for this problem by increasing the number of subacute beds available. This adjustment was not made in the current population analysis.

Table B – 3. Acute Mental Health Needs Projected Bedspace through FY 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Acute MH	10	13	16

Subacute/Chronic Mental Health Needs

As previously discussed, the Subacute/Chronic Mental Health Needs subpopulation was identified using location history data. This category of inmates consists of those inmates who resided on the LCC Mental Health Unit for at least six months out of the most recent fiscal year (FY 2013). Figure B – 2 below presents the empirical distribution of daily counts of subacute/chronic inmates across FY 2013. The mean daily count is approximately 59 inmates.

Figure B – 2. Daily Count of Subacute/Chronic Mental Health Need Inmates, FY 2013

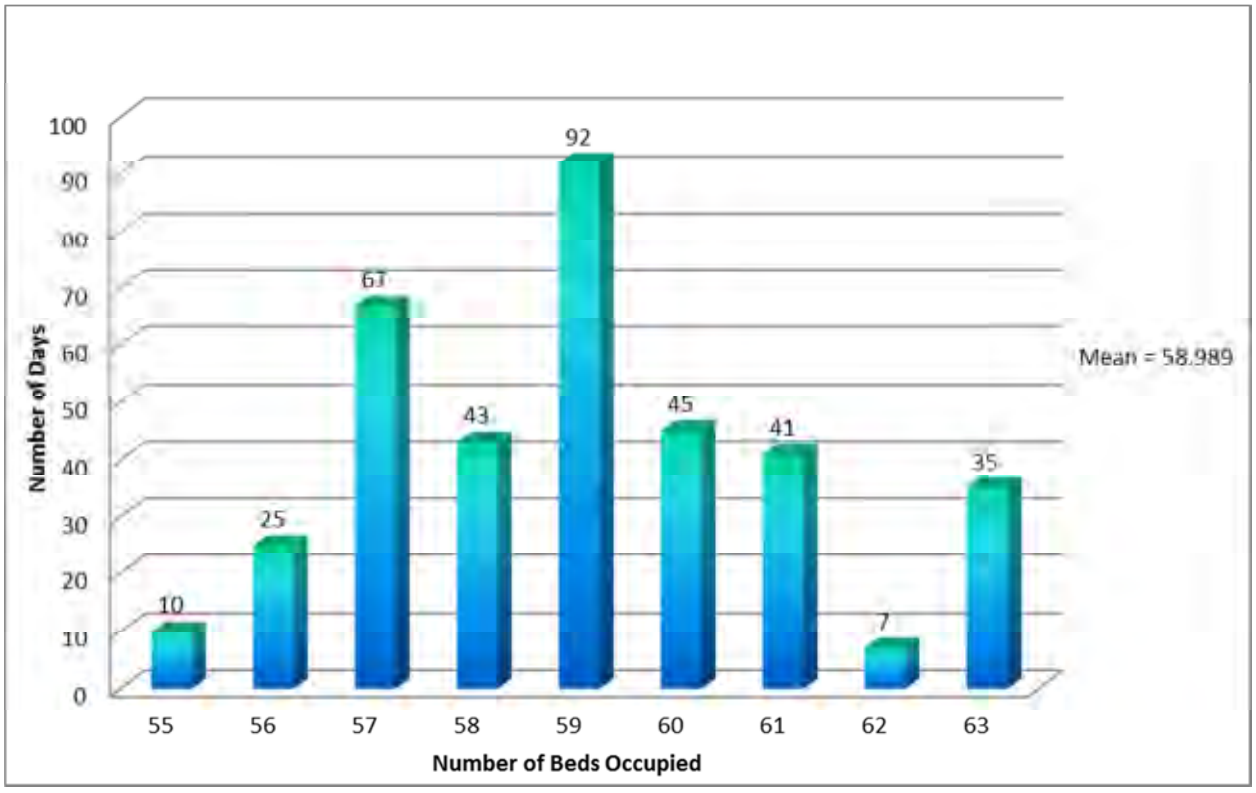


Table B - 4 below presents the expected overages for each possible bed count. Due to the relatively large number of days where the count of subacute/chronic inmates was equal to the maximum value (63), the maximum was also equal to the number of beds to ensure that demand was exceeded less than 5% of days in FY 2013.

Table B – 4. Expected Overages Based on FY 2013 for Subacute/Chronic Mental Health Needs Inmates

Type	Number of Beds	Pct Days Exceeded
Subacute/Chronic MH	59	35.07%
	60	22.74%
	61	11.51%
	62	9.59%
	63	0.00%

Table B - 5 presents the projected number of beds for FY 2023 and FY 2033 based on the distribution for FY 2013.

Table B – 5. Subacute/Chronic Mental Health Needs Projected Bedspace through FY 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Subacute/Chronic MH	63	77	97

Subacute/Chronically Unstable Mental Health Needs

As discussed in the previous chapter, the Subacute/Chronically Unstable Mental Needs inmates were identified primarily through location history data. Inmates residing in the LCC created a secure mental health unit (LLC C2 Unit) and inmates with "Major Mental Illnesses" held under "Intensive Management" in TSCI and NSP were considered part of the Subacute/Chronically Unstable population. Figure B - 3 below provides the empirical distribution of inmate counts over FY 2013.

Figure B – 3. Daily Count of Subacute/Chronically Unstable Mental Health Need Inmates, FY 2013

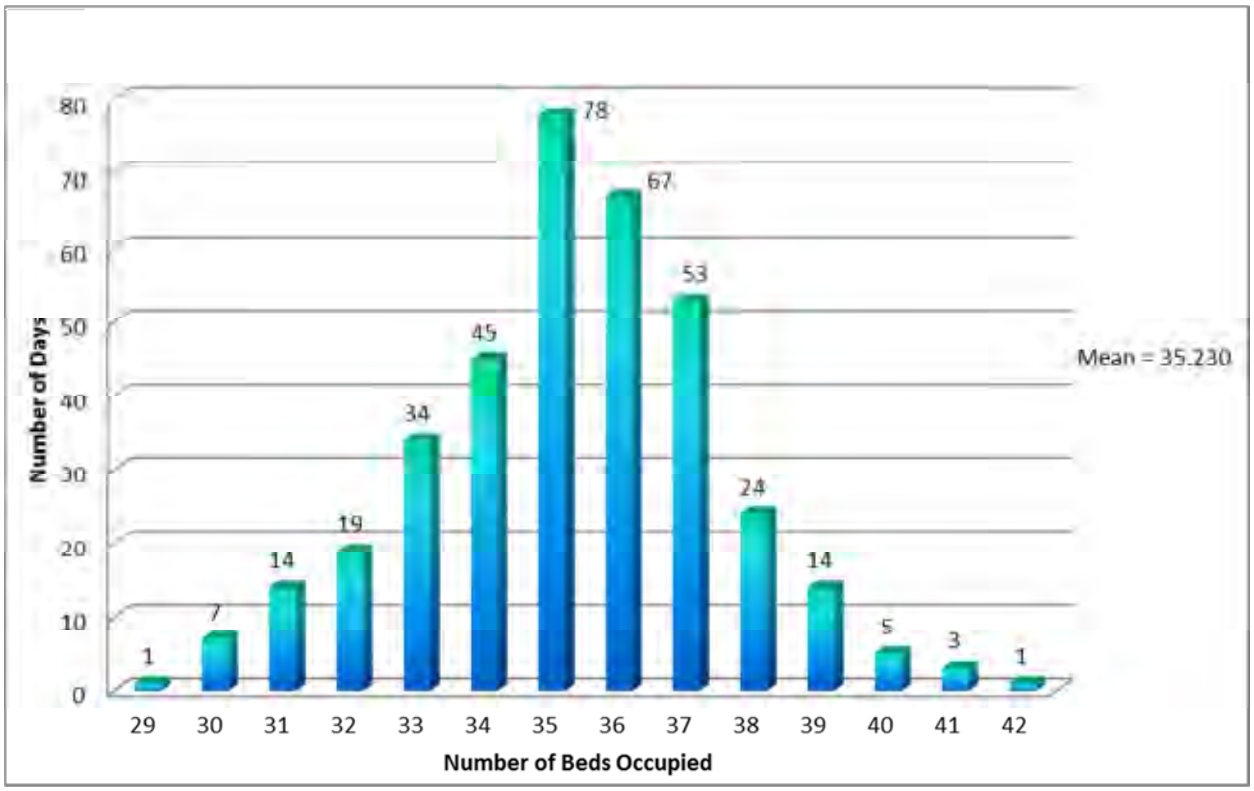


Table B - 6 below provides the overages in FY 2013 for a given number of beds. This data suggests that 39 intensive subacute mental health beds were sufficient to fully house inmates requiring secure mental health placement 95% of the time during FY 2013. This level of beds is projected out to FY 2023 and FY 2033 in Table B - 7. Based on the projections, 47 secure mental health beds would be required in 2023 and 59 in 2033.

Table B – 6. Expected Overages Based on FY 2013 for Subacute/Chronically Unstable MH Needs Inmates

Type	Number of Beds	Pct Days Exceeded
Subacute/ Chronically-Unstable MH	35	45.75%
	36	27.40%
	37	12.88%
	38	6.30%
	39	2.47%
	40	1.10%
	41	0.27%
	42	0.00%

Table B – 7. Subacute/Chronically Unstable Mental Health Needs Projected Bedspace through FY 2033

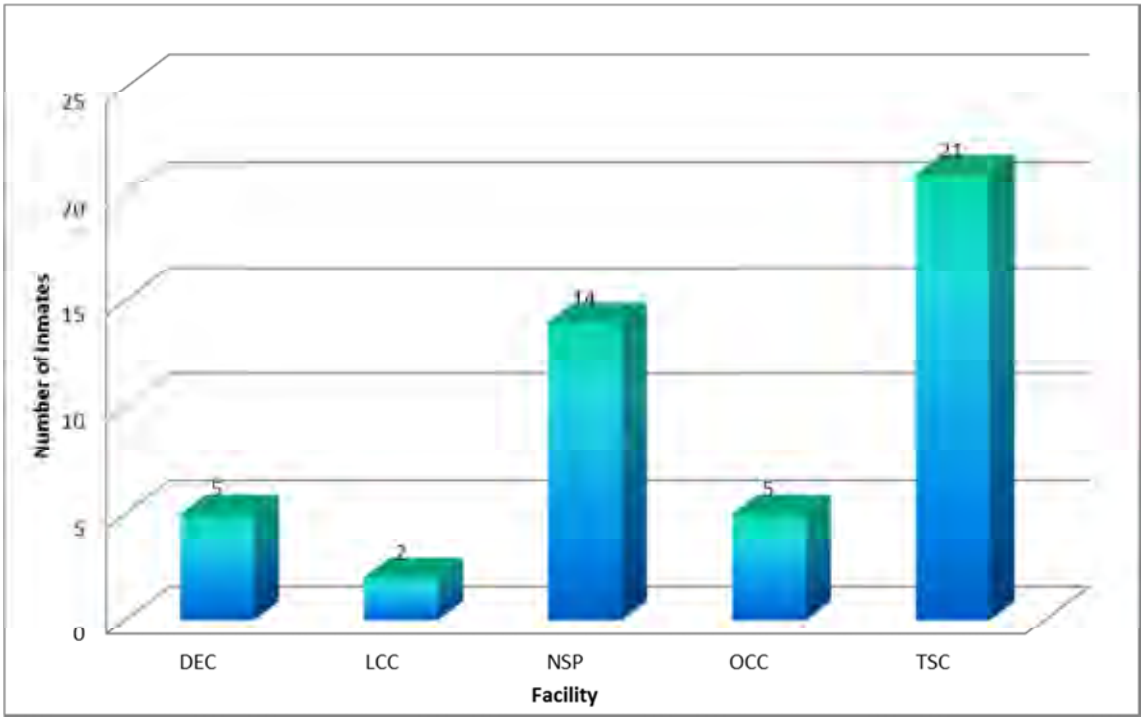
	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Subacute/Chronically-Unstable MH	39	48	60

B.3. Estimated Bedspace Needs for Medical Needs Population

Medical Housing

As discussed in the previous chapter, a number of inmates in the NDCS system would benefit from a specialized housing unit due to serious medical problems. The size of the population was estimated from a "snapshot" of inmates that are currently housed in NDCS custody (June - July, 2014) and would benefit from medical housing according to medical staff at each facility. A total of 47 inmates requiring medically-supported housing were identified. Figure B - 4 below presents the distribution of these inmates across NDCS facilities.

Figure B – 4. Inmates Requiring Medical Housing by Current Facility, June-July, 2014



The projected ADP was used to estimate the size of this population in FY 2023 and 2033. As displayed in Table B – 8, it is estimated that 57 beds would be required to house this population in FY 2023 and 71 would be needed to house this population in FY 2033.

Table B – 8. Medical Housing Projected Bedspace Needs through FY 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Medical Housing	47	58	73

Dementia Special Unit Beds

As discussed previously, inmates with dementia pose distinct challenges for housing and management. When possible it is often desirable to house them in a specialized unit. If sufficient need does not exist, it may also be preferable to house them in a distinct subunit within a medically supported housing unit. There were a total of 12 male and 1 female inmates diagnosed with dementia over this period of time. Concerning FY 2013 only, 7 of the 12 inmates (all males) were incarcerated during this period. All of these seven inmates entered NDCS custody and were diagnosed with dementia prior to the beginning of FY 2013. This indicates that the required bedspace was static at 7 throughout FY 2013. The FY 2023 and FY 2033 projections are listed in Table B – 9 below.

Table B – 9. Dementia Housing Projected Bedspace Needs through FY 2013

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Dementia	7	9	11

Skilled Nursing Facility Beds

As part of the medical expansion to the Diagnostic and Evaluation Center (DEC), it is anticipated that the Skilled Nursing Facilities (SNFs) at DEC and the Nebraska State Penitentiary (NSP) will be closed and relocated to this expansion. As such, daily census reports from the SNFs at DEC and NSP were used to estimate the bedspace needed to accommodate the closure of these SNFs. The SNF daily census reflects the count of inmates in SNF beds as of midnight on the day of the census and therefore only reliably captures overnight stays in the SNF facilities. For this reason, it will be necessary to increase the number of SNF beds during planning to accommodate the temporary accommodations provided to inmates during the day.

Bedspace was estimated as "licensed" (requiring a moderate11, maximum12, or one-on-one13 level of care) or "unlicensed" (requiring a minimum14 level of care) and projections for these types of beds were made separately. Figure B - 5 below presents the bedspace utilization for inmates requiring minimum acuity care across FY 2013 from the SNF daily census.

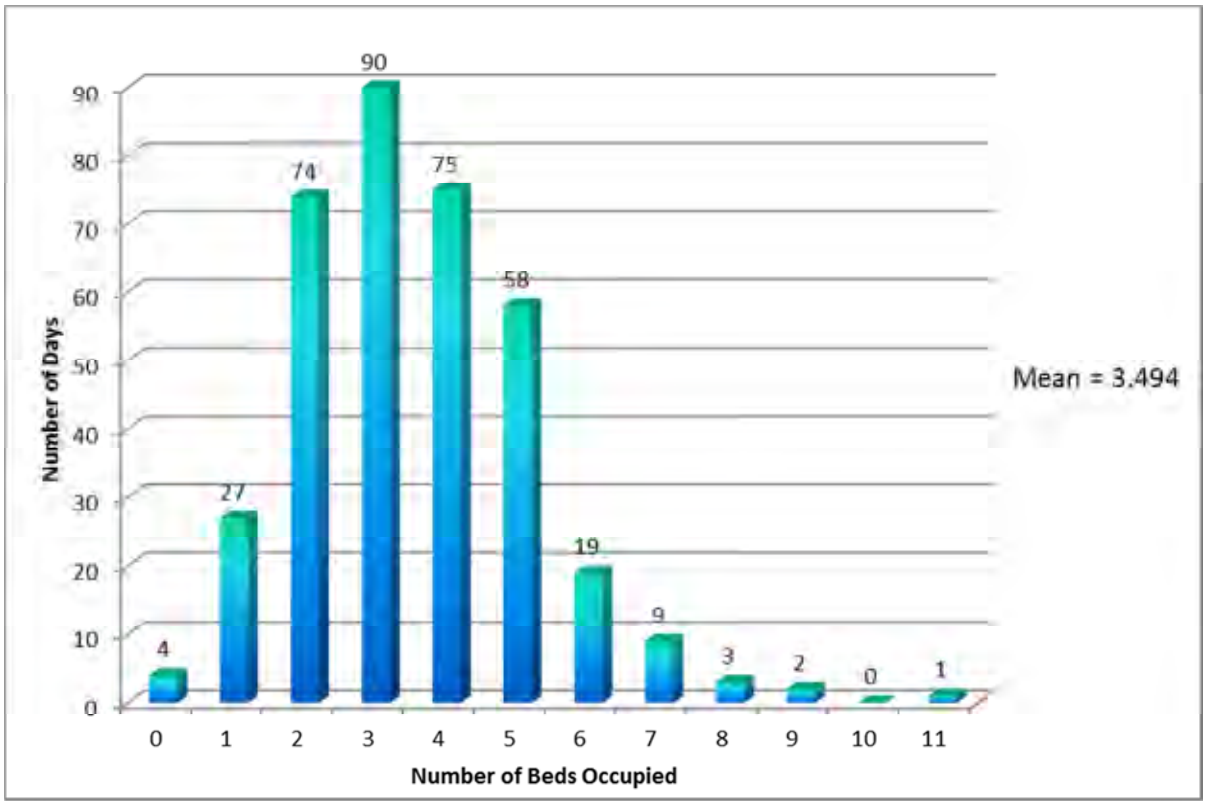
[11] Defined as "dressing changes, IV medications, suicide precautions including Plan A, Plan B"

[12] Defined as "requires all ADL's to be performed by nursing staff, comprehensive wound care, IV fluids and IV medications, restraint checks."

[13] Defined as "requires chemotherapy for shift, requires hemodialysis, safety issues, end of life care."

[14] Defined as "self-care, observation."

Figure B – 5. Daily Count of DEC/NSP Inmates Requiring Minimum Acuity Care FY 2013*



*** Does not include DEC border beds**

There are also a number of "boarder beds" at the DEC facility that lie within the SNF but are not included in the SNF daily census. At times these beds are filled by inmates requiring monitoring for medical purposes, but these beds are also used to house inmates who require temporary separation for custodial purposes. A three-week sample (6/1/14 to 6/24/14) was examined to identify how many of these beds are needed for medical purposes. Figure B - 6 shows the usage of boarder beds for medical purposes.
A total of 18 inmates occupied these border beds over this period; of these, only six were there for medical reasons. Two inmates with medical conditions were housed in the border beds over the entire three week period; two inmates were housed for less than six days after a period in a SNF bed; and two inmates stayed in these border beds for observation for possible detoxification. On only seven days were more than two border beds occupied for medical purposes, with the highest number at five beds. Based on this two week sample, it appears that a sensible estimate of **four** additional minimum acuity beds (for a total of 10 unlicensed beds) is sufficient to capture the additional bedspace required through the use of these boarder beds.

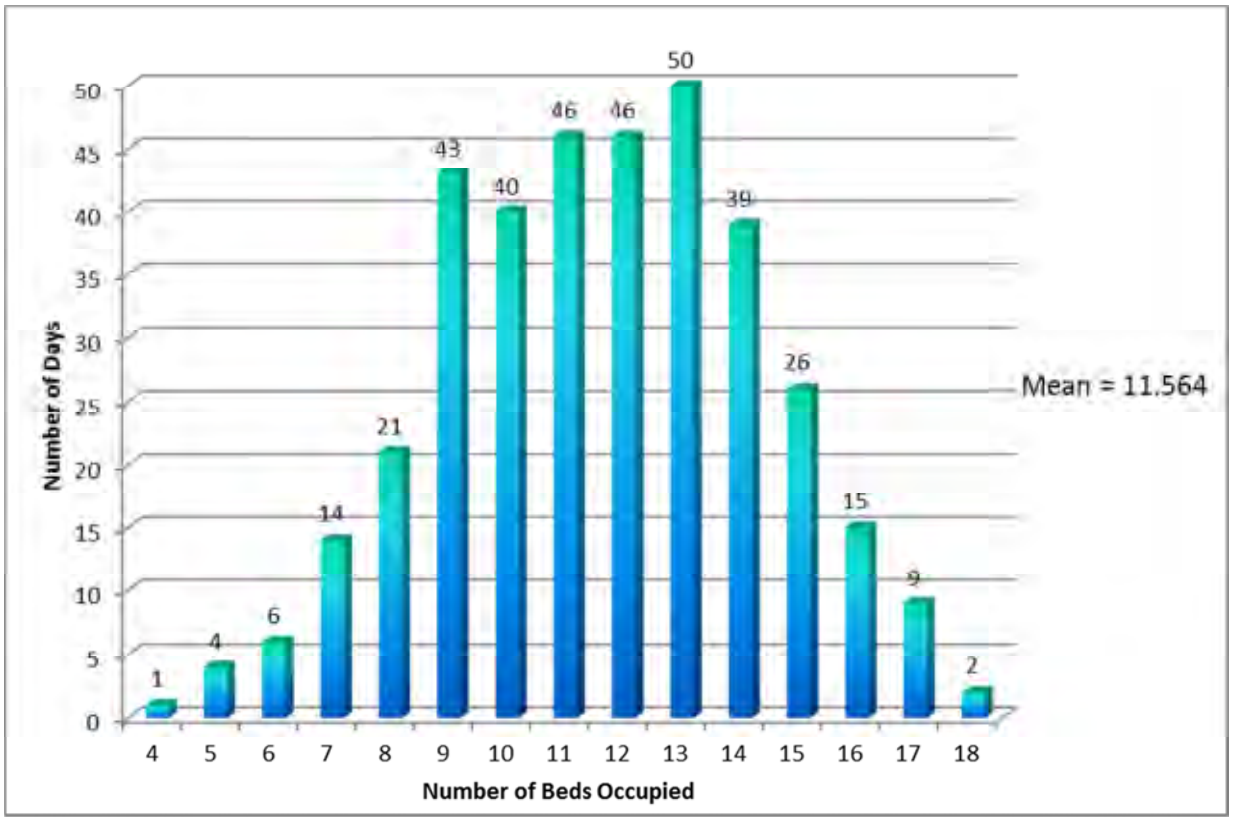
Figure B – 6. Boarder Beds used for Medical Purposes, 6/1/14 - 6/24/14

Figure B - 7 below illustrates the distribution of bedspace utilization for inmates requiring greater than minimum acuity care (moderate, maximum, or one-on-one care) for FY 2013. Again, the mean (11.564) is provided to the right of the chart area. The distribution of the counts of higher levels of care is more spread out, but the mass of the distribution is still concentrated near the mean (9 to 14) with a range of 4 beds occupied for 1 day in FY 2013 to 18 beds occupied on 2 days in FY 2013.

Included within the counts of moderate, maximum, or one-on-one care are inmates receiving dialysis or chemotherapy. It is only possible to identify these inmates from the handwritten daily admission records at NSP. The Department of Planning, Research, and Accreditation at NDCS was able to compile records for chemotherapy and dialysis patients for January, 2013 through May, 2014. There were a total of five dialysis patients and three chemotherapy patients throughout this time. The dialysis patients experienced more treatments for a longer period of time (4 out of 5 lasted one month or longer; treatments were at least 6 times per week). Chemotherapy patients generally required treatment over a much smaller time interval (generally less than 4 days). The overall numbers of these inmates is small and the number of beds they occupy on a given day is low. Outside of January, 2013 when there were three dialysis patients, it was rare to have more than one dialysis or chemotherapy patient receiving treatment at a time (only 26 days out of the remaining 454 days examined). However, it is reasonable to anticipate that at least one bed requiring moderate, maximum, or one-on-one acuity care would be occupied by a dialysis or chemotherapy patient on any given day.[15]

[15] Although the SNF at NSP would be closing, it is anticipated that hemodialysis and chemotherapy will be provided for inmates on-site when possible.

Figure B – 7. Daily Count of DEC/NSP Inmates with Moderate, Maximum, or 1-on-1 Acuity Care FY 2013



For planning purposes, it is possible to distinguish between two types of SNF beds: Unlicensed and Licensed. Unlicensed beds (Nursing Assisted beds) are required for inmates needing minimum acuity care or needing to be housed in the DEC boarder beds for medical purposes. Licensed beds (Skilled Nursing Beds) correspond to inmates needing moderate, maximum, or one-on-one acuity care. From the observed distributions of bedspace examined earlier, it is possible to estimate the number of Unlicensed and Licensed beds required to service DEC/NSP inmates with the current ADP. Table B - 10 provides the expected overages in terms of the percentage of days where the bedspace demand would exceed the available beds if that number of beds were available. The grey box highlights the number of beds needed to meet accommodations at least 95% of the time. In other words, with the ADP at FY 2013 levels, 10 unlicensed beds would be sufficient to accommodate all the inmates requiring minimum acuity care or border bed placement from DEC/NSP at least 95% of the time. Likewise, with the ADP at FY 2013 levels, 16 licensed beds are needed to accommodate all inmates requiring moderate, maximum, or one-on-one acuity care from DEC/NSP at least 95% of the time.

Table B – 10. Expected Overages of SNF Beds Based on FY 2013 Data

Type	Beds	Pct of Days Exceeded
SNF Unlicensed	7 (3)	46.13%
	8 (4)	25.41%
	9 (5)	9.39%
	10 (6)	4.14%
	11 (7)	1.66%
	12 (8)	0.83%
	13 (9)	0.28%
	14 (10)	0.28%
	15 (11)	0.00%
SNF Licensed	11	51.66%
	12	38.95%
	13	25.14%
	14	14.36%
	15	7.18%
	16	3.04%
	17	0.55%
	18	0.00%

Table B - 11 below presents the expected bedspace needs for FY 2023 and FY 2033 by extrapolating the FY 2013 estimates using the ratio of beds to total ADP.

Table B – 11. Estimated SNF Bedspace Needs through 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
SNF Unlicensed Beds	10	13	16
SNF Licensed Beds	16	20	25

Suicide Watch Beds

The SNFs at DEC and NSP also house inmates who are on suicide watch (Plan A or Plan B) and require additional monitoring. Since the SNFs at DEC and NSP will be closed as part of this project, it is anticipated that the expanded DEC facility will be responsible for housing inmates from DEC and NSP on Plan A or Plan B. Information on Plan A and Plan B housing was obtained from the SNF daily census for DEC and NSP.[16] Figure B – 8 presents the daily count of inmates on suicide watch at DEC and NSP over FY 2013.

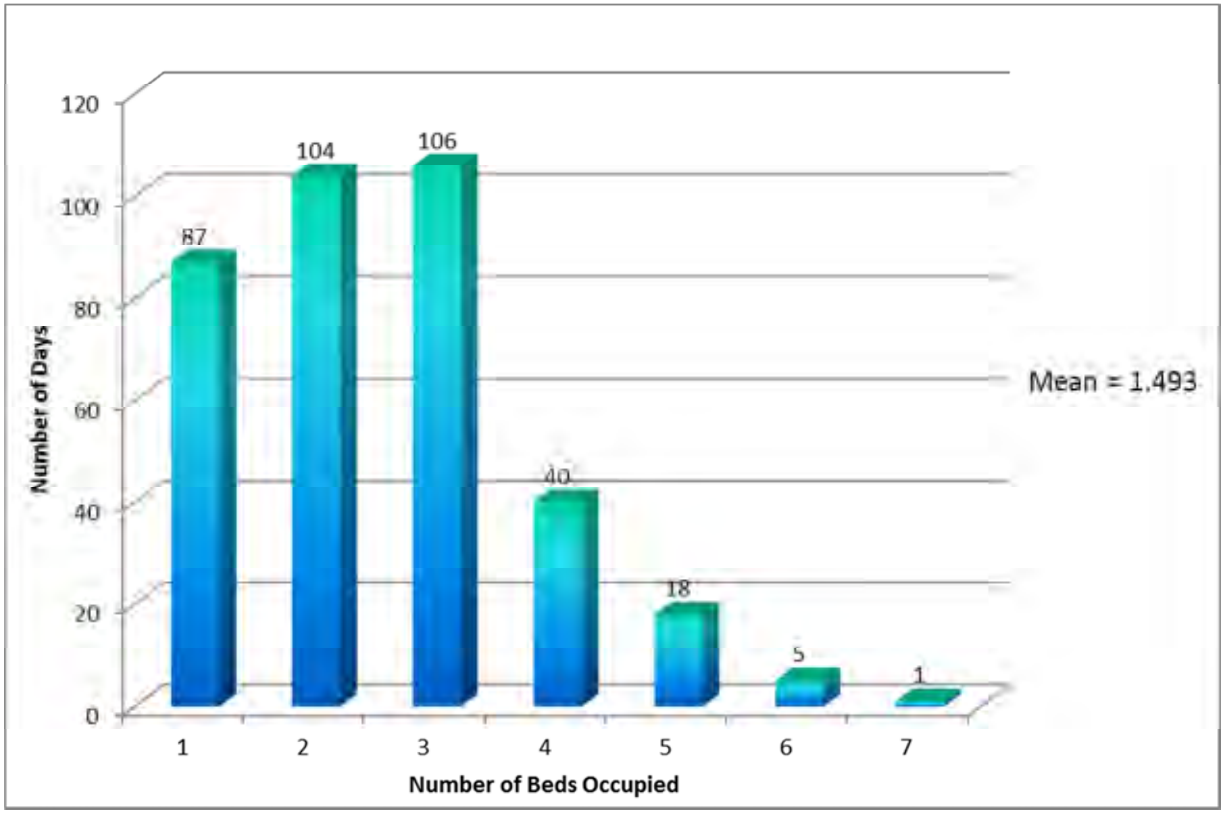
According to Operational Memorandum 115.30.3.1 Suicide Prevention/Intervention, "Those inmates who are determined to be actively suicidal may be hospitalized or pace in a segregation observation room and monitored by a constant or intermittent supervision (15 minutes staggered checks) on Plan A or Plan B Suicide Watch as determined by Medical, Mental Health and Security staff. Medical, Mental Health, and Security staff, in joint agreement, may modify Plan A and Plan B based on a clinical judgment. Plan A and Plan B Suicide Watch is defined as follows:

"Plan A: Security blanket (one or two depending on thermal needs); (generally, a non-moveable bed frame); no mattress, no linens; no pillow; no reading materials; no furniture; no personal effects; only paper clothing; no hot drinks; flexible plastic spoon with the meal; security toothbrush; washcloth and towel offered twice a day by staff (must be returned in original condition); no shower privileges outside of cell; no sharps; no daily exercise period outside of cell; 15-minute checks; Sergeant or Lieutenant must be present to open the door."

"Plan B: Security blanket (one or two depending on thermal needs); one mattress; one pillow without a pillow case; one piece of reading material with no staples; no furniture; no personal effects; no sharps; one T-shirt, one pair of shorts, and one pair of socks; plastic spoon or spork with regular tray (must be returned in original condition); shower under direct supervision; security toothbrush offered twice a day (must be returned in original condition); no daily exercise period outside of cell; 15-minute checks; Sergeant or Lieutenant must be present to open the door."

[16] There are two critical policy decisions that remain to be made regarding Suicide Watch beds. First, whether Suicide Watch beds will remain to be housed within the SNF or whether these beds will be moved into the Acute Mental Health area. Second, whether inmates on extended suicide watch from other facilities will be moved to the Suicide Watch areas at this facility after the completion of the MIFS expansion. For the purposes of this analysis, we are assuming Suicide Watch remains in the SNF and inmates on extended Suicide Watch at TSCI or other facilities are not transferred to this location. If the future policy is different, there will be slight changes in terms of the location and number of Suicide Watch beds.

Figure B – 8. Daily Count of DEC/NSP Inmates on Suicide Watch FY 2013



The percentage of days exceeded for a given number of suicide watch beds is presented in Table B - 12. Again, the grey box indicates the number of beds that will accommodate all DEC/NSP inmates on suicide watch 95% of the days in FY 2013. Below this in Table B – 13 is the projected suicide watch beds needed.

Table B – 12. Expected Overages of Suicide Watch Beds Based on FY 2013 Data

Type	Beds	Pct of Days Exceeded
Suicide Watch	1	47.09%
	2	17.73%
	3	6.65%
	4	1.66%
	5	0.28%
	6	0.00%

Table B – 13. Estimated Suicide Watch Bedspace Needs through 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Suicide Watch	4	5	7

Intake Processing

Intake at the DEC facility serves as the point of entry for male inmates (adult and juvenile) into the Nebraska Department of Corrections Services system. As part of the DEC expansion, the designated intake area will be renovated or replaced and it is necessary to estimate the space required for intake processing. Inmates are only held in intake long enough to complete the intake process and be assigned to an appropriate bed. A similar methodology can be used to establish the number of inmates that must be accommodated in the intake area.

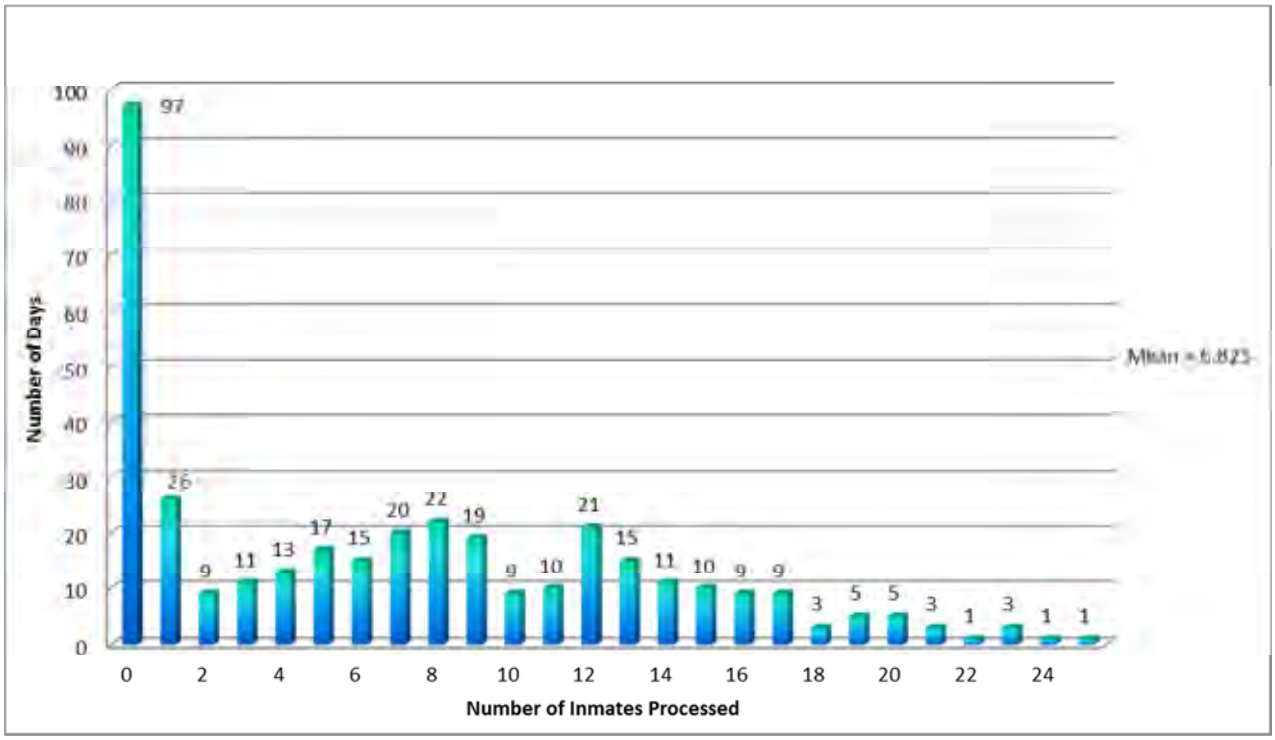
Since NDCS is responsible for housing juveniles (defined as under age 19 in Nebraska) who have been convicted as adults, it is standard procedure to process these juveniles for intake at DEC prior to their transfer to the Nebraska Correctional Youth Facility (NCYF). Due to Federal restrictions on the housing of juveniles in adult facilities[17], it is necessary to maintain "sight and sound separation" between juvenile and adult inmates. As such, there is substantial disruption in the facility when juveniles are processed for intake at DEC, and it is important to examine how often these inmates arrive for processing and the operational requirements to maintain appropriate separations from adults.

Figure B - 9 below presents the distribution of inmates that are processed through intake for each day in FY 2013. The average number of inmates processed through intake across FY 2013 is 6.825. The mode of this distribution is zero, indicating that the most frequently occurring number of inmates processed per day is zero. The preponderance of zero days likely confounds a better estimate of the average number of inmates processed

[17] Applicable Federal guidelines include the Prison Rape Elimination Act and the Juvenile Justice and Delinquency Prevention Act.

through intake as the majority of these zero intake days occurred on weekends (84 out of the 97 zero days; $\chi^2 = 215.611$; $p < .001$). The average number of inmates processed through intake on weekdays only is 9.492.

Figure B – 9. Daily Count of Inmates Processed through DEC Intake, FY 2013



Again, it is possible to determine the number of inmates that the intake area should accommodate based on the empirical distribution from FY 2013 and then extrapolate from this number using the projections for FY 2023 and FY 2033. Table B - 14 provides the expected overages based on the number of inmates that can be accommodated in intake at one time. From the observed distribution of intakes in FY 2013, it appears that an intake area designed to accommodate 19 inmates on a daily basis would be sufficient at least 95% of the time. Importantly, this does not take into account the number of hours that each inmate stays in the intake area, so it is possible to accommodate a larger number of inmates within a smaller sized area depending on the length of time required for intake processing and assignment to a permanent bed.

Table B – 14. Expected Overages for Intake Based on FY 2013

Type	Number of Intakes	Pct Days Exceeded
Intake	9	31.78%
	10	29.32%
	11	26.58%
	12	20.82%
	13	16.71%
	14	13.70%
	15	10.96%
	16	8.49%
	17	6.03%
	18	5.21%
	19	3.84%
	20	2.47%
	21	1.64%
	22	1.37%
	23	0.55%
	24	0.27%
	25	0.00%

Table B - 15 below this extrapolates the number of expected adult male intakes based on the projected ADP for FY 2023 and FY 2033. It is expected that the intake area should accommodate 23 inmates daily by FY 2023 and 29 inmates daily by FY 2033.

The number of juvenile intakes was also considered and a total of 70 juvenile intakes (out of 2,491 total intakes) were processed in FY 2013. A single juvenile was processed on 54 days in FY 2013 and two juveniles on 8 days. The forecasted number of juvenile admissions is expected to remain steady, so it would be preferable to anticipate that at most two juveniles would be processed through intake at a time.

Ideally, opportunities to schedule both adult and juvenile intakes can be pursued to provide for greater efficiency of staff resources as well as appropriate separations.[18] These efficiencies can also be realized by developing an appropriate processing flow that limits or eliminates inmates retracing steps in the process.

[18] Appropriate separations would be required for adults and juveniles, compliant and non-compliant inmates, potential general population and inmates with special needs and/or health care issues, etc.

Table B – 15. Projected Daily Intakes Processed through FY 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Daily Intake	19	24	30

As previously mentioned, while it is important to estimate the expected daily flow through the intake area, the daily flow provides only a partial estimate of the needed intake space for planning purposes. Based on the current analysis, on peak days in FY 2013 the intake area would be expected to serve 19 inmates daily. If inmates arrived at a constant rate throughout an eight hour day, it would be expected that approximately 2.4 inmates per hour. By FY 2033, on peak days it would be expected that 29 inmates would be processed through intake, or approximately 3.6 inmates per hour. The difficulty with this analysis is that it neglects the natural clustering in inmate arrival across the day. Because of this, it would be inappropriate to assume that only 4 holding areas are needed to accommodate inmates during intake processing. Additional analyses are needed to determine peak arrival times during the day and the length of time required to process inmates through intake in order to better understand the number of holding areas required.

NDCS does not maintain digital records that include timestamps for arrival into intake and departure from intake to a permanent housing assignment.[19] To address this limitation, a two-week sample was obtained from intake that recorded the arrival and departure times of each inmate during this time. A total of 83 intakes were completed between 7/30/2014 and 8/11/2014. Over this time period, processing an intake took an average of 2 hours and 59 minutes with the quickest intake processed in 30 minutes and the longest took 6 hours and 50 minutes. Only a single juvenile intake was processed over this time but four inmates required single cell holding during intake.

On the busiest day, NDCS processed 17 inmates through intake and the maximum number of inmates held during processing was 14 at one time. Using this number as an estimate for the "high water mark" due to inmate clustering, Table B – 16 applies the ratio of actual to forecasted ADP to determine the projected size of the intake area. If sized according to the FY 2033 projections, intake should be able to hold 22 inmates through a combination of group holding, group waiting, and individual holding cells. It is recommended that at least two individual holding cells be designated to accommodate juveniles, inmates that need to be separated, or inmates exhibiting behavioral difficulties.

[19] The only timestamp available in the inmate records system is a timestamp for when the permanent housing assignment was entered into the system (record creation timestamp). It is not clear how long after the housing assignment is made that the record is entered.

Table B – 16. Projected Intake Accommodation Needs through FY 2033

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Intake Holding Size	14	18	22

Safekeepers and 90 Day Evaluators

NDCS is charged with providing housing from county and local jails if they are unwilling or unable to accommodate an inmate in their facility.[20] These inmates are called "Safekeepers" and are typically turned over to NDCS due to difficulty with management issues. Because these referrals from county and local jails are often made due to difficulties with managing the inmate, Safekeepers often have increased medical and mental health needs compared to General Population Inmates. Importantly, many of these Safekeepers are housed at an NDCS facility (typically DEC) prior to conviction. Because of this it is preferable for these inmates to be housed in a separate unit.

In addition to the Safekeepers, NDCS also provides temporary housing for 90 Day Evaluators. These are inmates from local and county jails who are brought into NDCS custody for evaluation purposes and are housed at DEC during their stay. Again, the nature of the population suggests possible higher demand for medical or mental health services and it is preferable to house these individuals in a separate unit from general population inmates if possible.

As part of the Capital Facilities Master Plan 2014 Update, forecasts were produced for the number of "non-standard" admissions, which consists of Safekeepers and 90 Day evaluators. The monthly ADP for non-standard admissions was set at 42 for the entire forecast as the number of non-standard admissions has been very stable since 2002. This number was adopted as the bedspace requirements for Safekeepers and 90 Day Evaluators.

Although the total bedspace requirement is known, the relative ratio of Safekeepers or 90 Day Evaluators to the total non-standard population was not known. In order to estimate this ratio, the ratio of 90 Day Evaluators to the total non-standard admissions population was examined for 2013. Figure B - 10 below shows this ratio daily for 2013 and the dashed line reflects the average ratio for the entire year (0.612). The ratio remains above 0.5 for most of the year, suggesting that there were typically more 90 Day Evaluators than Safekeepers. After applying the total ratio, the 42 non-standard admissions are disaggregated into 26 90 Day Evaluators and 16 County Safekeepers.

[20] Under a former arrangement with the Federal government, NDCS used to house Federal Safekeepers in addition to those from local and county jails. Due to bedspace needs, this contract was terminated on June 30, 2014 and NDCS no longer houses any Federal Safekeepers.

Figure B – 10. Ratio of 90 Day Evaluators to Total Non-Standard Admissions, FY 2013

Summary

Table B – 17 presents the overall projections for each of the specific subpopulations considered in this section. This overview provides an initial attempt at sizing the number of beds by type needed for the MIFS expansion. Currently, the mental health section of the MIFS expansion would require 173 count beds and the medical section of the MIFS expansion would require 84 count beds. Safekeepers and 90 Day Evaluators would require an additional 31 count beds. The SNF facility would require 48 non-count beds: 16 Unlicensed beds, 25 Licensed beds, and 7 Suicide watch beds. Finally the intake area should be able to process 30 inmates daily. However, given the observed patterns of the peak times where new intakes arrive at DEC and the length of time spent in the intake area, NDCS should be able to accommodate 22 inmates during the intake process.

While these projections provide the broad contours of the bedspace needs, further refinement of bedspace needs is to be expected while further specifying the program statement for the MIFS expansion.

Table B-17. Combined Projections for Subpopulations for the MIFS DEC/LCC

Expansion

	FY 2013	FY 2023	FY 2033
ADP	4852	5908	7446
Ratio to FY 2013 ADP	1.00	1.22	1.53
Mental Health Populations	**112**	**138**	**173**
Acute	10	13	16
Subacute/Chronic	63	77	97
Subacute/Chronically Unstable	39	48	60
Medical Populations	**84**	**105**	**132**
Medical Housing	47	58	73
Dementia	7	9	11
Unlicensed Skilled Nursing[1]	10	13	16
Licensed Skilled Nursing[1]	16	20	25
Suicide Watch[1]	4	5	7
Other Populations			
Daily Intake[2]	19	24	30
Intake Holding Size[2]	14	18	22
90 Day Evaluators	26	26	26
Safekeepers	16	16	16
TOTAL BEDS	**238**	**285**	**347**

1. Non-Count Beds
2. Does Not Reflect Bed Needs

2.2 Alternates Considered

Consistent with the Nebraska Department of Correction Services' Master Plan, the Nebraska Reception and Treatment Center (RTC) is intended to provide system wide specialty beds for inmates requiring ongoing medical and mental health treatment in appropriately designed treatment units. This project will also relieve strained core support services on the current DEC/LCC campus including reception processing and food service. The efficiency of existing bed utilization will increase by allowing general population housing to return to its intended use, as well as offering backfill core support space inside LCC in what is now the kitchen and dining area.

Construction of a New Facility on the DEC/LCC Campus

The primary consideration is to build a new treatment facility between the two current facilities on the DEC/LCC campus while increasing the capacity of both the reception process and core services such as food service, warehouse and pharmacy. This is an appropriate location since DEC already serves as the entry point to the system including inmates who require medical and mental health screening, medical and mental health treatment and other specialty health care services. Best practices often finds the Intake/Reception center coupled with the primary site designated to meet medical and mental health treatment needs including Reentry planning for continued treatment upon release. This would be especially cogent in Nebraska since the DEC serves as the point of entry into the NDCS system and already provides licensed skilled nursing care as well as providing intensive mental health care in two units in LCC. Additionally, the DEC/LCC campus it utilized by the county jail system to provide mental health evaluations, mental health care and medical care for county safekeepers when the county facility is unable to do so.

The DEC/LCC campus has the additional space to build this facility. It is noted that one of the priorities of the Master Plan was to utilize existing facilities to the greatest extent possible. The housing units, as well as support spaces currently used to provide medical and behavior health care services, would be returned to their original purposes including general population and restricted housing units thus being able to mitigate some of the overcrowding currently experienced by both DEC and LCC.

Renovation of Alternate Facilities

Renovation of general population or other specifically designated housing unit types (restricted, etc.) to meet the needs for health care specialty beds is difficult and seldom successful. Correctional facilities and the housing units in them are fixed in structure, and style, and custom-tailored to the populations they are intended to house and to the correctional standards at the time of construction. Everything from cell size to program space ultimately becomes a factor which restricts flexibility of use for other purposes. Nebraska is no different; the other NDCS prisons are poorly equipped to handle this new demand for intensive and long-term health care treatment. Alternatives were considered and discarded for the following reasons, by facility:

NSP – This facility has a high level of operational stress due to limited core capacity, and serves as one of the system's high-security facilities. This makes it inappropriate for housing all classifications of inmates who require intensive and in some case, long-term medical and behavioral health treatment. The current skilled nursing facility will be closed and the need will be met by the RTC. The limited land at this facility is better used in providing expanded core services and/or temporary restrictive housing, as identified in the master plan.

OCC – Omaha has the capacity to provide only limited outpatient medical and behavioral health services. This facility does not have sufficient expansion capabilities.

CCC-O – This facility is appropriate to house minimum and community custody inmates, but is not an appropriate site to locate a RTC that will serve all custody classifications.

CCC-L - This facility is appropriate to house minimum and community custody inmates, but is not an appropriate site to locate a RTC that will serve all custody classifications.

NCYF – This facility serves a youthful offender population. This is not an appropriate site to build a RTC that will serve primarily adults with acute, subacute and chronic medical and behavioral health treatment needs.

NCCW – This facility is female only and is; therefore, not the appropriate setting in which to locate a RTC that will primarily serve male inmates. It should be noted that the RTC will serve those females who are in need of specialty level of care that cannot be provided at NCCW.

TSCI – This facility was designed for high-security inmates. The skilled nursing facility located at TSCI will continue to operate since Tecumseh is located some distance from the DEC/LCC optimum location for the RTC. This makes it inappropriate for housing all classifications of inmates who require intensive and in some cases, long-term medical and behavioral health treatment.

WEC – The Work Ethic Camp was created to serve probationers and is located in McCook. Recent changes have populated this site with minimum custody inmates. Although land and expansion is possible, McCook is not an optimal location for a RTC which would require the ability to hire a great number of medical and mental health professionals to provide the necessary medical and behavior health services. It is not an ideal location from which to plan community reentry services for those inmates who will require on-going treatment upon release.

Transfer of Inmates with Mental Health Treatment Needs to DHHS

This solution would require legislative changes, expansion of DHHS behavioral health services and a secure forensic facility. This solution is not within the purview of NDCS and as such, is not within the NDCS's power to execute.

2.3 Consequences If the Project Is Not Funded

This program is intended to provide a comprehensive approach to meeting three primary needs of NDCS.

First, it will increase the system capacity to provide short and long term intensive medical and behavior health treatment to inmates within the NDCS system and provide appropriately designed housing units to provide the treatment. Medical care beds will be increased from 30 (including 15 at DEC and 15 at NSP) to 137 beds that meet a full range of medical care needs: skilled nursing including isolation and hospice care, assisted nursing care, dementia care and ADA accommodation for inmates with chronic medical conditions. Mental health treatment beds will increase from approximately 90 beds to 176 beds that meet the full range of inmates' mental health treatment needs to include acute mental health care including suicide watch, subacute care, and secure mental health care. In addition, it will expand the capacity to ensure that reentry planning and services are in place upon the inmate's release to the community.

In addition, it will return beds that are being used for medical and mental health care to their intended purpose as general population or restricted housing beds. Other support areas will also be returned to either general purpose, support or program space. This will decrease the overcrowding in the DEC/LCC facilities.

Second, it will increase the efficiency of the intake/reception process and flow by supporting the current intake procedures and volumes through increased capacity and addressing current inefficient use of space.

Third, it will increase the support services space to match the recommended operation capacity of DEC/LCC. This includes expanding warehouse space, moving the pharmacy to the DEC/LCC campus, and providing a new larger capacity kitchen with ample food preparation, food storage, cart storage space, and new central dining capacity, to serve not only as food services but also as inmate training and employment.

It is vital that the consolidated planning be addressed as one project in order to obtain the full benefits as outlined. If only one area is addressed such as food service or health care or intake, the other areas will continue to operate at a substandard level with inefficiency that impacts the entire campus.

If this program is not funded, inmates who have serious medical and mental health care needs will continue to be housed in units that were designed to meet other populations and are not conducive to meeting the particular health care and treatment needs of these inmates. This can potentially result in poor health care outcomes for these medical and mental health populations that could lead to legal liability for the state.

Inmates who are in need of health care services in prisons are no longer a population of healthy young males. Instead, delivering health care in a correctional setting is particularly challenging because inmates are both older and in poor health compared to the general population. Few of the inmates have had regular medical care prior to their incarceration and inmates are more likely to suffer from chronic diseases such as diabetes, hypertension, asthma, mental illness, alcohol and drug abuse, and communicable diseases such as tuberculosis, hepatitis and HIV. Inmates also suffer from age-related conditions earlier in life. “Personal histories of poor nutrition, lack of preventive care, and high-risk behavior (drinking, smoking, drug use) are common in prison populations. This makes a 50 year old inmate’s health status comparable to that of a 65 year old living in the community.”[21]

The inability to provide optimum housing for inmates who have acute, unstable symptoms of mental illness that result in aggressive, disruptive behaviors will continue to be housed in a restrictive housing unit because there is no other safe, appropriate housing available. It should also be noted that isolating inmates with unstable symptoms of mental illness often results in increased symptoms and violent behavior toward self and others. This becomes a vicious cycle that can result in an inmate who has mental illness living in restricted housing with limited interactions with other people for years and then being released directly from a single cell (where they spent 23 hours a day) directly into the community. Recently, studies have found that “prisoners released directly from segregation had much higher recidivism rates compared to individuals who first transitioned from segregation to general population before their release (64% compared with 41%). Findings such as this have led mental health experts to call for pre-release

[21] Corrections Nursing: Scope and Standards of Practice Handbook. (2007). American Nurses Association.

programs to help prisoners held in segregation to transition to the community more safely."[22]

"The number of individuals with serious mental illness in prisons and jails now exceeds the number in state psychiatric hospitals tenfold. Individuals in prison and jails have a right to receive medical care, and this right pertains to serious mental illness just as it pertains to tuberculosis, diabetes, or hypertension. This right to treatment has been affirmed by the U.S. Supreme Court."[23]

To not fund this program, is to not provide the capacity to meet the growing and extensive treatment needs of NDCS inmates who have serious medical and mental health illnesses and chronic conditions. To provide that capacity, the core service needs of the RTC/LCC campus must also be addressed.

[22] ACLU (2014). The Dangerous Overuse of Solitary Confinement in the United States.
[23] Treatment Advocacy Center (2014). The Treatment of Persons with Mental Illness in Prisons and jails: A State Survey. Retrieved from: http://www.tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf

3.0 LOCATION & SITE CONSIDERATIONS

3.0 LOCATION & SITE CONSIDERATIONS

3.1 County, City

Proposed project is located in Lancaster County, City of Lincoln, Nebraska

3.2 Proposed Site

Proposed project is located at the current NDCS facilities of the Diagnostic and Evaluation Center (DEC) and the Lincoln Correctional Center (LCC) in southwest Lincoln. A new Reception & Treatment Center (RTC) including new Food Service will be physically attached to the existing DEC, 3220 West Van Dorn Street, and the LCC, 3216 West Van Dorn Street. A new Central Pharmacy, currently located at 2620 West Van Dorn Street, a warehouse, and a new central heating/cooling plant will be located on the easterly portion of the current DEC/LCC campus.

3.3 Relationship to Neighbors & Environment

Proposed RTC, new Entry, Central Pharmacy Building, Warehouse and Central Energy Plant. The specific location for the proposed RTC building addition will be between the existing DEC and LCC. The general area of the DEC & LCC is 'state owned' land with agriculture to the north; several-acre type residential uses to the west and south across West Van Dorn Street; 'state-owned' property to the east (currently being farmed); and the Community Corrections Center Lincoln (CCCL) located to the east corner (West Van Dorn and Holland Street).

This study does not see any conflict with the new buildings (RTC, new Entry, Central Pharmacy Building, Warehouse and Central Energy Plant) and the neighbors / environment.

Lighting from a new parking area on the northwest corner of the campus may be of concern to at least three to four of the abutting residential neighbors (AGR zoning). This area is currently a tree'd buffer between the prison facilities; loss of the trees may cause some concern as well.

3.4 Parking and Circulation

New Parking Area

A new 'North West' parking lot is proposed and mentioned above that will provide additional parking for the RTC, the new RTC Entry/Admin area, and LCC. The new RTC Entry/Admin building components will displace some of the current parking lot count. This loss, in addition to this lot already being overcrowded, thus requires new additional parking. The 're-configured' existing staff and visitor parking number will have approximately 157 stalls plus new parking will add another 438 parking stalls for a total of approximately 600; almost 4 times the current amount to accommodate increased staff numbers and satisfy current shortages.

This new 'North West' parking area will be located on a long rectangular, state-owned lot that is contiguous with the DEC/LCC property. It is zoned 'AG' and contains approximately 16 acres. The lot runs long in the north-south direction and slopes from the east to the west and towards the abutting residential acreages. The lot also 'slopes to drain' to the north.

The new 'North West' lot paving will have increased run-off from the current grass / tree'd conditions and will likely require a 'retention cell' at the north end.

New Perimeter Road (outside the secure perimeter)
A new perimeter road is proposed that commences at the southwest corner of the current DEC perimeter security fence and terminates at a proposed new 'sallyport' entrance on the east side.

New Access Roads (inside the secure perimeter)
Travel beyond the new sallyport and within the secure perimeter requires several new access roadways. These roads will provide for a) deliveries / pickups from and to CSI manufacturing at LCC, b) deliveries to the RTC Food Storage, and c) prisoners taken to the new Intake facilities.

4.0 COMPREHENSIVE PLAN COMPLIANCE

4.0 COMPREHENSIVE PLAN COMPLIANCE

4.1 NDCS's Comprehensive Plan Update

August, 2014. Comprehensive Plan and Updates/Revisions – Dewberry

4.2 Consistency with NDCS's Comprehensive Capital Facilities Plan

This program statement is for one of the three projects for prioritization in the first five years as itemized in NDCS's Comprehensive Plan referenced above. The project is described as "Construction of centralized medical/intake/foodservice facility at the DEC / LCC campus, together with specialized mental health stabilization housing, temporary medical housing, and isolation housing, as well as new food service/dining facilities.

4.3 Consistency with the Statewide Capital Facilities Plan

This Program Statement complies with the Statewide Comprehensive Capital Facilities Plan 2012 and the Mission Statement for Nebraska Capital Construction by offering a solution to dealing with an expanding prison population and the associated physical and mental health issues that come with that population.

Mission Statement for Nebraska Capital Construction
"This mission of capital construction in the State of Nebraska is to plan, fund, design, construct and maintain facilities to serve the best interest and needs of ALL Nebraskans in an efficient and cost-effective manner."

Consistency with the Current Statewide Comprehensive Capital Facilities Plan

1. *Facilities should be accessible and designed/constructed to serve the interest of ALL persons.*

The new Reception and Treatment Center (RTC) and all other associated construction are herein programmed to comply or exceed current ADA standards.

2. *Facilities should represent a wise, responsible use of taxpayer funds, which utilizes efficient, cost effective design and construction methods and modern technology, and results in reasonable ongoing operations/maintenance costs.*

The new RTC and all other associated construction is programmed herein to utilize the best productive contemporary design with staff efficiencies and reasonable operational costs in mind. Operational and maintenance costs will be minimalized without adversely affecting functional operations.

3. Facilities should be safe, promote health and well-being, and maintain a quality of life for ALL persons.

The proposed RTC and all other associated construction is programmed to continue to maintain the same safe and secure features of the DEC and LCC that it is being added on to. Treatment will be provided within this new facility to serve inmates with both physical and mental health issues, as well as to serve inmates that have entered into hospice care.

4. Facility decisions and projects should best reflect the State's Stewardship role in protecting and maintaining existing facility assets.

This project will provide more efficiency by eliminating duplication of inmate health care happening in scattered multiple facilities. Relocation of DEC/LCC health treatment to the new RTC will allow existing spaces to be 'repurposed' for additional bed counts in the DEC/LCC. This will serve to slow down the need for new facilities.

5. Facility decisions and projects should best serve the long-term interest of ALL Nebraskans including future generations.

The estimated life of the proposed RTC and additions/remodel will exceed 50 years. This expansion will also serve to bolster continued maintenance and thus increase the longevity of the current DEC/LCC facilities.

6. Based on appropriate evaluations, facilities should responsibly support state agencies, their missions and goals, and be of service to Nebraska's citizens.

The proposed RTC and additions/remodels support the mission, values, goals and vision of the NDCS. Citizens of Nebraska will realize benefit from inmates returning to society that are healthy, can perform day to day duties of a job and are mentally fit enough to live and function in society.

7. Facility project should encourage partnering, cooperation, and the sharing of resources among state agencies, local governments, and private entities, where appropriate.

The proposed RTC and additions/remodels will allow several of the State correctional facilities to centralize and consolidate services in one location. This partnering will provide for increased economies, centralization of medical personnel and reduced inmates to off-campus/private treatment providers.

8. State facility planning, design and construction should act as a model for other state and local governments, as well as private entities and institutions.

The proposed RTC and additions/remodel will be a model for other state and local governments and correctional organizations. The design and ensuing inmate treatment for both physical and mental health will offer a higher level of wellness to incarcerated individuals.

9. State facilities should strike a balance between quality and quantity and incorporate a level of excellence that reflects a high appreciation for the built and natural environments.

The proposed RTC and additions/remodel will strike a balance between quality and quantity. The design will first and foremost provide for a quality facility that provides a safe facility for both inmates and staff; and a facility that can provide programing for the betterment of inmates. Quantity is also an important factor, but must be carefully evaluated against a correctional facility that is safe and constructed to provide for at least 50 years of service.

As this is a correctional facility, opportunities are limited for incorporating much natural environments inside a 'secure perimeter', however it will be incorporated when possible as well as incorporated into the non-secure portions of the

building/site. The built environment is important and this facility will promote modest but good design elements.

10. State facilities and those who plan, build and care for them must be accountable to ALL Nebraskans and responsive to their changing needs.

By providing enhanced physical and mental health care opportunities for inmates of Nebraska's correctional facilities, this project provides accountability to the State of Nebraska.

5.0 ANALYSIS OF EXISTING FACILITIES

5.1 Functions/Purpose of Existing Programs as they relate to this project

Intake

The intake function is essential to operational effectiveness of any facility. The NDCS operates a centralized intake for all male commitments at the Diagnostic and Evaluation Center (DEC) in Lincoln. The operation is particularly effective for the system as it provides for consistency in operation, assessments and classification/assignments to the appropriate NDCS institution.

Although the intake function is typically considered as receiving inmates from county facilities after sentencing, the NDCS also receives parole violators and youthful offenders for processing. Parole violators will likely be received while under the influence of illegal/controlled substances. Youthful offenders will only be processed into the system and will then be transferred to the NDCS' Juvenile Facility.

The intake area also processes releases from the institution (including the LCC and DEC). The intake process typically includes the following activities:

- Pat search
- Baseline Urinalysis
- Personal Property Removal
- Verify and update paperwork (demographics, etc.)
- Suicide Assessment
- PREA[1] Assessment
- Shower and search
- Photograph/ID
- Fingerprinting
- Sex Offender Registration (if required)
- Health Screening (medical and mental health)
- DNA collection
- Classification
- Temporary holding for inmates awaiting housing assignment

Activities occurring in intake are also recorded manually to document events. Intake typically occurs with some notice (i.e., counties notify the records section of pending transfers). However, many new admissions are received without notice, particularly from those counties whose facilities are crowded and housing space is a premium.

Medical and Mental Health

The provision of health care services begins at intake into the DEC/LCC facility and continues until release into the community or transfer to another facility. The health care functions including medical care, mental health care and dental care are constitutionally mandated and must meet community based standards of care. This is particularly

[1] Prison Rape Elimination Act

significant, because the intake function for all Nebraska Department of Correctional Services (NDCS) adult inmates is located in this facility. Health care should be provided in compliance with HIPAA[3] regulations as well as American Correctional Association (ACA) and National Commission of Correctional Health Care (NCCHC) standards.

Health Care Clinic

Currently both the DEC and the LCC each have a clinic to provide medical, mental health and dental care. Primary care outpatient services include physical examinations, triage, sick call, primary and chronic care, initial emergency and trauma care, dental care and medication services. Specialty care provided includes optometry, physical therapy, infectious diseases, neurology, and orthopedic care. Additional specialized care is provided through telemedicine consultation by contract specialists or community providers to where the inmates are transported. Post-surgical and routine gynecological care is provided for those women who require skilled nursing care, because the women's facility does not have skilled nursing beds. In addition, the clinic requires provides routine radiology services and medical laboratory testing, home-based dialysis and chemotherapy infusions. The clinic serves as the base of health care operations and should provide all the necessary support spaces to ensure quality health care.

Outpatient mental health care is currently provided in interview and office spaces in the DEC, LCC and in the DEC clinic.

Routine dental services are provided in the both the DEC and LCC in dental operatories located within each facility. Offsite dental appointments are scheduled with specialist in the community and coordinated with the facility's transportation unit.

Medical Housing

Current medical beds are limited to 9 licensed skilled nursing beds (SNF) located in the DEC as well as 7 unlicensed beds that are used for non-skilled nursing beds or short term boarders for medical care or other administrative reasons.

Given the spread of infectious disease such as tuberculosis, influenza, hepatitis B, MRSA and HIV among the general population, there is a risk of infectious disease among the inmate patients in the DEC/LCC. Inmate patients with infectious airborne diseases are housed in the SNF. As the population is aging, and with the high degree of chronic conditions and mobility challenges in today's inmate population, there is a need for additional SNF beds, assisted nursing care beds, dementia beds and designated medical general population beds beyond those currently designated for skilled nursing. See Section 2 of this program statement for population profiles and projections.

[3] Health Insurance Portability and Accountability Act

Mental Health Housing

Currently there are two designated mental health housing units at LCC. Housing Unit D has a population of approximately 70 inmates with serious mental illness who are able to be managed in an open environment. These inmates generally have serious mental illness but have symptoms that are in control enough that they can be housed with other inmates who have mental health diagnoses and/or developmental disabilities. Some of these inmates are in step down from suicide watch, some have dementia, and some have serious, persistent mental illnesses which require that they remain in mental health housing either for extended periods of time or throughout their incarceration.

The second mental health unit located in Housing Unit C-2, has 20 beds and is considered a secure environment to meet the mental health treatment needs of inmates in need of a higher level of mental health care. There are inmates who have been housed in restricted units due to symptoms that are so acute that they cannot be in an open environment or because their behavior is aggressive and provide safety concerns toward other inmates and staff.

Both mental health housing units provide individual and group therapy, additional supportive activities, reentry planning, and access to outdoor exercise. Mental health professional offices are located on the mental health units.

Pharmacy

The Nebraska Department of Correctional Services (NDCS) pharmacy currently serves ten facilities and potentially more facilities in the future. The pharmacy must be compliant with both the Nebraska Code Chapter 71, Section 2447 (Hospital, long-term care facility, or pharmacy; use of automated medication system; policies and procedures required) and Title 175, section 8-005.03 Pharmacy Quality Assurance Report.

Pharmacy operations include receiving new and reordered prescriptions from the ten facilities, ordering medications from the pharmaceutical vendor, checking/tracking inventory, unpacking unused medications, prepackaging and labeling medications for the facilities, packing new “totes” daily for the NDCS facilities and meeting delivery and/or pick-up schedules to ensure the that inmates have timely access to medications. In addition to medications, the pharmacy also provides prescribed creams, lotions, intravenous medications, chemotherapy infusions and other prescribed pharmaceutical treatments.

Food Service

One main production kitchen currently produces 3,000 meals per day for LCC & DEC. From this kitchen food is transported to 2nd floor dining areas for housing units A,B,D and E in LCC, and in separate hot carts to C unit and restrictive housing from the main dining room on the 2nd floor.

Food is also transported in hot & cold carts through a tunnel from the main kitchen to 9 housing units and the hospital in DEC. All food is transported in bulk to these 9 housing

units, from where it is individually plated and served to the inmates. Food to the hospital is transported on individual meal trays.

Medical and special diets are prepared in the main production kitchen and transported to all LCC and DEC dining areas in individual meal trays.

Warewashing for the LCC central dining is done in the LCC dining support areas and warewashing for DEC/hospital and all kitchen pots and pans are done in the main kitchen's dishroom.

5.2 Utilization, Physical Deficiencies, and Programmatic Deficiencies

Intake

The existing intake does not function well for the NDCS system primarily due to its limited size and poor flow. Operationally it appears that the existing intake was initially designed and sized in the late 1970's to accommodate only a few admissions at one time. Moreover, the lack of space has resulted in locating new technologies in (e.g., automated fingerprinting, etc.) areas that are not conducive to a streamlined flow.

The most egregious of the space limitations is the location of records on a different level from intake and inhibits the ability of intake staff to communicate directly with the records staff. Currently as records are received from an arresting agency, they are manually updated and then transferred to the appropriate recipient (e.g., health care staff; records staff). In the case of health care, the staff report to the intake area as needed where they can speak directly with the intake staff and the inmate. Records, including sentencing information and demographic information, typically cannot be addressed immediately; rather, they must be faxed or hand carried to the records area for clarification/resolution. This process creates an undue burden on the intake and records staff. Not having the ability to digitally enter the inmate data into the record data base by the intake officer further compromises efficiency.

The vehicle sallyport is too small to handle the volume of admissions and transports that occur in this area. Moreover, to improve efficiency, the vehicle sallyport should be a drive through space so that multiple vehicles can be received at one time and county staff do not have to leave a prisoner prior to acceptance to rearrange vehicles in the sallyport. While the inmate holding cells are located across from the intake desk which supports good line of sight, there is no circulation space for escorting inmates to various stations for processing other than to pass in front of the holding cells. This configuration, also has the potential for inmates in cells to agitate otherwise cooperative inmates undergoing processing. Moreover, there is no adequate area for processing youthful offenders while adults are being processed or are in holding cells, which compromises sight and sound separation requirements and can compromise PREA compliance. In addition, space for temporary storage of inmate property and storage for new clothing issue is severely limited. Last, there is no adequate space to support a normative open waiting area for inmate processing which is supported by current evidence based practices.

With improvements in technology/standards (e.g., automated fingerprinting, drug detection, PREA, etc.) additional equipment and activities are now incorporated into the intake process. These additional requirements have resulted in the intake process not

following a functional path, but rather a disorderly process which has the potential for processing to be haphazard and essential steps to be missed. The operational alternative is to provide additional staff to monitor all phases of the intake and release processing to provide that oversight.

The existing spaces dedicated to Intake do not lend themselves to the extensive renovation that would be required to address these operational and space deficiency issues.

Health Care Clinic

There are currently two medical clinics, one for DEC and one for LCC. Dividing the clinic operations between two locations is unnecessarily redundant and staff inefficient. The clinic space in the DEC is well designed but is not of sufficient size to provide all of the necessary services to both the LCC and DEC populations. The LCC clinic is small with a number of spaces that lack well planned adjacencies that would promote the necessary lines of sight required for a correctional clinic compromising the safety and security of inmates and staff. Support space for the provision of health care is inadequate to meet the needs of the growing population. In addition, it is most efficient to have the clinic space immediately adjacent to the provision of acute care including the skilled nursing beds, assisted nursing beds and acute mental health care beds. That is not the case with the clinic at DEC or LCC. Finally, office spaces for professional health care staff are currently overcrowded and there is no room for expansion in the health care administration area.

Medical Housing

Licensed Skilled Nursing (SNF). There are currently 9 licensed skilled nursing beds and 7 unlicensed boarder beds. These SNF beds are used for both short and long term care. The Nebraska State Penitentiary also has 12 SNF beds that are proposed to be closed in order to achieve economies of scale by moving these beds to the RTC. SNF beds are currently used for medical care, suicide watch and medical isolation (in negative pressure rooms). With the closure of NSP, all skilled nursing care will take place within the RTC. Currently, the SNF uses a number of different bed types to meet the needs of the patients in the SNF and boarder beds. Therefore, the dayroom space is used to store the beds that are not currently in use. As noted in the population profiles and projections in this report[4] the current need for licensed SNF beds is 16 per day and it is projected to be 25. In addition, there is no special provision for hospice care housing within or adjacent to the SNF.

Both chemotherapy and dialysis are provided in the SNF using the current beds. There is no designated infusion space where those inmates who require assisted nursing care or medical housing (but not skilled nursing care) to provide treatment for these inmates. As a result they are currently using SNF beds.

The current SNF is over utilized for a number of different medical and mental health needs. Mixing medically ill patients with acutely psychotic and/or suicidal mental health

[4] See Section 2 of this Program Statement

patients in the same setting is not conducive to a healing environment for either. The medical patients are often disturbed by the level of noise created by the mental health patients. Mixing the two populations does not allow the mental health patients to move out of individual rooms into even a small dayroom setting. Neither population is afforded opportunities for fresh air or outside exercise. Acutely symptomatic patients with mental health care needs are best served in an acute mental health care setting.

Dementia Care. Dementia care is necessary for those inmates with dementia, Alzheimer's and traumatic brain injuries that have resulted in chronic confusion and disorientation. There are currently seven inmates in NDCS who require dementia care; however there are no designated beds for this particular population. It is important to note that this is a growing population and it is projected that there will be at least 12[5] inmates with dementia within NDCS over the next 30 years. Some of these individuals are currently housed in the mental health unit which is not designed to meet their unique needs for consistency, frequent re-orientation to date, time and place; clear physical boundaries demarking areas within which they are allowed to be; and furnishing designed to meet their medical needs.

Assisted Nursing Care. Assisted nursing care is for inmates who require nursing assistance but not 24 hour skilled nursing care. These inmates are currently cared for within SNF and boarder beds. There is currently a need for 10 assisted nursing care beds that is projected to grow to 16 in the future. These beds can be either short or long term beds that are easily accessible to the SNF and the clinic. There are currently no designated assisted nursing care beds.

Medical Care Beds. A number of inmates in the NDCS system would benefit from a specialized housing unit due to serious medical problems. These inmates require assistance with activities of daily living including "personal care, meals, transportation and medication administration."[6] However, these inmates do not need to be housed in an SNF or even in assisted nursing care beds. These inmates are currently scattered throughout the LCC and DEC neither of which has good ADA accessibility and compromises their ability to move easily throughout the facilities or to outdoor exercise and fresh air. These inmates are essentially secluded from the other inmates. In addition, there are inmates in other NDCS facilities that may be better served in medical care beds.

Medical care beds should be considered general population beds with all the opportunities and privileges of other inmates with the same security classification but with additional accessibility and proximity to health care staff. The number of inmates within NDCS in need of this type of medical housing is currently 47; however a review of data from all three SNFs (Tecumseh, DEC, and NSP) found a number of inmates who would be better served in dedicated medical housing units. This need is projected to be 80 inmates allowing for some transfers to the RTC.[7]

The inmates in needs of this type of housing are currently assisted by trained inmate porters. These housing units would also serve to accommodate those inmates who require specialized accommodation under the Americans with Disabilities Act.

[5] Ibid
[6] Language was taken from a memorandum from Dr. Randy T. Kohl – Deputy Director, Health Services
[7] See Section 2 of this Program Statement

Mental Health Housing

Acute Mental Health Care. Acute Mental Health care units should include suicide watch and observation cells using a combination of subpods and smaller dayrooms to reduce stimulation and increase noise attenuation. These units would have safety cells, camera monitoring, dayroom space, treatment spaces, office spaces and the ability to access fresh air. Appropriately designed suicide watch cells would provide housing for vulnerable, yet disruptive individuals who are presently housed in skilled nursing care units and place these inmates into a designated mental health care unit where they would be monitored and treated by a professional mental health team including 24/7 psychiatric nursing staff.

The current population of the DEC/LCC indicates the need for 10 acute mental health care beds with an additional 4 for suicide watch beds. These are projected to grow to16 acute care beds with 10 additional suicide watch beds.[8]

Currently, there is no dedicated acute mental health care unit. As noted earlier inmates placed in suicide watch are housed in the skilled nursing facilities (SNF). Those who are not suicidal but have acute symptoms with disruptive or aggressive behavior are often housed in restricted housing units since there is no acute care mental health housing within the NDCS system.

Subacute Mental Health Care: There is a continuum of subacute populations. The first type of subacute population is in transition from acute care toward general population. Generally these are inmates who were seriously symptomatic while in acute crisis, or had been acutely decompensated due to a psychotic illness. In most situations, these inmates respond well to treatment while in acute care and transition to subacute care. A subset of subacute care inmates will eventually move into general population. Another subacute population is the Chronic Mental Health Needs population, also referred to as chronically persistently mentally ill (CPMI) or seriously persistently mentally ill (SPMI), who often struggle with severe mental health symptomatology and have a much more difficult time integrating within the general population. As such, this subpopulation of inmates tends to require longer term specialized mental health housing. While some of these inmates may stay in subacute mental health housing for the majority of their sentence, it is preferable to provide some mechanism for "step down" housing to allow them to transition to general population beds often referred to as Special Needs Unit (SNU) that are dedicated to more vulnerable populations with access to general population activities. The data shows that there is a current need for 63 subacute beds that is projected to grow to 96 beds.[9]

LCC Mental Health Unit-D. Currently, the Lincoln Correctional Center (LCC) has a specialized mental health housing unit. This unit is an open setting that is not sufficiently secure for those inmates who require acute care due to aggressive and/or severely disruptive behavior. Therefore, other than those inmates who were on suicide watch, if an inmate has serious mental illness with acute symptoms including aggressive and/or severely disruptive behavior they are often housing in restricted housing including control units until able to be managed in the mental health unit. An acute mental health care unit should be able to manage severely symptomatic inmates who have mental illnesses in a

[8] Ibid
[9] Ibid

safe, highly observed setting with constant monitoring and interventions by a multidisciplinary team and mental health professionals. Neither LCC nor DEC has a unit that is designed for acute mental health care.

The 64 bed mental health unit at LCC provides ongoing mental health care to those inmates who are either not disruptive and who can live in a unit with others. The design of this unit is not the best design for mental health patients. It is a multi-level design with stairs between levels, and low railings. In addition, there is limited groups and individual treatment space. The unit does have good access to outside fresh air and activities.

Secure Mental Health Units. Within the continuum of mental health care are inmates with severe mental health issues who may experience severe psychotic episodes or other episodes that make it difficult to manage them within a standard mental health unit. When possible, these inmates may be housed in a more secure mental health housing unit that can manage unstable, disruptive, and aggressive behavior. These inmates have acute symptoms that may be refractive to treatment or they may be refusing treatment. When there is availability for acute care, they may have been in the acute care unit for a number of weeks to months without reaching stabilization that would allow them to step down to a typical subacute unit. Therefore, there is a need for intensive mental health care in a small, specialized subacute care unit that meets their individualized treatment needs and safety. Unfortunately, when such housing is unavailable, these inmates may be housed in some form of restrictive housing on a temporary basis. The current need for secure mental health beds was found to be 39 beds which were projected to grow to 64 beds.[10]

LCC Secure Mental Health Unit – C2. Within the last year, LCC has designated one of the secure housing units with 20 beds for mental health care. This development is lauded, but the design issues bear mentioning. This design is similar to Unit D in that it is multi-level with stairs. The only individual and group treatment spaces are cells that are not used for housing. This population needs to be housed in smaller living units and with more square footage per person due to their sensitivity to stimulation and histories of aggression. There is no direct access to fresh air and it is particularly important for this population to have access to fresh air and space for physical exercise. Cells have been converted to provide mental health staff offices within the unit.

Pharmacy

Pharmacy operations are located in an old brick storage building with a more recent addition of a temporary linear metal building that was not designed for pharmacy operations. The combined structures do not provide adequate space for the pharmacy operations and results in less than optimum processing flow for pharmaceuticals from the point of receiving through shipping. This decreases the efficiency of staff.

Since all prescriptions are currently hand written into paper medical records, both nursing staff and pharmacy staff expend unnecessary time processing repetitious paperwork and medication orders. NDCS health care staff are currently using paper health records, although they would like to move to an electronic medical record (EMR). The lack of both

[10] Ibid

an EMR and an electronic medication administration record (eMAR) negatively impacts the time pharmacy staff must spend processing medication orders, accounting for medications taken or refused, maintaining inventory records and processing orders. An EMR that would align the pharmacy, providers and nursing processes would increase efficient and effective medication management. Contemporary technology would enhance the interface between the correctional facilities, the pharmacy and the pharmaceutical vendor and may result in cost savings.

The packaging, labeling and packing processing is inefficient due to the NDCS system using three methods of medication distribution including officer distribution, nurse distribution, and inmate self-administration. While it is common to find both nurse distribution and inmate self-administration methods being used, it is not common to find officers distributing medications. The elimination of the practice of officers distributing medications would delete one of the current labeling and packaging processed and would result in increasing pharmacy efficiency.

Current security monitoring is limited to a private security monitoring company who notifies the pharmacist in charge about any security concerns.

All sterile compounded pharmaceuticals are currently outsourced. According to pharmacy personnel, the ability to compound sterile pharmaceutical on-site would be more staff efficient and cost effective. Accordingly, they requested that the ability to do so be added to the new pharmacy plan.

5.3 Analysis of Existing Food Service Facilities

Deficiencies in the existing food service operation exist due to space limitations, the multi-level physical layout, and the age and condition of the appliances, finishes and mechanical systems.

Receiving & Recycling

The existing sallyport door opening is not large enough to accommodate most large delivery trucks. The area outside the sallyport does not afford the space for a large truck to maneuver in position to upload product. The current process in place requires food to be delivered to the Central Warehouse. Central Warehouse will reload the food items on to a smaller truck to deliver to LCC.

Recycling must be taken through the facility to be placed in a collection area. Space in the kitchen to hold recycled material prior to removal to collection area is limited. This results in congestion of the work area.

Transport

Food Transport within the facility is inefficient, time-consuming and causes potentially unsafe food quality. Food safety is at risk whenever food is transported and held before serving.

Food is transported through multiple levels and to multiple locations. The kitchen is on the main floor. Transporting the food requires use of the two main elevators to reach the lower level. Central dining is located on this level and the tunnel entrance is also located in this area. Hot food carts (6) and various other carts (3-4) are moved into central dining. Heated/refrigerated (10) carts are moved through the tunnel to DEC. Trash carts are also transported to these locations using the same process. Inmates are pat searched each way when they enter and exit the tunnel. The transportation of food becomes problematic during periods of elevator failures.

The food carts for DEC require movement through the front entrance of LCC; transporting to DEC in the exterior environment exposes equipment to hazards and food spillage. Food for LCC is transported through the front entrance, through the wire gate, and into the turn key area. The food carts are then moved through the spine into central dining. This damages equipment, increases the time food is held, and causes food spillage as the paving and floor surfaces are uneven.

The distance between central dining and DEC does not allow for easy access to the kitchen. In order to maintain facility schedules and promote efficiency in meal service, extra portions must be available in each area and housing unit. This leads to over-production and food waste.

Storage Concerns

Dry food storage is located in several areas, resulting in poor production flow and inventory control. Staff must leave the main kitchen to retrieve items from outside storerooms. Dry storage areas have angled wall spaces that limit actual storage area, create organizational problems, and hinder inventory control.

There is no dedicated paper storage space. The paper supplies are stored in a small closet. Paper supplies can be found in various spaces throughout the storeroom areas due to lack of room in the designated storage area. This generates a poor use of employee's time in trying to find items, order items and maintain inventory control. A back up supply of paper supplies is kept in the Annex upper floor; the Annex is located on the other side of the facility. Thus, staff is required to stock and retrieve paper supplies from this location, resulting in inefficient and poor use of staff and resources.

The current walk-in cooler and freezer are expanded from the original building design, and occur in an area where the floor could not be depressed to allow the walk-in floors to match the floor elevation of the adjacent kitchen space. This 4" raised condition necessitated an elevated, insulated cooler and freezer floor, the surface of which has deteriorated. The metal floor joints have separated, thus trapping food particles and encouraging bacterial growth. Metal straps have been installed over the joints – these require constant maintenance and result in an uneven floor that discourages cart traffic and is difficult to keep clean.

Space within the walk-ins is also inadequate. The cooler space is deficient for the required food needed in daily meal preparation. Vegetables and meat are too closely stored,

resulting in potential cross contamination. Freezer space is also inadequate and does not provide space for opportunity-buy bulk purchases.

Kitchen Concerns

The current inmate receiving area is inadequate for coats and sweatshirts. This results in inmate disagreements and inmates hiding clothing in various areas within the kitchen, causing unsanitary conditions and potential theft.

The administrative offices provide no privacy for managers or directors. The food service director's office is next to the secured tool room. This is not sound proof, conversations can be heard from both areas. Confidential and private discussions in the food service director's office need to be scheduled at a time when the tool room is empty. This is impractical, resulting in delays of actions and efficiencies. The office for the food service managers lacks privacy and does not provide a work area that lends to productive outcomes. Constant interruptions result, due to the adjacency to food storage, chemical storage, bathroom access, two entrances in the area utilized by food service staff and other facility staff; this area is frequently described as a railroad station.

Limited space occurs in all food prep areas. Mobile utility carts are brought in to provide the needed counter space. This decreases the workable floor space, resulting in little room for movement, adverse inmate interaction and safety/sanitation issues.

All work stations are extremely cramped, to a point of crowding during high production times. Example – the prep cook is slicing meat next to the area where vegetables are being cleaned, next to the cooks that are using the deep fat fryer, next to the bakers who are making product, and next to the butter crew portioning out butter. All inmates work in a limited space, resulting in the potential for cross-contamination and workplace injury.

Floor area is inadequate for storing stack racks, utility carts and heated carts. Heated carts are placed in the hallway before delivery, limiting the access to the main door. The lack of space is a safety and security risk as inmates can position the carts in such a way that will block the line of sight for staff.

The dish room has very limited space between the dirty and clean sides. There is inadequate space to allow pots/pans to air dry. Several health code violations have resulted due to wet nesting. Ventilation is very poor in the dish room, the environment is hot and humid.

Similar ventilation problems exist at the cookline. The exhaust system is not balanced: at peak times of dishwashing, the cookline hood cannot effectively exhaust the grilling and the frying operations and the kitchen fills with a greasy fog.

There is no prep sink in the fresh fruit and vegetable area, these staff use (2) 30 gallon containers to clean and rinse vegetables. Here also, mobile carts are utilized to provide the needed counter space.

Hand-wash sinks are not located in all of the necessary prep areas: the existing hand sinks are not accessible to the bakery, butter crew or prep cooks.

Existing Equipment for Reuse

None of the existing fixed food service equipment has been identified for reuse in the new kitchen facility. It is reasonable to consider the reuse of much of the smallwares package (utensils, pots/pans, linens, etc.)

New Equipment & Furnishings

Food Service: Level 1 food service equipment is included in the construction cost. Other furnishings will be included in the FFE allowance section of the overall budget.

6.0 FACILITY REQUIREMENTS

6.0 INTRODUCTION

6.1 Operational and Architectural Spaces Program

In the summer of 2014, the Nebraska Department of Correctional Services (NDCS) contracted with BVH in association with Pulitzer/Bogard & Associates, LLC to draft the program statement for what is referred to in the NDCS Master Plan as the new Medical, Intake and Food Services (MIFS) facility to be located and integrated with the existing Diagnostic and Evaluation Center (DEC) and the Lincoln Correctional Center (LCC).

Additional core functions were also identified to meet the increased needs of the combined populations of LCC, DEC and MIFS and to provide for greater efficiency of the combined complex.

Program Overview

This program represents the spaces and operations necessary for the new MIFS facility component to serve a population of 327 as well as expanding and/or renovating core support functions portions of DEC and LCC to better meet the operational requirements for the complex to meet the projected 2033 population of 1658.[1]

Information gathered for the development of this operational and architectural program was gathered during tours, data analysis, interviews, numerous documents received from NDCS and discussions held as a part of the detailed programming processes.

The formal programming process began when P/BA consultants as well as the BVH Architects, met at the Nebraska Cornhusker Industries office, with executive and facility administration personnel as well as subject matter experts. These sessions were held August 6-7, 2014. Prior to these sessions, key decision makers for the health care component toured two recently constructed facilities in Iowa with similar missions to MIFS: the Iowa Medical and Classification Center; and the Iowa Correctional Institution for Women. These facilities were built to meet evidence based best practices for correctional medical and mental health operations. A program review session took place November 19-20 from which program revisions were identified, and subsequently incorporated into the operational and space programs, and the staffing requirements.

As a result of the program review meetings, it was determined to maintain the existing Lincoln Correctional Center (LCC) as an autonomous correctional facility to allow the span of control and supervision of the staff and inmate population to reflect current NDCS practices. The Diagnostic and Evaluation Center (DEC) will be merged with the new proposed construction to become the new Reception and Treatment Center (RTC). While the facilities will operate under two separate wardens, there will still be numerous functions that are to be shared between the two institutions. Throughout the operational and space program section, specific functions and areas of responsibility to be administered by either of the two facilities will be noted.

[1] Derived from the 2014 NDCS Master Plan Final Report (dated: 10-27-14).

NDCS seeks to operate the RTC using industry standard "best practices" in compliance with state and national standards. These standards include, but are not limited to: the American Correctional Association Standards for Adult Correctional Institutions, 4th Edition; local and State building and fire safety codes; Health Insurance Portability and Accountability Act (HIPAA), the Prison Rape Elimination Act (PREA), National Commission on Correctional Health Care Standards for Health Services in Prisons, 2014, and other relevant standards.

The MIFS project (i.e., RTC) includes several core functions that are currently duplicated at the Lincoln Correctional Center and the existing Diagnostic and Evaluation Center. Due to the increased population at the future correctional complex as well as opportunities to enhance facility operations management and increase operational efficiencies, NDCS supported the approach to consolidate duplicated functions where it is appropriate to do so. These centralized functions include the main lobby, administration, custody operations, inmate visitor processing, pharmacy and staff support. Food service is also described as a centralized function in this program statement.

Bed Distribution

This section describes the process used for determining both the bed needs (e.g., projected total population, custody classification and special management/needs) and the determination of the number and types of beds to be constructed.

During the course of the August 6-7 programming workshop, the projections developed for the MIFS project were presented and discussed and determinations were made as to the number of beds required to meet the current and future male population bed needs for the health care component of the project. From these bed needs, the distribution of housing beds was determined as shown in Table 1 below.

The bed needs were determined through a rigorous and empirical data analysis process and a recognition that the medical and particularly the mental health populations have increased over the last several years. This increase is reflective of a national trend for these categories of inmate populations. In addition, NDCS has made significant improvements in the data collection efforts in tracking these populations.

Disaggregation of Beds

It is important to note that custody level does not play as significant a role in the determination of type of bed for specialized health and mental health populations. These populations are typically managed based on an individual development plan, level of acuity, and working through a levels system.

Table 1 illustrates the medical and mental health beds for the future 2033 projected populations. A total of 284 health care beds are being planned for with an additional 43 short-term beds, for a total of 327 new beds. While there is a need for 20 health care porters, those inmates will reside in housing in the existing LCC and DEC facilities.

Safekeepers (typically jail responsible inmates who require intensive health care or who require separation from other inmates particularly security threat groups or high profile cases) will continue to be housed in a NDCS facility, but no additional beds will be required. Rather these inmates will be classified to bedspace appropriate for the custody and classification requirements.

Table 1
Distribution of Housing Beds

Population	2033 Projected Bed Need	Single Rooms	Double Rooms	Pods	Total Beds
MEDICAL BEDS					
Assisted Nursing	15		8	1	16
Dementia Beds	12	12			12
Medical Housing	77		40	2	80
Inmate Porters**					
Total Medical Beds	104	12	48	4	**108**
MENTAL HEALTH BEDS					
Acute				1	
Active Symptoms	16	16			16
Subacute	94			2	
Subacute		24	12		48
SPMI***		24	12		48
Secure MH	59			2	
Chronically Unstable		64			64
Total Mental Health Beds	179	138	24	**5**	**176**
TOTAL HEALTH CARE BEDS	**307**	**179**	**72**	**9**	**284**
***NON-COUNT BEDS**					
Licensed Skilled Nursing*					
Skilled Nursing	24	24		1	
Isolation		2			29
Hospice (Suite)		3			
Suicide Watch*	10	10			10
Safety Rooms (Suicide Watch; Active Symptoms)*		4			4
Total Non-Count Beds	24	43		1	**43**
Total Beds – (Count and Non-Count)					**327**

** Safety Rooms in addition to Mental Health Beds*
***Inmate porter will be housed elsewhere in the NDCS system (i.e., LCC or RTC)*
****SPMI – Serious Persistent Mentally Ill*

Special Design and Operational Considerations

Accessibility

In accordance with the Uniform Federal Accessibility Standards (UFAS) and the Americans with Disabilities Act (ADA), appropriate accessibility-compliant public access is provided throughout the facilities. This meets the UFAS requirement for accessibility in all areas for common use, visitor and staff use, and possible use by civilian employees. All public, staff, and inmate areas will have at least one ADA compliant area with personal hygiene capability. In the case of RTC project, additional ADA-compliant capacity was added to meet the unique accessibility issues found at a health care facility.

Unit Management

The NDCS will continue to employ a unit management housing system to enhance inmate control and the overall delivery of services in the institution. The management unit is a combination of self-contained living units operating semi-autonomously within the larger facility. The essential components are:

- A manageable number of inmates housed in one area or zone that can be further subdivided into smaller groups;
- A multi-disciplinary team of staff members with offices located near and adjacent to the living units and assigned to work with inmates in that unit for a relatively long time period;
- A unit manager with administrative authority and supervisory responsibility for the unit staff and authority concerning all within-unit aspects of inmate living, programming, and security; and,
- The assignment of inmates to a particular management unit and specific living units based on security and programmatic needs specific to the management capabilities of the particular unit.

The unit management concept is not new to NDCS; indeed this management philosophy has been in place and operating very successfully. Unit managers as well as correctional counselors are currently assigned to management units at NDCS.

Direct Supervision

Perhaps the most salient guiding concept affecting both the design and operations of the facility is the decision to utilize the direct supervision management concept. Most facilities within the NDCS presently follow the principles of direct supervision. The primary assumption is that the facility staff, not the inmates, must control the living units. As such, the architectural design and staffing patterns are built on the rule that officers must continuously and directly supervise inmates in order to prevent negative behavior and model positive behavior. Wherever possible, living units will be operated under direct supervision.

Decentralization vs. Centralization of Spaces

The ability to offer a range of cost effective inmate services will be enhanced by a rational distribution of centralized and decentralized activity locations. For example, each housing pod will have an outdoor passive activity yard to afford inmates relatively unencumbered access to fresh air and limited exercise. Several housing pods will be grouped together to provide shared decentralized treatment, support and programmatic services. Some functions such as the clinic and dining will be centralized to serve both the LCC and the RTC.

When inmates are moved out of the housing pods to adjacent program areas, most inmates will not have to be escorted. Instead, these inmates may, for example, be issued a clip-on bar-coded pass listing the inmate's authorized destination. High security, acute and sub-acute inmates would still be escorted to any area located outside of the housing pod.

Emergency Preparedness

Evacuation of the RTC may not be a practical option in response to extreme weather conditions. Thus, the facility must be designed with emergency provisions of power, food, water, etc. so that emergency operations can be sustained for several days. It is noted the existing LCC/DEC site is not in a flood plain.

The facility should be designed to minimize its vulnerability to floods, tornadoes and other similar extreme weather conditions. Sensitive electronic equipment as well as emergency power back-up systems should be situated so as to be above flood water levels, allowing the facility to operate (including the central energy plant, food service areas, and health care) essentially as an island, while the site itself may be flooded.

Architectural design and engineering solutions (i.e., water tight construction and raised operations areas) may also be utilized to protect sensitive equipment from water damage.

Emergency and evacuation plans must be developed by appropriate transition and key policy making staff once the facility has been designed, at which time evacuation routes and staging areas can be identified.

In the event that a sprinkler head is disabled due to damage by a recalcitrant inmate, and the inmate(s) in the living unit cannot be removed from the affected area, a "fire watch[2]" will be initiated.

Eye wash stations and Automated Defibrillation Devises (AEDs) will be located throughout the facility in strategic locations. Where available and appropriate, the AEDs will be located in medical areas such as medical triage rooms, etc. Portable eyewash solution (in lieu of

[2] Consistent with NFPA and International Code Council 901.7 Systems out of Service. A fire watch is a temporary measure intended to ensure continuous and systematic surveillance of a building or portion thereof by one or more qualified individuals for the purposes of identifying and controlling fire hazards, detecting early signs of unwanted fire, raising an alarm of fire and notifying the fire department.

eyewash stations) may be considered and will be located strategically throughout the facility, but in particular in those areas where chemicals may be stored or used.

Security Concept

Staff and inmate safety are paramount goals of the institution, as is protection of the community. Key security objectives are to prevent escape; protect inmates from each other and themselves (suicide prevention, or other self-injurious behavior and sexual or other physical assault); protect staff; and, to facilitate communication with other staff through use of electronic back-up systems.

The security concept of the facility is based upon a management approach that maximizes the ability and experience of staff and operational procedures, and also supports them through the use of appropriate construction materials, training, and technology in a well-designed facility. The facility's secure perimeter is the last resort to prevent escapes, to reassure the community, and to keep unauthorized people out.

Fixtures and finishes should be selected based on their resistance to tampering (e.g., sprinkler heads; plumbing fixtures, light fixtures, etc.)

Where possible, security systems will be designed so that they can be configured with non-proprietary equipment to allow for repairs and future expansion to occur without requiring the involvement of the various security system providers. All systems must be capable of interfacing (i.e., riding on) the existing network infrastructure.

While the LCC and RTC will each have their own control operations (where security doors are operated and cameras are monitored), the LCC will continue to control all perimeter doors and gates. The RTC will have the ability to operate all perimeter doors if duly authorized; however, ideally both control rooms will be configured to allow for full operation of all LCC and RTC door controls if the need arises.

Electronic Security

The facility's automated electronic integrated security systems (e.g., door controls, intercoms, CCTVs, alarm monitors, motion detection, personal body alarms, etc.) will be used to enhance the facility's security. In no instance should the use of electronic surveillance substitute for staff supervision and direct interaction of inmates.

On-line computer terminals (inmate management systems) will be placed in housing pods, management unit controls and many other areas to ensure that needed information is readily available to staff involved in the decision-making process.

All life-safety security electronics and other building systems within the facility will be monitored and controlled from central control.

Perimeter Security

The facility perimeter will conform to the standard NDCS security perimeter fencing.[3] Ingress and egress points in the secure perimeter should be limited. Any break in the secure perimeter should incorporate several integrated components, such as motor-driven gates, crash barriers/bollards, and closed circuit television (CCTV). The use of CCTV systems should be limited to areas that extend the visual capabilities of the operators in the main control center to identify vehicles or individuals seeking access to a control point. Where feasible within the constraints of the facility layout, direct observation of persons/vehicles entering the perimeter should be provided. Where direct observation is not provided, cameras must provide exceptional visibility of the perimeter access points.

Security should be present, but not obtrusive. Within the secure perimeter, circulation should be facilitated, but controlled. Inmate movement between major zones, when needed, will often be in groups with staff escort (e.g., to a centralized gym or outdoor recreation, etc.). Excellent visual observation of circulation spaces will facilitate appropriate/authorized unaccompanied movement within each zone. Areas not in use will be zoned to allow them to be completely secured and closed off from inmate access. Wherever possible, control rooms and staff work stations should be located in strategic locations to facilitate line- of-sight observation of doors leading out of housing pods, major circulation spines, security doors that lead from one security zone to another as well as any vertical circulation cores.

Interior vs. Perimeter Walls

The facility usage necessitates that all exterior fences and walls of the facility be designed and constructed to at least medium security standards. The variety of functions occurring within this secure perimeter, however, allows for the design and construction of some interior walls to be less secure and therefore be more cost effective to construct, depending on the use and occupancy of the space.

Facility Access

Inmate ingress and egress will be by vehicle through a weather protected and secure vehicular sallyport. Service vehicles will access the facility from a secure loading dock/staging area at the vehicle sallyport entrance. Centralized maintenance, warehouse, and commissary operations will be located in separate buildings outside the secure perimeter.

Buildings within the fenced perimeter should be set back from the perimeter fence to avoid the ability of persons to throw contraband items over the fencing into discrete areas.

Public access to the public areas of the facility will be through the public lobby. All official visitors will be screened and will pass through metal detection prior to entrance into controlled areas. The public access areas should be designed to allow the public free egress from the facility in the event of a facility emergency.

[3] The standard fence detail was provided by NDCS September 15, 2014,

NDCS staff and facility planners must work closely with building and fire officials to ensure fire alarm response system announcements and evacuation plans appropriate for the population confined in the facility to not create panic among those who are not able to evacuate the facility without assistance (i.e., inmates).

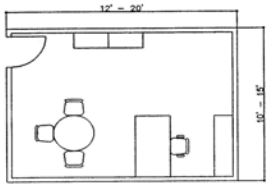
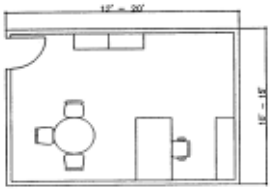
Parking for staff will be located in a designated staff-only parking area. To the degree feasible, staff parking will be located so as to limit staff travel to the staff entry area.

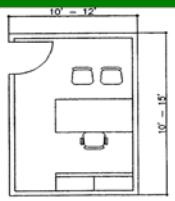
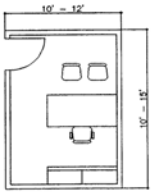
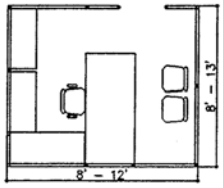
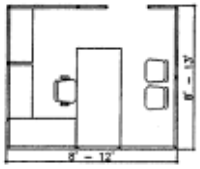
Parking for inmate visitors will be located close to the front entrance of the public lobby in a non-secure visitor parking area.

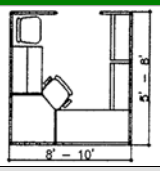
Standardization of Spaces

Office spaces and other ancillary support areas are standardized to ensure staff space sizes and furnishings are consistent with the level of activity that will occur in the areas. Office and support space standards are outlined statewide; however, the standards are general guidelines. Therefore agreement of these standards for specific office types was received to ensure standardization of office spaces for similar ranks and position titles. These guidelines are indicated in Table 2 that follows. The illustration depicts typical space layout, not the typical square footage.

TABLE 2
Standard Office Spaces

TYPE	OCCUPANT	SIZE*	DESCRIPTION*
Offices			
OF-1	Office: Private Executive/Warden	250 nsf	Desk, chair, file cabinets, credenza, shelving, telephone, computer, visitor seating for 3. 
OF-2	Office: Private Deputy/Assistant Warden	200 nsf	Desk, chair, file cabinets, shelving, telephone, computer, visitor seating for 3. 
OF-3	Office: Private Manager; Shift Supv/ Captain; Unit Manager; Nurse Manager;	120 nsf	Desk, chair, file cabinets, shelving, (2) visitor chairs, telephone, computer.

TYPE	OCCUPANT	SIZE*	DESCRIPTION*
			
OF-4	Office: Private 1st Line/Section Supv, Professional, Exec. Secretary; Investigators; Program Coordinator; Counselor; Nurse Supv.	100 nsf	Desk, chair, file cabinet, shelving, (2) visitor chairs, telephone, computer, printer/copier/fax. 
OF-5	Office: Shared Captains/Lt.'s (not shift supervisor); Professional	200 nsf	Semi-private office; 2 workstations, each with desk, chair computer, phone, file cabinet, shelving, (2) visitor chairs, shared printer/copier/fax. 
Workstations			
WS-1	Workstation: 1st Line Supervisor; Secretary	80 nsf	Desk, chair, file cabinet, shelving, (1) visitor chair, telephone, computer, printer/copier/fax, half-height privacy panels (side light panels to be provided for daylight access). 
WS-2	Workstation: Technical	64 nsf	Desk with computer return, chair, file cabinet, shelving, telephone, computer, printer/copier/fax, half-height privacy panels (side light panels to be provided for daylight access). 
WS-3	Workstation: Clerical	50 nsf	Desk with computer return, chair, shelving, telephone, computer, printer/copier/fax, half-height privacy panels (side light panels to be provided for daylight access).

TYPE	OCCUPANT	SIZE*	DESCRIPTION*
			
Conference			
CF-1	Large Conference (Seats 12-20)	400 nsf	Conference table with seating for 12-20, side table, A/V storage closet or cabinetry.
CF-2	Med. Conference (Seats 8-12)	300 nsf	Conference table with seating for 8-12, side table, A/V storage closet or cabinetry.
CF-3	Small Conference (Seats 6-8)	200 nsf	Conference table with seating for 6-8, cabinetry.
Reception			
RW-1	Large Reception (Seats 10-12)	250 nsf	Seating, coffee or end tables.
RW-2	Medium Reception (Seats 6-8)	200 nsf	Seating, coffee or end tables.
RW-3	Small Reception (Seats 2-4)	120 nsf	Seating, coffee or end table.
Break Rooms			
BR-1	Large Break Room	250 nsf	2 tables with 4 chairs each, counter with sink, microwave, coffeemaker, refrigerator, and cabinetry.
BR-2	Med. Break Room	150 nsf	1 table with 5 chairs, counter with sink, microwave, coffeemaker, refrigerator, cabinetry.
BR-3	Small Break Room	100 nsf	1 table with 3 chairs, counter with sink, microwave, coffeemaker, refrigerator, cabinetry.

*Ideally, printers/copiers and fax machines will be located in an area to serve multiple users rather than locating this equipment in each office. Only positions that may require printing of confidential documents will be provided a printer in their office. Moreover, central files will be preferable to large file storage in individual offices.

Architect's Responsibility

The architect of record is ultimately responsible for satisfying all applicable codes, regulations, and laws including, but not limited to building codes, life safety codes, OSHA regulations, Nebraska Statutes, environmental laws, and the Americans with Disabilities Act. While the operational/architectural program may address some, or even a substantial portion of these requirements, the program documents are in no way intended as an exhaustive identification of code and regulation issues. The architect of record is required to ensure that all legal design requirements, as well as the American Correctional Association Standards for Adult Correctional Institutions, National Commission on Correctional Health Care and the requirements of PREA are met.

Organization of the Program

The program statement that follows describes in detail how each component is to function, as well as the hours of operation, security requirements, net usable or assignable area (net square footage), and overall gross square footage for each component.

Operational and space standards are derived from the American Correctional Association's Standards for Adult Correctional Institutions 4th Edition, Nebraska Office Space Standards, and the consultant team's professional experience in programming similar facilities.

Each space listed is sized according to the net square footage required for the function. A "departmental" grossing factor was applied to the total net square footage of each subcomponent to accommodate necessary circulation space within functions, interior wall thicknesses, and other unassigned areas that are part of the component. In a correctional facility, additional square footage is also needed to accommodate major enclosed circulation and mechanical rooms that relate to the overall facility rather than individual components, as well as the building structure and exterior "skin." This space is computed by applying a building gross factor to the sum of the individual building component/departmental gross square footages.

Each functional component area is described separately in operational terms in the program statement narrative, with the architectural space program for that area immediately following the narrative. As such, square footage is applied to each space described.

A summary of the operational and architectural requirements is provided in this report. Each component area is described separately in operational terms in the operational program narrative, with the architectural space program for that area immediately following the narrative.

The operational and architectural program has been organized into 10 functional components as follows:

1.000 Public Lobby
2.000 Administration
3.000 Staff Support
4.000 Custody Operations
5.000 Visitation
6.000 Intake and Release
7.000 Health Clinic
8.000 Medical Health Care
9.000 Mental Health Care
10.000 Pharmacy
11.000 Food Service

Program Summary

The table that follows summarizes the facility space needs for all the components located at the MIFS site. This summary is based on the operating and spatial requirements outlined throughout this document.

TABLE 3
Architectural Program Summary

#	Functional Area	Programmed NSF	Programmed GSF	Exterior Square Feet	Notes
MAJOR COMPONENTS					
1.000	PUBLIC LOBBY	1,746	2,444		
2.000	ADMINISTRATION	3,552	4,609		
3.000	STAFF SUPPORT	9,835	13,277		
4.000	CUSTODY OPERATIONS	3,473	5,036		
5.000	VISITATION	5,190	7,266	1,100	
6.000	INTAKE AND RELEASE	6,773	8,691		
7.000	HEALTH CLINIC	7,919	11,249		
8.000	MEDICAL HOUSING	35,428	46,173	3,000	
9.000	MENTAL HEALTH CARE	33,550	65,044	4,500	
10.000	PHARMACY	6,208	600	600	
11.000	FOOD SERVICE	24,185	29,662	250	Includes food storage in warehouse
	SUBTOTAL	**137,859**	**194,050**	**9,450**	
	Building Gross and Central Plant (15% of Subtotal)		***29,108***		
	TOTAL		***223,158***		

1. 000 PUBLIC LOBBY

Introduction

The public lobby area will serve as the central reception point for all visitors to the LCC/RTC complex and therefore will be sized accordingly. Members of the public, personal and official visitors, professionals, and volunteers will all enter through the public lobby. Facility personnel may also enter through the public lobby, although they will likely enter the facility through the secure staff entrance accessible directly from the employee parking area. Inmates will enter through a separate, secure entrance (described in Section 6.000), and will always be accompanied by NDCS or law enforcement personnel.

The public lobby will be accessible at all times; however, the doors will be secured except during day and evening hours. Staff may enter the facility 24 hours a day via card access and/or biometric security means. Administration areas will be open during normal business hours.

The lobby entrance should be designed to avoid casual access to the administration areas. As described in Component 2.000, the administration areas for the LCC and RTC will be separated. Special vigilance is required by the assigned lobby correctional corporal to maintain controlled access to the administration areas. Administration staff may access the administration component from the public lobby; however, administration staff may prefer to use the staff entrance located in closer proximity to the parking area and the staff support area to encourage interaction with line staff.

This area will be the public's first point of contact with the facility. The use of aesthetically pleasing colors and non-institutional materials is encouraged. While furnishings and surfaces should be as durable and maintenance-free as possible, the lobby area should project a comfortable and professional environment.

Operational Description

1.100 Public Lobby

The main door of the facility will open into a weather vestibule through which all individuals will pass into the public lobby. The weather vestibule will be separated from the lobby by a set of double doors with sufficient glazing to provide ready visibility of the weather vestibule from the reception/information desk and possibly from main control if the design permits.

During the day and evening hours, the front doors will be unlocked; for all other times, the outer front doors will be left unlocked and the inner front doors will be secured from unauthorized entry. Access to the lobby when the lobby doors are locked will be via electric strike controlled at the reception desk and central control and/or via ADA compliant card access and/or a biometric security system for authorized staff. An intercom (with appropriate signage) located in the weather vestibule will allow communication between professional visitors requesting entrance into the facility and main control.

It is preferable the front door, as well as the vestibule door and walls, have an extensive amount of glazing to provide maximum visibility from the administration reception window and possibly central control (at least via CCTV). Reinforced glazing would provide a level

of protection from impact of airborne debris during a tornado or other high-wind event. Exterior bollards, planters, and similar architectural features will prevent vehicles from approaching too closely to the building. A camera will be provided at the front door to ensure complete visibility of the area to be viewed on a monitor at main control.

The facility will be a non-smoking facility including all NDCS grounds, with appropriate signage on the doors indicating that smoking materials are not to be brought into the facility.

During business hours, visitors to the facility will arrive first at the reception/information counter located with visibility to the entrance. The reception/information counter will be staffed only during times when official visitors, professional visitors, inmate visitors, volunteers and program leaders access the facility (i.e., when the front doors are unlocked). Coordination between LCC and RTC is required to minimize visiting/activity overlaps and schedule conflicts. Security personnel can be dispatched on an as-needed basis to the lobby to assist lobby visitors with any facility-related business and to conduct security screening of all persons who enter the visitation area or the secure perimeter as described in Subsection 1.200. Therefore, there may be times when the reception/information counter may be staffed by two custody staff. The counter should be a standing height open desk adjacent to the security screening station, and equipped for staff to look up public information and contact various locations within the facility to announce the visitor if necessary.

When the reception/information counter is not staffed, authorized visitors will contact LCC control via the intercom, and once approved for admittance, will report to the appropriate service window co-located with the administrative office in LCC or RTC as described in Section 2.000. The RTC administrative office window will be equipped with a sliding glass window. A narrow counter should be provided at the service window to allow for signing documents if necessary. Although the administrative office window should be located before visitors undergo security screening, it should be discrete so that visitors do not approach the window when reception/information staff are available.

A small seating/queuing area will be provided in the vicinity of the reception/information counter for persons waiting to be processed at the reception/information counter or to undergo security screening. Ceiling mounted video monitors will be located in this area so that visitors can view the public service information or possibly the status of inmates undergoing release.

Several kiosks will be provided for persons to obtain information about an inmate. These kiosks will be located in the waiting/queuing area so that these people do not have to undergo security screening to perform these functions.

Although the majority of visits will occur in the LCC or RTC contact visiting rooms, some inmates will be ineligible for such visits either because of their custody level or because they have temporarily or permanently forfeited their access to such visits due to negative behavior. In addition, some official visitors may not wish to have physical contact with an inmate, as in the case of an inmate who has acted out against his attorney. Although visitors physically access these from the public lobby, the operational description of the video visitation and non-contact visitation booths is provided in component 5.000 Visitation.

An approved visitor list is required for visitation. A warrants check for the visitor may be conducted via the inmate NCJIS.[4] Verification of the inmate's availability for a visit must be conducted by contacting the respective living unit prior to approving the visit. Upon verification of the visitor's identity and determination that the inmate is available and eligible for the visit, the visitor will be screened for contraband and directed to wait in a controlled waiting area described in Component 1.200 until called by the respective visiting officer. LCC visitors may be notified by the lobby corrections corporal to report to the LCC visiting area.

Visitors to the facility may store personal property in the locker area located within the lobby and ideally visible from the reception/information counter and main control (either by direct line of sight or CCTV). The coin/token[5] operated lockers will be sufficiently sized to accommodate coats and/or larger items that will not be allowed inside the institution. The visitor will insert a coin or token, place the property item into the locker, and remove the key from the locker. The key will remain in the visitors' possession until they complete the visit and return to retrieve their items. Once the locker has been re-opened, the key remains in a fixed position in the lock so that it cannot be removed until a new token/coin is inserted. A wall-mounted token or change-dispensing machine will be located adjacent to the lockers.

A telephone/electronic equipment room will be accessible from the lobby to provide access by contract or other non-facility staff without having to enter controlled areas. The door to the telephone room should be visible to staff posted at the reception/information counter, and it will be kept locked at all times, and accessed primarily by the authorized institutional personnel, telephone company and contract staff. The telephone room must be large enough to accommodate the telephone and data equipment racks, with a workstation located within. Equipment will be mounted on both plywood backboards and on floor-mounted racks.

Within the public lobby will be public restrooms for males and females. A wall-mounted ADA-compliant water cooler should be provided just outside the restrooms; an ADA-compliant wall-mounted public telephone should also be provided in a location convenient to the public access areas. A janitor closet to service the entire component will also be located in this area.

1.200 Security Screening and Waiting Area

All persons entering the perimeter (e.g., visitation area or other institutional areas) will undergo security screening (i.e., metal detection/pat search and search of their property). Persons waiting for inmates being released will wait in the public lobby and will not be required to undergo screening and will wait in the lobby described above in 1.100 or outside of the institution. Once the authorized professional/legal visitors have been verified for their appointment, or inmate visitors have been approved for a visit, they will be directed

[4] Nebraska Criminal Justice Information System

[5] The token/coin-operated system can either be operated as a free service, whereby the coin is returned upon the return of the key, or it can be a revenue-generating program for the supplemental support of facility services. If cost permits, the lockers may be a keyless operation with a keypad operation that can be reset and customized by each visitor. This decision should be made during the transition process, and potentially after construction has started.

to the security screening area described below. When the process is completed, the visitor will be directed into a waiting area designated for personal or official visitors. This "clean" waiting area should provide seating and should be visible from the reception/information counter and possibly from central control (at least through CCTV). The waiting area will lead directly to the RTC visitor pedestrian sallyport as outlined in component 4.000, Custody Operations. LCC visitors will be directed to the corridor leading the LCC visitation once the visit is confirmed. Volunteers and other approved professional visitors may proceed directly to the main pedestrian security vestibule for entry into the facility.

Generally only limited necessary items as outlined in policy will be permitted in the facility. All items brought into the facility are to be security screened as described below in Subsection 1.200. Any item found to be unacceptable or unauthorized must be returned to the visitor's vehicle or stowed in one of the visitors lockers; if found to be an illegal substance, the item will be confiscated in an appropriate manner by NDCS staff, in accordance with existing procedures.

The reception/information custody staff will generally conduct the security screening. If the professional visitor requests access after normal business hours, a utility officer (i.e., correctional officer assigned to rove throughout the institution) will be dispatched to the lobby to perform the security screening. A queuing area will be provided for the security screening area. Space for the walk-through metal detector will be sufficiently sized for wheelchair circulation around the metal detector when required. Ion scanning for drugs[6] may also be utilized. Storage for hand held metal detectors must be provided at the reception/information counter. If necessary, any additional search of a visitor will occur in a private area away from the view of others (e.g., in the lobby restroom) in accordance with current NDCS policy.

A package x-ray machine is also provided for scanning any personal items brought into the facility. Space is provided for a table for personal items by-pass, and if necessary, personal item search. If illegal or dangerous weapons are discovered, the reception/information staff will contact the shift lieutenant for appropriate disposition. If an item is determined to be unacceptable or unauthorized for conveyance into the facility, the visitor will be directed back through security, to deposit the item in one of the visitors' lockers or to be taken back to the visitor's vehicle. The visitor will then be required to go through security screening once again.

Once cleared through metal detection/security screening, a visitor will be directed either to the "clean waiting" seating area or the main pedestrian security vestibule. Personal visitors will be stamped with invisible skin marking ink and wait in the waiting area until the visitation officer has notified the reception/information officer (via telephone or paging system) that there is an available space in the contact visiting area. Moveable seating will be provided in the waiting area. The waiting area will have bulletin boards clearly displaying the visiting rules and regulations. Televisions will be provided in the waiting area to display informational programming and/or local channels. A display case will be located in this area for displaying awards and historical memorabilia approved by the wardens.

[6] There is some controversy regarding false positives using ion scanning technology. NDCS should consider whether visitors should be turned away following a positive scan, or whether the positive scan should prompt a pat search prior to allowing the visitor entry into the contact visitation area. Ion scanning is not currently provided.

A pedestrian sallyport (described in Section 4.000) into the secure perimeter of RTC will be located directly on the other side of the screening area (e.g., after the visitor has been screened). The sallyport will have interlocking doors from the lobby into the secure perimeter of the facility. Official and professional visitors to RTC will pass through this sallyport both going into and coming out of the facility. It is preferable for official visitors to be accompanied by a staff member whenever entering the secure perimeter of the facility. However, visiting professionals, volunteers and other approved visitors who enter the facility on a regular and approved basis may do so without accompaniment upon the discretion of the facility administration. The reception/information staff will contact central control to permit passage of regular, unaccompanied official visitors. The pedestrian sallyport door will be operated by central control only after positive identification and authorization has been verified. Inmate visitors will enter a visitation pedestrian sallyport and be directed to the visitation area. Visitors to LCC may be required to wait in the clean waiting area until their visit (whether with an inmate or staff) is approved. The visitor will then be directed to the corridor leading to the LCC where existing space will be utilized to receive visitors.

The door to the RTC administration offices (see Section 2.000), will have card and/or biometric access for authorized staff, and electronic strike doors controlled by the reception/information personnel or by administration staff located within the administration office. The LCC administrative offices will remain unchanged.

Additional Design/Operational Considerations

This area of the facility is expected to have a wide variety of users. The design must facilitate both visibility and clear circulation paths. The public lobby should convey a professional and welcoming atmosphere, consistent with the public interface objectives of the NDCS, but also provide the level of security appropriate for a security perimeter.

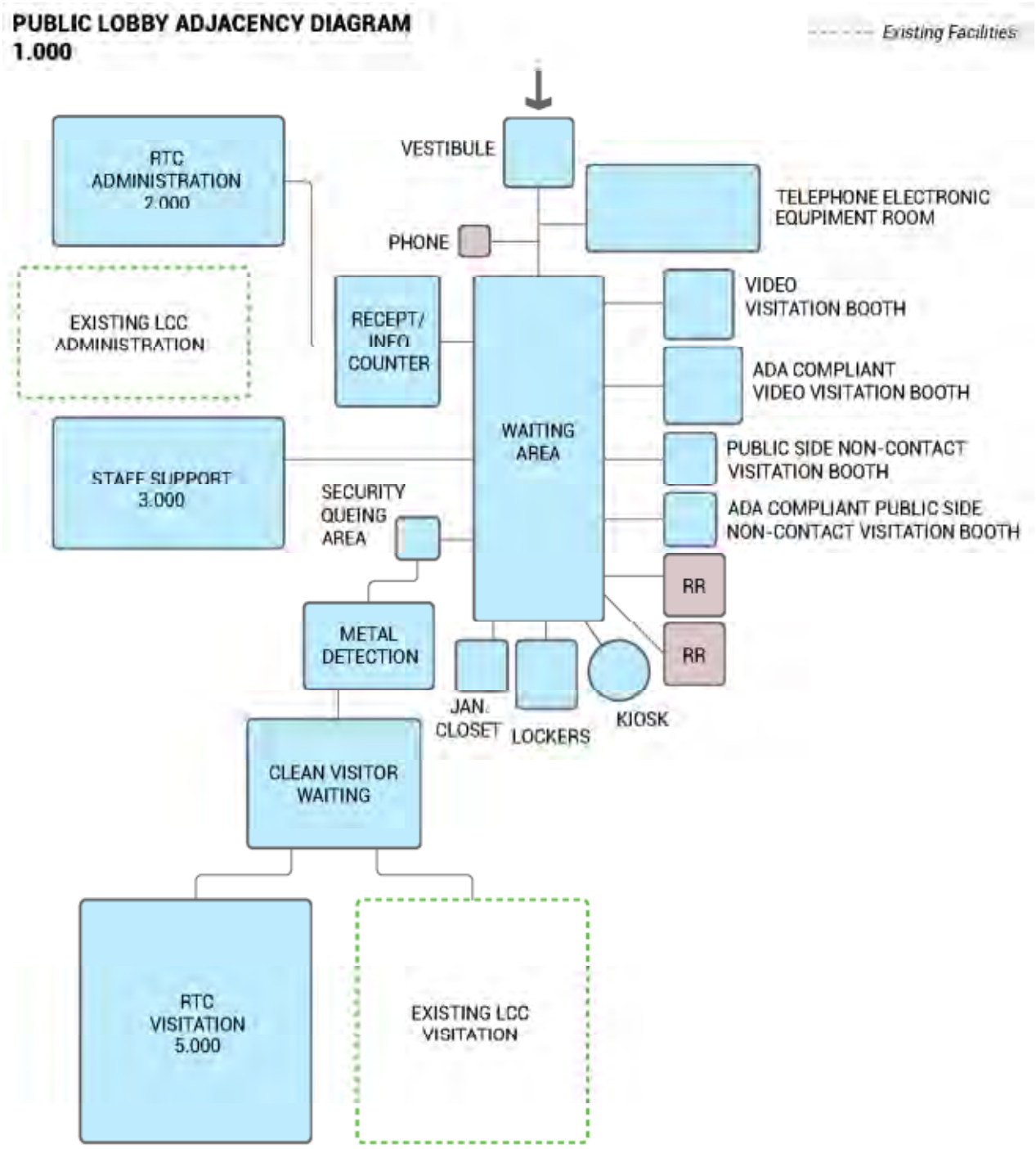
Access to the public lobby when the lobby doors are locked will be via card or biometric access for staff and/or electric strike controlled at the reception desk and LCC control. These doors should be commercial grade. Staff will utilize card access for entry when the doors are locked. Crash bar type release mechanisms should be provided for emergency exit.

LCC control will control all doors leading into and out of the pedestrian security vestibule or any facility perimeter.

Table 1.000
Architectural Program: Public Lobby

No.	Component	Pers/Units per Area	Number of Areas	Space Standard	NSF	Notes
1.100	PUBLIC LOBBY					
1.101	Weather Vestibule	4	1	60 /area	60	ADA-Compliant; double doors for weather insulation; includes CCTV and intercom for after hours identification, electric door strike
1.102	Waiting/Queuing	10	1	20 /person	200	Comfortable Seating; ceiling mounted monitors
1.103	Reception / Information Counter	3	1	150 /area	150	Open counter adjacent to security screening; computer, telephone, standing height stool.
1.104	Public Side - Administrative Office Window	1	1	60 /area	60	Counter space; sliding glass window; associated with 2.102.
1.105	Electronic Information / Commissary Kiosk	2	2	40 /area	80	Automated transaction station; information kiosk.
1.106	Video Visitation Booths	1-3	1	60 /booth	60	Sound insulated; visual privacy between booths, recording capability
1.107	ADA Compliant Video Visitation Booths	1-3	1	80 /booth	80	Sound insulated; visual privacy between booths, recording capability
1.108	Public Side - Non-Contact Visitation Booth	1-3	1	40 /booth	40	Enclosed; visual privacy between booths; lockable document pass.
1.109	ADA Compliant Public Side - Non-Contact Visitation Booth	1-3	1	60 /booth	60	Enclosed; visual privacy between booths; lockable document pass.
1.110	Public Lockers	1	10	5 /locker	50	Multiple sized lockers (e.g., large and small); key operated.
1.111	Telephone/Electronic Equipment Room	1	1	200 /area	200	Fiber optics telephone equipment, LAN servers, accessible by facility telephone coordinator and IT staff, 1 workstation (WS-3)
1.112	Public Rest Rooms	1	2	50 /area	100	ADA-Compliant
1.113	Public Telephone	-	1	10 /phone	10	ADA-compliant
1.114	Water Cooler	1	1	6 /area	6	ADA-Compliant, amount per code
1.115	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation
				Subtotal Net Square Feet	***1,196***	
				Grossing Factor	***1.40***	
				Subtotal Gross Square Feet	***1,674***	
1.200	SECURITY SCREENING AND WAITING AREA					
1.201	Security Queuing Area	5	1	5 /person	25	Queuing area prior to security screening - standing only

No.	Component	Pers/Units per Area	Number of Areas	Space Standard	NSF	Notes
1.202	Metal Detection / Package x-ray	1	1	150 /area	150	Path for wheelchair access; sized for wand searches; table for personal items by-pass; adjacent to reception desk; lockable shelving for storage for wand, etc.
1.203	Clean Visitor Waiting	25	1	15 /person	375	Tandem seating; wall-mounted bulletin board for information materials; display case.
				Subtotal Net Square Feet	***550***	
				Grossing Factor	***1.40***	
				Subtotal Gross Square Feet	***770***	
				1.000 Total Interior Net Square Feet	***1,746***	
				1.000 Total Interior Gross Square Feet	***2,444***	
				1.000 Total Exterior Square Feet	***(0)***	


PUBLIC LOBBY ADJACENCY DIAGRAM
1.000
Existing Facilities
RTC ADMINISTRATION 2.000
EXISTING LCC ADMINISTRATION
STAFF SUPPORT 3.000
VESTIBULE
PHONE
TELEPHONE ELECTRONIC EQUIPMENT ROOM
RECEPT/ INFO COUNTER
WAITING AREA
VIDEO VISITATION BOOTH
ADA COMPLIANT VIDEO VISITATION BOOTH
PUBLIC SIDE NON-CONTACT VISITATION BOOTH
ADA COMPLIANT PUBLIC SIDE NON-CONTACT VISITATION BOOTH
SECURITY QUEING AREA
RR
RR
METAL DETECTION
JAN. CLOSET
LOCKERS
KIOSK
CLEAN VISITOR WAITING
RTC VISITATION 5.000
EXISTING LCC VISITATION

2.000 ADMINISTRATION

Introduction

The administration component includes the offices and support spaces for the administration staff assigned to the RTC. All RTC executive administrative functions will be located in this area. Other administration staff associated with housing or support functions will be located in those corresponding locations throughout the complex. Existing administrative areas will be used for the LCC executive and operations administration staff with the exception of business management and records, which will be centralized at the RTC.

The RTC administration offices, located outside the security perimeter and away from inmate and visitor movement, will be where day-to-day administration, business and personnel activities will occur. Records staff will be located in close proximity to the intake function described in Component 6.000. The administration area will be open during normal business hours, Monday through Friday.

Access to the administration area will be through the public lobby for visitors, and through the staff support area for facility staff. Ingress and egress into the administration area will be controlled by card access/biometrics or by electronic release by the receptionist, to prevent casual access. This area of the building should be designed so as to convey the dignity and professionalism associated with the Nebraska Department of Correctional Services.

Since the administration component will need to likely accommodate sufficient staffing to meet the future inmate complex capacity of 1658, this area should be oversized (e.g., through the provision of several unassigned offices) to allow for future expansion, as future additions to this component are difficult to accommodate.

Support spaces for administration offices include a conference room, records/files storage, copy and fax equipment, office supply storage, staff restrooms, staff break room and pantry area, and a janitor's closet.

Operational Description

2.100 Facility Administration

Visitors may be screened and accepted into the RTC administration component by the reception/information staff or administrative personnel assigned to this component. Visitors will be seated in a waiting/reception area with comfortable seating and an end table for magazines, pamphlets, etc. Located within this waiting area and adjacent to the entrance of the administration component will be a receptionist/administrative assistant and workstation. This person will also have door controls for the door leading into the administration area. Although an automated telephone answering system will be in place, the receptionist workstation should be equipped with appropriate telecommunications

equipment as this function will be the secondary telephone receptionist for the institution during business hours[7].

The facility administrator/warden is responsible for the operation of the entire RTC institution including the existing DEC and the new health care beds and intake. The warden will have a private office with direct access into the conference room described in Section 2.200. An administrative assistant workstation will be provided just outside of the warden's office.

The assistant warden will be located in close proximity to the warden's office and ideally will have direct access to the conference room described in Section 2.200 as well. The receptionist described above will provide administrative support to the assistant warden.

Beyond the day-to-day oversight of the overall operations of the complex, the assistant warden will also supervise the administrative functions of the institution including the business management and human resources functions described below. Space is also required for the administrators of the various functions within the RTC. A general summary of responsibilities include the following:

- Security Administrator (Major) – oversees all security operations of the complex including control stations, perimeter operations and custody. This private office should include additional counter space to accommodate a security management system terminal and printer to allow the assistant warden to monitor the security systems.
- Health Services Administrator[8] – manages the health care programs for all populations in the LCC and RTC including the diagnostic and evaluation center, reentry programming, and coordinate with the Unit Administrator to ensure a wide array of appropriate programming and space for the health care populations.
- Unit Administrator – oversees all unit managers and corrections unit caseworkers in the RTC

Although these functions will require regular and ongoing observation of the respective areas, the offices for these staff will be centrally located in the administration area to encourage communication and collaboration of custody, inmate services and support services. Separate office spaces will be provided in the respective administrative areas for the Security Administrator and the Health Services Administrator.

A staff assistant will provide administrative support to the assistant warden.[9] The receptionist, and on occasion the staff assistant, will support the other administrators listed above and should be centrally located to these staff. The secretary will also coordinate e-card purchases.

[7] Automated telephone answering system will be the primary means of obtaining information regarding the complex and inmate services. The telephone reception function will be re-directed to RTC control during non-business hours.
[8] This position is listed as a Health Section Administrator; the functional title; the industry title and as used herein, is a Health Services Administrator.
[9] A secretary will be provided in the custody operations component who supports the overall custody operations staff, including the security administrator.

The business management function can be arranged in separate suite or, at a minimum, the staff in these subcomponents should be co-located. A wall-mounted safe is required in the business manager's private office to ensure that cash is secure. Workstations will be provided for the purchasing agent and account clerk.

A private office for the human resources assistant will be provided in this area. Supervision of the human resources assistant will be provided by the human resources officer located in the existing LCC administration area.

Staff associated with information technology will be located in the existing LCC space; however, a computer server room is required to support the signification information management functions of the RTC. The server room will be sized to accommodate a workstation for the information systems technician. A shared office will also be provided in this area to allow for the IT analyst and the Electronic Medical Records (EMR) specialist to oversee these systems.

The computer room should be secure from assault and unauthorized access to protect the computer equipment such as file servers, CD-ROM servers, database servers, gateways, networks, wiring racks, communication hubs (possibly VOIP), and uninterruptible power supplies (UPS) housed within. The room will be fully glazed to provide visibility form the adjacent and contiguous analyst's office and work table. Due to the nature of this equipment, special consideration must be given to environmental conditions and electrical specifications, including temperature and humidity control, surge suppression, and static-free surface treatments.

2.200 Administration Support Areas

The administration support areas include those spaces that would be used by all staff assigned to the administration suite. Conference, interview, break room, file storage and restrooms are located within this component.

A large multipurpose conference room will be located within the administration area for use by LCC and RTC staff. This space will be designed to provide space for sales people, visitors, government officials, command staff meetings, etc. This room may also be utilized as an incident management command center control room in case of a facility emergency. This conference room should have two conference tables that can either be put together as one large table or utilized separately and comfortable seating. A wide screen smart TV will be provided to allow for audio/visual presentations, video conferencing, television, and a telephone with speakerphone capability. Multiple telephone jacks and data lines, as well as coaxial cable wiring for cable or satellite television, should be provided in the conference room. In addition, the conference room should be equipped for satellite telephone, cellular phone reception enhancement, a radio base station (a roof antenna or repeater may be required), data lines and power receptacles equipped for emergency generator back-up. A side table will provide a suitable surface for informational materials and/or a refreshment area. Wall-mounted white boards will provide for posting display materials and writing information. Hardwire and/or wireless connectivity should be provided for computers to link with the smart TV. A small, lockable storage cabinet should be provided for support equipment and supplies.

The conference room should be located in close proximity to the break room/pantry described below and should have convenient access to the restrooms.

A second conference room will be provided for more typical conferences held in the administration area and ideally located adjacent to the warden and assistant warden.

An interview room located in this subcomponent may be used by any staff assigned to the administration component who may need to conduct meetings outside of their offices or with three or more persons.

A break room/pantry is also included in this area, including a sink, a full-size refrigerator, a microwave, a coffee maker, a counter, cabinetry, and seating. This room should be located adjacent to the conference room, so that refreshments can be easily served during lengthy conference activities.

Centralized operational files for the RTC will be maintained in a lockable file room, with lateral file cabinets. Access provided via card access for authorized staff.

Accessible from all work areas will be a copy/work room will contain a copier, fax machine, networked printer, paper shredder, shelving, and worktable. Most staff will print documents to the network printer. Staff who may print confidential documents may use a desk top printer in the office. Adjacent to copy/work alcove will be a supply closet for administrative and office supplies.

The support area also contains two ADA-compliant restrooms, one each for males and females with an ADA-compliant water fountain outside, and a janitor closet. The restrooms will be located such that they are in close proximity to the conference room.

Additional Design/Operational Considerations

The administration area is expected to be relatively busy, with staff and visitors entering and exiting the area throughout the day. Close proximity of the administration area to the public lobby will help to reduce visitor movement through the facility.

The administration area should utilize standard office construction. The door leading into this area of the building from the lobby should be kept locked at all times as described above and be at least minimum security grade construction. Standard commercial grade hardware can be used elsewhere within the administration spaces. When the administration area is not in use, all doors leading in to the space shall be locked.

All private offices and the conference room should be wired for cable/satellite TV (all offices may not be equipped with a TV, but should be equipped with appropriate cabling). However, the determination of which spaces should have CATV is subject to state policy.

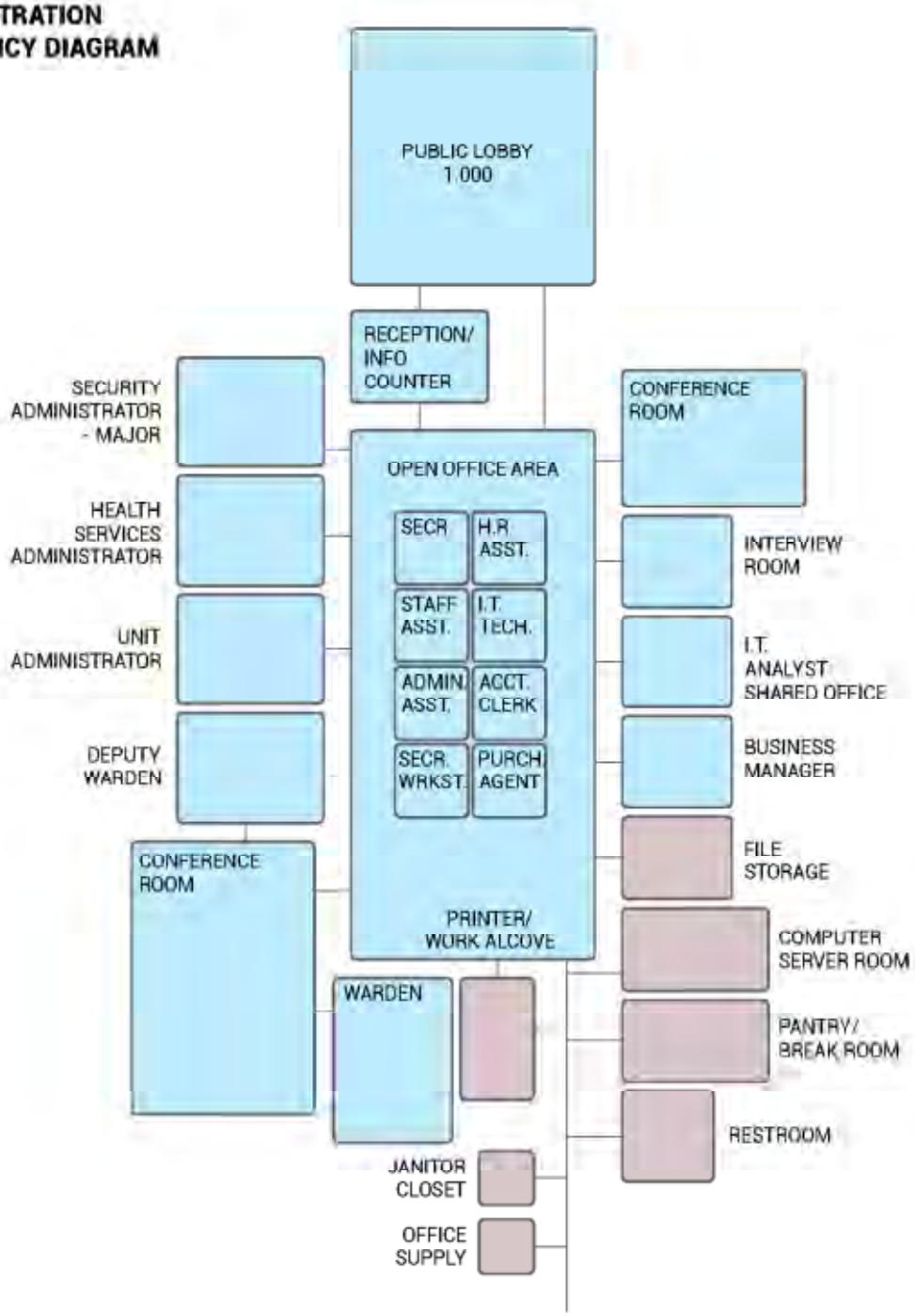
All electrical circuits and lighting in the administration office area should be connected to the facility's emergency power generation system. Sensitive electronic equipment essential for the operations of the facility should have UPS backup in addition to the emergency generators.

Table 2.000
Architectural Program: Administration

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
2.000	**ADMINISTRATION**					
2.100	FACILITY ADMINISTRATION					
2.101	Visitor Reception	6-8	1	200 /area	200	RW-2
2.102	Receptionist/ Administrative Assistant Workstation	1	1	64 /wkstn	64	WS-2; lockable window to public lobby.
2.103	Facility Administrator / Warden	1	1	250 /office	250	OF-1; adjacent to conference rooms, min. 5 receptacles; printer
2.104	Administrative Assistant	1	1	80 /wkstn	80	WS-2
2.105	Assistant Warden	1	1	200 /office	200	OF-2; printer
2.106	Security Administrator - Major	1	1	120 /office	120	OF-3; counter space for security management system; printer
2.107	Health Services Administrator	1	1	120 /office	120	OF-3; printer
2.108	Unit Administrator	1	1	120 /office	120	OF-3
2.109	Secretary	1	1	64 /wkstn	64	WS-2
2.110	Staff Assistant 1	1	1	64 /wkstn	64	WS-2
2.111	AA III (Litigation, ACA)	1	1	120 /office	120	OF-3
	Business Suite/Area					
2.112	Business Manager	1	1	120 /office	120	OF-3; wall-mounted safe
2.113	Purchasing Agent	1	1	80 wkstn	80	WS-1
2.114	Account Clerks	1	1	64 /wkstn	64	WS-2
	Human Resources Suite/Area					
2.115	Human Resources Assistant	1	1	80 wkstn	80	WS-1
	Information Systems Suite/Area					
2.116	Computer Server Room	-	1	120 /area	120	Computer server room, with temperature and humidity control, glazing on walls' adjacent to Information Systems Tech.
2.117	Information Systems Technician	1	1	80 /wkstn+50 sf wktbl	130	WS-1, adjacent to computer server room

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
2.118	IT Analysts' Shared Office	1	1	120 /office	120	OF-3; adjacent to computer server room
				Subtotal Net Square Feet	***1,866***	
				Grossing Factor	***1.25***	
				Subtotal Gross Square Feet	***2,333***	
2.200	ADMINISTRATION SUPPORT AREAS					
2.201	Conference Room	30	1	600 /area	600	Smart TV, whiteboard/ screen, data line locations & receptacles in floors & walls; sound attenuation measures.
2.202	Conference Room	12	1	400 /area	400	Adjacent to warden and assistant warden offices.
2.203	Interview Room	4	1	120 /area	120	Conference table, chairs
2.204	Pantry/Break Room	1-5	1	150 /area	150	BR-2, adjacent to conference room
2.205	File Storage	-	1	120 /area	120	Lateral file type filing system, separate and secure file storage for personnel files, work table
2.206	Printer/Copier/Work Alcove	-	1	100 /area	100	Copier, networked printer, work table
2.207	Office Supply Storage	-	1	50 /area	50	Secure office supplies and support storage, shelving behind the Printer/Copier Alcove
2.208	Staff Toilet (M/F)	1	2	50 /area	100	ADA-Compliant
2.209	Water Cooler	1	1	6 /area	6	ADA-Compliant, amount per code
2.210	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation
				Subtotal Net Square Feet	***1,686***	
				Grossing Factor	***1.35***	
				Subtotal Gross Square Feet	***2,276***	
				2.000 Total Interior Net Square Feet	***3,552***	
				2.000 Total Interior Gross Square Feet	***4,609***	
				2.000 Total Exterior Square Feet	***(0)***	

ADMINISTRATION
ADJACENCY DIAGRAM
2.000



3.000 STAFF SUPPORT

Introduction

The primary emphasis of the NDCS is to safeguard the public, staff and inmates while providing social and economic benefits to the citizens of Nebraska. However, it is also important the facility's physical plant and operations recognize the critical role staff play in delivering quality services, and that appropriate emphasis be placed on addressing staff needs. Training and tangible facility showings of concern for staff provide for enhanced programming and services, employee morale, increased staff retention, and compliance with standards. The staff support component is the focus of these efforts and includes the following functions: break area, wellness room and lockers, shift briefings/staging, RTC mail room,[10] and training.

Generally, all staff will report to the staff support area where they prepare for their tour of duty. Uniformed staff may elect to wear their civilian attire to the facility and then change into their uniform in the staff support area. Staff may elect to use wellness equipment provided in this component to maintain wellness and also to provide for future wellness testing if appropriate. Staff will store all of their personal items in their assigned locker and then proceed to the appropriate briefing to receive agency specific information as well as discuss essential issues related to the facility and operation. Once the shift briefing has concluded, staff will proceed to their assigned post. Space should be provided for the future implementation of staff screening prior to entering the main pedestrian sallyport to ensure they are not bringing unauthorized items into the facility.

Staff are expected to eat meals with the inmate population they supervise or eat at their designated post. Although a staff dining area is not anticipated for the MIFS project, staff break rooms will be located throughout the facility so staff can receive a break from their post. These break areas will be located inside the perimeter to allow staff to use the area without having to leave the perimeter as staff will be expected to respond to emergency calls for assistance if necessary.

A separate training room will be located in this component to avoid conflicting schedules with briefings. Much of the staff training will be performed at the off-site training academy, however some training will still occur at this location. Staff training will be coordinated by the Training Coordinator who will be located in this area but report to the LCC warden.

Operational Description

3.100 Staff Entrance

A staff entrance will be provided with easy access from the staff parking area, leading directly into the facility staff-only areas. Because the staff areas are located outside the facility secure perimeter, the staff entrance does not have to be a sallyport-type entrance, but rather a weather vestibule. In addition to providing entering and exiting staff with some degree of protection during inclement weather, the weather vestibule will provide for

[10] The mail operation and space at LCC will remain as currently operated.

enhanced energy efficiency for the humidity and temperature controlled spaces in this portion of the facility. The exterior door will remain locked at all times to avoid unauthorized entrance. Staff will utilize a card access and/or biometric security system to unlock the door for both the exterior and interior doors of the weather vestibule, for both ingress and egress. A crash-bar type emergency egress mechanism will be located inside the doors for emergency exit, with an enunciator in central control when the crash bar has been activated. Normal exiting, however, will be by push to exit tied to the card access system with a motion sensing alarm de-activation system.

The staff will enter into a staff operations corridor that provides access to the staff support functions that will lead to the custody operations sallyport described in Section 4.100. The staff support area should be located adjacent to the administration component and the custody operations component. From the custody operations component staff can access the RTC main pedestrian sallyport described in Section 4.000.

3.200 Staff Wellness

The stress associated with corrections work and the physical requirements for adequate job performance support the need for well-designed space for staff to change into their uniforms, perform physical wellness activities, store their weather gear and to cleanse following an altercation or chemical agent exposure. Male and female locker/changing rooms sized to accommodate the LCC and RTC staff are provided in the staff support area accessible via the staff entrance corridor, so staff can deposit their personal belongings prior to going on their shift. A wellness room is provided for staff to maintain their physical wellness including aerobic and strength training.

The locker room must be sized to accommodate the future staff necessary to manage a population of 1658 inmates. A total of 908 assigned lockers[11] are estimated for the LCC and RTC institutions with the assumption that approximately 35% of the staff would be female, and 65% would be male. All lockers will be half height lockers sized for storing coats, and other personal items that cannot be taken into the secure perimeter. Unassigned lockers will be provided for authorized contracted staff to use the facility if desired. The unassigned lockers will also be half height lockers and use will be on a first come, first served basis. Since the distribution of male and female staff may change over time, ideally the locker rooms will be situated with a common metal stud partition wall that can be moved if necessary. A 10% factor was added to the projected staffing to arrive at the number of lockers so that facility modifications would be minimal once construction is completed.

The doors to the locker rooms should have card access capability or shunted to remain unlocked to allow staff easy access. The lockers are not intended for long-term storage of clothing and supplies; however, there does need to be sufficient space for staff to store their coats if necessary, as well as their uniform and clothing to work out in the wellness area. All lockers should be located close to the shower rooms. The locker rooms will provide benches to facilitate changing.

[11] The assigned lockers are based on all staff assigned to the LCC or RTC regardless of whether they are correctional staff or other staff that support the LCC and RTC operations. Staffing numbers are projected to be 908 pursuant to the NDCS Master Plan. Some efficiency could be realized with centralizing many of the administration, lobby/reception, staff support and custody functions.

Adjacent to each male and female locker/changing room is a shower area, with three individual stall showers (one shower is ADA accessible) and an outer drying area. Appropriate ventilation and privacy paneling on the door is required for the showers. Located within or immediately adjacent to each shower room is a toilet/sink area with five toilets and five sinks (meeting ADA accessibility requirements). Each locker room area will be equipped with one wall-mounted hairdryer. A janitor closet will be located in each locker room, as will a coat rack for staff who elect to use the wellness area on days they are not scheduled to work.

Space will be provided for a future towel service that may be considered by the LCC administration. Shelves for clean towels and a dirty laundry cart will be provided in an alcove located in the locker room, ideally near the shower area.

A separate lactation room will be provided in the women's locker room for staff to use when necessary. The room will be equipped with a chair, counterspace located at seating height, biohazard disposal and trash bin. The lactation room should be located close to the sink in the locker room. If that adjacency cannot be met, a sink will be required in the lactation room.

An additional closet will be located in each locker room for storing cots for staff to use during an extended emergency incident. Sufficient open space should be provided in the locker rooms to accommodate open cots.

Staff who elect to use the wellness equipment will generally change into their wellness attire in the locker room, perform their wellness activities in the adjacent wellness room, and then shower and change into their street or work clothing. The wellness room must be sized to accommodate a full shift of staff who may elect to work out just prior to or just following their tour of duty.

The wellness room will be equipped with various equipment for aerobic and strength training. An area with mats will be provided as will areas for multi-function equipment and free weights. Ceiling mounted televisions and wall-mounted mirrors will be provided to support the wellness effort.

3.300 Staff Briefing and Training Rooms

Space for staff to prepare for their shift and to receive training is paramount to providing for knowledgeable and well-prepared staff. To that end, a briefing room and a training room will be provided. It is expected that the briefing room could be used for training purposes; however, a separate training room is required so training can be conducted for an eight-hour period without interruption.[12] Moreover, staff may need to obtain information in the briefing room throughout the shift, and the briefing room may contain sensitive information that should only be viewed by custody staff.

Staff Briefing Room

When RTC staff arrive for their tour of duty, they will report to the staff briefing room at the appointed time to be checked in and to receive information pertinent to their tour of duty.

[12] The scheduled briefing times would not allow for an eight hour training time period.

During shift briefings custody staff will be informed of shift assignments, extraordinary incidents for which they need to be aware of prior to arriving at their post, and departmental issues that must be addressed with all staff. Moreover, the shift briefing will include postings of memoranda and directives; therefore, it should not be used by other agencies without the approval of the warden.

The briefing room will be fully equipped to accommodate an entire shift of staff either seated or standing for inspection. A podium area with a moveable lectern should be provided with adult learning desks that can be folded and pushed to side. A hard-wired and/or wireless wide screen smart TV will be provided at the front of the briefing room adjacent to the podium. The walls are expected to be lined with posters and bulletin boards that will display information relevant to staff assigned to the RTC. Some sound attenuation will be required in this room to avoid interference with other functions in this component.

The briefing room should be located in an area that will allow staff to stage prior to undergoing the potential future screening. Therefore, a time and attendance device will be located in this area so that staff can document their arrival to work prior to undergoing security screening.

Staff briefings for LCC staff will continue to be held in the existing location. Although, the new briefing room could be used for LCC as well, if scheduling allows.

Training Room

A separate training room will be provided for conducting a variety of training programs relevant to LCC and RTC operations. Training will include pre-service and in-service training and will range from classroom/lecture type instruction to cardio-pulmonary resuscitation and defensive tactics training. Therefore, the training room must be very versatile to accommodate the various teaching methods and numbers of participants.

Similar to the briefing room, the training room will require a podium area with a podium area with a moveable lectern. Students will generally be seated for training at adult learning tables and stackable seating. Audio and video equipment will include a hard-wired and/or wireless wide screen smart TV will be provided, with VCR/DVD player/recorder, and a speaker system. Similarly, all walls should be equipped with white boards with occasional bulletin board for mounting training materials.

A separate computer training room will be located adjacent to and accessible from the training room. A separate entrance from the staff corridor should also be provided so staff can use the computer training room without disrupting a training program in session. The computer training room will be equipped with computer stations lined against the walls so that as many as 15 staff can participate in a computer-based training program. All computers should be networked so the instructor can control access to different aspects of the training. The computers will also be networked or otherwise have access to the other applications used at the LCC and RTC facilities (e.g., NICaMS, asset management, etc.).

Electrical receptacles in the floor will be provided in convenient locations; these receptacles will be appropriately covered and protected to prevent damage from feet and furniture.

A secure storage closet will be provided for storing of the audio/visual and training equipment, and additional chairs, etc. Training equipment and supplies can range from resusci-mannequins, defensive tactics protection suites, forms and publications. Ideally, the storage closet will provide easy accessibility from both the briefing and training rooms.

Although incident command is expected to be activated in the administration conference room, either the briefing room or the training room could be used as support command if the incident is not occurring in close proximity. Thus, all electrical circuits and lighting in the training room and adjacent computer room should be connected to the facility's emergency power generation system.

Offices will be provided for the training coordinator, safety officer, and emergency specialist. These offices will be provided with ample shelving and file 5-drawer file cabinets for storing training records and training manuals.

A break room will be located adjacent to the training room so staff will have ready access to a vending area and food brought in from the outside and stored in a refrigerator if necessary. A roll up pass through to the training room will be provided for ceremonial events, retirement parties, etc., whereby food may be staged once removed from the refrigerator. A staff restroom will be located in close proximity to the training and briefing rooms if the rooms are not located in close proximity to the locker room area. A janitor closet will also be provided in this area.

3.400 Mail Room

The LCC mail operation will continue in its current space. All RTC mail will be received at the loading dock where it will be brought to the mailroom for screening, sorting, and eventual distribution. The staff and administrative mail may also be received at the loading dock and sorted by mailroom staff. However, at the discretion of the warden, administrative mail may be given a separate address from inmate mail, and may be delivered through the public lobby. In this case, the postal worker would deliver the administrative mail directly to the corrections corporal at the public lobby.

All letters and packages delivered to the facility will be screened for drugs and contraband via metal and drug detection devices. Future procedures may allow for explosive detection for incendiary or explosive devices. Mailroom staff will open and inspect offender mail to intercept cash, checks, money orders, and contraband. Inmate privileged mail will undergo x-ray screening, but will be opened and inspected in the living unit in the presence of the offender. A receipt will be provided to the inmate for any items confiscated, including money. Funds for individual canteen accounts will be directed for deposit. For this reason, a camera should be mounted at the staff screening area to abate accusations of lost mail, etc.

The mailroom will be equipped with x-ray and metal detention devices, tables for sorting mail, shelving, bins, and with special ventilation, in the event that contaminated mail is brought into the facility. A separate staff restroom will be located in this component adjacent to the mail screening area for staff to immediately shower in the event of contamination. The shower head will be located in the restroom area, with no additional space required. The floor at the shower head will be sloped to facilitate drainage.

Once screened, the mail will be sorted and placed in appropriate mail slots. The facility mailroom will be sufficiently sized for temporary storage of letters, magazines, and newspapers, and a locked cabinet to store rejected offender mail. Staff will receive their mail by shift; therefore individual mail slots not required for shift staff. Staff/shift mail slots (approximately 60) will be located in a staff corridor conveniently located to the staff training and briefing rooms so upon conclusion of a briefing, staff will check their individual and assigned post mail slot to obtain the mail contained therein.

Inmates will deposit outgoing mail into boxes in the dayroom provided for that purpose. Staff will take the inmate mail to the mailroom and store it in the outgoing mailbox. Outgoing mail from the administration and other areas of the facility will be brought directly to the mailroom by a staff member from that area or by an escort officer**.** Mailroom staff will deliver outgoing mail directly to the loading dock for pick up by the US Postal Service at the time of mail delivery.

Additional Design/Operational Considerations

The briefing and training rooms, the staff locker rooms, and mailroom should use standard office construction. Access to restricted areas should be gained via a card access (authorized staff), biometric system that will activate an electronic locking system. Doors into the staff-only areas of the facility should be kept locked at all times, with access by authorized staff only.

The training room should be wired for cable/satellite TV. All electrical circuits and lighting in the briefing room should be connected to the facility's emergency power generation system.

The doors leading from the staff only areas of the facility into the secure perimeter will be via a secure pedestrian sallyport.

The mailroom should be located at the end of the staff support building on an exterior wall to minimize damage if a mail related incident should occur. Separate ventilation including a continuous indoor air hazards monitor will be provided to detect biological threats by assessing changes in ambient air biological particulate levels.

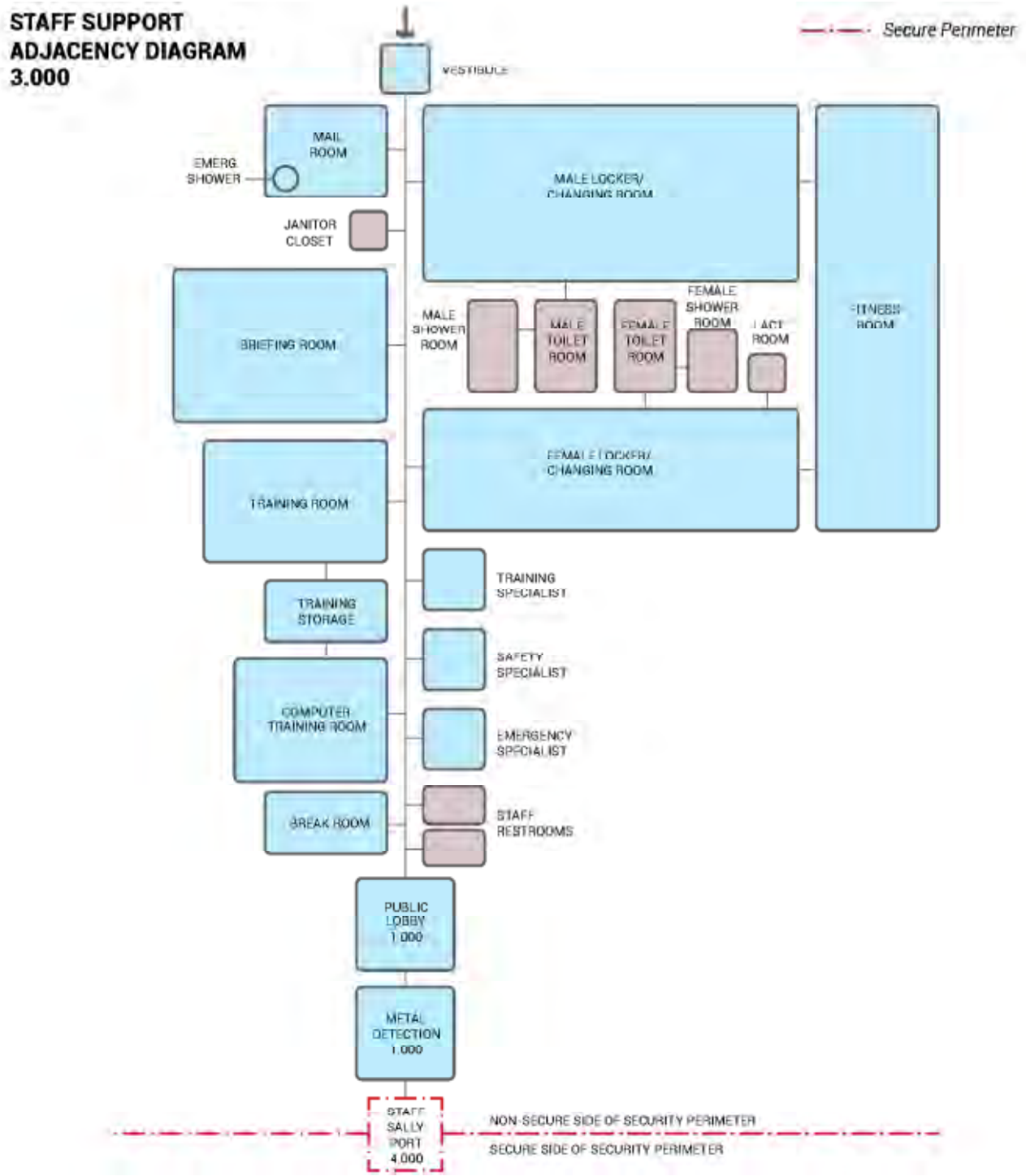
Table 3.000
Architectural Program: Support Services

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
3.000	**STAFF SUPPORT**					
3.100	STAFF ENTRANCE					
3.101	Staff Entrance Weather Vestibule	-	1	100 /area	100	Staff entrance door directly from staff parking area; card or biometric access, weather vestibule; crash bar on interior side.

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
				Subtotal Net Square Feet	***100***	
				Grossing Factor	***1.35***	
				Subtotal Gross Square Feet	***135***	
3.200	STAFF FITNESS					
3.201	Men's Locker/ Changing Rooms	590	1	5 /locker	2,950	Half height assigned lockers wide enough for hangers; changing space, benches.
3.202	Unassigned Lockers	6	1	5 /locker	30	Half-height lockers.
3.203	Shower Rooms (Male)	1	3	40 /shower	120	Shower stall with drying area; accessible from locker room
3.204	ADA Shower Room (Male)	1	1	50 /shower	50	Shower stall with drying area; accessible from locker room
3.205	Toilet/Sink Rooms (Male)	1-5	1	150 /area	150	5 toilets (urinals my be substituted for male bathroom per code), 5 sinks, wall-mounted hair dryer; accessible from locker room
3.206	Towel Access / Drop	-	1	25 /area	25	Located within locker room; shelf for towels; laundry bin for used towels.
3.207	Cot Storage	-	1	100 /area	100	Closet with fold up cots
3.208	Women's Locker/Changing Rooms	318	1	5 /locker	1,590	Half height assigned lockers wide enough for hangers; changing space, benches.
3.209	Unassigned Lockers	6	1	5 /locker	30	Half-height lockers.
3.210	Shower Rooms (Female)	1	3	40 /shower +10	130	Shower stall with drying area; ADA shower is 50 sf; accessible from locker room
3.211	ADA Shower Room (Female)	1	1	50 /shower	50	Shower stall with drying area; accessible from locker room
3.212	Toilet/Sink Rooms (Female)	1-5	1	150 /area	150	5 toilets, 5 sinks, wall-mounted hair dryer; accessible from locker room
3.213	Lactation Room	1	1	80 /room	50	Comfortable seating; counter space; located adjacent to the sinks.
3.214	Towel Access / Drop	-	1	25 /area	25	Located within locker room; shelf for towels; laundry bin for used towels.
3.215	Cot Storage	-	1	100 /area	100	Closet with fold up cots
3.216	Fitness Room	15	1	50 /person	750	Exercise equipment such as circuit training, weights, aerobic equipment.
3.217	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation
				Subtotal Net Square Feet	***6,340***	
				Grossing Factor	***1.35***	
				Subtotal Gross Square Feet	***8,559***	
3.300	BRIEFING/TRAINING ROOMS					

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
3.301	Staff Briefing	50	1	20 /person	1,060	Adult learning desks or tables, chairs, A/V equipment & screen, white board, phone; time clock; outside of the perimeter.
3.302	Training Room	20	1	25 /person + 60 sf teach area	560	Narrow learning desk, A/V equipment; rotating ceiling mounted projector; white board on all available wall space; lectern; moveable partition for room division capability.
3.303	Computer Training Room	15	1	25 /person	435	Tables formed in a U-shape with 15 computer workstations, projector located within the room.
3.304	Training Storage	-	1	200 /area	200	Secure storage for A/V equipment, training materials, equipment
3.305	Training Specialist	1	1	100 /office	100	OF-4
3.306	Safety Specialist	1	1	100 /office	100	OF-4
3.307	Emergency Specialist	1	1	100 /office	100	OF-4
3.308	Break room	8-10	1	250 /area	250	BR-1; roll up pass through to training room 3.302.
3.309	Staff Restroom	1	2	50 /area	100	ADA-Compliant; easily accessible from the training/muster rooms
3.310	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation
				Subtotal Net Square Feet	***2,945***	
				Grossing Factor	***1.35***	
				Subtotal Gross Square Feet	***3,976***	
3.400	MAIL ROOM					
3.401	Mail Room	1	1	400 /area	400	Work tables, shelving, bins, mail processing equipment; x-ray machine; separate ventilation; drop box for temporary staging of Inmate outgoing mail and packages; and mail slots located so they are accessed from the staff support corridor.
3.402	Staff Restroom/ Emergency Shower	1	1	50 /area	50	ADA compliant; shower head with flooring at shower head sloped for proper drainage.
				Subtotal Net Square Feet	***450***	
				Grossing Factor	***1.35***	
				Subtotal Gross Square Feet	***608***	
				3.000 Total Interior Net Square Feet	***9,835***	
				3.000 Total Interior Gross Square Feet	***13,277***	

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
				3.000 Total Exterior Square Feet	(0)	


STAFF SUPPORT
ADJACENCY DIAGRAM
3.000
Secure Perimeter
VESTIBULE
MAIL ROOM
EMERG SHOWER
JANITOR CLOSET
MALE LOCKER/ CHANGING ROOM
FITNESS ROOM
BRIEFING ROOM
MALE SHOWER ROOM
MALE TOILET ROOM
FEMALE TOILET ROOM
FEMALE SHOWER ROOM
LACT ROOM
FEMALE LOCKER/ CHANGING ROOM
TRAINING ROOM
TRAINING STORAGE
TRAINING SPECIALIST
SAFETY SPECIALIST
COMPUTER TRAINING ROOM
EMERGENCY SPECIALIST
BREAK ROOM
STAFF RESTROOMS
PUBLIC LOBBY 1.000
METAL DETECTION 1.000
STAFF SALLY PORT 4.000
NON-SECURE SIDE OF SECURITY PERIMETER
SECURE SIDE OF SECURITY PERIMETER

4.000 CUSTODY OPERATIONS

Introduction

The mission of custody operations is to provide for the safety and security of all staff, visitors, and inmates in the entire LCC and RTC institutions, and thus facilitate orderly operations and opportunities for meaningful programming. A new RTC control room and custody operations component are to be constructed to operate the security functions of the RTC. The LCC control room will continue to operate the LCC security functions as well as the perimeter for the complex. To maximize flexibility in operations as well as provide for backup systems in the event of a major control malfunction, both the LCC and RTC control rooms will have the ability to fully operate both institutions. The LCC and RTC wardens must continually assess the flow of people and vehicles through the perimeter access points to ensure the division of responsibility continues to be appropriate for task management.

This section includes the controls for perimeter security including management of vehicle access through the vehicle sallyport and entrances and exits through pedestrian sallyports; the operation of the central control room; keys; the armory; security and safety communications and surveillance; fire safety; and emergency response. Administration space for custody operations personnel is located in this component.

Breeches in the perimeter will be limited as much as possible to ensure all persons entering and exiting the facility perimeter are accounted for. To the degree feasible, these breeches should be limited to the main pedestrian sallyports and the central vehicle sallyport. A card and/or biometric means of identification will be provided at each access point to properly document all persons inside the facility.

Components of the custody operations section are located within an interstitial space of the facility's secure perimeter with the exception of the custody office and the Corrections Emergency Response Team (CERT) located in the warehouse or similar space. The interstitial space includes areas such as central control and the central key storage room, which are neither within the secure perimeter nor outside of the secure perimeter; rather, they are within a stand-alone secure perimeter that bridges the two. No unauthorized staff will be permitted in these areas unless for official business.

Typically, security equipment such as keys, radios and personal alarms will be located at each fixed post and transferred between staff during shift changes. Escort officers, whose posts are not at a fixed location, will obtain their security equipment from an electronic key control system located in this component.

Although control rooms will be limited as much as possible, there must be a sufficient number to meet the security demands of the facility and the population. It is assumed that the existing LCC control room can manage the operation of the LCC for the maximum number of inmates, i.e., 788 beds as well as the security perimeter and main vehicular sallyport gates. Modifications to the existing LCC control would be required to allow for redundant operation of the two institutions. An additional housing control room may be

required to manage the existing restrictive housing[13] located at the LCC. A new RTC control room will be constructed that would initially operate only the security systems with the RTC including all controlled interior doors, CCTV cameras, personal alarm systems, etc.. The control room will also require the redundant controls that are similarly planned at the LCC.

As stated in the Introduction section of this chapter, no proprietary equipment and/or systems would be used that will inhibit future repairs or expansion by RTC or NDCS staff.

Operational Description

4.100 Custody Operations

The RTC custody operations suite area includes the offices and spaces that support the overall custody operations subcomponent. The custody offices will be adjacent to the main control room, but will be accessed from within the secure perimeter. The LCC custody operations will remain as they currently exist.

Pedestrian Sallyports

The main pedestrian sallyport is the primary entrance to the facility by visitors and staff. All non-LCC and RTC staff[14] who enter the facility via the main pedestrian sallyport are first screened in the public lobby. Visitors to the administration office will be directed to that location by reception staff and will not enter the main pedestrian sallyport. Inmate personal and professional visits conducted in the RTC visiting room will enter through a separate visitation pedestrian sallyport (a secondary sallyport will be provided from the visiting room to the secure area of the facility, thus resulting in the visiting room being an interstitial space as described earlier).

Special care must be given to ensuring that unauthorized persons are not permitted within the secure perimeter. The RTC control room sallyport may be accessed from the main pedestrian sallyport. This configuration will provide added security to prevent visitors from inadvertently entering the RTC control room. Once staff and authorized visitors enter the sallyport they will undergo additional identity verification and then be permitted to enter the perimeter. An electronic key management system (e.g., Keywatcher) will be located within the sallyport so that staff can retrieve authorized keys. The daily use keys (that are not passed between officers at a post) will be obtained from this system by authorized personnel (e.g., escort officer or supervisory personnel). Otherwise, keys will be transferred from staff to staff during shift change.

All of the doors in this area will be the highest level of security grade. RTC control must have direct visibility into the main pedestrian sallyport and the visitation pedestrian sallyport.

[13] The restrictive housing control already exists and may continue to be used in the future.
[14] Consideration may be given to implementing searches of facility staff in the future.

RTC Custody Office

The custody office includes the staff and administration spaces necessary to support the facility. Within the custody office, escort officers will obtain radios, hold meetings, and may receive their assignments for the shift. This space will also function as the administration space for the custody operations component; therefore, it will be equipped with a network printer, computer, fax, copy machine, and built-in shelving for forms and supplies. A bank of radio battery chargers (with emergency power back-up) will be maintained in the custody office. A lockable cabinet with pegboards for escort officer keys and spare access cards will be provided at this location.

In emergencies, the custody office could be used as an incident command room where a sector command could operate. Adequate pin-up space for floor plans of the facility and wall-mounted writing surface should be provided. A conference table with seating for up to eight people will be provided in this area. Additionally, the room must have multiple phone lines at various locations (to enhance uninterrupted communication), computer terminals with access to security and redundant life safety information, including fire alarm enunciator panels and be capable of audio/visual presentation and have adequate counter space for radio chargers. Bookshelves will be provided for storing policies and procedures, regulations, emergency response protocol and other documents that may be necessary to respond to an emergency situation.

The custody operations suite will provide office and work areas for the staff assigned to this subcomponent. A shared office will be provided so that the security administrator can meet with staff in the custody area. The corrections captain will also be located in this area, as will the administrative lieutenant who is responsible for custody personnel and intelligence (e.g., security threat groups).

All shift lieutenants will perform their administrative duties from the custody operations suite. A separate shared office with three workstations will be provided to accommodate the three shifts. Each shift lieutenant will be provided a separate lockable file cabinet where they can store daily operations notes regarding staff assigned to them or operational reports requiring follow up. Shared workstations will be provided in the shift lieutenants' office area for sergeants who are serving in an acting shift supervisor capacity or performing administrative functions. Intake sergeants will be located in Component 6.000, Intake and Release.

A shared enclosed interview room will be accessible from custody operations area to allow for staff coaching conferences. These conferences may also be held in the shift lieutenants' office.

The disciplinary coordinator, responsible for coordinating and conduct disciplinary hearings will be located in the custody office. Hearing rooms will be located in the housing areas and therefore will not require additional space. A separate room will be provided for storing evidence. While the evidence will typically be used for administrative hearings, some evidence may be temporarily stored for criminal prosecution. Therefore, to maintain chain of custody, only the administrative lieutenant and assistant warden will have access to the evidence room. A secure drop box will be located outside of the evidence room

where shift lieutenants may temporarily store evidence until the administrative lieutenant is on duty.

A workstation for the sergeant assigned to key/tool functions will be located in this subcomponent. This staff will be responsible for the inventory, maintenance and storage of all keys and tools. Administrative functions and record keeping will occur in the custody operations suite, while inventories, etc., will be performed in the respective areas. Key replacement and duplication will take place in existing space or in the new centralized maintenance shop, which will be part of the new warehouse/pharmacy structure.

Accessible from the custody office will be the inmate telephone equipment room. Locating the inmate telephone equipment in the custody suite allows authorized custody staff to conveniently monitor telephone calls on a random or investigative basis. Additionally, access to this area can be controlled by custody staff when contract personnel perform routine maintenance or repairs. The doors will be kept locked at all times and accessed primarily by the authorized institutional personnel, telephone company and contract staff. The inmate telephone equipment room must be large enough to accommodate the telephone and data equipment racks, with a workstation located in the room for maintenance and call monitoring. Equipment will be mounted on both plywood backboards and on floor-mounted racks.

Support space in this subcomponent will include a shared restroom and a janitor closet. These spaces could be combined with the similar spaces in Section 3.000 Staff Support if the spaces can be located to be easily accessible to both components.

*4.**200 RTC Control Room***

The RTC control room is the focal point of daily RTC operations by providing access into/out of the secure perimeter, living unit exterior doors and other high security doors, and monitoring activities via camera throughout the RTC. The RTC control room will be located within its own security zone of the facility, and access into this area is strictly limited to authorized personnel.

The control room is accessed from a set of interlocked doors. There are three doors within the RTC control room sallyport including the exterior of the sallyport. The other two doors include access to the armory and the RTC control room, each of which are described below. There should be very limited access into the RTC control room sallyport other than during shift change or during emergencies.

An armory, accessed from the RTC control room sallyport and easily accessible from the custody office suite area, will be provided to facilitate immediate distribution of emergency equipment and weapons if required. Two additional armories exist, one for riot disturbance control and one for evidence at the main vehicular sallyport for the complex. Although emergency keys will be issued from RTC control, cell extraction and some less than lethal weapons such as chemical agents may be stored in the armory, therefore this space must provide for sufficient ventilation to the exterior of the building to avoid contamination resulting from accidental discharges or expiration of the agent. The key room/workshop will be located on the complex where the master keys for the complex, as well a security key cutting machine to duplicate keys will be located.

RTC Control Room

The RTC control room will be laid out to provide easy maneuvering for the benefit of the assigned staff's activities. All controls will be either touch screen and/or mouse activated. Because the RTC control room will be a crucial and highly specialized 24-hour operation with specialized technological equipment, a separate HVAC system should be provided to ensure appropriate temperatures and uninterrupted climate control. The RTC control room must be entirely self-sufficient with its own equipment storage, restroom, beverage station and janitor's closet so it can remain operational under the most severe circumstances.

Activities within the RTC control room include:

- observation and control of all perimeter doors/exits (pedestrian and vehicular)[15];
- maintenance of the official headcount;
- monitoring of life safety and security alarm systems;
- control of internal movement into and out of the living units and in other zones within the RTC;
- making public address system announcements with the RTC;
- maintaining radio communications and base station for internal transmissions and facility-based transports;
- monitoring and recording of cameras throughout the RTC and specifically visitation;
- elevator monitoring systems, if provided;
- monitor a personal system, if provided;
- control of all security perimeter sallyports (although this function will initially be performed by LCC control; and,
- ability to assume command of all locking doors within the RTC, particularly in emergency situations
- ability to operate redundant controls for the perimeter and the LCC if necessary.

RTC control will be staffed by at least one officer at all times, with an additional one or two officers assigned during periods of increased activity. Ideally, one of the officers assigned on the day shift will be a corrections corporal who will be responsible for ensuring the post is represented at facility operational meetings, etc. Given the number of functions occurring in RTC control, the interior layout and counter designs must be provided in concert with the complete understanding of the full range of functions and design of security systems. Redundant door control and communication capabilities at each workstation must be provided to allow a second staff person to operate the necessary equipment during busy periods, restroom breaks, etc. The control consoles must be ergonomically designed, as staff will be assigned to this post for extended periods.

A third redundant control console will be provided for a staff member to specifically monitor cameras or for training new staff on the control center operations without

[15] The LCC control will operate all perimeter doors and gates. Vehicles that have entered into the perimeter will report directly to the location of their business, where the institutional controls will be used based on the location (e.g., RTC control will operate the enclosed vehicle sallyport doors).

disruption to the daily operations. This control console will be located in an alcove where staff can monitor cameras located throughout the RTC, but specifically the visiting areas. These staff will identify potential problems in the facility and if necessary activate video recording. Issues that may require staff response will be reported immediately to RTC control staff so that emergency response can be activated. The presence of camera monitoring should supplement rather than supplant direct supervision by staff. Research suggests that the effectiveness of monitoring cameras is questionable both in terms of the number[16] of, and the length of time[17] cameras are monitoring.

Counter space will include an area directly accessible by the officer for a custody management system computer (NICaMS) and printer, fire alarm system computer, and local area network computer. Monitoring of fire alarm, smoke and thermal detection, public address, radio and other mechanical and electrical systems is a key responsibility of staff assigned to RTC control.

RTC control must have excellent and preferably direct visibility of the main and visitation pedestrian sallyports so positive identification of all persons entering and exiting the secure portion of the facility can be made. All persons who enter the RTC are required to display proper identification (e.g., uniform, RTC issued identification or temporary pass with authorized escort staff). A card and/or biometric means of documenting all persons with the secure perimeter will be provided at all entry/exit points to ensure positive identification and an accounting of all persons in the facility. This security measure is not intended to authorize access into and out of the facility; rather it is a means of documenting persons physically in the perimeter. In the event of an emergency, RTC control will be able to print a list of all persons within the secure perimeter.

Positive identification of persons entering other pedestrian access points may be by remote, continuous view CCTV; cameras and monitors will be in color to enhance visibility. CCTV will be event-activated with surveillance of key perimeter points. Care must be taken to avoid creating banks of monitors that are difficult to observe properly.

Digital recording will be provided for cameras as required through a network to avoid stacks of recorders and to enhance later review of the recordings. Placement of all other cameras should be limited to those areas not under direct visual inspection by facility security staff, and/or high activity levels (e.g. transportation) with manual and event-activated monitoring and/or recording capabilities.

[16] A research project by Jim Aldridge at the UK Police Scientific and Development Branch (PSDB) looked at how well operators could detect somebody with a specific object using different numbers of monitors. They found that observers viewing one, four, six and nine monitors showed accuracy detection scores of 85%, 74%, 58% and 53% respectively in picking up the person with the object. Source: Obtained from the Internet http://www.securitysa.com/article.aspx?pklarticleid=3313.

[17] Experiments for the U.S. Department of Energy to test the effectiveness of an individual whose task was to sit in front of a video monitor(s) for several hours a day and watch for particular events demonstrated that such a task, even when assigned to a person who is dedicated and well-intentioned, will not support an effective security system. After only 20 minutes of watching and evaluating monitor screens, the attention of most individuals has degenerated to well below acceptable levels. Monitoring video screens is both boring and mesmerizing. Source: The Appropriate and Effective Use of Security Technologies in U.S. Schools. U.S. Department of Justice. Office of Justice Programs. National Institute of Justice.

Secure pass- and talk-throughs will facilitate communication between people inside and outside RTC control, as well as allowing for the passage of papers and other items. The pass/talk-throughs will allow for two-way communication with hands-free or remote activation, but should minimize extraneous noise that should not be carried into RTC control.

Specialized fire suppression systems should be provided in RTC control. Although non-water or other similar fire suppression systems may not be allowed by code, the local/state fire marshal should work closely with RTC and NDCS staff to ensure a system is provided that will allow for the protection of staff and the equipment in the event of an emergency situation. Security panels and equipment must be selected with care to ensure durability even in volatile situations. If allowed by code, a "dry" sprinkler type system or mist-type system should be selected over a deluge system to minimize the potential of rendering the security system, equipment consoles, or computers inoperable because of water damage.

To support the self-sufficiency of the RTC control area, a staff restroom and a small beverage counter will be provided in this area to minimize staff traffic and changes in personnel accountability in RTC control. A beverage counter will have space for a coffee maker, sink, small refrigerator and microwave.

An equipment room, adequately sized to house electronic equipment racks, an uninterrupted power source (UPS), and computers will be installed adjacent to, and accessible from, RTC control. A special ventilation system may be needed for the equipment room. Appropriate grounding is required in this area to minimize the potential for the electronics to be impacted by static electricity build up.

4.300 Corrections Emergency Response Team (CERT)

Space will be provided for the emergency response team to store and don their equipment and to prepare response plans in emergency situations. CERT team members are assigned to each shift. Vacated space within the existing LCC and DEC once the MIFS project is constructed can be repurposed and used for satellite storage of CERT equipment that would be shared by staff actually responding to an incident as well as repurposed maintenance area.

Equipment such as tasers, batons, and riot shields may be stored in these satellite muster rooms. These spaces are, in effect, the non-lethal armory and will be equipped with a combination of shelving and cabinetry for storing various items. Some open space is required for storing riot shields.

Other less than lethal supplies (e.g., chemical agents), will be stored adjacent to RTC control in the armory and/or in existing space in the LCC, and will be issued only upon approval of the CERT supervisor or the shift supervisor.

Ideally, a specially equipped staff restroom will be located adjacent to the satellite muster rooms so CERT members can undergo decontamination if necessary following an incident. These are otherwise standard restrooms, but with a wall mounted showerhead in one corner for emergency use. Appropriate sloping and drainage is required in this

restroom to avoid run off or pooling of grey water. If the satellite muster room uses exiting space, it may not be feasible to install a specially equipped restroom. On the other hand, any new construction will require the restroom.

Additional Design/Operating Considerations

RTC control is the most secure area within the detention facility. This area will utilize extensive security construction, hardware, equipment and technology. It will be designed with appropriate access control and monitoring capability. All clear glazing in RTC control will be attack and ballistic resistant with an interior polycarbonate layer or other substance to prevent spalling. The configuration and physical layout of the control room should minimize officer fatigue through environmental conditioning and ergonomics. All operator controls will be passive by design. This means that an operator's attention will be called to control or monitor a particular location only during a change state, such as when a secure door becomes unsecured an audible enunciation and visual cue occurs. In addition, automation will be used whenever practical, and within limits of acceptable security practices, thereby minimizing operator actions for internal (within the secure perimeter) building movement of staff.

Security systems should be selected based on appropriateness to the intended function, maintenance history, availability, and initial cost. Proprietary products and/or software should be avoided. The use of standard off-the-shelf commercial products will maximize competitive procurement of the initial system and minimize life cycle costs. Replacement and spare parts should be included with the initial purchase of security equipment to avoid future unavailability of these parts, in the event the parts become obsolete as technology becomes more sophisticated.

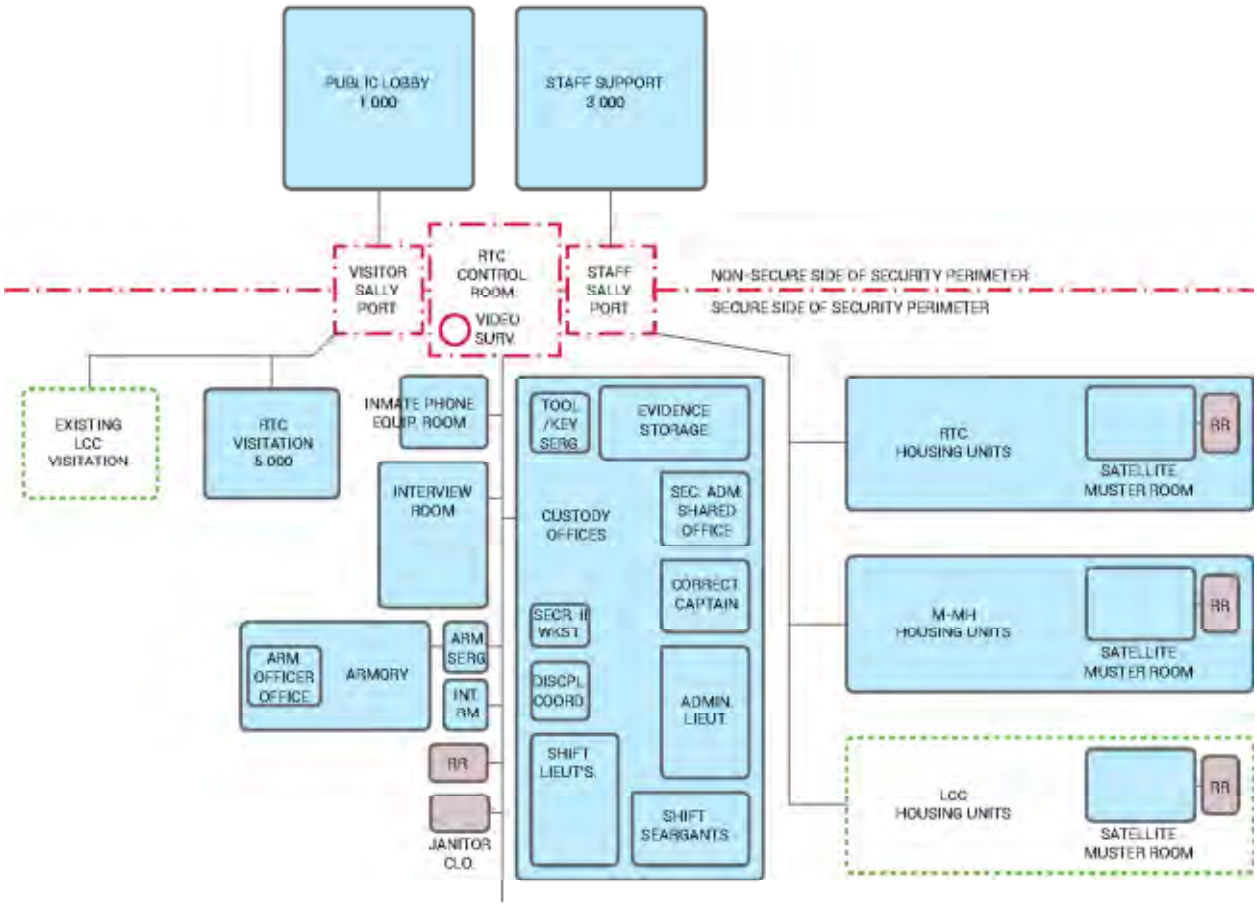
All electrical circuits and lighting in this component should be connected to the facility's emergency power generation system. Sensitive electronic equipment essential for the operations of the facility in RTC control should be on a UPS system and also be located above the level of any potential flooding. Architectural design and engineering solutions (i.e., water tight construction) may also be utilized to protect sensitive equipment from water damage.

Table 4.000
Architectural Program: Security Operations

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
4.000	**CUSTODY OPERATIONS**					
4.100	CUSTODY OPERATIONS					
4.101	Main Pedestrian Sallyport	10	1	300 /area	300	Doors leading to into the secure perimeter from the staff area, the public lobby; electronic key management system.
4.102	Visitor Sallyport	10	1	100 /area	100	Doors leading to into the secure perimeter from the public lobby and the visiting area;. Fluorescent light station at door leading into visitation room.
4.103	Custody Office	8	1	20 /person	160	Conference table, chairs, radio communications, phones, fire and smoke alarm/control panels, audio/video linkage, map storage & display; network printer; copier; radio chargers; eg boards.
4.104	Security Administrator Shared Office	1	1	120 /office	120	OF-3
4.105	Corrections Captain	1	1	120 /office	120	OF-3
4.106	Administrative Lieutenant	1	1	200 /office	200	OF-2
4.107	Secretary II	1	1	50 /wkstn		WS-3, adjacent to custody administrator
4.108	Shift Lieutenants	3	1	80 /person	240	Shared private office with file storage, book case, additional chairs.
4.109	Shift Sergeants	2	1	64 /person	128	Located within Shift Lieutenants' office (4.106); shared workstations.
4.109	Interview Room	1-3	1	150 /room	150	Table with seating for four.
4.110	Disciplinary Coordinator	1	1	64 /wkstn	64	WS-2
4.111	Evidence Storage	1	1	150 /shelves	150	Card access with PIN code; secure safe.
4.112	Tool/ Key Sergeant	1	1	64 /wkstn	64	WS-2; bin for keying charts
4.113	Inmate Telephone Equipment Room	1	1	150 /room	150	Fiber optics telephone equipment, file servers, accessible by telephone vendor, desk, chair, computer work station (WS-4)
4.113	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation
4.114	Staff Restroom (M/F)	1	1	50 /room	50	ADA-Compliant
				Subtotal Net Square Feet	***2,036***	
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***2,952***	

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
4.200	RTC CONTROL					
4.201	RTC Control Sallyport	5	1	100 /area	100	Access to the armory and RTC control
4.202	Armory	1-2	1	150 /area	150	Shelving; open space for shields; ventilation.
4.203	Armory Officer Office	1	1	64 /wkstn	64	WS-2
4.204	RTC Control Room	3	1	300 /area	300	Includes security monitoring systems, alarm centers, intercoms, door controls, etc., pass-throughs
4.205	Video Surveillance Alcove	1	2	64 /wkstn	128	WS-2; located with RTC Control Room
4.206	Beverage Station	-	1	25 /area	25	Coffee maker, water cooler; microwave; half-height refrigerator.
4.207	Staff Restroom	1	1	50 /area	50	ADA-Compliant
4.208	Computer Equipment Room	-	1	120 /area	120	Alarm switching equipment, power supplies, surge protectors, etc.; adjacent to RTC control; accessed through RTC control sallyport
				Subtotal Net Square Feet	***937***	
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***1,359***	
4.300	CERT TEAM					
4.301	Satellite Muster Rooms	3	3	150 /area	450	3 lockers within privacy screen, curtain front; bench seating; wall mounted white board; shelves and racks for storing equipment (helmets, pads, restraints, etc.).
4.302	Staff Restroom	1	1	50 /area	50	ADA-Compliant; shower head located in corner; ample drainage with sloped flooring; eye wash station.
				Subtotal Net Square Feet	***500***	
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***725***	
				4.000 Total Interior Net Square Feet	***3,473***	
				4.000 Total Interior Gross Square Feet	***5,036***	
				4.000 Total Exterior Square Feet	***(0)***	

CUSTODY OPERATIONS ADJACENCY DIAGRAM
4.000



5.000 CENTRAL VISITATION

Introduction

This chapter describes the operational assumptions and space descriptions for the RTC visitation function. Visitors may include relatives, friends and professional visitors such as attorneys, mental health professionals, government agencies, parole officers, law enforcement officers, outside clergy, etc. The visiting component should promote a positive and friendly environment and provide appropriate facilities for visitation.

Contact and non-contact visitation will be the primary methods RTC inmates to visit. Secondarily, video visitation will be offered to supplement visiting, particularly for those inmates whose families live far distances from the institution. Opportunities for inmates to use a controlled and monitored email system may also be available.

Contact visitation will be maximized to support family reunification. It will be available to all inmates who have demonstrated they can be effectively managed during a contact visit in terms of their behavior or mental health status. Some inmates may not be physically able to participate in centralized contact visitation, as is the case of inmates in hospice care, etc. In cases where centralized contact visitation is not possible for physical reasons, the inmate may use video visitation or a contact visit may be arranged bedside.

Although the majority of visits will occur in the contact visiting room, some inmates will be ineligible for such visits either because of their custody level or because they have temporarily, or permanently forfeited their access to such visits due to negative behavior. In addition, some official visitors may not wish to have physical contact with an inmate, as in the case of an inmate who has “acted out” against his attorney. On those cases, non-contact visitation may be used for professional or personal visitation. Personal visits may be considered as an option to avoid suspending an inmate’s visiting opportunity altogether.

The use of video technology for visitation and expanding its use for other existing services (e.g. telemedicine, parole board hearings, etc.) provides opportunities to reduce cost and increase services. While there are consequences of depersonalization associated with visitation via a monitor, the increased opportunity that video visits permits creates an acceptable balance. Ideally, public video visitation sites will be located throughout the state at public facilities such as Community Corrections facilities and/or at public health and social services centers. The location of these facilities is important in that it fosters ongoing relationships with the inmate, but it also allows for the inmate to meet with the service providers via video whom they may encounter upon their release in support of reentry programming. In addition, with the advancements made in facial recognition and video analytic technologies, video visitation with approved visitors can occur from a visitor’s respective homes on their personal computers. NDCS policy will need to determine how video visitation will be implemented in the future, not only at the LCC and RTC institutions, but also statewide.

Central visitation includes the area where the public has access to the video visitation equipment, as well as facilities that will be utilized for contact inmate visits.

Two public use video visitation booths will be located in the main lobby, so that personal or official visitors are not sent away if an inmate has lost contact visitation privileges.

The inmate component of the video visitation is planned to be located within the living units of the RTC. Initially, the focus will be on providing the inmate video visitation kiosks in the Medical and Mental Health housing areas. The space associated with the inmate visitation kiosks is included in the inmate housing area components, not with central visitation.

Professional visits, such as legal or clergy visits may be conducted either via video visitation or in person, generally at the request of the professional, and with permission of the facility administration. Such in-person visits will generally be held in the interview rooms located within the contact visitation area. Moreover, spaces for parole hearings, family reunification and victims reconciliation will also be provided in the central visitation component.

Video visitation equipment utilized for inmates' personal visitors should be equipped with audio and video recording equipment. If an ordinary visiting booth is used for an attorney consultation, such consultations must not be recorded. A software solution will be created to manage the scheduling of video appointments to avoid potential conflicts between attorney and personal visits.

Seemingly at odds with promoting an appropriate environment to support the visitation experience is the need for appropriate security in the visiting area. Visitation is an interstitial space, which means that is it neither within the secure perimeter nor outside of the secure perimeter; it is within a stand-alone secure perimeter that bridges the two. The building structure is only one component of providing security. Effective policies and procedures for clearing inmates and their visitors, and staff supervision during visits, are as essential as the physical building itself.

Calculation of Video Visitation Demand

Contact visitation is planned to be offered five days per week consistent with the existing visiting hours, which are approximately as follows:

- Wednesday - Saturday – 8:00 – 10:45 a.m; 12:45 p.m. – 3:45 p.m; and, 5:00 p.m. – 7:30 p.m.

Video visitation will be permitted seven days per week.

Total RTC capacity	870
Inmates who will receive visits (est.)	75%
Number of inmates who will receive visits (870 x 75%)	653 inmates
Total number of visits per week (assumes one visit per week)	653 visits
Length of visit plus processing time (15 minutes for processing)	135 minutes
Total visiting hours (Total visiting minutes of 88,155 divided by 60 minutes)	1470 hours

Available contact visitation hours per week (est.)	41.25
Number of inmates visiting periods required if visits averaged out (1470/41.25)	36 visiting periods
Average of 2 visitors per visit (totaling 3 persons including the inmate per visit)	108 people

Given the varied populations that would access the visiting room at one time, it was determined two visiting rooms would be required. One visiting room will be sized to accommodate as many as 80 total people (inmates and visitors combined), and a second visiting room will be sized to accommodate as many as 30 total people, including inmates with medical and mental health diagnoses. Although inmates with health care issues will be encouraged to use video visitation until they are stabilized, careful scheduling should be employed to avoid combining large numbers of inmates with mental health or inmates with medical issues in the smaller visitation room at one time. With the increased opportunity to use video visitation as an option and the potential expansion of the visiting day, it is possible that the number of visitation spots could be reduced; however, during holiday seasons, the likelihood of increased contact visits and the significance of accommodating family reunification efforts outweigh the option of reducing the visitation area.

Although contact visitation will be provided for most inmates, visitors may learn of an inmate's ineligibility for a contact visit after they have arrived at the facility. Therefore, video visitation kiosks will be provided as described in Component 1.000, Public Lobby.[18]

Space will also be provided for monthly family day outdoor visits for as many as 30 persons.

Operational Description

5.100 Contact Visitation

The contact visiting area will be the primary location for inmate visiting. Major functions located within the area include: contact visiting, official and multipurpose visiting rooms, a staff restroom, an inmate search room, staff control podium, secure visitors' restroom, janitor's closet and a child play area. An outside area will also be provided for family visiting days that may occur.

The design of this area must allow for excellent visibility in order to minimize the opportunity for inmates to receive contraband. At the same time, the area should be characterized by pleasant surroundings and the fostering of relationships between inmates and family members, including children. Each contact visiting room should be designed to allow individuals to assemble in the contact visiting room at one time (not including official, non-contact or video visits).

Once allowed into the area through the interlocked visitation pedestrian security sallyport (described in Component 4.000, Custody Operations), visitors will be directed by a

[18] Contact visits are based on reception status, discipline status and other factors outlined in procedures.

visitation officer located at an open standing workstation who will verify the visitor's authorization for a visit by observing the ink stamp under fluorescent lighting within the visitation pedestrian sallyport.

Once in the visitation area, visitors will be directed by the visitation officer to a seating area. Seating should be designed to make it difficult for visitors to pass contraband items to inmates and furnishings will be selected to provide for appropriate separations in order to maintain some distance between the two. A low solid table between the seating areas may be one way to achieve this. Pan/tilt/zoom cameras will assist in surveillance of the contact visiting area and will allow for videotaping of suspicious activities.

Inmate Access to the Visitation Room

Inmates will arrive at a separate entrance, typically via pass allowing self movement, where they will pass through a secure door and proceed into a search waiting area capable of accommodating 12 inmates as they await their processing and searches.

Inmates will undergo a pat and metal detection search prior to being approved to enter the visitation room. Once approved for access, inmates will enter the contact visiting room and will be directed by an officer to the appropriate seat across from their visitor. At the conclusion of the visiting period, the visitors will leave the room, through the visitation pedestrian sallyport, while the inmates remain in place. Once a visitor's hand stamp has been verified and they have departed the room, the inmates will be directed to report to search cubicles, four at a time, where they will be strip searched, dressed back into their uniform, receive a pass to return to their living unit, and be allowed to depart the area. An inmate restroom will be provided in the search area.

The officers supervising the search area must be of the same gender as the inmates. The search officer should be able to view the visiting room through one way glass at the search counter, and have control of the door(s) leading to and from that space.

Visitation

Two contact visitation rooms will be required to accommodate the peak periods of visitation. The primary visitation room will be sized to accommodate as many as 80 people (including inmates and visitors) and an additional room will sized to accommodate as many as 30 inmates. The contact visitation rooms should be an open area with tables that can be pushed to the side and stackable chairs. Seating should be designed to make it difficult for visitors to pass items to inmates and furnishings will be selected to provide for appropriate separations in order to maintain some distance between the two. Low round tables will be used to maximize visibility and reduce opportunities for contraband to be passed under the table.

For situations when either the inmate is not authorized contact visitation or a professional visitor does not desire a contact visit, two video visitation booths and two non-contact visitation booths will be provided, each with capacity for up to three visitors. At least one of each of the booths must be ADA compliant. The location of the video and non-contact visitation booths, accessible from the public lobby described in Component 1.000, allows

visitors to visit with inmates without undergoing security measures, as the visitors will not be permitted in the secure perimeter or have direct physical contact with inmates.

Each video and non-contact visitation booth should be enclosed and provide visual and acoustical privacy from one booth to the next. Maintaining sound privacy and reducing overall noise levels are critical design parameters for this area. The video visiting booths should provide a viewing screen that can be seen from all three chairs, and can be easily viewed by the vision-impaired. A phone system (handsets) will be utilized for the auditory component of the video visit. The non-contact booths should be designed to allow free talking through micro-holes that are integrated into the security frames surrounding the security glazing. The design will eliminate the need for any telephones or other means of electronic communications. The noncontact booths will be wired for video- and audio-recording for instances when a personal visit is conducted; yet, when used for attorney consultation, such consultations shall not be recorded. The noncontact visitation booth area will ideally be designed in a linear fashion so as to allow for visibility of both the inmate and visitor sides by the visitation officer or RTC control.

Prior to releasing inmates from the area, the visitation officer will notify RTC control that the visiting period is over and inmates will be exiting the visitation area. Inmates requiring escort will remain in the inmate-side of the non-contact booth pending escorted return to their assigned area.

Two official visit interview rooms will be located on the perimeter of each contact visiting room. Each room will be large enough for up to four persons and will provide a small table and four side-chairs. Glazing on the wall of the rooms facing the contact visiting room will be from floor to ceiling to allow for excellent supervision by officers in the area.

A parole hearing room will be provided on site at the RTC and be located so it is accessible from each visiting room. Parole hearings will be scheduled at times other than standard visitation times. Attendees may include five parole board members, the inmate and his representative/case worker, parole staff, victim, family members, the public, and potentially the media. A designated parole hearing room will be provided for these hearings. The space will be set up for video conferencing as parole reviews can be conducted via video.

A multipurpose room will be located between the visiting rooms for video-conference visits from remote sites, parole reviews, structured family reunification sessions, victims reconciliation, larger official visiting groups, or self-help/community-based organizations. These rooms will have a folding conference table and ten chairs to allow for flexible meeting arrangements. Full height glazing on the shared wall with the visiting rooms will promote easy supervision.

Two restrooms will be located in each contact visitation area for officers to allow an inmate or visitor the opportunity to use a restroom without terminating a visit. These rooms will remain locked and will be accessed only with the assistance of the visitation officer. Restrooms will be searched after each use and must be designed to minimize locations for hiding contraband (including the selection of a baby-changing station).

A small child-play area will be provided in each of the contact visitation rooms for families to interact with their children during a visit. Permission to go to this area will be sought from the visitation officer prior to accessing this area. Colorful matting, stackable cubbies, and colorful posters should be considered for this area. Toys will be donated from the community or from the inmate benefit fund. Parents are expected to supervise their children in the child-play area.

A vending area will also be located in each visiting room, whereby visitors may use a specified number of coins to purchase items from the vending machine. All vending purchases must be consumed or taken with the visitor when exiting the facility. A janitor closet for this component will be provided in close proximity to the vending area.

The officer control desk will be podium style and equipped with an internal (to the facility) telephone line, time-stamp, radio battery charger and counter space for a logbook. A small panel that operates the inner doors of both the inmate and visitor pedestrian sallyports leading into the contact visiting area (with override by RTC control) will also be provided. All electronic functions located at the officer's control desk will be equipped with a mechanism for securing the panel when the officer is not at the desk to prevent inmate/visitor tampering. A staff restroom will be located in close proximity to the officer podium; however, the officer will not leave the visitation area unattended.

5.200 Outdoor Family Reunification Area

Picnics with family members are permitted for authorized inmates, generally by level, on a monthly basis. Several families can attend, although the maximum number of participants in the family reunification area should not exceed 30 total participants. Participation in a family reunification program must be approved by the assistant warden for the inmate's unit administrator. Ideally, this program can be scheduled during times when contact visiting is not being held.

A small picnic area with standard fixed-bench seating picnic tables is appropriate for this purpose. This outdoor area will be accessed from the contact visitation area, preferably in a manner that maximizes the building structure as its perimeter. However, the cooking area should be located a safe distance away from any structures. Family members will be permitted to bring in pre-packaged food (a list of authorized items will be provided by the assistant warden); alternatively, food will be packaged by the kitchen and delivered to the family reunification area.

Secure fencing will be provided so contraband cannot be thrown into the area from outside of the campus perimeter.

Additional Design/Operational Considerations

The contact visitation is an interstitial space and, therefore, interlocked pedestrian sallyports are required at all entrances. The design must facilitate both visibility and clear circulation paths. Inmates and their visitors must be properly identified before the public is permitted to leave the contact visitation area.

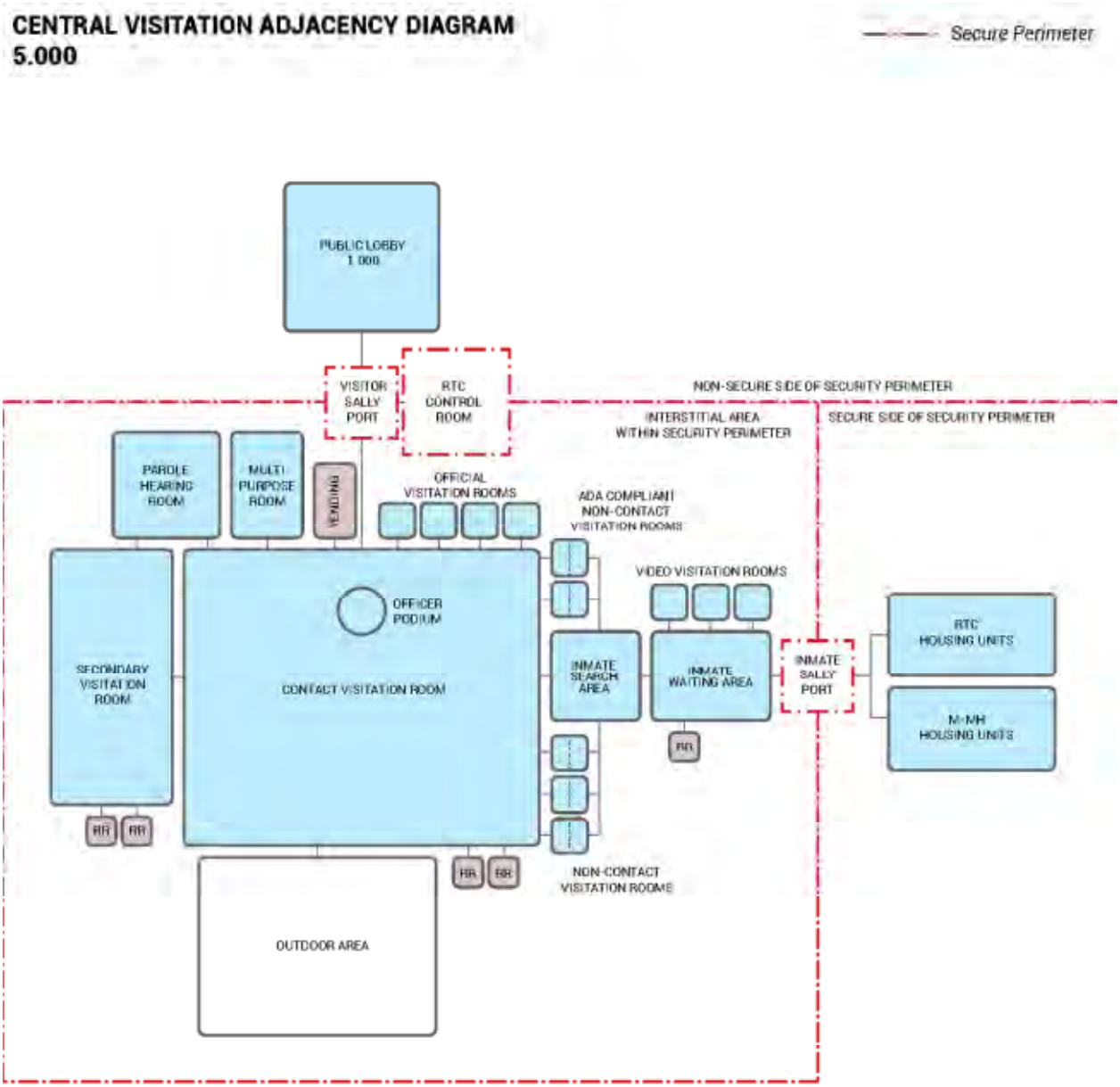
Access to the non-contact and video visitation entry areas when visiting is not in session will be via card or biometric access for staff, with remote monitoring and electronic door control from RTC control. These doors should be commercial grade.

Table 5.000
Architectural Program: Central Visitation

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
5.000	**VISITATION**					
5.100	CENTRAL VISITATION					
5.101	Inmate Sallyport	1-6	1	100 /area	100	Wall-mounted coat rack/hooks
5.102	Inmate Waiting Area	12	1	150 /area	150	Pre/post search waiting
5.103	Inmate Toilet	1	1	50 /area	50	Enclosed, ADA compliant; lockable; sized for officer observation; lockable cabinet..
5.104	Inmate Search Area	1-4	1	190 /area	190	Bench seating (40sf) and 3 search/changing alcoves (30sf ea); 1 ADA alcove (50sf); space for laundry cart(10sf).
5.105	Contact Visitation Room	80	1	20 /person	1,600	ADA-compliant; low tables, loose chairs
5.106	Secondary Visitation Room	30	1	20 /person	600	ADA-compliant; low tables, loose chairs.
5.107	Inmate Side - Non-Contact Visitation Booth	1-3	1	40 /booth	40	Enclosed; visual privacy between booths; lockable document pass.
5.108	ADA Compliant Inmate Side - Non-Contact Visitation Booth	1-3	1	60 /booth	60	Enclosed; visual privacy between booths; lockable document pass.
5.109	Official Visiting Rooms	1-4	4	150 /area	600	Table and loose chairs; glazing, sound attenuation measures; 2 in each visiting room.
5.110	Parole Hearing Room	20	1	400 /area	400	Set up for video conferencing.
5.111	Multipurpose Conference Room	12	1	25 /person	300	Table and loose chairs; glazing on walls to permit visibility; sound attenuation measures; video conferencing; one in each visiting room.
5.112	Visitor Restrooms (M/F)	1	4	50 /area	200	ADA-compliant; baby changing station; locked-opened by visitation officer; two in each visiting room.
5.113	Child Play Area	8-10	2	200 /area	400	Colorful matting and cubbies; one per visiting room
5.114	Vending Area	2-4	2	100 /area	200	one per visiting room
5.115	Janitor closet	-	2	40 /area	80	Slop sink, mop racks, ventilation

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
5.116	Visitation Officer Work Podium	1	2	60 /area	120	Centrally located to facilitate visibility of entire visiting space and sallyport; telephone or paging system.
5.117	Staff Restroom	1	2	50 /area	100	ADA-Compliant
				Subtotal Net Square Feet	***5,190***	
				Grossing Factor	***1.40***	
				Subtotal Gross Square Feet	***7,266***	
5.200	FAMILY REUNIFICATION AREA					
5.201	Picnic Area	-	1	1,000 /area	(1,000)	Picnic tables, adjacent to contact visiting area
				Subtotal Net Square Feet	***1,000***	
				Grossing Factor	***1.10***	
				Subtotal Gross Square Feet	***1,100***	
				5.000 Total Interior Net Square Feet	***5,190***	
				5.000 Total Interior Gross Square Feet	***7,266***	
				5.000 Total Exterior Square Feet	***(1,100)***	

CENTRAL VISITATION ADJACENCY DIAGRAM
5.000



6.000 INTAKE AND RELEASE

Introduction

Intake and Release (I&R) is the central intake and release component for adult males and potentially juvenile males in the NDCS system. The centralized I&R component includes the initial receiving area, property exchange, records, intake processing, and medical and mental health screening. Releases and transports will also be processed in this area. Since these functions will be in close proximity, it is essential these populations will not cross unless under direct staff supervision. Typically, this separation will be managed through appropriate scheduling of these functions. Inmate classification will be conducted once inmates are housed in the existing Diagnostic and Evaluation housing.

Although most inmates will be processed in from a detention facility, some inmates may be brought to the facility by local law enforcement with little or no time spent in a local detention facility. These inmates may include persons who are held for the local facilities due to security or separation reasons or as a result of parole violation. Consequently, these inmates may be under the influence of substances and/or only minimal information is known about the inmate.

Routine intakes/releases will involve new admissions, inmates being released from custody upon sentence expiration, staff-escorted day trips, court appearances, medical appointments, transfers to other facilities, etc. While the number of inmates actually processed through this area will be relatively small, fluctuations in admissions will occur. A projected maximum of 22 inmates may undergo processing at one time. Most inmates will be processed through this area within a four-hour time-frame. Approximately 80% of the inmates processed will arrive between the hours of 8:00 AM – 4:30 PM. The I&R sergeant may direct that new arrivals wait in the vehicle sallyport area if the number of inmates undergoing processing exceed the space available. Additional staff may be requested to assist with intake processing.

Ideally, county departments or other transport agencies will advise the facility in advance when they are planning to bring in a new admission. This allows for some pre-scheduling, as the facility can request admissions earlier or later in the day, depending on other anticipated workloads and the distance the sheriff's transport is coming from.

I&R will be operated under the assumption most inmates will comply with the processing operation and will not require high security measures while in the admissions area. Most of the inmates (approximately 95% or more) will undergo a standard processing as described within this component. The below listed populations may require special handling as indicated:

- Inmates who are high profile or those who may be subject to victimization may be directly processed rather than undergoing the queuing procedures. The correctional staff assigned to this area will determine which inmates will undergo direct processing.

- Persons with medical or mental health concerns will be quickly assessed at the medical triage area within I&R. If it is determined there may be specialized treatment or management required, this population will be transferred as soon as possible to either the medical/mental health screening component for further assessment or directly to the medical housing or mental health stabilization housing areas for temporary holding/housing for evaluation.

- Inmates who are recalcitrant or refuse to be processed may be housed in a secure holding until adequate staffing or compliance with the process is assured.

- Juveniles undergoing processing will be separated by sight and sound from adults. If necessary, either the juvenile or the adults will be temporarily held in secure holding until the area is clear of other inmates.

- On rare occasions, female inmates may be temporarily housed in the Health Care component due to their health condition. Females will be processed through intake only when no males are in the area.

Ideally, inmates who are released will exit through a pedestrian sallyport that will lead into the public lobby. Alternatively, inmates may be released through a pedestrian sallyport leading outside of the perimeter where they may be picked up by family or friends. In the future, no inmate is expected to be released without a release/reentry plan that includes a place to live and transportation to that site.

Operational Description

6.100 I&R Vehicle Garage

Transport vehicles, law enforcement vehicles, and emergency vehicles will enter the security perimeter through the institutional service sallyport controlled by the LCC control room, and be directed to the enclosed vehicle garage that in effect is a second, but enclosed, vehicle sallyport. The garage should be configured to accommodate admissions and routine and emergency transports. The I&R garage must be located as close to the exterior perimeter as possible to limit agencies other than NDCS from breeching the perimeter.

When vehicles approach the garage, they will drive onto a vehicle detector device that will automatically activate a camera, which in turn will show the vehicle and alert the RTC control staff to its presence. RTC control, described in Component 4.000 may confer with the driver through the use of a weather-protected, pole-mounted intercom/CCTV device situated at an appropriate height and location to enable RTC control to view the driver and to verbally communicate without the driver needing to leave the vehicle.

The enclosed garage will have sufficient lanes to provide for both travel and parking. Two travel lanes will include one drive-by lane and one standard school bus parking/travel lane. The parking area will be shared with the bus as necessary and will have sufficient parking spaces for three vehicles and one 15-person cargo van.

The garage will be equipped with two interlocking roll-down, or preferably hydraulic bi-fold doors (an entry and an exit door) controlled by RTC control. Special attention must be given to the design of these doors to withstand heavy winds and drifting snow. Once approved for entry, RTC control will remotely open the doors and the vehicle will proceed into the garage and park in one of the parking spaces adjacent to the pedestrian sallyport that accesses the intake area. Cameras must be located inside the sallyport facing the inside of the doors, and can be supplemented by electronic eyes or motion sensors on the inside of the entry door and the outside of the exit door, to ensure that the doors and vehicles are not damaged by premature closing by RTC control. The height and width of doors must be sized to accommodate clearance up to a standard school bus, as well as other emergency vehicles.[19] The length of the garage must accommodate this bus with space to enter/exit when other vehicles are present. The width of the travel lane must accommodate the size of standard emergency response vehicles. The entrance and egress doors to the garage should be aligned for straight-line entry and exit of the buses. Inmates are not expected to be in the garage without security escort; however, the garage will be completely enclosed and vented.

A hose bib will be provided for spray-washing the garage floor. A power washer may be required to properly clean the garage floor. Appropriate drainage connected to the sanitary sewer system is required in this area.

In addition to the vehicle entrance, the garage entrances/exits will be accessible via a pedestrian door. Access to and egress from the garage through the pedestrian doors will be via a secure electro-mechanical lock remotely controlled by RTC control. An intercom (with appropriate signage) located on interior and exterior of the door will allow communication between officials requesting entrance/exit to the vehicular sallyport and RTC control. CCTV devices will be situated such that RTC control may view people entering/exiting the garage via the pedestrian doors.

Weapons will not be permitted in the I&R area, and thus must be secured prior to entry. Armed officials will secure all weapons either inside their vehicle's trunk or in an individually keyed, wall-mounted weapons locker. A bank of weapons lockers will be located adjacent to the pedestrian sallyport entrance to the intake area. The transporting officer will secure the inmate, then deposit his/her weapon in an individual weapon locker, and remove and retain the key with him/her until departing the facility. A safety weapons discharge barrel will be provided in this area adjacent to the weapons lockers.

Once the transport officer's weapon is properly stored, and the inmate is removed from the vehicle, the officer will activate an intercom button that alerts RTC control to open the door leading into the inmate processing area. A camera is situated at this point to allow RTC control to view the perimeter door prior to opening it. Egress from the facility will typically occur in reverse of the above process.

6.200 Intake Processing

All new inmates are brought into the facility through the intake area. Only authorized public safety officials and persons under their supervision are permitted access into the

[19] The emergency vehicles will generally include ambulance sized emergency response vehicles. Fire ladder and engine vehicles would typically enter the institutional grounds via the main vehicle sallyport and would not enter the intake garage.

intake area. This area includes the spaces necessary for transport officers to prepare paperwork for intake processing, and for NDCS staff to obtain information from the inmate to begin the identification and assessment processes. RTC control operates the controls of all doors leading from the garage into this area. In some cases, and ideally in all cases, the inmate commitment and sentencing documents will be faxed or emailed in advance to the records office located adjacent to intake processing.

Inmates and transport officials will enter the facility through a pedestrian sallyport from the intake garage. Inmate intake paperwork consists of the commitment authorization documents to allow the transfer processing. Inmates remain in the custody of the transport officer during this process and will be accepted into NDCS custody only when the inmate's identity and commitment paperwork is accepted by intake staff, a pat search is conducted, and a "body receipt" is issued.

In some cases, inmates may be brought to the facility as a result of a parole violation or after being held in a local facility for a short period of time. Since the inmates may be in an agitated state upon admission, the area should be free of sharp edges or other potentially injurious furnishings and fixtures. Additionally, cameras should be located throughout this area for recording of unusual or emergency incidents. Bench seating will be provided for inmates to sit until the commitment paperwork is verified, or for the transport official to contact their agency to have the paperwork faxed directly to the RTC.

Wall-mounted padding will be provided for conducting pat searches. These searches will typically be performed by I&R staff immediately upon an inmate's entry into the pedestrian sallyport. Cash/checks/debit cards from counties will be accounted for immediately. All property, except clothing and shoes, will be placed in a separate bag and attached with the inmate's sealed property brought on the transport or, at the request of the inmate, it may be discarded in a trash bin provided in this area. A heat sealer, property bags and a marker will be provided in a cubby area or shelf in the sallyport. Any illegal items will need to be treated and stored as evidence to provide appropriate chain of custody for prosecution. A drop bin to the property staging room will be provided from the pedestrian sallyport so that the officer and inmate do not need to leave the area to secure property. The property staging room will be enclosed and secured with access via proximity reader card or pin pad. A rolling cart will be located in the room to receive the property that will be transported to the property room once searched and inventoried.

The transport officer work area will be located immediately adjacent to the pedestrian sallyport leading from the vehicle garage. Several workstations are required for transport officers to avoid extended waiting periods. The counters will be equipped with computers and shared printer. A copy machine will also be provided in this area to copy documents for inmate records. An ADA accessible restroom for staff will be provided in this area for transporting officials to also utilize.

Once the inmate has been searched and the transport officer's restraints have been returned, the transport officer will depart the inmate transfer area, enter their vehicle and proceed to the vehicle sallyport exit door to depart the institution.

Once the I&R officer and the inmate enter the intake processing area, the inmate will be notified of the urine specimen testing requirements to established a baseline. An inmate

restroom will be located adjacent to pedestrian sallyport door for this purpose. The inmate will use a specimen cup that will then be secured in a specimen bag and then placed in a tote for further processing.

The inmate will be staged in an open waiting area to undergo the remaining processing as described below. The seating for open waiting can extend the length of the intake processing area to allow inmates to be seated in the closest proximity to the specific stage of processing. Two individual holding cells will be provided for inmates who fail to comply with directives or who need to be separated from other inmates in the area.

Search/Clothing Issue

The property officer will retrieve the inmate's personal property from the property staging room during scheduled hours and provide an inventory of the property.

The I&R officer and inmate will proceed to the search area where, with privacy from others, the inmate will remove his clothes (this process must be completed by an officer of the same gender as the inmate), and then dress in a clean NDCS uniform. The uniform will be provided from a pass-through window located in this area that leads to the property room, but is a separate area where State issued supplies/articles will be stored. An ADA compliant shower will be located in this area to allow for showering/delousing of the inmate. The inmate will then be directed to pass through a metal detector or undergo body scanning.

Property Storage

During business hours, the officer and inmate will then leave the shower/changing area and return to the property window, where the inmate's street clothing (or in most cases the agency uniform) will be turned in, the personal property inventoried, and a receipt will be issued. The property staff will issue the appropriate paperwork and have the inmate sign the appropriate forms. Inmates will be given the option of having someone pick up their property or to have the property mailed to another person at the inmate's expense. During non-business hours, a sergeant will perform the property issue function but will not process incoming property.

Inmates may have street clothing stored for release. Clothing should be stored in hanging bags, double stacked to enhance space efficiency while other inmate property will be stored on shelving. Within the property room is a separate secure room for valuables with shelving and trays. A computer work station is provided for accessing inmate property inventory.

Storage lockers, hygiene kits and linens will be provided to inmates once they are assigned to DEC or other assigned housing (i.e., medical or mental health). Storage of clothing will be limited as state issued clothing will be distributed following intake processing from the existing property room.

Space for storing local jurisdiction's jail uniforms or other property that was brought on the transport will be located in this area until the jurisdiction returns for another transport.

Although this storage does not need to be large, the cubbies should be clearly marked to facilitate locating this property.

Intake Processing

An I&R officer will call for the next available inmate to approach one of two workstations where the officer will complete the interview and enter the appropriate information into NICaMS. The workstations will be located on a raised platform that allows for the officers working this area to easily view the inmates seated in the immediate area and ideally throughout the I&R area. Privacy panels will be located to the sides of the workstations to encourage inmates to share sensitive information critical to effective inmate behavior management (e.g., suicide ideation, gang affiliation, PREA etc.). Once the appropriate information is entered into the NICaMS system, a photograph will be taken via a wall or computer mounted camera that will be used for the identification card/wristband. One shared printer will be located in this area from which a wristband or future identification card will be produced.

A separate handheld camera will be located in this area so staff can take photographs of tattoos, or other identifying scars or marks.

The supervisor assigned to this component will perform the functions of an I&R officer, but will also have the authority to accept or release inmates into/out of custody. A separate workstation with a computer and printer will be provided within the intake processing area.

Fingerprinting

Consistent with uniform crime reporting requirements, all inmates will be fingerprinted using the Automated Fingerprint Information Systems (AFIS). One station will be provided in close proximity to the open waiting area so that if there are two I&R officers in the area, one inmate can be fingerprinted while others are undergoing other phases of processing. To the degree feasible, the electronic fingerprinting will be interfaced with the NICaMS records management system to avoid duplicating entries.

Medical and Mental Health Screening

Medical and mental health screenings will be performed on each inmate who is received at the facility. Ideally, the medical and mental health areas will be located in close proximity to the I&R area so that staff are not required to travel long distances to this area, even though this post is anticipated to be staffed at all times.

The health screenings will be performed in an examination area within the I&R area on all new admissions. This screening will include an interview concerning historical and current medical and mental health status, medication review and taking of vital signs, etc. The exam room will be equipped with two chairs (preferably a rolling stool and a molded plastic chair), wall-mounted sphygmomanometer, scale, charting area, computer and telephone/fax; any additional medical equipment will be brought to the cubicle on a rolling cart on an as needed basis.

Inmates who are identified as suicidal or require a more extensive level of screening, will be placed under a 15 minute watch until cleared by mental health trained professionals. The staff conducting the screening will start an electronic or manual log, and this log will follow the inmate throughout the reception and housing functions until such time as authorized mental health staff determines the risk is substantially reduced.

The health care screening area will also include an interview room that will be used by both medical and mental health practitioners to provide initial screening or health care to inmates in need (e.g., mental health screening for medications, etc.). Typically, only one inmate will undergo medical/mental health screening at one time. However, during busy times, and if staff are available, as many as two inmates can be screened. Moreover, one area could be used for medical screening and the other area could be used for simultaneous mental health screening.

If emergency care is required, the inmate will be taken to the trauma care area in the medical component described in Section 7.000.

Ancillary Spaces

Other support spaces related to reception and release processing include storage room for storing regular use supplies, copy/file/fax room, staff restrooms, and janitor closet. A break room will also be provided in this area for all staff assigned to the reception and records function.

6.300 Records Room

The records area consists of the staff and file maintenance necessary for the accurate documentation of all persons committed to the RTC. Although the NICaMS system is the primary location for storing documentation regarding an inmate's incarceration, a permanent record is created during the reception process. Once the inmate is transferred to housing or released, the record will be taken to the records room. The staff assigned to this subcomponent maintains all permanent records during an inmate's incarceration at the RTC. On a regular basis (ideally at least monthly), records staff will take all inactive records to the warehouse records storage area where these records will be scanned and shredded unless the records must be retained for a specific purpose for a longer period of time.

The records room should be located adjacent to the co-located intake and release functions since these functions have considerable interface. The records office will be a secure area, accessible by card and/or biometric access only. A sliding window should be provided from the intake area to provide for secondary observation of the reception area, and to allow I&R officers to conveniently place completed records in the records room.

Court records provided via hard copy must be entered in the NICaMS system and then stored in the inmate record jacket. Other hardcopy inmate records will also be maintained in these files, as well as institutional records. Ideally, historical/archived records will be scanned and purged prior to occupying the new facility. It is assumed each file would

average approximately one inch. Otherwise, additional space in the warehouse will be required if these records must be stored at RTC.

Workstation for the records clerks will be located in the records room along with copy and fax machines. An additional workstation will be located at the transaction window to intake. The workstations for faxing, scanning and printing will be located at a strategic location within the records area. A private office will be provided for the records manager.

Inmate records will be stored using a "Space Saver" file system to reduce the space required for actual storage of active (approximately 1658 records) and inactive files to be maintained. Inactive files will be stored until they can be electronically scanned as time permits. A high volume copier, work counter, chair and computer will be provided in this area. Inactive records will then be taken by a contracted service for shredding and disposal. Approximately five ranges of two-deep back-to-back file racks that are five rows high will be required for file storage.

Restrooms provided for intake staff should be located convenient to the records room.

6.400 Release Processing

The release section includes the space required for releasing inmates for transport or for release from the LCC/RTC institutions. Generally the records section will have advanced notice of the impending release and, after checking the validity of the release, will inform the appropriate living unit officer, medical/mental health staff, property staff, and the I&R staff. Ideally, the records staff will be able to inform persons involved in release processing through electronic means.

The records staff will check the validity of the paperwork and place the record at the transaction window described in Section 6.300. An area located adjacent to the property room will be provided where the release clothing will be provided. The property staff will stage any property stored in the property room (i.e., if the inmate is being released from segregation housing or following privilege suspensions).

Inmates being released will be brought to the reception area by escort staff. The I&R officer will process the necessary paperwork, and check to make sure that all of the necessary paperwork is accounted for. State and NCIC warrants checks will be conducted on the inmate to make sure there are no outstanding detainers or warrants on the inmate. The inmate will then await release in a holding area/bench to await the final stages of release processing.

Prior to releasing the inmate, all property belonging to the facility must be returned in good condition (a process of ensuring this and charging inmates for damage or loss should be in place) to the property room, and all property of the inmate must be returned with the inmate signing a receipt indicating this. Inmates undergoing release processing will place their State issued property in a laundry bin to be taken to the Cornhusker State Industries to be cleaned and then returned to the facility stock.

A process of verifying identification, including visual comparison of the inmate and the photograph, interview including identifying questions from the inmate's record, and

fingerprint scan to confirm identity, will also occur before the inmate is escorted to the release sallyport.

A check or debit card will be provided to the inmate just prior to release. The inmate will then be released from the facility. Ideally, a release sallyport will be provided whereby the exit will lead to the public lobby. Space and appropriate electronic hook ups will be provided in the public lobby for an automated teller machine (ATM) so the released inmate can obtain immediate cash from their debit card.

Inmates being transported for health care appointments or to another facility will be processed in much the same manner as inmates undergoing release. However, these inmates will be staged in a secure location in either an individual or group holding cell awaiting transport. The transport officer will obtain the transport vehicle, stage the vehicle in the vehicle garage and enter through the transport sallyport to obtain the inmates to be transported. The transport officer will conduct a search of the inmate(s) prior to exiting the transport area for the vehicle. Inmates returning from a transport will be processed through the intake processing area.

Additional Design/Operating Considerations

The reception garage/vehicle sallyport will ideally be located in close proximity to, and within the interstitial space of the main facility vehicle sallyport, to minimize the distance inside the perimeter that non-NDCS staff will travel.

The perimeter pedestrian sallyport doors leading into and out of the I&R area should be interlocked, with control from LCC control. The inner sallyport doors will have redundant control from the I&R desk and RTC control. Biometric inmate identification systems will be wall-mounted at the exterior of the pedestrian sallyport doors so identification of staff can be verified leaving the facility or entering the facility. All locks must be high grade security hardware, with card access for staff for non-perimeter doors.

All holding cells must be designed to provide for maximum visibility for supervision purposes, while maintaining privacy from cell to cell. Because security is an important issue in those cell areas and bar grilles cannot be used (due to the risk of suicide), glass-clad polycarbonate or a more economical solid polycarbonate product (e.g., Margard) should be used, despite the propensity for scratching. Depending on the glazing system selected, a sacrificial layer of polycarbonate, which can be readily replaced, may be provided on the inmate side of all cells. Since scratching is likely over time, the CCTV camera should be located inside the cell mounted in the ceiling and/or high on the walls. Appropriate ventilation and light levels (with direct or indirect access to daylight) are required. Cell wall construction should be commensurate with the hardware and glazing being specified.

The intake and release area should be designed to maximize line of site of all areas. CCTV should be used in the garage and to monitor the holding areas when direct supervision by an officer cannot be maintained. These cameras should be on a time lapse digital video recording system, with the ability to switch to real time at the control of supervisory staff (by policy, as soon as they become aware of a potential disruption).

Time lapse or real-time recording will be required in the property room and the door accessing the property room will be equipped with card access.

Given the greater likelihood of incidence of contagious and communicable disease with the inmate population, coupled with the transient nature of persons held in admissions, this entire area needs to include a heightened responsivity to communicable diseases.[20] To the degree feasible, all areas within this component should provide for separate ventilation systems that are fully exhausted or other mechanical response to minimize air exchanges from one area to another, including from open waiting areas to holding cells as well as other components of the facility.

Table 6.000
Architectural Program: Intake and Release

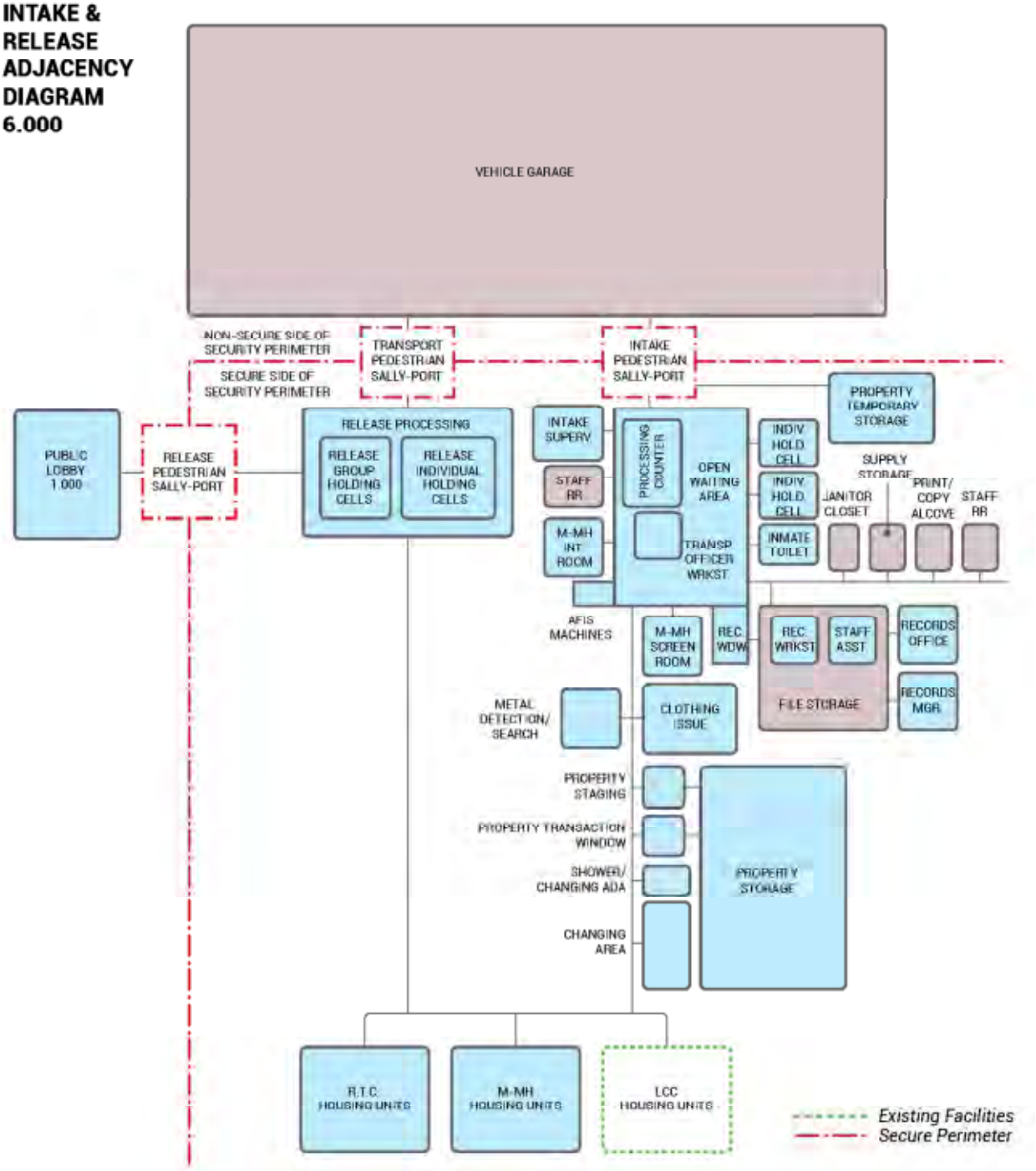
No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
6.000	**INTAKE AND RELEASE**					
6.100	I&R VEHICLE GARAGE					
6.101	Vehicle Garage	-	1	2,500 /area	(2,500)	Enclosed; 2 lanes (including 1 drive by lane & 1 passenger bus parking lane; covered; 3 parking spaces; hose bib; gun lockers; pole-mounted intercom/CCTV; bi-fold vehicle doors and pedestrian doors operated by central control.
				Subtotal Interior Square Feet	***2500.00***	
				Grossing Factor	***1.00***	
				Subtotal Gross Square Feet	***2500.00***	
				Subtotal Exterior Square Feet	***(0)***	
6.200	INTAKE PROCESSING					
6.201	Intake Pedestrian Sallyport	6	1	120 /area	120	Secure doors; padding for searches; drop bin to property staging 6.202; heat sealer, property bags.
6.202	Property Staging	-	1	50 /room	50	Sized for rolling cart; pin pad or proximity reader to access.
6.203	Transport Officer Workstations	1	2	25 /area	50	Counterpace with computer; visibility to open waiting; shared printer.
6.204	Staff Restroom	1	1	50 /area	50	Toilet, sink; ADA accessible.
6.205	Inmate Toilet	1	1	70 /area	70	Enclosed, ADA compliant; lockable; sized for officer observation; lockable cabinet.

[20] Appropriate exhaust systems are also necessary to limit exposure of staff and other inmates in the event of a chemical agent exposure.

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
6.206	Open Waiting	10	1	20 /person	200	Tandem seating secured to the floor; visible from R&D area.
6.207	High-Risk/Individual Holding Cells	1	2	80 /cell	160	Bench seating, toilet, glazed cell front with cuff/leg-iron slot; visible from the R&D work area
6.208	Changing Area	3	1	45 /person	135	Individual cubicle with privacy screening; café style doors.
6.209	Shower/Changing - ADA	1	1	50 /person	50	Individual cubicle with shower with outer drying area/clothing exchange cubicles, café style doors, ADA accessible.
6.210	Metal Detection / Search	2	1	100 /area	100	Walk -through metal detector or body scan
6.211	Property Transaction Window	1	1	50 /area	50	Located from property storage area to each change out area; WS-4; standing height stool
6.212	Clothing Issue	1	1	200 /area	200	Clothing racks; based on clothing sizes.
6.213	Property Storage	1	1	1000 /area	1,000	Hanging racks for clothing bags, shelving, 1 work station with computer
6.214	Property Temporary Storage	-	3	200 /area	600	Can be located in existing spaces.
6.215	I&R Processing Counter	2	2	80 /area	160	Stool, molded plastic chair, computer, fixed camera, telephone, shared printer/fax.
6.216	Intake Supervisor	1	1	80 /area	80	WS-1
6.217	AFIS Machines	2	1	40 /station	40	Appropriate outlets and data cabling.
6.218	Medical/Mental Health Screening Room	2	1	100 /area	100	Stool, molded plastic chair, wall mounted BP; charting area, sink, computer, scale, telephone/scanner, work station.
6.219	Interview Room (Medical and MH)	2	1	100 /area	100	Work table, two chairs
Ancillary Spaces						
6.220	Break Room /Pantry/Coffee	1-3	1	150 /area	150	BR-3
6.221	Supply Storage	1	1	50 /area	50	Forms/supply storage.
6.222	Printer/Copier/Work Alcove	-	1	50 /area	50	Copier, networked printer, work table
6.223	Staff Restroom	1	1	50 /area	50	Toilet, sink; ADA accessible
6.224	Janitor's Closet	-	1	40 /area	40	Utility sink, mop racks, ventilation
				Subtotal Interior Square Feet	***3,655***	

No.	Component	Pers/Units Per Area	Number of Areas	Space Standard	NSF	Notes
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***5,300***	
6.300	RECORDS ROOM					
6.301	Transaction Window Workstation at Reception	1	1	50 /area	50	WS-3; standing height stool
6.302	Records Clerk	1	1	64 /wrkstn.	64	WS-2
6.303	Printer/scanner/fax Workstations	1	1	40 /area	40	Workstation located within the work area
6.304	Records Manager	1	1	100 /area	100	OF-4
6.305	Staff Assistant 1	1	1	64 /wkstn	64	WS-2
6.306	File Storage	-	1	200 /area	200	Space saver filing system, copier, fax; adjacent to reception area.
				Subtotal Interior Square Feet	***518***	
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***751***	
6.400	RELEASE PROCESSING					
6.401	Transport Pedestrian Sallyport	6	1	120 /area	120	2 doors; one leading to the release area and one leading into the vehicle garage.
6.402	Individual Holding Cells	1	2	80 /cell	160	Bench seating, toilet, glazed cell front with cuff/leg-iron slot.
6.403	Group Holding Cell	5	1	35 /inmate	175	Bench seating, toilet, glazed cell front.
6.404	Release Sallyport	2	1	100 /area	100	2 doors; one leading to the release area, and one leading into the public lobby.
				Subtotal Interior Square Feet	***100***	
				Grossing Factor	***1.40***	
				Subtotal Gross Square Feet	***140***	
				6.000 Total Interior Net Square Feet	***6,773***	
				6.000 Total Interior Gross Square Feet	***8,691***	
				6.000 Total Exterior Square Feet		

INTAKE & RELEASE ADJACENCY DIAGRAM 6.000



7.000 HEALTH CARE CLINIC

Introduction

The medical health care services section includes a description of the operations and spaces necessary to meet the medical and dental health needs of the entire LCC and RTC population.

The provision of health care services begins at intake into the RTC facility and continues until release into the community or transfer to another facility. This is particularly significant, because the intake function for all Nebraska Department of Correctional Services (NDCS) adult inmates will be located in this facility. Health care will be provided in compliance with HIPAA[21] regulations as well as American Correctional Association (ACA) and National Commission of Correctional Health Care (NCCHC) standards.

The services available at the RTC are listed below. Intake health care assessments are described in the Intake and Release section (See Section 6.000). Outpatient medical and dental care services are described in this section; the medical living unit components and the mental health outpatient and living unit component are described in Sections 8.000 and 9.000 respectively. The pharmacy is described in Section 10.000.

Medical Services - Ambulatory clinic, skilled nursing facility (SNF) including hospice, assisted nursing care and medical living units will be provided. Primary care outpatient services include physical examinations, triage, sick call, primary and chronic care, and medication services. Specialty care including vision care, dental care, routine physical therapy and telemedicine consultation will be provided with contract specialists or community providers. When necessary, primary medical services will be provided to LCC inmates who are housed in restricted housing in an examination room located in the LCC. More intensive and specialized care will be provided by community providers.

Inmate patients with infectious airborne diseases will be housed in the SNF, which will have negative pressure rooms. Given the spread of infectious disease such as tuberculosis, influenza, hepatitis B, MRSA and HIV among the general population, it is expected that there will be a risk of infectious disease among the inmate patients in the RTC.

A medical clinic with primary care and limited specialty care capabilities will be provided on site. Specialty clinics at the RTC will include optometry, orthopedic, gynecology, infectious diseases, neurology and routine physical therapy. The use of telemedicine with specialty clinics from local hospitals, community-based providers, or other facility NDCS providers will be encouraged wherever appropriate.

In the interest of staff efficiency, the SNF and the acute mental health unit (See Section 9.000) should be located adjacent to the medical clinic. The SNF will have a combination of single rooms, medical isolation rooms, and hospice suites. Any life-threatening conditions will be treated at a local hospital. Dialysis and chemotherapy will be provided in the SNF.

[21] Health Insurance Portability and Accountability Act

In addition there will be specified assisted nursing care beds that include rooms designed to assist the orientation and treatment of inmate patients who have dementia, as well as other inmates who require care with activities of daily living (ADLs) or who are recovering from surgery or serious illnesses but who do not require licensed skilled nursing care. There are additional designated general population medical housing beds for those inmates who are more vulnerable due to chronic health conditions or mobility challenges that will be located within the RTC.

Dental Services - Routine dental services will be provided at the RTC facility in the Medical Clinic. When necessary, dental services will be provided to those LCC inmates in restricted housing in a dental operatory located within the LCC. Offsite dental appointments will be scheduled and coordinated with the transportation unit.

Mental Health Services – Some outpatient mental health services will be provided in the Medical Clinic in designated areas for mental health clinicians. Access to mental health services will be through a shared medical and mental health waiting area.

Operational Description

7.100 Outpatient Medical/Mental Health/Dental Clinic

Outpatient health services will consist of the following functions:

- Intake Assessment - It is anticipated inmate patients received for intake will be seen for initial health screening while held in the intake/reception processing area described in Section 6.000. It is, therefore, important the medical clinic is either adjacent to or in close proximity to the intake area.

- History and Physical - A health history and physical examination (H&P) must be conducted on all new admissions within 14 days. Most of the inmate patients will be housed in intake living unit at the time the H&P is conducted. The H&P should include a review of the intake screening, the intake health care screening, dental screening, history and physical examination, mental health assessment, and diagnostic testing as ordered by the medical care provider. Complete physical examinations will also be conducted for inmate patients whose medical condition requires more frequent examinations and annual physical examination updates for all inmates.

- Sick Call – Nurse sick call triage will be conducted daily either in the triage/exam rooms located in medical and mental health shared living unit support centers or in the clinic as well as in the current triage/exam room in the LCC. Inmate patients will submit a written request outlining the nature of the need to see the nurse. These will be reviewed and triaged by the nursing staff on a daily basis. If necessary, the nurse will indicate the need to have the inmate patient report to the clinic for further evaluation or treatment by a medical provider. The medical provider, if the medical issue allows, can provide this same exam and treatment in the exam rooms located within the living unit triage/exam rooms. The nurse will schedule appointments for the centralized clinic and will inform the living unit officer of the appointment. Inmate

patients housed in general population living units will report to the medical clinic at the appointed time. Inmate patients housed in special population living units (e.g., intake, restricted living unit, mental health living unit etc.) will be escorted to the clinic by escort officers.

- Medication Administration - Medications will be administered by nurses or medication technicians (med techs) from a medication cart within the living units, or where available in the living unit support centers via a medication distribution window or at cell/room side for those inmate patients in the SNF, acute mental health, and restricted living units. The continued use of unit-dose blister packing is supported.

  Each inmate patient will step forward to the cart area when his name is called, and take the medication with a cup of water (also provided from the cart or adjacent water cooler). The Officer in the area as well as the nurse/med tech distributing the medications will check to make sure the medication was indeed consumed. The nurse will scan the inmate's ID to confirm that the proper medication was administered to the appropriate inmate. The nurse will either use a hand held scanning device or scanner enabled PDA attached to a laptop sitting on the medication cart and the administration of such medication will be updated in eMAR. The cart should be equipped with a lockable top, so the medications can be secured during transport.

  The primary medication storage room will be located in the clinic adjacent to the inmate patient waiting area. It will have two medication distribution windows to be used for medication distribution and special pick-ups by inmate patients.

- Specialized Treatment - The clinic will include and use telemedicine to help reduce the number of specialty clinics held on-site and off-site. It is assumed treatment for sexually transmitted diseases, dermatological, gynecological[22], psychiatric, optometric, dentistry, orthopedic, wound care and minor procedures may occur on-site. The provision of telemedicine software and necessary hardware in the outpatient clinic (discussed below) will facilitate the provision of these, and additional services at RTC, thereby reducing the number of transports for medical reasons. Due to special equipment requirements, specialty ophthalmological services, some oral surgery, and comprehensive physical and respiratory therapy may occur off-site.

- Chemotherapy/Dialysis – The clinic will include an infusion room for chemotherapy and home dialysis. This space will include four recliners, access to TV or music with head phones, counter space, lockable storage with shelving for supplies, access to small soiled holding with securable container for biohazard materials. There will be a nurse workstation with access to the EMR. This space should have extensive glazing to allow officer lines of sight without compromising patient privacy.

The clinic will be accessed by inmate patients via the clinic entrance, where an officer will receive them and direct them to the open waiting area. Inmate patients, who due to classification or behavioral issues require separation, will be seen at their living unit

[22] Post-surgical female inmate patients will receive treatment in the SNF when this level of care is necessary. In addition, the clinic also provides medical treatment to females at Community Correction Center-Lincoln (CCCL).

support area or escorted at times when other inmate patients are not in the waiting area. Careful scheduling will be incorporated so inmate patients from the different living unit zones are not in the clinic at the same time and/or inmate patients who must be kept separated are not scheduled for the clinic at the same time. There will be one holding cell for those inmates who are unable to be managed in open waiting. The waiting room will be equipped with cable/satellite hookup for inmate patient television viewing while waiting for their appointments.

An officer may be stationed at a security desk whenever there are inmate patients in the waiting room. The security desk, in addition to controlling access and egress from the clinic, will be situated so as to have a clear observation capability of the waiting area and the entrance and corridor(s) leading to all exam rooms.

Clinic staff will be stationed at an adjacent but separate nurse's workstation station to register inmate patients. Once inmate patients are received in the clinic area, and any paper medical records that are ancillary to the Electronic Medical Record (EMR) are pulled, they will be directed via nursing staff to an available examination room for treatment. The nurse's station will have a secure window facing into the inmate patient waiting area. The station itself will be part of the clinic area with good sight lines to all the examination rooms.

A secure area, which includes the delivery access to medication storage, nurse's station, medical records and offices, will be located adjacent to both the acute care area (acute mental health and SNF) and clinic services.

Medication Storage will be adjacent to the Clinic Waiting Room – Medications will be received from the NDCS Pharmacy located outside the secure perimeter and adjacent to the warehouse (See Section 10.000). Space will be provided within the Medical Clinic for medication storage and medication cart storage. Locked cabinetry will be provided for over the counter (bulk) supplies. A secondary double-locked cabinet within the medication storage area will be provided for controlled medications. A refrigerator with freezer will be provided for the cold storage of medications, as needed. A sink/handwashing station will also be provided. The space will be sized to accommodate as many as five medication carts at one time. The medication storage will be designed so walls are constructed from the floor slab to the underside of the building structure above. There will be two securable medication distribution windows designated area for pill lines. There should be an adjacent water cooler between the two windows. The door to this space, accessed from the nurse's station, will be monitored with an enunciation device from the nurse's station and in RTC control. The door will be controlled by authorized card access in combination with a biometric (e.g., thumbprint identifier) or pin-code device. Unless direct delivery of carts pre-loaded with medications for each living unit pod can be made from the central pharmacy directly to living unit, the medication storage must be secured and located to facilitate movement of medication through direct and secure routes to the living unit.

Examination Areas - There will be three exam rooms in the central clinic for sick call, primary care and health assessments. The examination rooms will contain lockable cabinets for supplies, a sink, exam table with attachable gynecological stirrups, wall mounted diagnostic equipment, a stool for the practitioner, and a work station for EMR.

EKGs and lab draws that require the inmate patient be prone will be performed in one of the general exam rooms.

Three additional exam rooms will be provided for specialized treatment (the specialized treatment exam rooms can also be utilized for general exams), which will be located in close proximity to maximize staff efficiency.

All exam rooms will have generous amounts of glazing on walls and doors to promote visibility from the nurse's station for the safety of practitioners; portable privacy screens or ceiling mounted curtains should be used when inmate patients are required to disrobe as part of an examination. All exam rooms will have overhead examination lighting.

There will be a small laboratory that will include equipment for drawing laboratory specimens and most routine lab work will be analyzed on-site. The lab be equipped with the necessary equipment for analyzing the specimens to be completed on site, and include a work counter, locked specimen storage, space for “sharps” container, and a refrigerator for specimen holding, Lockable storage will be provided for storing reagent strips, urine specimen collection receptacles, vacuum tubes for blood draws and sharps.

An adjacent alcove will be equipped with eye-wash station and emergency pull shower, with appropriate drainage, in the event of an exposure to the specimens. This alcove should be directly adjacent to lab draw area and located in the exam room hallway accessible to all exam rooms.

A radiology room will be located adjacent to the trauma treatment room to be used for both vertical and upright digital x-rays and ultrasound services. This space should have lead-lined walls. An adjacent room will serve as a space for an x-ray technician to operate the equipment.

An optometry examination room will be sized for several pieces of optometric equipment, one exam chair, an optometrist stool, standing height counters, and lockable cabinets. The room should be designed to allow for distance sight testing, field vision, and glaucoma testing therefore this room needs to be longer than the standard exam room in order to accommodate sight testing equipment.

A third specialized treatment room to be used for trauma care and minor procedures will be sized for an examination table that can be accessed from all four sides. It will include lockable storage for sutures, wound care, and orthopedic injury materials. It will also have sufficient space for crash cart, EKG machine, and an AED. It will be equipped with built-in diagnostic equipment such as an otoscope, ophthalmoscope, and sphygmomanometer. There will be overhead emergency care lighting, and this exam room will be accessible to portable oxygen and suction.

All of the specialty treatment exam rooms will be equipped for telemedicine for consultation with community- or other facility-based specialists via secure web/audio/video hook-ups either to the clinics.

A crash cart/stretcher/backboard alcove will be provided adjacent to the trauma care room and proximal to the remaining examination rooms.

Charting is completed directly into the EMR from any of a number or workstations located in each exam room, nursing desks and the central support area described in Section 7.200. Workstations are also provided in a multipurpose room that will be used for nursing report and small clinical meetings.

An ADA-compliant restroom and a water cooler will be located adjacent to the examination rooms for use by inmate patients. Access to the restrooms will be controlled by staff. One restroom will be provided adjacent to the lab and will include a pass-through for specimens to be passed directly to the lab area to maximize privacy.

There should be adjacent storage and mechanical areas to accommodate medical and daily use equipment/supplies and equipment required for the medical equipment.

Dental Services - Dental services will be provided to inmate patients on a regularly scheduled and an as-needed basis, so as to maintain the good health of the inmate patient. Dental services will be provided in a dental suite that contains all the necessary spaces to provide dental services. There will be two double dental operatories, one of which is outfitted for extractions. The dental operatory located in the LCC will continue to be used for inmates who are in restricted housing. There should be a provision for privacy via a pulled curtain or divider.

Work spaces for computers and diagnostic equipment will be provided including a space dedicated for the Panorex x-ray machine, a small dental lab, and instrument sterilization station. Air compressors will be located in an adjacent closet. Lockable cabinets and drawers will be provided for dental instruments and supplies. Clean and dirty areas for equipment will be provided adjacent to the dental suite. An office for the dentist and a shared office for the dental hygienist and dental assistant will be provided in this area to update records and make off-site appointments.

While the design of this area should reflect a standard dental setting, it must also be capable of being secured and be in a highly visible location so supervision can be provided by the security officer assigned to the clinic area. Extensive glazing will facilitate observation by custody staff and low dividing walls between dental chairs will allow for security separation when more than one inmate patient is in the operatory.

Other Support Space - To be for clean and soiled utility will be provided in two areas be conveniently located to the examination rooms; if the design permits, one clean and one soiled utility room with hopper sink will be provided. A janitor closet will also be provided in this area. Space for the temporary lockable storage of bio-hazard materials is required within the soiled utility room. These items will be bagged and kept in a specially marked locked box/closet in the soiled utility room to await the arrival of the contracted bio-hazard disposal company. The location of the temporary storage needs to be out of the direct path of inmate patients and staff, and should be adjacent and within view of the nurse's station. A bio-hazard storage room access by the contracted biohazard disposal company will be located in the warehouse. The door should have extensive glazing to allow for visibility into the closet.

Medical Equipment and Supply Storage – A large secure room will be provided for equipment and supplies. The closet will be sized to provide open space for easy access to wheel chairs, a gurney, and other similar equipment, and shelving for storage of medical supplies.

A janitor's closet will be conveniently located in this area

Mental Health Services – Outpatient mental health services will be provided in the clinic area for those inmates in general population living units who do not have access to interview rooms. Access to mental health will be through scheduled appointments. Inmate patients will share the waiting space with other inmate patients who are scheduled for medical appointments.

It is anticipated that at any one time, there could be three mental health appointments within the clinic for medication evaluations and outpatient appointments. Depending on the availability of interview space in general population living units, inmate patients from all living units except medical, mental health and restricted living units will have scheduled mental health appointments in the clinic. Those inmate patients in medical, mental health and disciplinary/administrative restrictive housing will be seen by mental health professionals in the living unit support areas of those zones.

The psychiatrist or psychologist will be assigned an office in the health care administration area. Whenever possible, mental health professionals are encouraged to conduct screenings at the location where these inmate patients are housed. There will be three interview rooms in the outpatient mental health clinic sized for up to four people each and equipped with an EMR work station, four chairs, a sink and locked cabinets. There will be acoustical and sight privacy and the interview rooms will be equipped for telemedicine.

Mental health professionals will be assigned office space in all the mental health living unit units (Section 9.000). It is anticipated the mental health interview spaces in the clinic will be assigned as needed and used primarily by all mental health staff; when not in use, they can become multipurpose space within the clinic.

7.200 Centralized Medical Support Spaces

All other support spaces will be accessible from a secure corridor accessible to both the acute care and clinic areas. Separate entrances will be provided to the acute care services area that will be the primary access for authorized staff and inmate patients. If possible, these spaces should be co-located to maximize staffing efficiencies.

The nurses' workstation described in Section 7.100 will easily access all areas of the central support spaces and the clinic. A computer workstation, telephone, and shelving for storing active medical records will be located in this area. There will be workstations with access to the EMR in all examination rooms and scattered throughout the clinic. There is also a multipurpose conference/charting space located in the centralized medical support area for all clinical staff.

Medical Records – The RTC as well as all facilities within NDCS, will utilize an electronic medical record. Separate storage for medical records from other systems should be

scanned into the medical record. Limited storage will be available from those medical record materials until they are scanned. Central medical archival records will be stored in the warehouse until scanned and destroyed. An Electronic Medical Record (EMR) storage and retrieval system will provide ready access to the records, regardless of the physical location of the paper records. The secure records room, accessed only by authorized medical personnel, will be equipped with a space saver filing system for the storage of approximately 1,700 paper medical records. A scanner will be located in this area so that few, if any, hard copy records must be maintained. A workstation for medical records staff will also be located in this area. As necessary, records staff will purge records of released inmate patients and will take the records to the warehouse for disposition (either storage or scanning/shredding).

Administration Offices

Offices and Support Space – The medical administration suite will be accessed via card access. A Medical Secretary will be located in this area to provide assistance to persons new to the suite (e.g., a contract psychiatrist requiring use of the tele-psychiatry equipment). The Medical Secretary will work for all of the staff located in this component from a centralized workstation.

The Administration Office spaces will be provided for the following staff assigned to this component:

- Physician
-
- /Physician's Assistants
- Director of Nursing
- Associate Director of Nursing
- Medical Secretary
- One Unassigned Office for Future Use

Additional administrative office space will include a copy/fax/file work room with shelving and cabinets for office supplies; and a conference room for staff meetings and teleconferencing.

Shared Spaces

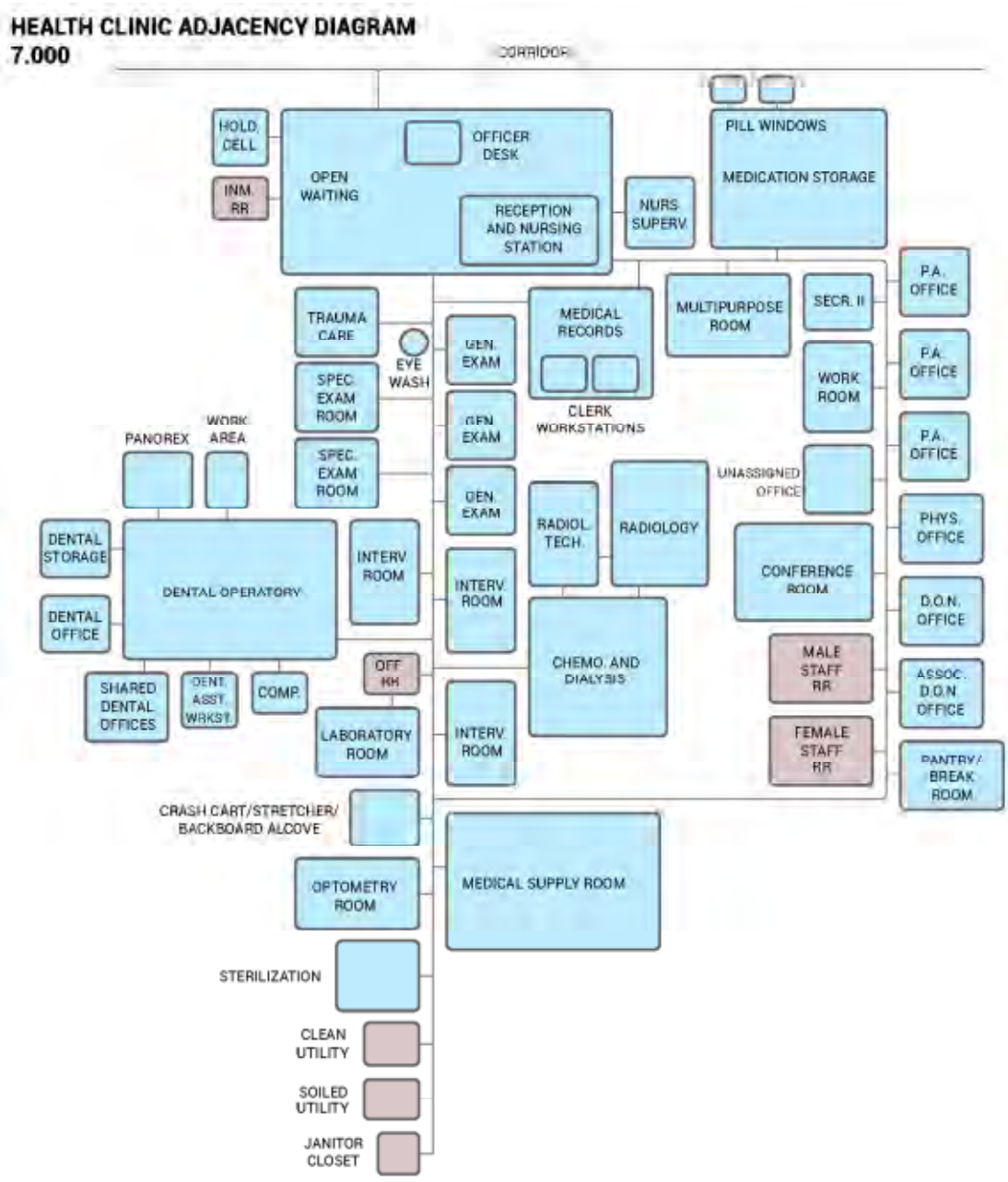
The shared spaces include the support spaces for all medical staff in this component including staff restrooms, a break room and a locker area. An adjacent break area (BR-2) will be provided. A staff shower should be provided in the event of exposure. A locker area will be provided in the break room for staff medical equipment that should not be transported into/out of the facility daily (i.e., stethoscopes).

Table 7.000
Architectural Program: Health Care Clinic

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
7.000	**HEALTH CLINIC**					
7.100	OUTPATIENT MEDICAL/MENTAL HEALTH CLINIC					
7.101	Open Waiting	30	1	15 /person	450	Cabling for medical programs viewing; coat rack.
7.102	Holding Cell	1	1	60 /person	60	Holding cell for inmate who is unable to be managed in open waiting.
7.103	Inmate Restroom	1	1	50 /area	50	ADA accessible; wall-mounted water fountain outside of rest room
7.104	Officer's Desk	1-2	1	64 /area	64	WS-4
7.105	Reception and Nursing Station	4	1	200 /area	200	To provide direction to the inmates; to review and note orders for implementation. Central hub area of the clinic. Workstation, EMR
7.106	Nursing Supervisor	1	1	100 /office	100	OF-4; One small office behind nursing station: for nursing supervisor with half wall glazing to be able to observe the clinic area. Workstation, EMR
	Outpatient Medical Clinic					
7.107	Medication Storage	5	1	500 /area	500	Adjacent to waiting area; two securable medication distribution windows 2 pill lines adjacent to medication storage; sink, shelving, computer, printer, scanner machine, counter space, narcotics cabinet, cabinets, cart storage and staging area, refrigerator; includes pharm tech workstation with desk, chair, computer, printer/fax/scanner
7.108	Pill Lines	20	2	20 /area	40	2 pill lines adjacent to medication storage
7.109	General Clinic Exam Rooms	1-2	3	120 /area	360	Separated by block wall dividers; privacy curtains; exam table, wall mounted diagnostic equipment, desk area for computer station; sink; lockable cabinets. All equipped for telemedicine. All equipped for EMR.
7.110	Trauma Care and Minor Procedures Exam Room	1-3	1	150 /area	150	Separated by block wall dividers; privacy curtains; plastic chair; counter for computer. Equipped for telemedicine, trauma, minor procedures. Workstation and EMR.
7.111	Eye-wash Station, Emergency Pull-shower Alcove	1	1	50 /area	50	Alcove for eye-wash station; with emergency pull-shower;

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
7.112	Laboratory	1	1	120 /area	120	Laboratory with centrifuge and other equipment necessary to analyze specimens on-site eye-wash station; emergency pull-shower; counter space, locked cabinets, refrigerator, shelving for storing reagent strips, vacuum tubes and sharps. Workstation and equipped for EMR.
7.113	Radiology	1-2	1	250 /area	250	Radiology with space for tech, upright x-rays and table for vertical x-rays and ultrasound services. Lead lined, adjacent to trauma care and minor procedures exam room. Workstation and equipped for EMR.
7.114	Radiology Tech	1	1	150 /area	150	Workstation with counter space for equipment and storage
7.115	Optometry Room	1	1	180 /area	180	Sized for several pieces of optometric equipment. Needs to be longer than the standard exam room in order to accommodate sight testing equipment. Workstation and equipped for EMR.
7.116	Chemotherapy and Dialysis Space	5	1	80 /chair	400	Four recliners, TV/music access, counter space, lockable storage with shelving, nurse station, workstation and equipped for EMR
7.117	Crash cart/stretcher/ backboard Alcove	-	1	80 /area	80	Outlets; adjacent to trauma room
7.118	Inmate Toilet	1	1	50 /area	50	Adjacent water cooler. Specimen pass through to laboratory
7.119	Dental operatory	3	2	320 /area	640	Two double operatories
7.120	-Panorex	1	1	85 /area	85	Located in Dentistry Suite
7.121	-Dental Lab/Work Area	1	1	50 /area	50	Located in Dentistry Suite
7.122	-Dental Storage	1	1	80 /area	80	Located in Dentistry Suite
7.123	-Dentist Office	1	1	120 /area	120	OF-3; located in Dentistry Suite
7.124	Dental Assistant Workstation	1	1	80 /area	80	WS-2; located in Dentistry Suite
7.125	-Sterilization Work	1	1	120 /area	120	"Clean" and "dirty" instrument preparation
7.126	-Compressor	1	1	80 /area	80	For dental equipment
7.127	Medical Supply Room	-	1	300 /area	300	Sized for equipment and supplies
7.128	Clean Utility	-	1	50 /area	50	Icemaker, sink, shelving, storage
7.129	Soiled Utility	-	1	50 /area	50	Hopper sink, Includes enclosed area for temporary biohazard waste holding
7.130	Janitor Closet	1	1	40 /area	40	
	Outpatient Mental Health Areas					
7.131	Interview Rooms	2-4	3	150 /area	450	Interview room sized for up to 4 people with EMR workstation for charting, table, chairs; allow equipped with telemedicine.

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
				Subtotal Net Square Feet	***5,399***	
				Grossing Factor	***1.50***	
				Subtotal Gross Square Feet	***8,099***	
				Subtotal Exterior Square Feet	***(0)***	
7.200	CENTRALIZED MEDICAL SUPPORT AREA					
7.201	Multipurpose Room	3-6	1	200 /area	200	Nurse report and charting room with computer workstations; storage for forms; telephone; can be used for reporting.
7.202	Medical Records	1	1	200 /area	200	Space saver file system; work counter; copy machine; scanner.
7.203	Medical Records Clerk Workstations	1	2	50 /wkstn	100	WS-4; located within Records
	Medical Administration					
7.204	Secretary II	1	1	80 /wkstn	80	WS-2
7.205	Physician	1	1	120 /office	120	OF-3
7.206	Unassigned Office	1	1	100 /office	100	OF-4
7.207	Physician's Assistant Offices	1	3	100 /office	300	OF-4
7.208	Director of Nursing	1	1	120 /office	120	OF-3
7.209	Associate Director of Nursing	1	1	100 /office	100	OF-4
7.210	Copy/Scan/ Work Room	1-2	1	150 /area	150	Copier, scan, shelving and storage for office supplies.
7.211	Conference Room	30	1	20 /person	600	CF-1; ability to divide the room into two smaller conference rooms.
	Shared Areas					
7.212	Staff Restroom (M/F)	1	2	150 /area	300	ADA accessible; sized for half height lockers, privacy for exposure shower.
7.213	Break Room/Pantry/Coffee	1-10	1	150 /area	150	BR-2
				Subtotal Net Square Feet	***2,520***	
				Grossing Factor	***1.25***	
				Subtotal Gross Square Feet	***3,150***	
				Subtotal Exterior Square Feet	***(0)***	
				7.000 Total Interior Net Square Feet"	***7,919***	
				7.000 Total Interior Gross Square Feet"	***11,249***	
				7.000 Subtotal Exterior Square Feet	***(0)***	


HEALTH CLINIC ADJACENCY DIAGRAM
7.000
CORRIDOR
HOLD CELL
INM. RR
OPEN WAITING
OFFICER DESK
RECEPTION AND NURSING STATION
NURS. SUPERV.
PILL WINDOWS
MEDICATION STORAGE
TRAUMA CARE
EYE WASH
SPEC. EXAM ROOM
SPEC. EXAM ROOM
GEN. EXAM
GEN. EXAM
GEN. EXAM
MEDICAL RECORDS
CLERK WORKSTATIONS
MULTIPURPOSE ROOM
SECR. II
WORK ROOM
UNASSIGNED OFFICE
P.A. OFFICE
P.A. OFFICE
P.A. OFFICE
PHYS. OFFICE
D.O.N. OFFICE
ASSOC. D.O.N. OFFICE
PANTRY / BREAK ROOM
PANOREX
WORK AREA
DENTAL STORAGE
DENTAL OFFICE
DENTAL OPERATORY
INTERV. ROOM
INTERV. ROOM
SHARED DENTAL OFFICES
DENT. ASST. WRKST.
COMP.
OFF. RM.
LABORATORY ROOM
INTERV. ROOM
RADIOL. TECH.
RADIOLOGY
CHEMO. AND DIALYSIS
CONFERENCE ROOM
MALE STAFF RR
FEMALE STAFF RR
CRASH CART/STRETCHER/ BACKBOARD ALCOVE
OPTOMETRY ROOM
MEDICAL SUPPLY ROOM
STERILIZATION
CLEAN UTILITY
SOILED UTILITY
JANITOR CLOSET

8.000 MEDICAL LIVING UNITS

Introduction

The medical living units subcomponent includes the licensed skilled nursing facility with provision for isolation and hospice care in RTC, assisted living nursing care including dementia care, and medical living units.

- Licensed skilled nursing facility (SNF) beds are provided for inmate patients who require 24/7 skilled nursing care including medical isolation and end of life care. These inmate patients will typically be housed in single rooms.

- The assisted nursing care living unit will allow flexible use of 12 single rooms (primarily for inmate patients with dementia or other serious cognitive compromises) and 8 double rooms for short term and long term assisted medical living care to be provided for inmate patients who may not be ambulatory, who require wound care, or are diagnosed with unstable or serious chronic medical conditions. These inmate patients may require limited assistance with activities of daily living (ADLs) but are usually not bed-bound; however, the seriousness of their condition requires that they be housed in a location where medical care is immediately available. This living unit is also provided for inmate patients whose condition does not require SNF level care; however, their condition requires regular medical attention. These inmate patients will typically be housed in single rooms. The inmates with dementia and those who require assistance with ADLs will be assisted by trained inmate porters. The porters will be housed in a worker living unit not located within the health care living unit.

- Two medical living units of 40 inmates (20 double rooms) each will also be available for those who are the frail elderly, have some mobility challenges, or who have chronic medical conditions that require close proximity to medical staff but do not require assisted nursing or SNF level of care. This may include inmates who are hearing or sight impaired and vulnerable in general population living units.

The SNF and the assisted living unit will incorporate a pod-like approach, which will promote visibility for staff and minimize long walking distances. These living units should not have double tier bunks, nor be configured on two levels or tiers.

All corridors and rooms will be sized to accommodate stretcher swings, wheelchairs and inmate patients who use walkers or canes and other assistive devices.

The configuration of each of the medical living units is unique due to the proximity requirements of the SNF and assisted nursing living unit to the medical support component described in Section 7.200. Ideally, the footprint of the facility may be sufficient to accommodate the entire medical component on one level of the facility. If this is not possible, the two forty bed medical living units can be on a different level from the clinic areas, but should be located on one level and easily accessible to the medical clinic as well as the entire campus. Due to the frailness and vulnerability of this population, there should be no mezzanine. The proximity of the SNF to the medical component and the intake area is essential since inmate patients may be brought into the facility with

suspected medical conditions requiring immediate isolation. It would be imprudent to allow these inmate patients to travel through any areas unnecessarily. The following table describes the disaggregation of beds in the medical component.

TABLE 8.1
Medical Bed Distribution

Bed Type/Living unit Area	Capacity / Type	Number of Areas	Total Number of Beds
Licensed Skilled Nursing	24 Single Occupancy Rooms	1	24
	2 Isolation Rooms	2	2
	3 Hospice Suites	3	3
Assisted Nursing (Short-Term and Long-Term)	8 Double Occupancy Rooms	1	16
	12 Single (Dementia) Occupancy Rooms	1	12
Medical Living unit	40 Double Occupancy	2	80
TOTAL MEDICAL BEDS			137

All rooms will meet ADA accessibility requirements including doors, door handles, grab bars, etc. All the rooms will be equipped with cable/satellite hook-up for television. Secure nurse call systems will be provided in all rooms, showers, bathrooms or in areas easily accessible to the sleeping areas.

8.100 Licensed Skilled Nursing [23]

The licensed skilled nursing beds are intended for inmate patients who must be separated from the general or medical population of inmates due to their acute medical condition and need for this level of nursing care. These inmate patients will be housed in an area where they can be directly observed by medical and security staff to provide for their safety and the safety of others.

The SNF should be equipped with HEPA filters throughout all of the rooms. Two single isolation rooms in this subcomponent will be equipped with special air filtration systems in all rooms (e.g., negative and positive pressure systems and data lines for the transmission of data from monitoring equipment, EKG, etc). In most cases these rooms will be used for respiratory isolation for inmate patients who might manifest symptoms of contagious diseases (e.g., flu or tuberculosis). Each room will be entered through an alcove that will contain a small utility counter with a hand washing sink, a space for a soiled linen hamper, and shelving for gowning materials. Staff will be able to view into the isolation rooms from the alcove through an observation window. These rooms should be designed with a secondary means of access so they can be used as general SNF care when not required for isolation. Nurse call will be available in every room, shower and tub

[23] Licensed according to NE HHS 175 NAC 12 standards.

room. Both rooms will be equipped with at least four electrical outlets for medical equipment.

Twenty four additional single rooms will be equipped with at least four electrical outlets for medical equipment. Each room will have an electrical hospital bed, an over the bed table, writing surface and chair. A toilet, lavatory will be provided in each room. Standards require each of these rooms to have an outside window.

Four ADA compliant showers will be shared by the 24 inmate patients. In addition, there is a shared tub room located off the dayroom in the assisted living unit.

There will be three hospice suites located within the SNF that will allow for end of life care with privacy and comfort contact with family and loved ones. Each suite will include an ADA compliant inmate patient room; with a single toilet and sink with removable ADA grab bars; two outlets for each occupant; nurse call; desk, chair and underbed storage per occupant. Adjacent to each room will be a living room that serves one hospice room; sitting area for family visits; sink and microwave; fold out table; sleeper sofa. Adjacent to the living room will be a restroom for use of the family/visitors.

Since many of these inmate patients require separation from other inmate patients and staff; ideally, most services will be brought to the inmate patient. These services will include meals, opportunity to participate in video visitation and library services. Inmate patients will make a written request for such services (except for meals, as they will be brought to the room at regular meal times), and the service, where feasible will be arranged and brought to the room. Video visits and telephone calls will be by remote hook up immediately outside of the inmate patient's room or in the patient room, if possible.

Although these inmate patients are not expected to use a large dayroom area, a small seating area that will accommodate up to twelve inmate patients will be provided for inmate patients to potentially watch television or talk on the telephone. A visitation kiosk will be located in this area. There will be at least twelve electrical outlets available for supportive medical equipment (e.g. oxygenators, IV fluids, infusions, etc.) for the inmate patients using this area.

Meals will be staged in a pantry/alcove while being distributed to the living unit areas. The trays will be reheated and/or served via thermal trays in the living unit support pantry area described in Section 11.000. A refrigerator, microwave and ice-maker will be provided in this area for inmate patient snacks and to promote good hydration.

Fresh Air Court – There will be a small fresh air court for those inmate/patients who are well enough to access outside fresh air.

Officer Station-- A housing officer workstation will be co-located here and will include a computer, door controls, fire and smoke enunciation, and override for telephones, lighting, electrical receptacles, water controls, and CCTV monitoring of the recreation yard. This officer will be able to view into the SNF area and the assisted nursing living pod. This officer is expected to make ongoing rounds of both areas, as the officer station will not provide a view of all the inmate patient rooms.

Ideally, staff will be equipped with a personal data assistant (PDA) sized wireless device that will allow the officer to operate door controls, such as the inner vestibule door and the room doors in the pods. The workstation will be equipped with a mechanism for securing the control panel (most likely a touch screen device) to prevent inmate patient tampering when the living unit officer is away from the workstation. Space must be identified in close proximity to the living unit officer's workstation for an emergency first-aid kit.

Clean and Dirty Utility Rooms – Clean and dirty utility rooms will be provided, as will a janitor's closet to serve the health care services area. Space for the temporary storage of bio-hazard materials is required. These items will be bagged and kept in a specially marked locked box in the dirty utility room to await the arrival of the contracted bio-hazard disposal company. The location of the temporary storage needs to be out of the direct path of any people and should be adjacent and within view of the nurse's station.

Direct access to the SNF will be provided from the clinic.

8.200 Medical Housing Shared Area (SNF and Assisted Nursing Living Area)

Since both living unit areas are relatively small and require similar medical care, a separate shared area is provided that will enhance efficiencies of space and more importantly, staffing.

Clinical Workstation - A workstation in the pod will be sized for three clinical staff. This workstation is expected to monitor the SNF area, as well as the assisted nursing living areas with good sight lines into both areas. The nursing station will be defined by a counter with staff access through a double swing half-height door at two different entry points, each leading to one of the housing areas to provide easy staff response to each area in emergency situations. Security and nursing staff will have separate work areas. The nursing/clinical workstations will be equipped with computer and counter space for charting, although a separate room will also be provided for this purpose.

A secure medication storage area will be provided. It will include a small sink and be sized for a medication cart.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Inmate patients will be permitted to retain enough personal laundry to have sufficient changes of underclothing. Laundry will be staged in an area adjacent to the SNF and Assisted Nursing housing units. for both soiled and clean laundry.

Staff Restroom - A staff restroom with standard vitreous china fixtures and a tempered glass mirror will be located near to the nursing/security officer workstation for staff use only.

8.300 Assisted Nursing Living Unit

Since the nursing station provides visibility into both the SNF and the assisted nursing living units, health care staff will be readily accessible, since these inmate/patients also require close proximity to the clinic and infirmary. Nurses will make rounds of the pods and distribute medications within the living unit support center. Direct supervision will be provided by living unit officers.

Medical staff will determine when an inmate patient is admitted to or discharged from the assisted living housing unit.

It is anticipated some inmate patients will receive medical services for rehabilitative sub-acute conditions and, therefore, will be housed there for relatively short periods of time (not likely to exceed thirty days), or for other conditions that may require longer term assisted living such as cardiac, respiratory or neurological conditions such as dementia. Examples of the types of conditions that may require housing in medical assisted living include the following:

- Inmate patients requiring observation for post-operative care once discharged from the hospital until they are stable enough for medical living unit or general population.

- Inmate patients with dementia who require orientation to time, person and place as well as assistance to follow schedules, get to meals, etc.

- Inmate patients requiring bed rest due to orthopedic conditions or observation after having fractures set (to monitor temperatures, check for infections).

- Subacute exacerbations of chronic health conditions that require closer medical observation and/or nursing care.

A total of 28 assisted nursing beds will be required to meet the assisted nursing health care needs of the NDCS system. These will include 12 single rooms designated primarily for those with cognitive impairments. There will be an additional 8 double rooms (16 beds) for short and long term assisted nursing care. There will be a nursing/officer station located between the infirmary and medical assisted living unit as described above. Appropriate provisions will be made to ensure the privacy and security of the inmate patients yet allowing for good visibility and observation of inmate patients.

All assisted living unit rooms will be sized per standards. Best practices require each of these rooms have an outside window. Adjoining each two rooms will be a small toilet with a lavatory ideally observable from the corridor. The double occupancy rooms will be sub dividable with a fabric cubicle curtain suspended from the ceiling. There will be nursing home type electrical beds provided in each room. Each grouping will be equipped with a desk and chair and under-bed storage for personal items. There will be no mezzanine in this living unit pod, and no stacked bunks should be considered as this would provide opportunities for suicide attempts.

There should be at least two electrical outlets for each occupant for additional portable medical equipment such as CPAP and oxygenators. A nurse call with two way capability will be provided in each room at each bed and an emergency pull station for the nurse call will be provided in the toilets, per code.

The assisted living rooms should be arranged around the dayroom space where some inmate patients are expected to be during the daytime hours. Some of the inmate patients may remain seated bedside due to their medical condition, so appropriate seating should be provided in each inmate patient room. Dayroom space will be provided to encourage inmate patients whose condition allows participating in dayroom activities or merely walking the perimeter of the dayroom. The dayroom will serve as an activity area and for dining if an inmate patient is not mobile enough to go the dining room. The dayroom will be equipped with two distinct seating areas, with a ceiling or wall mounted televisions and an area where two telephone kiosks will be provided. Due to the chronicity of many long term inmate patients, numerous electrical outlets will be provided for assistive medical equipment.

Four ADA compliant shower areas will be available for the assisted living population. There will also be a separate tub room shared with the SNF inmates/patients that will be accessible from the dayroom. The showers should be ADA compliant and located to provide for privacy but also to allow for staff to observe the area with minimal difficulty. The shower heads should be suicide resistant double fixtures and ideally will be recessed. Extra care must be taken to provide adequate drainage to avoid water run-off from this shower. Each individual shower stall includes a private outer area for drying/dressing. Floor drains will be located in both the shower and dressing areas. The showers will have side shower panels that can provide appropriate visibility into the shower stall, without compromising personal privacy. The shower stalls facing the dayroom should have café doors to allow visibility of head and feet. It is recommended a Velcro attached shower curtain that has top and bottom transparent panels with an opaque center panel be provided between the drying area and the shower area. This will both afford appropriate visibility while preventing water from entering into the dayroom area, which will prevent potential slipping and mitigate maintenance of the dayroom floors. The tub room for bathing and hydrotherapy should be equipped with Hoya lift. It may be utilized for direct observation care and for outpatient care for those requiring hydrotherapy as part of the treatment for a physical condition. Nurse calls will be provided in each shower and the tub room.

Service Kiosks - All personal visits and many professional visits will be conducted as contact visits in the central visitation area or via video visitation carrels provided for this purpose. Visitation kiosks will be located in the living unit pod; capabilities for using headsets may be considered to aid in minimizing noise associated with visits. An electronic transaction kiosk station will be located in the dayroom for inmate patients to place their commissary orders.

Officer Station-- A housing officer workstation will be co-located here and will include a computer, door controls, fire and smoke enunciation, and override for telephones, lighting, electrical receptacles, water controls, and CCTV monitoring of the recreation yard. This officer will be able to view into the SNF area and the assisted nursing living pod. This

officer is expected to make ongoing rounds of both areas, as the officer station will not provide a view of all the inmate patient rooms.

Ideally, staff will be equipped with a personal data assistant (PDA) sized wireless device that will allow the officer to operate door controls, such as the inner vestibule door and the room doors in the pods. The workstation will be equipped with a mechanism for securing the control panel (most likely a touch screen device) to prevent inmate patient tampering when the living unit officer is away from the workstation. Space must be identified in close proximity to the living unit officer's workstation for an emergency first-aid kit.

Corrections Unit Caseworker Office – There will be a corrections casework office located in the assisted nursing housing unit.

Multipurpose Room - A separate multipurpose space for up to 8 to 10 inmate patients will be provided for activities deemed appropriate by the treatment team and should be equipped for real-time broadcast distribution. The multipurpose space should be located with visibility from the officer station to enhance supervision. Wheelchair accessible work tables will be provided, as will cabinetry for storing inmate patient projects and requisite supplies.

Counseling Offices / Rooms - Correctional counselors will be assigned to the medical and mental health component to monitor the time to prepare for return to the general population or return to the community. Counseling rooms will be located in a manner to ensure maximum visibility of areas from a central location. Each of two counseling rooms will be equipped with a round table and seating for four, will be used for inmate patient interviews with counseling professionals, mental health therapists, program leaders and volunteers, when it is not conducive to conduct the counseling session in the inmate patient's assigned living unit pod.

Storage Closet - A storage closet with shelving is required for toilet paper, linens, blankets, mattresses and the many supply and equipment items that must be maintained on the pod. Disinfectant spray products and cleaning wipes for the mattresses will be located in this closet for cleaning mattresses prior to a new inmate patient occupying a room or at other times deemed appropriate.

Pantry/Food Cart Alcove – Meals will be brought to the living unit pod for those who are unable to go to central dining. A pantry/food cart alcove will be provided for staging food carts and dispensing trays. The alcove will be equipped with counter space, sink with instant-hot water, appropriate electrical outlets[24] and storage cabinets for a supply of napkins, disposable eating utensils, condiments, etc. The food cart alcove will be sized to accommodate a food cart. The door to the living unit pod will be sized wider than standard to permit passage of food carts. An adjacent trash alcove will be provided. This alcove is primarily for the assisted living unit patients. A refrigerator, microwave, and ice-maker will be provided in this area.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State

[24] Outlets must be sufficient and appropriate for retherm units if provided.

Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Inmate patients will be permitted to retain enough personal laundry to have sufficient changes of underclothing. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry.

Janitor Closet - The janitor closets located on each level of the living unit pod will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door should have glazing to allow for visibility into the closet.

Clean and Dirty Utility Rooms – Clean and dirty utility rooms will be provided to serve the SNF and Assisted Nursing Housing area. Space for the temporary storage of bio-hazard materials is required. These items will be bagged and kept in a specially marked locked box/closet in the dirty utility room to await the arrival of the contracted bio-hazard disposal company. The location of the temporary storage needs to be out of the direct path of any people and should be adjacent and within view of the nurse's station.

Outdoor Exercise - A shared fresh air recreation area will be provided and inmate patients will be permitted to freely access the outdoor recreation facilities during scheduled times. The exterior exercise area will be sized to accommodate approximately 12 inmate patients at one time. The outdoor recreation area should be partially covered for weather protection secured with a wall eight feet high, and may have a security mesh above that. All inmate patients will be permitted outdoor exercise seven days a week. To the degree possible, the building itself will provide the boundaries of the outdoor exercise area. Grille work or fencing must be designed to prevent unauthorized persons (e.g., the public or inmates in other recreation areas) from observing or throwing contraband into the exercise areas. The common wall between the exercise area and the dayroom will be glazed to the maximum extent possible to afford unobstructed views to the exercise area for the officer in the living unit pod. Direct access to the exercise area is through a door located in the dayroom.

Exercise/Physical Therapy Room A rehabilitative exercise/physical therapy room will be provided where as many as four inmate patients can use walking paths equipped with grab bars or undergo examination for their physical therapy needs. This room will be equipped with chairs and a single bed to practice transfers from wheelchairs or using other assistive devices such a crutches, walkers, etc. In addition, there will be an electric exam table, equipment for hot packs, secured lockable storage. Hydrotherapy will be provided in the tub room in the assisted living area. This area should also include a workstation.

8.400 Medical Living Unit (2 living units of 20 double rooms each = 80 beds)

Population projections indicated there is a need for 80 male medical living unit beds for the NDCS system. These inmates are aging or have chronic medical conditions that require a special living unit due to mobility challenges or medical conditions that require daily rounds from nursing staff and/or a living unit in close proximity to medical staff. A long-term living unit may be for inmates with chronic, yet unstable or fragile conditions

such as diabetes, cardiovascular conditions, seizure disorders and other such conditions. In many institutions, inmates with mobility issues will be accommodated with ADA compliant housing; however, those accommodations are not readily available within the LCC.

Medical living units are considered general population living units and inmates will have access to programs and services consistent with their security classification. There will be two 40-bed living units having 20 double-occupancy rooms (wet). There will be a vitreous commode and sink in each room. These beds will not be stacked bunks to allow for the necessary accommodation and safety for medically impaired inmates. Ideally, there should be no mezzanine.

All medical living unit rooms will be sized per standards to be ADA compliant. Best practices require each of these rooms have an outside window. The double occupancy rooms will be sub dividable with a fabric cubicle curtain suspended from the ceiling. Each grouping will be equipped with a desk and chair and under-bed storage for personal items.

The medical living unit rooms should be arranged around the dayroom space where some inmate patients are expected to be during the daytime hours. Dayroom space will be provided to encourage inmates to participate in dayroom activities or merely walking the perimeter of the dayroom. The dayroom will serve as an activity area. Inmates in the medical living unit will go to a central dining area within the RTC. The dayroom will be equipped with two distinct seating areas with a ceiling or wall mounted televisions and an area where two telephone kiosks will be provided as will video visitation (see below). Due to the chronicity of many long term inmate patients, numerous electrical outlets will be provided for assistive medical equipment.

Five shower areas will be accessible from the dayroom. The showers should be ADA compliant and located to provide for privacy, but also to allow for staff to observe the area with minimal difficulty. The shower heads should be suicide resistant double fixtures and ideally will be recessed. Extra care must be taken to provide adequate drainage to avoid water run-off from this shower. Each individual shower stall includes a private outer area for drying/dressing. Floor drains will be located in both the shower and dressing areas. The showers will have side shower panels that can provide appropriate visibility into the shower stall, without compromising personal privacy. The shower stalls facing the dayroom should have café doors to allow visibility of head and feet. It is recommended a Velcro attached shower curtain that has top and bottom transparent panels with an opaque center panel be provided between the drying area and the shower area. This will both afford appropriate visibility while preventing water from entering into the dayroom area, which will prevent potential slipping and mitigate maintenance of the dayroom floors.

Storage Closet - A storage closet with shelving is required for toilet paper, linens, blankets, mattresses and the many supply and equipment items that must be maintained on the pod. Disinfectant spray products and cleaning wipes for the mattresses will be located in this closet for cleaning mattresses prior to a new inmate patient occupying a room or at other times deemed appropriate.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Inmate patients will be permitted to retain enough personal laundry to have sufficient changes of underclothing. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry.

Pantry Alcove Central dining is highly recommended for this population. A pantry/ alcove will be provided and equipped with counter space, sink with instant-hot water, a refrigerator, microwave and ice-maker will be provided in this area. An adjacent trash alcove will be provided.

Service Kiosks - Many personal and professional visits will be conducted as contact visits in the central visitation area or via video visitation carrels provided for this purpose. Visitation kiosks will be located in each living unit pod; capabilities for using headsets may be considered to aid in minimizing noise associated with visits. An electronic transaction kiosk station will be located in the dayroom for inmate patients to place their commissary orders and other requests, such as sick call.

Janitor Closet - The janitor closets located in each of the living units will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door should have extensive glazing to allow for visibility into the closet.

Outdoor Exercise - Fresh air recreation will be provided adjacent to the living unit, and inmate patients will be permitted to freely access the outdoor recreation facilities during scheduled times. The exterior exercise area will be sized to accommodate approximately 20 inmate patients at one time. The outdoor recreation area should be partially covered for weather protection, secured with a wall eight feet high, and may have a security mesh above that. All inmate patients will be permitted outdoor exercise seven days a week. To the degree possible, the building itself will provide the boundaries of the outdoor exercise area; however, the volleyball lines should be situated so that the walls are not the boundaries. Grille work or fencing must be designed to prevent unauthorized persons (e.g., the public or inmates in other recreation areas) from observing or throwing contraband into the exercise areas. The common wall between the exercise area and the dayroom will be glazed to the maximum extent possible to afford unobstructed views to the exercise area for the officer in the living unit pod. Direct access to the exercise area is through a door located in the dayroom. Outdoor recreation areas will be equipped with appropriate exercise equipment for the medical living unit populations.

8.500 Medical Living Unit Shared Spaces

The following spaces will be in a shared area adjacent to the two medical living units. Inmates will be allowed to access this area without escort.

Multipurpose Room - Two separate multipurpose spaces will be provided for activities deemed appropriate by the treatment team, and should be equipped for real-time

broadcast distribution. The multipurpose space should be located with visibility from the officer station to enhance supervision. Wheelchair accessible work tables will be provided, as will cabinetry for storing inmate patient projects and requisite supplies.

Corrections Unit Caseworker - There will be corrections unit caseworker office in the shared space for the inmates living in the two medical living units.

Counseling Office – One correctional counselor will be assigned to the medical living units (and may be shared with other medical living units) to monitor the time to prepare for return to the general population or return to the community. The counseling office will be located in a manner to ensure maximum visibility of areas from a central location.

Interview Rooms- Each of two interview rooms will be equipped with a round table and seating for four, will be used for inmate patient interviews with counseling professionals, mental health therapists, program leaders and volunteers.

Triage Room - A triage room for sick call and other examinations will be shared between the two medical housing living units. It will be equipped with workstation, examination table, wall-mounted diagnostic equipment, AED, telephone, one visitor chair, small under counter refrigerator for lab draws. There will be counter workspace, and lockable cabinets and drawers. motion sensitive or foot operated sink, counter workspace, and lockable cabinets and drawers. The triage room will be wired/wireless with access to the EMR. When necessary, the inmate will be scheduled for sick call in the clinic to see the physician or a specialist.

Medication Storage and Administration. Medications will be distributed from a medication storage room with a distribution window sized for a medication administration. Medical living unit inmates will line up for medication administration. A water cooler will be adjacent to the medication distribution window. There will be a small under counter refrigerator for medications, motion sensitive or foot operated sink, counter workspace, and lockable cabinets and drawers. Medication administration records will be charted electronically into the medical record as they are administered. A nurse will administer the medications and scan the inmates ID to confirm the proper medication was administered.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Inmate patients will be permitted to retain enough personal laundry to have sufficient changes of underclothing. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry.

Janitor Closet - The janitor closets located on each level of the living unit pod will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door should have glazing to allow for visibility into the closet.

Officer Station – A separate officer station is located in the shared area. A staff restroom would be required with each officer station.

Additional Design/Operational Considerations

The primary security consideration in the health services component is inmate patient supervision (particularly in the clinic area) and control of dangerous substances and instruments. An officer will be stationed at the security desk in the clinic during clinic hours, and another officer will be stationed in the inpatient component any time an inmate patient is housed in the infirmary. Examination rooms should be equipped with extensive glazing.

The front door to the health services area will have card and/or biometric access and intercoms on each side. During clinic hours, the intercom will be answered by the nurse or officer at his/her station. When the clinic closes, the intercom will forward to RTC control. Controls for the clinic entry will be located at the nurse's station and at the officer's security station.

The medication storage will have a locked door and will be for staff use only. It is recommended the door remain locked at all times. A card reader and biometric access or pin-code system will be required to gain access and to monitor who is accessing the pharmacy at any given time. In addition, the medication storage room will be designed so the walls are constructed from the floor slab to the underside of the building structure.

All electrical circuits and lighting in these areas of the facility should be connected to the facility's emergency power generation system.

The SNF will be constructed to maximum security standards, as they will be designed to house any custody level as may be necessary.

Hand washing stations and AED units will be strategically located throughout the clinic area. Eye wash stations or portable eye wash stations will be provided as well.

Table 8.000
Architectural Program: Medical Living Units

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
8.000	**MEDICAL HOUSING**					
8.100	SKILLED NURSING FACILITY (SNF) BEDS					
8.101	Single Occupancy Isolation	1	2	150 /area	300	Hospital bed, IV capability; ADA toilet/water closet/shower, nurse call, negative/positive pressure; TV, data port/lines, at least 4 electrical outlets per bed; emergency generator back-up for all electrical
8.102	Isolation Alcove	1	1	50 /area	50	Include storage for gowns, booties, caps, gloves and masks with space for a disposal receptacle; sink
8.103	Single Hospice Rooms	1	3	150 /person	450	ADA compliant rooms; toilet and sink with removable ADA grab bars; two outlets for each occupant; nurse call; desk, chair and underbed storage per occupant.
8.104	Restroom for Hospice Suite	1	3	50 /area	150	ADA compliant restroom adjacent to hospice living room
8.105	Living Room for Hospice Suite	1	3	180 /area	540	One living room serves one hospice room; sitting area for family visits; sink and microwave; fold out table; sleeper sofa; located adjacent to hospice rooms.
8.106	ADA Compliant High Security Single Occupancy Rooms	1	24	150 /area	3,600	Hospital bed, IV capability, toilet/water closet, nurse call, alcove with sink shared by two rooms; TV, data port/lines, emergency generator back-up for all electrical
8.107	ADA compliant. Shower	1	4	50 /area	200	Double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors.
8.108	Officer Station	1	1	64 /area	64	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the adjacent interview room; near to the nursing/clinical workstation.
8.109	Dayroom	12	1	35 /person	420	Fixed tables, plastic chairs, 1 pedestal telephones, 1 ADA height, 1 kiosks for video visitation/conferencing; at least one electrical outlet per occupant for supportive medical equipment (12 outlets).
8.110	Food Cart/Trash Alcove	-	1	80 /area	80	Sufficient space for staging of food cart; covered trash cans; ice maker.

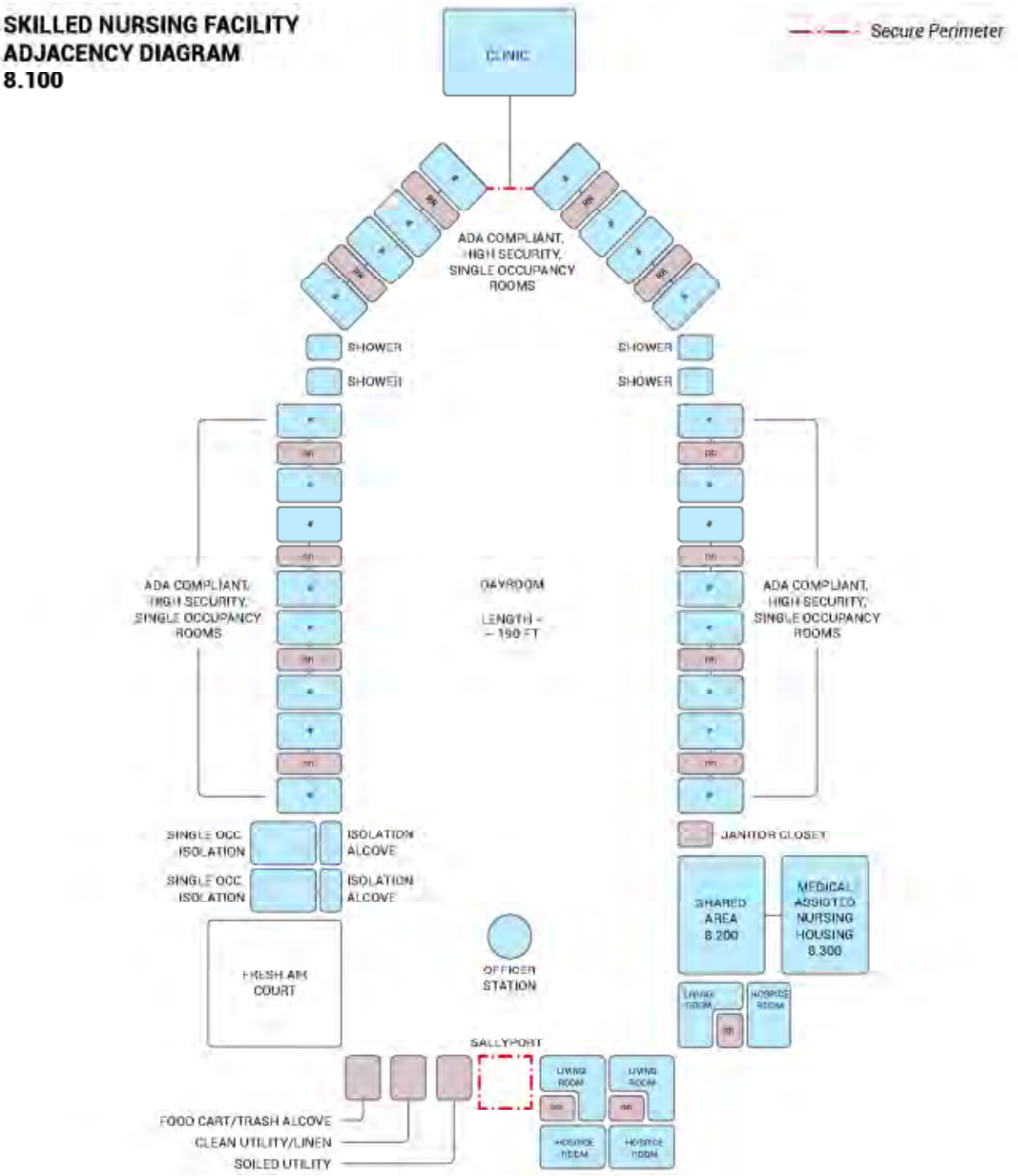
No.	Component	Pers/Units Per Area	# of Areas	Space Standard		NSF	Notes
8.111	Soiled Utility	1	1	85	/area	85	With enclosed bin for temporary biohazard storage.
8.112	Clean Utility/Linen	1	1	85	/area	85	
8.113	Janitor Closet	1	1	40	/area	40	
8.114	Fresh Air Court	1	1	500	/area	500	Small Fresh Air Court for SNF patient use
					Subtotal Net Square Feet	***6,064***	
					Grossing Factor	***1.65***	
					Subtotal Gross Square Feet	***10,006***	
					Subtotal Exterior Square Feet	***(500)***	
8.200	MEDICAL HOUSING SHARED AREA (SNF and Assisted Nursing Living Housing)						
8.201	Nursing/Clinical Workstation	1-3	1	200	/area	200	Desk, chairs, secure file storage, charting area, tamper-proof control panel; situated so as to provide good visibility into all areas; workstations; secure medication storage; sink; file storage.
8.202	Medication Storage Prep	1	1	100	/area	100	Counter space; small sink; secure medication cart; small undercounter refrigerator, IV storage.
8.203	Laundry	1	1	100	/area	100	Staging for exchange of clean and dirty laundry
8.204	Staff Toilet	1	1	50	/area	50	ADA compliant
					Subtotal Net Square Feet	***450***	
					Grossing Factor	***1.50***	
					Subtotal Gross Square Feet	***675***	
					Subtotal Exterior Square Feet	***(0)***	
8.300	MEDICAL ASSISTED NURSING HOUSING (16 Short and Long Term Care [8 Doubles] and 12 Dementia singles)						
8.301	Double Rooms	2	8	100	/person	1,600	ADA compliant rooms; toilet and sink with removable grab bars.
8.302	Dayroom	16	1	35	/person	560	Meets the minimum dayroom size requirement in accordance with ACA standards; heavy/durable 4-person tables, seating for 16 for mealtimes, 2 TV areas with seating for 8, wall-mounted mail boxes, 4 telephones, sound attenuation measures. Numerous electrical outlets for portable medical equipment (at least 1:1 inmate: outlet ratio); commissary order station.
8.303	Single Rooms	1	12	100	/person	1,200	ADA compliant rooms; toilet and sink with removable grab bars. Half Doors or other mechanism to prevent wandering.

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
8.304	Dayroom/Sitting Area	12	1	35 /person	420	Meets the minimum dayroom size requirement in accordance with ACA standards; heavy/durable 4-person tables, seating for 12 for mealtimes, 1 TV area with seating for 8, wall-mounted mail boxes, 4 telephones, sound attenuation measures. Numerous electrical outlets for portable medical equipment (at least 1:1 inmate: outlet ratio); commissary order station.
8.305	Officer Station	1	1	64 /area	64	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the adjacent interview room; near to the nursing/clinical workstation.
8.306	ADA Compliant Showers	1	4	50 /area	200	Double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors.
8.307	Tub Room	1	1	100 /area	100	Walk-in tub area with double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors; includes nurse call button; tub and Hoya lift
8.308	Video Visitation	1	3	40 /area	120	Computer carrels alcove; accessible from dayroom
8.309	Multipurpose Room	8-10	1	200 /area	200	Worktable and cabinetry; CCTV/SMART TV.
8.310	Storage Closet	-	1	50 /area	50	Shelving & cabinet storage for housing unit supplies (e.g., toilet paper, hygiene kits, spare mattress, etc.)
8.311	Food Cart/Trash Alcove	-	1	100 /area	100	Sufficient space for staging of food cart; recessed trash cans; ice maker; instant hot; cabinetry; microwave; refrigerator.
8.312	Corrections Unit Caseworker	1	1	100 /area	100	OF-4
8.313	Janitor Closet	1	1	40 /area	40	
8.314	Soiled Utility	1	1	85 /area	85	
8.315	Clean Utility	1	1	85 /area	85	
8.316	Rehabilitative Exercise/Physical Therapy	4	1	300 /area	300	Space for walking paths with bars; electric exam table, single chair, single bed, equipment for hot packs, securable storage, securable workstation for physical therapist charting..

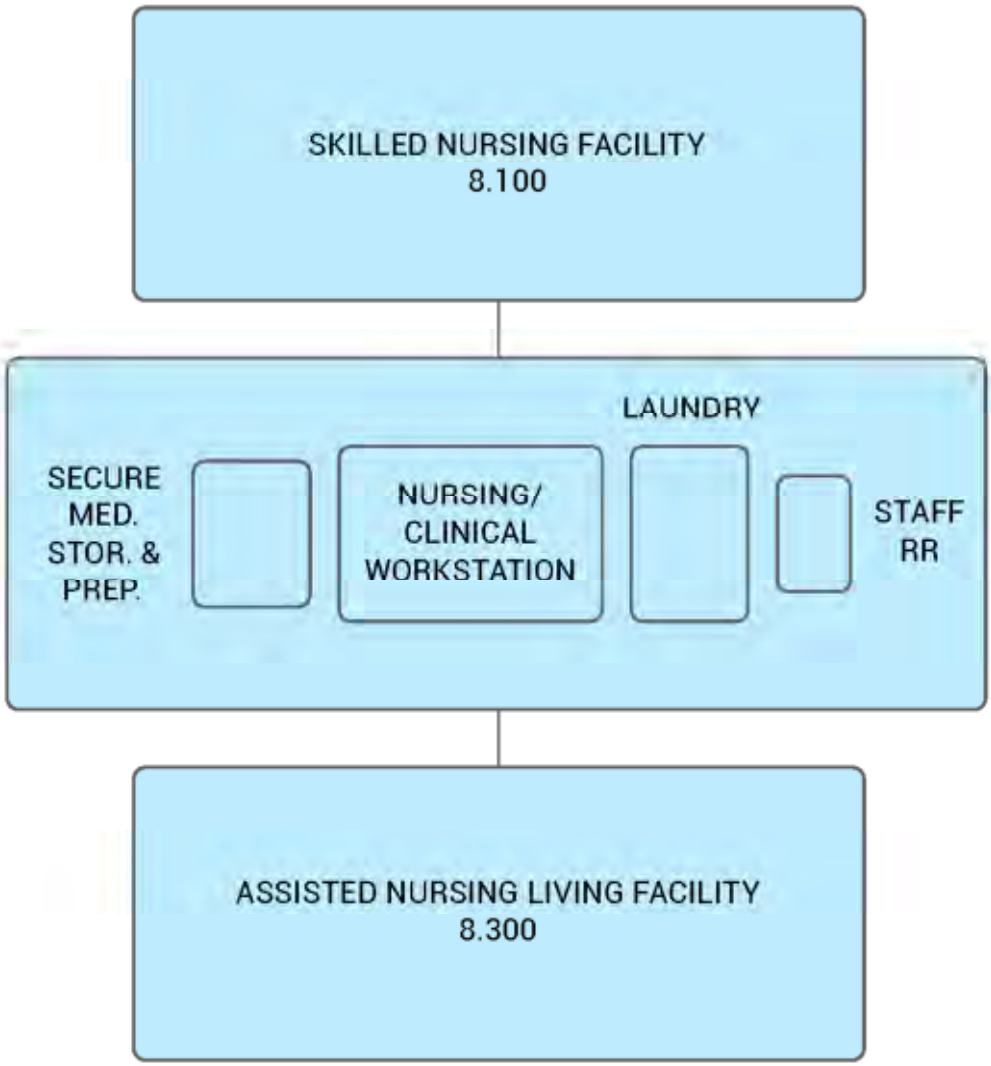
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
8.317	Fresh Air Court	15	1	1000 /area	(1,000)	Partially covered for weather protection, meets ACA standards for minimum covered exercise area size; will be shared between SNF and Assisted Living
				Subtotal Net Square Feet	***5,224***	
				Grossing Factor	***2.00***	
				Subtotal Gross Square Feet	***10,448***	
				Subtotal Exterior Square Feet	***(1,000)***	
8.400	MEDICAL HOUSING (80-bed Long Term Medical Housing--2 pods of 40 beds/20 rooms)					
8.401	Double Rooms	2	18	120 /room	2,160	ADA compliant rooms; toilet and sink with removable grab bars. 2 outlets per bed for CPAP, BI-PAP, Oxygenators and other medical equipment.
8.402	Double Rooms	2	2	200 /room	400	ADA compliant rooms with larger bed with overhead trapeze for inmate patients with paraplegia/quadraplegia limitations; toilet and sink with removable grab bars. 2 outlets per bed for CPAP, BI-PAP, Oxygenators and other medical equipment.
8.403	Dayroom	40	1	35 /person	1,400	Meets the minimum dayroom size requirement in accordance with ACA standards; heavy/durable 4-person tables, seating for 12, 2 TV areas with seating for 14, wall-mounted mail boxes, 4 telephones, sound attenuation measures. Numerous electrical outlets for portable medical equipment (at least 1:1 offender: outlet ratio); commissary order station.
8.404	ADA Compliant Shower	1	5	50 /area	250	Double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors.
8.405	Video Visitation	1	3	40 /area	120	Computer carrels alcove; accessible from dayroom
8.406	Storage Closet	-	1	50 /area	50	Shelving & cabinet storage for housing unit supplies (e.g., toilet paper, hygiene kits, spare mattress, etc.)
8.407	Pantry	-	1	50 /area	50	Recessed trash cans; ice maker; instant hot; cabinetry; microwave; refrigerator.
8.408	Janitor closet	-	1	40 /area	40	
8.409	Officer Station	1	1	64 /area	64	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the adjacent interview room; adjacent to the

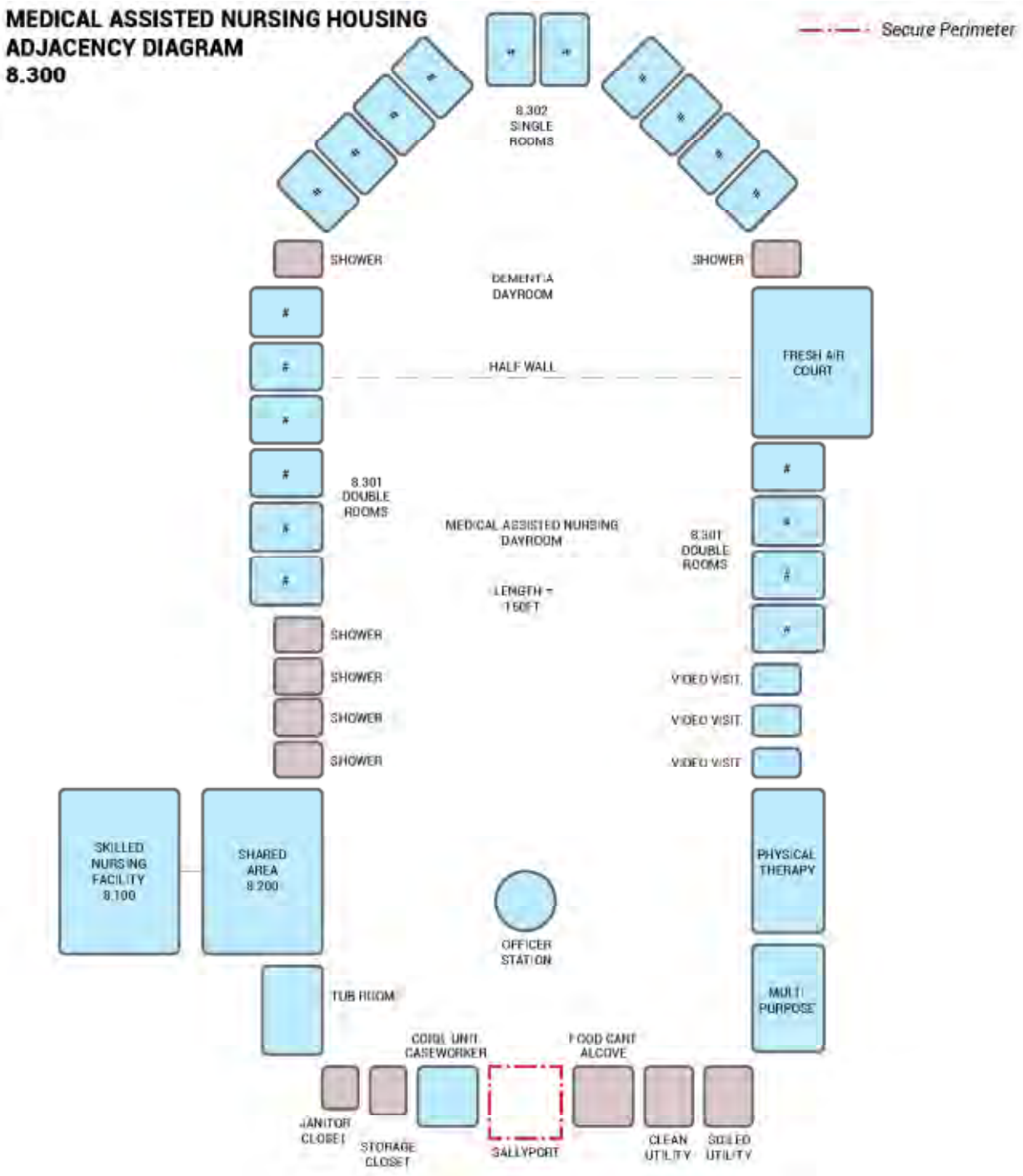
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
						nursing/clinical workstation.
8.410	Staff Toilet	1	1	50 /area	50	ADA compliant
8.411	Fresh Air Court	20	1	1000 /area	(1,000)	Partially covered for weather protection, meets ACA standards for minimum covered exercise area size.
				Subtotal Net Square Feet	***5,584***	
				Grossing Factor	***2.00***	
				Subtotal Gross Square Feet	***11,168***	
				Subtotal Exterior Square Feet	***(1,000)***	
				Two Pods Subtotal Net Square Feet	***(11,168)***	
				Two Pods Gross Square Feet	***(22,336)***	
				Two Pods Subtotal Exterior Square Feet	***(2,000)***	
8.500	MEDICAL HOUSING SHARED SPACE					
8.501	Multipurpose Room	8 - 10	2	200 /area	400	Worktable and cabinetry.
8.502	Corrections Unit Caseworker	1	1	80 /office	80	OF-4
8.503	Secretary II - Unit Staff; Case Mgmt	1	1	64 /wrkstn	80	WS-2
8.504	Interview/ Counseling Rooms	up to 4	2	100 /area	200	Round table and Seating for up to four
8.505	Shared Medical Social Work Office	2	1	100 /person	200	Shared office for social workers.
8.506	Officer Station	1	1	64 /area	64	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the interview room, counseling office
8.507	Staff Toilet	1	1	50 /area	50	ADA compliant
8.508	Triage/Exam Room	1	1	100 /area	100	Includes sink, built-in writing surface, computer wired/wireless access to EMR and other databases, exam table, portable privacy screen, stool, glazed wall panels; all diagnostic equipment secured behind lockable cabinetry.
8.509	Soiled and Clean Laundry Carts	1	1	100 /area	100	Staging for exchange of clean and dirty laundry
8.510	Medication Storage and Distribution	1	1	80 /area	80	Small sink, under counter refrigerator, lockable cabinets and drawers, medication cart storage; medication distribution window, wired/wireless access to EMR to document administration of medication as it happens.

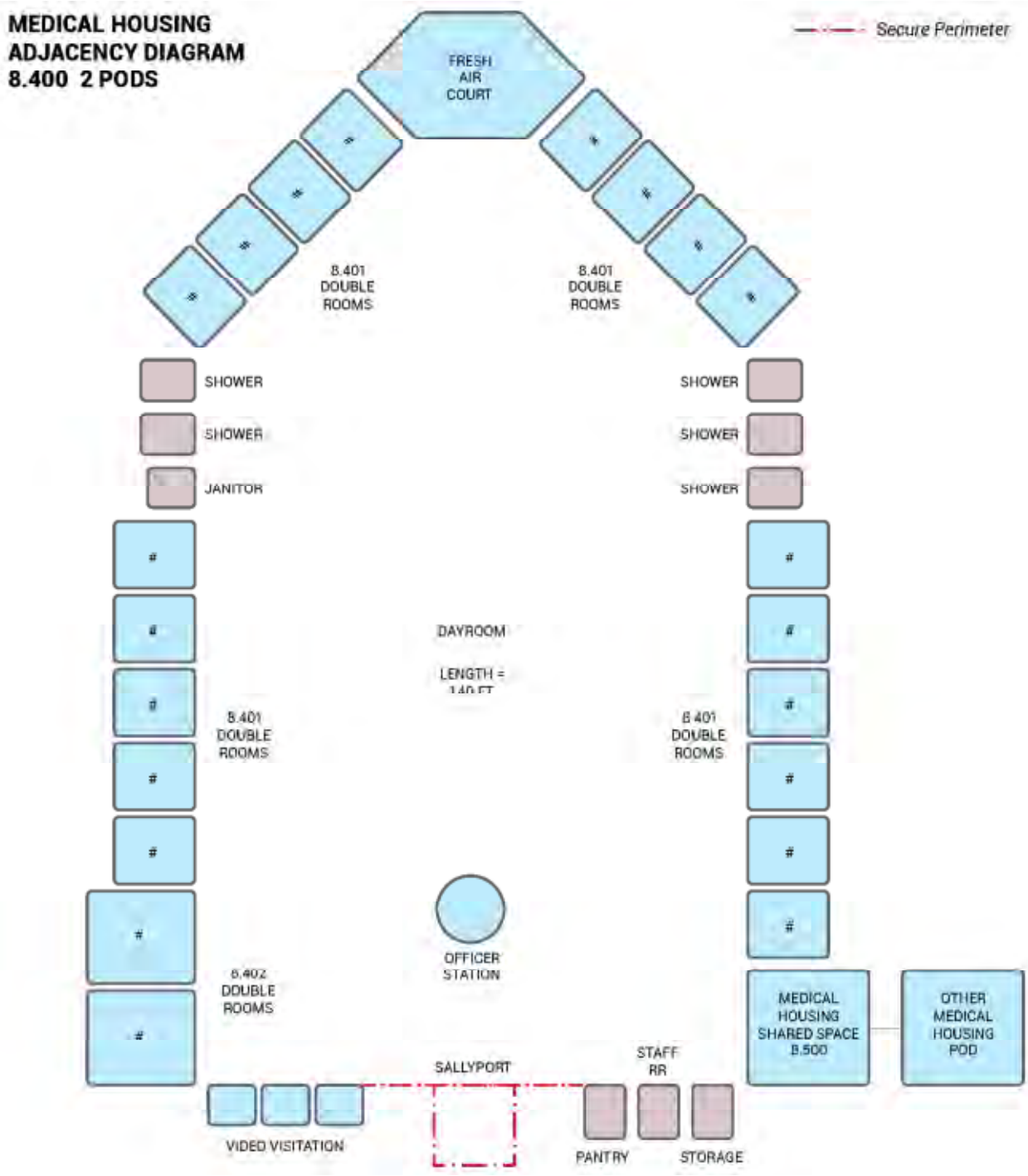
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
				Subtotal Net Square Feet	1,354	
				Grossing Factor	2.00	
				Subtotal Gross Square Feet	2,708	
				Subtotal Exterior Square Feet	(0)	
			8.000	Total Interior Net Square Feet	35,428	
			8.000	Total Interior Gross Square Feet	46,173	
			8.000	Total Exterior Square Feet	(3,000)	


SKILLED NURSING FACILITY
ADJACENCY DIAGRAM
8.100
Secure Perimeter
CLINIC
ADA COMPLIANT, HIGH SECURITY, SINGLE OCCUPANCY ROOMS
SHOWER
SHOWER
SHOWER
SHOWER
ADA COMPLIANT, HIGH SECURITY, SINGLE OCCUPANCY ROOMS
DAYROOM
LENGTH = ~ 190 FT
ADA COMPLIANT, HIGH SECURITY, SINGLE OCCUPANCY ROOMS
SINGLE OCC ISOLATION
ISOLATION ALCOVE
SINGLE OCC ISOLATION
ISOLATION ALCOVE
JANITOR CLOSET
SHARED AREA 8.200
MEDICAL ASSISTED NURSING HOUSING 8.300
OFFICER STATION
COURT
SALLYPORT
FOOD CART/TRASH ALCOVE
CLEAN UTILITY/LINEN
SOILED UTILITY

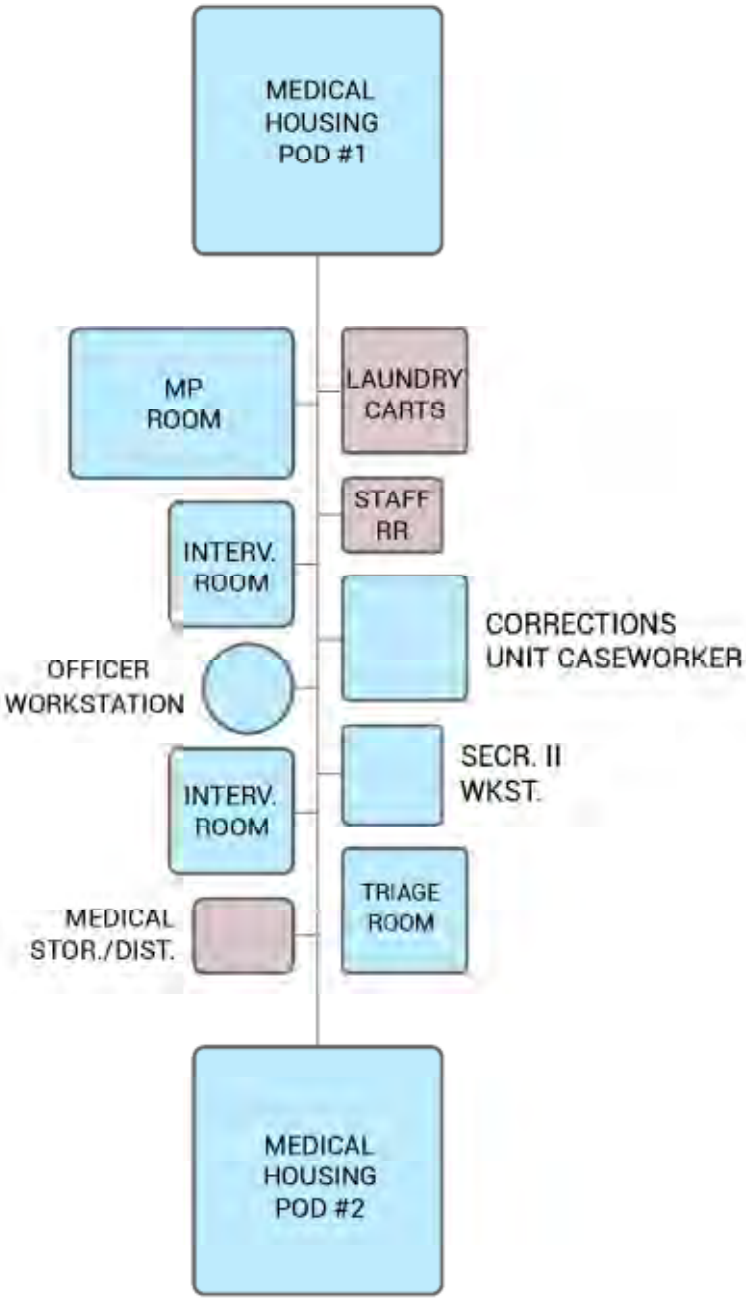
MEDICAL HOUSING SHARED AREA ADJACENCY DIAGRAM
8.200




MEDICAL ASSISTED NURSING HOUSING
ADJACENCY DIAGRAM
8.300
Secure Perimeter
8.302
SINGLE
ROOMS
SHOWER
SHOWER
DEMENTIA
DAYROOM
HALF WALL
FRESH AIR
COURT
8.301
DOUBLE
ROOMS
MEDICAL ASSISTED NURSING
DAYROOM
LENGTH =
150FT
8.301
DOUBLE
ROOMS
SHOWER
SHOWER
SHOWER
SHOWER
VIDEO VISIT
VIDEO VISIT
VIDEO VISIT
SKILLED
NURSING
FACILITY
8.100
SHARED
AREA
8.200
OFFICER
STATION
PHYSICAL
THERAPY
MULTI
PURPOSE
TUB ROOM
CORE UNIT
CASEWORKER
FOOD CART
ALCOVE
JANITOR
CLOSET
STORAGE
CLOSET
SALLYPORT
CLEAN
UTILITY
SOILED
UTILITY


MEDICAL HOUSING
ADJACENCY DIAGRAM
8.400 2 PODS
Secure Perimeter
FRESH AIR COURT
8.401 DOUBLE ROOMS
8.401 DOUBLE ROOMS
SHOWER
SHOWER
JANITOR
SHOWER
SHOWER
SHOWER
DAYROOM
LENGTH =
8.401 DOUBLE ROOMS
8.401 DOUBLE ROOMS
OFFICER STATION
8.402 DOUBLE ROOMS
MEDICAL HOUSING SHARED SPACE 8.500
OTHER MEDICAL HOUSING POD
SALLYPORT
STAFF RR
VIDEO VISITATION
PANTRY
STORAGE

MEDICAL HOUSING SHARED SPACE ADJACENCY DIAGRAM
8.500



9.000 Mental Health Housing

Introduction

Consistent with national findings, the NDCS has found a significant percentage of their inmates have mental health or behavior management issues. Although the cost of providing care and/or treatment programs for these inmates can be staggering, persons who are confined have a constitutional right to receive appropriate treatment. According to a recent report from the Treatment Advocacy Center, "Individuals in prison and jails have a right to receive medical care, and this right pertains to serious mental illness just as it pertains to tuberculosis, diabetes or hypertension. This right to treatment has been affirmed by the U.S. Supreme Court."[25]

The provision of mental health services at the LCC and RTC will include both outpatient services to include psychiatric medication management, crisis intervention and stabilization and counseling and residential treatment services. Safekeeper and 90-day evaluators will continue to be served at the LCC and RTC. When necessary, they will be provided housing in a medical or mental health living unit; otherwise they will be housed in appropriate housing within the complex.

Admission to the mental health living unit treatment component is determined through one of two means. First, inmates are committed to the NDCS whose acute symptoms require immediate mental health treatment. The second means of admission applies to those inmates whose symptoms are presented at a later date after their mental status has decompensated. The first group is easy to identify, because their behavior or symptoms due to mental illness presents an obvious need for a level of intervention or care that exceed the resources available in the general population. Identifying the inmates in the second group is less obvious, and these inmates are often identified after repeated interventions by correctional staff and an eventual request for professional intervention due to deteriorating mental status. Admission to mental health living unit treatment for all inmates will be based on a recommendation from the Mental Illness Review Team (MIRT); however, emergency admissions will be provided for by policy and procedures.

Correctional special needs incorporated within a correctional setting combine elements of a medical facility, a forensic mental health facility, and the therapeutic environment usually associated with the residential inpatient treatment for persons with mental illnesses. Therapeutic environments require more freedom of movement and staff-inmate interaction than traditional correctional settings. For the inmates with acute mental illness, it is necessary to manage psychotic symptoms while maintaining a therapeutic environment that is not punitive. This is accomplished by placing mental health professionals, staff offices, therapeutic activity spaces, sick call, medication distribution and other services in the living unit. Inmates are thus free to move around their living units with few restrictions depending on their acuity; any restrictions will be driven by his individual treatment plan (ITP). Mental health treatment professionals who are located in the living unit pod provide direct mental health care, behavioral observation through casual and direct supervision and timely intervention. The combination of direct supervision and more freedom of movement allow inmates to build positive relationships with staff.

[25] Treatment Advocacy Center and National Sheriff's Association (2014). The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey.

Operationally, the mental health component strives to meet the following objectives:

- Safe environment for those inmates with acute psychotic symptoms, suicidal intent, and/or assaultive behavior due to mental illnesses.
- Access to psychiatric medication with close observation and regularly scheduled medication follow-up appointments.
- Progressive movement through levels of clinical care from acute treatment through subacute (short or long-term) to general population as may be required by the inmate's symptoms. The appropriate type of living unit to meet the identified clinical needs of the inmate will be available.
- Treatment in a living unit that is consistent with the treatment needs and functional behavior of the individual inmate.
- Access to professional mental health treatment staff.
- Ongoing mental health observation, interaction and progressive treatment until the inmate is able to function in general population.
- Safe, supportive housing for those individuals with chronic, persistent symptoms of serious mental illness and other cognitive disabilities who are unable to function in general population.
- Structured environment for inmates with unstable or self-defeating behaviors when in population that will provide an opportunity to learn coping skills for general population.
- Stabilization of acute psychiatric symptoms for those inmates in need of specialized care.[26]

The mental health living unit component includes acute, subacute/stepdown, and secure mental health treatment, mental health living unit support, and Mental Health Administration. Upon admission to this component, inmates will be assigned to the appropriate level of care based on referral from MIRT. As inmates' mental status stabilizes, they will progress through the levels of care until they reach their individual treatment goals or their maximum functional level. Conversely, if inmates' mental statuses deteriorate, they will be moved to the level of care from which they can receive maximum benefit. It is important to note even at the subacute longer term living unit level that provides ongoing care for inmates with serious, persistent mental illnesses and cognitive disabilities, there may be inmates whose symptoms continue to interfere with their ability to function in a double cell. Recommendations for progressive movement to double cells to begin to simulate the typical general population living unit environment will be made by the inmates' treatment teams.

[26] There is very limited access to psychiatric hospital beds for NDCS prisoners due to the lack of high security beds in the Department of Health and Human Services, Division of Behavioral Health. Therefore, the vast majority of prisoners who have serious mental illnesses and require psychiatric treatment receive such treatment through the NDCS Behavioral Health Services.

The living units will be operated under the direct supervision method with the correctional officer providing roving direct supervision and monitoring and documenting inmate movements.

There are three mental health living unit subcomponents for a total of 186 beds associated with the Mental Health living unit component. The number cells/beds associated with each subcomponent is as follows:

TABLE 9.1
Mental Health Living Unit Distribution

Living Unit	Single Cells	Safety Cell	Double Cells	Total Beds
Acute				
Suicide Watch Active Symptoms	10 16	2 2		10 16
Subacute/Stepdown				
Subacute Symptoms	24		12	48
Serious Persistent MI	24		12	48
Secure MH				
Chronically Unstable	64			64
Total Beds	138	4	24	**186**

The Acute Mental Health Living Unit provides intensive psychiatric treatment for inmates experiencing acute episodes of mental illness or presenting a risk of danger to self or others. Cells will be constructed to provide a safe environment for inmates at risk for self-harm. The use of subpods or ideally spatial distances will be used to maximize sound attenuation and to decrease stimulation in order to provide a therapeutic milieu that will enhance symptom stabilization.

Admission and discharge from acute care will be managed by mental health staff with careful consideration of security factors. Treatment will be provided by a multidisciplinary professional mental health team including a psychiatrist, psychologists, psychiatric social workers, psychiatric nurses and correctional officers. Treatment will include ongoing assessment and treatment interventions that include, but are not limited to, medication. Each inmate in the acute mental health pod will have an individualized treatment plan (ITP) developed by the multidisciplinary treatment team. The amount of inmate movement and privileges on the acute mental health living unit will be limited due to the seriousness of their clinical conditions and included in the ITP. Mental health treatment professionals will be assigned office space on the living unit to conduct mental health assessments and interventions in a safe manner. Involvement in additional out-of-cell treatment activities will be progressive and prescribed by the treatment team based on the inmate's clinical stability and level of care need. Visitation privileges will be granted based on the inmate's clinical status and will be conducted via video.

There will be sixteen single cells, 10 suicide watch cells and four safety cells with special padding to protect inmates who may be decompensating. These cells will be provided with flushing floor drains

The Subacute/Stepdown Mental Health Living Units will provide a therapeutic milieu and treatment for inmates with serious mental illness who are experiencing subacute symptoms and/or who manifest symptoms related to mental illness that precludes adequate functioning within the general population. While it is possible some inmates will require lengthy subacute treatment, the goal of treatment will be to assist an inmate in achieving a level of functioning that permits the least restrictive living unit and level of care.

There will be two subacute mental health living units. Within each living unit spatial arrangement of cells will be used to enhance sound attenuation and to maximize opportunities for interaction without increasing psychiatric symptoms.

Admission and discharge from the subacute/stepdown living unit will be managed by mental health staff with input from security officers. Discharge from the acute mental health living unit or step-up from a general population living unit will be a frequent source of subacute mental health living unit admissions.

When a subacute/stepdown inmate's treatment plan is developed, the mental health treatment team will monitor the progress of the inmate. The Team will be responsible to monitor the inmate closely throughout subacute treatment and to ensure the implementation of the inmate's treatment plan. Offices of mental health staff of the inmate's treatment team will be located within the subacute pod to facilitate staff-inmate interaction, staff-staff interaction and consistency in treatment team management of the inmates. The amount of inmate movement and privileges granted to subacute/stepdown inmates will be determined by the treatment team based on the inmate's mental status and ability to function in groups with other inmates.

Secure Mental Health Treatment Living Units are for chronically unstable inmates with aggressive behaviors who have serious mental health treatment needs. These inmates are diagnosed with mental illness and often have a significant history of substance abuse complicated by underlying personality disorders. These inmates are impulsive and can present as a danger to self and others. Therefore, the provision of secure mental health treatment living units will provide intensive treatment to a population often housed in restricted living units such as disciplinary, administrative confinement and protective custody. The multidisciplinary treatment team will balance treatment needs with security needs by developing individualized treatment plans that will be incentive driven toward engaging in treatment and maximizing self-control.

The Secure Mental Health living units will provide progressive step down toward general population or may be permanent living units for those inmates with serious mental illness whose symptoms prevent their ability to function in general population. Given the instability of this population and the needs for reduced stimulation, there will be two 32 single bed living units. Mental health professional staff offices will be located within the living units.

The Secure Mental Health living units will provide beds for treatment of inmates with functional impairments due to mental illness or cognitive disabilities (such as developmental disabilities and/or traumatic brain injuries) that have compromised their ability to adequately function in a general population setting. Therefore, it is likely that due to permanent cognitive disabilities, a small number of these inmates may require permanent placement in this component. These inmates will be provided counseling, psycho-education, and a supportive environment to develop the coping skills necessary to be able to be successfully moved into general population. Programming will include: individual therapy, support groups, Illness Management and Recovery (IMR) and /or psycho-educational groups that are frequently used in corrections, such as medication management, symptom management, behavior control, communication skills, anger management and substance abuse treatment. Programming will occur either on the living unit or in the living unit shared support programming area. Some of these inmates require a very basic approach that is not dependent on reading ability and includes frequent repetition of treatment modules.

Operational Description

9.100 Acute Mental Health Living Unit

The acute mental health living unit will house inmates in acute episodes of serious mental illness, acute situational distress and/or risk to self or others. Treatment will be primarily psychotropic medication to rapidly stabilize the inmate's mental status, interaction with clinical staff, interaction with other inmates that is limited to individual tolerance, and small group interaction that focuses on recovery from, stabilization and life-skills for living with mental illness.

Admission to the AMH living unit will be based on a clinical assessment and determination by the mental health professional staff that this level of intensive treatment is appropriate for the inmate. The goal for this population is to gradually move into the living unit that provides greater contact with other inmates and greater freedom/access to programs and services.

There will be one acute living unit with 26 single cells to include 16 cells for inmates with active symptoms of serious mental illness and 10 suicide watch cells for inmates who are actively suicidal. All will be sized to be ADA compliant. Since the goal is to gradually increase interaction and access to programs and services, the living unit configuration will include two subunits of four cells with each having a shared day space for four inmates, and one subunit of eight single cells with shared day space for up to eight inmates. Alternately, space can be used to separate groups of single cells limited to no more than eight that open directly to a sitting and dayroom area. There will be two safety cells with one sub-dayroom for each inmate to be staged separately.

In addition, there will be two subpods of five suicide watch cells and one safety cell per subpod with the safety cell having its own subdayroom. This configuration will permit the separation of inmates based on clinical acuity and/or security concerns and provide some noise attenuation. All cells will be single wet cells. It is important inmates demonstrate they can manage their behavior while in close proximity to others before moving to the subacute/stepdown living unit. There will be no mezzanine in this unit.

Direct supervision will be provided by officers and other staff. The electronic controls for individual inmate cell doors, doors leading into the living unit pod and the doors leading to individual exercise courts managed by the staff assigned to the living unit.

Cells will be constructed for single occupancy and equipped with stainless steel combination toilet/sink unit with adjacent stainless steel mirror. A low solid bed will be used so inmates cannot hide from officers or hurt themselves should they fall off. A fixed desk and fixed stool seat, combination fluorescent/night-light security fixture, and breakaway wall-mounted hooks will also be provided. High security, out-swing security doors with lockable cuff/food pass and lower securable hatch for leg irons are required at the cells.

There will be four safety cells for living unit inmates with psychiatric conditions who require this level of security. These are temporary cells that are not to be assigned as a "bed." These cells can be requested for "time out" by the inmates or suggested by staff when an inmate is escalating. The purpose of the cells is de-escalation; they are not intended to be used punitively. These cells will be directly visible from the staff stations. Therefore, the design must reflect the requisite privacy needs and sight and sound separation, without compromising the overall effectiveness of the living unit. The safety cells will include fire resistant/non-toxic padding on all surfaces, full glazing with vertical reinforcements on the secure door, and flushing floor drain with controls outside of the room and in the living unit officer station. Inmates will have the ability to control their own lighting and sanitary fixtures, although water[27] and lighting override controls will also be located at the living unit officer's workstation and control room. Careful consideration must be given to the design of these cells to limit sharp edges and opportunities for inmates to attempt suicide from vents, sprinkler heads, plumbing fixtures, doorknobs, etc.

Cells will be locked at all times except when entering/exiting the room. A staff call button will be provided in the cell in case the inmate needs to contact the living unit officer in case of emergency. When depressed, the staff call button will send an alert tone to the living unit control panel.

Subpod Dayrooms

Each subpod dayroom will be designed so inmates may be released from their cells by the living unit officer and be able to access the area without staff escort. There will be sufficient space and furnishings to seat up to one half of the subunit population at one time (i.e., one to four inmates) at fixed tables and seating. Staff should use care in determining which inmates can be allowed out-of-cell at the same time in one area. Within each subpod dayroom, one ADA compliant telephone will be provided.

Showers will be located off of these subunit dayrooms at a ratio of one shower for each eight inmates. The additional shower will be provided so these inmates do not have to be moved if a shower is broken. Stainless steel security showers will be provided. A least

[27] A water solenoid switch for the floor will be located at the officer's control desk. The assumption is that if an emergency occurs whereby the officer needs to shut off the water, the officer will activate the solenoid switch for the entire floor while another officer responds to the manual water shut off at the rear of the cell. Once the individual cell(s) water is shut off, the officer will then reactive the water solenoid to allow for water flow throughout the housing floor.

one shower in each subunit dayroom will be ADA compliant, and equipped with a bench and double fixtures. Extra care must be taken to provide adequate drainage to avoid water run-off from this shower. Each individual shower stall includes a private outer area for drying/dressing. The shower heads should be recessed and suicide resistant. Floor drains will be located in both the shower and dressing areas. A security door with vision panel that allows requisite privacy per PREA, will be required at entrance to the outer dressing area. This door can be secured if necessary. A cuff pass will be provided so inmates who are violent can be restrained within the secure shower prior to opening the door. The subunit dayroom associated with the safety cells will include a hose bib for rinsing the area if necessary.

The subunit dayroom will also have a securable video visitation area for attorney video visits and authorized personal visits. The visitor will be located at a remote video visitation booth, and the inmate afforded a video visit in an area of the subunit dayroom that is visible by the living unit officer but somewhat discrete from other inmates. The monitor in the subunit will be wall-mounted with only the screen visible. A telephone handset will be provided with security cabling to limit the potential damage to this equipment. This room will be enclosed so that inmates can be secured in this room.

There will be dayroom space for up to 16 inmates that will serve as an activity area and for dining. If necessary, inmates will be permitted in the dayroom on a scheduled basis.

Acute mental health inmates will be fed in their cells, sub-dayrooms, or large dayroom per their individual treatment plan. Food will be staged at an adjacent pantry alcove equipped with counter space, refrigerator, ice machine, appropriate electrical outlets and storage cabinets for a supply of napkins, eating utensils, condiments, etc. Inmates will be staged for using sub dayroom and large dayroom spaces so that no more than 8 inmates will be permitted out of their cells in any one space at one time. This practice will ensure staffing is sufficient to manage the population.

Inmate movement within the living unit will be on a case-by-case basis and inmates will be escorted when moving off the living unit and off the living unit floor.

Triage Room. A triage room will be accessible from the dayroom for inmates whose behavior allows. Otherwise, inmates will be seen at their room. The triage room will be equipped with a motion sensor or foot operated sink, workstation with access to electronic health record, chair, examination table, charting area with computer, wall-mounted diagnostic equipment, AED, telephone and one visitor chair. When necessary, the inmate will be scheduled for sick call in the clinic to see the physician or a specialist. There will be two small under counter refrigerators (one each for lab draws and medications), motion sensitive or foot operated sink, counter workspace, and lockable cabinets and drawers.

Medication Administration. Medication will be distributed at cell-side or in the sub dayroom by nursing staff. A double locked medication storage closet will be located within the triage room. It will provide storage for routine and emergency medications, and a laptop computer to chart medication administration.

Clinical/Security Workstation - A workstation in the pod will be sized for up to three staff to include clinical staff. The shared living unit officer and nursing station will be defined by a

four-foot high counter with staff access through a double swing half-height door at the rear of the station, to provide easy staff response to the cell ranges in emergency situations. Security and nursing staff will have separate work areas but co-located. The nursing/clinical workstations will have access to the appropriate records and electronic documentation. Charting and consulting will occur on the living unit.

The living unit officer area will include a computer, door controls, fire and smoke enunciation, and override for telephones, lighting, electrical receptacles, water controls, and CCTV monitoring of the recreation yard. Ideally, staff will be equipped with a personal data assistant (PDA) sized wireless device that will allow the officer to operate door controls such as the inner vestibule door and the cell doors in the pod. The workstation will be equipped with a mechanism for securing the control panel (most likely a touch screen device) to prevent inmate tampering when the living unit officer is away from the workstation. Space must be identified in close proximity to the living unit officer's workstation for an emergency first-aid kit.

Mental Health Professional Offices – Office/work spaces will be provided for the psychologist and mental health practitioners who are assigned to the acute mental health living unit. It should be noted that while the assigned mental health staff will have primary responsibility to the acute pod, he/she will also provide additional assessment and outpatient clinic mental health services as assigned. The office will provide direct visibility into the dayrooms. Access will be provided into the office from the large dayroom space.

Counseling Office/Group Room – There will be one individual counseling office and one group room sized for 6 persons for one-to-one and group counseling that is conducted on the pod. The group counseling room will also be used as a Treatment Team conference room for treatment planning and rounds.

Inmates may be permitted to attend programming based on their ITP. Most of the inmates will be permitted to spend some time in the group room accessible from the dayroom.

Service Kiosks - Most personal visits and many professional visits will be conducted via video visitation. Capabilities for using headsets may be considered to aid in minimizing noise associated with visits. Commissary orders will be placed and received on a scheduled basis. Sick call requests will be placed through the integrated service kiosks; those inmates who are unable to do so will request the assistance of staff.

Visiting – Most of the inmates in the acute living unit pod will have personal visits conducted via video visitation. Special exceptions to this will be determined by the multidisciplinary treatment team balancing the therapeutic value of contact visiting with the security needs of the individual.

Haircuts - Haircuts will be available in the acute living unit on a case-by-case basis.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing

and then returned the following day. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry.

Alternatively, inmate's personal clothing may be laundered in the living unit support area located on the living unit floor. Inmate workers will be assigned for this purpose. Inmates will be permitted to retain enough personal laundry to have sufficient changes of underclothing.

Combined Storage and Clean Utility - A storage closet with shelving is required for the linens, blankets, mattresses and the many supply and equipment items that must be maintained on the pod. Disinfectant wipes for the mattresses will be located in this closet for cleaning mattresses prior to a new inmate occupant or at other times deemed appropriate.

Soiled Utility: A small soiled utility room with hopper sink will be located within the acute mental health pod. There will be a secured biohazard temporary storage area within the soiled utility room.

Janitor Closet - The janitor closet located on the living unit pod will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door will be glazed to allow for visibility into the closet.

Pantry/Food Cart Alcove – Meals will be brought to the living unit pod rather than requiring central dining. A food cart alcove will be provided for staging food carts and dispensing trays. The alcove will be equipped with counter space, sink with instant-hot water, appropriate electrical outlets[28] and storage cabinets for a supply of napkins, disposable eating utensils, condiments, etc. The food cart alcove will be sized to accommodate a food cart. The door to the living unit pod will be sized wider than standard to permit passage of food carts. An adjacent trash alcove will be provided. A built-in or secured refrigerator, microwave, and ice-maker will be provided in this area.

Outdoor Exercise - Fresh air recreation will be provided adjacent to the living unit pod, and inmates will be permitted to access the outdoor recreation facilities during scheduled times. Whether the inmate will be escorted or be in restraints will be determined by the ITP.

The exterior exercise area will be sized to accommodate approximately 6 inmates at one time. The outdoor recreation area should be partially covered for weather protection and secured with a wall eight feet high, with security mesh above that. All inmates will be permitted outdoor exercise seven days a week. To the degree possible, the building itself will provide the boundaries of the outdoor exercise area; however, the volleyball lines should be situated so that the walls are not the boundaries. Grille work or fencing must be designed to prevent unauthorized persons (e.g., the public) from observing or throwing contraband into the exercise areas. The common wall between the exercise area and the dayroom will be glazed to the maximum extent possible to afford unobstructed views to the exercise area for the officer in the living unit pod. Direct access to the exercise area is

[28] Outlets must be sufficient and appropriate for retherm units if provided.

through a door located in the dayroom with sufficient perimeter around the court for safety reasons.

The AMH living units will be accessed from the secure corridor through a pedestrian sallyport located at the entrance. The outer door will be operated by the zone control and the inner door will be operated by the living unit officer.

9.200 Subacute/Step-down Living Units (2 Living Units of 48 beds)

Inmates are housed in the subacute/step-down living units when they are experiencing subacute symptoms, but are not yet able to function in a general population living unit. These inmates may be identified by their need for a "step-down" from Acute Mental Health living unit (AMH) or step-up for more intensive treatment and observation than available from a general population living unit.

Admission to the subacute/step-down living unit will be transition or step-down from the AMH living unit, or upon recommendation of clinical staff that a subacute level of security and clinical intervention is required by the inmate who is housed either in general population or in the Secure Mental Health living unit toward transitioning into a lower level of care.

Supervision will be provided by direct supervision. The electronic controls for doors leading into the living unit and the doors leading to exercise courts are managed by the staff assigned to the living units.

Movement within the living unit will generally be unescorted, off the living unit will be escorted, and off-floor will be escorted.

Whether an inmate will be housed in a single or double cell will be based on the treatment team taking into consideration the stability of the inmate's symptoms, the tolerance to sleeping in the same cell with another inmate, and the inmate's readiness to move toward a general population living unit.

There will be two subacute/step-down living units with 48 beds each. Within each living unit, cells should be spaced to allow for smaller sitting areas and group dining in order to decrease stimulation and increase sound attenuation. There will be a mix of 24 single cells and 12 double cells per living unit. Single cells will have single bunk and the double cells will have two single bunks on the floor. A writing surface will be provided along with a moveable plastic chair or pivoting attached seat. A stainless steel toilet/sink, lexan security mirror, shelf above the sink for personal hygiene items, combination fluorescent/night-light security fixture, and four suicide-resistant hooks for towels will also be located in each room. A fixed cabinet with shelves will be used for storing property in the cell. A picture slide bar will be provided for inmates to mount their photographs.

Cells will be equipped with manually operated out-swinging doors and individual remotely-operated electromechanical door locking devices. Inmates will have the ability to control their own lighting and sanitary fixtures. Water and lighting power shut-off for the pod will be located at the living unit officer control station. Cells will be equipped with a staff call "push-to-exit" button for inmates to exit their cell when enabled and authorized by the

living unit officer during day and evening hours or when inmates need to contact the living unit officer in case of emergency. At night, and if the doors are set as secured during certain day and evening hours, the "push-to-exit" button will operate as a staff call button, which sends an alert tone to the living unit pod control panel. If the living unit officer does not respond to the call within the designated time, the call will be directed to RTC control where it will enunciate as an unacknowledged call-in.

There will be no mezzanine in this living unit, and no stacked bunks should be considered, as this would provide opportunities for suicide attempts.

Dayroom - The cells should be arranged around the smaller dayroom spaces where most inmates are expected to be during the daytime hours. These areas will serve as an activity area and for dining. The dayroom will be equipped with two distinct seating areas with a ceiling or wall mounted televisions and an area where two telephone kiosks will be provided.

Group showers will be accessible from the dayroom at a ratio of one shower to every eight inmates. The showers should be located to provide for privacy, but also to allow for staff to observe the area with minimal difficulty. The shower heads should be suicide resistant and ideally will be recessed. One shower will be ADA compliant and equipped with a bench and double fixtures. Extra care must be taken to provide adequate drainage to avoid water run-off from this shower. Each individual shower stall includes a private outer area for drying/dressing. Floor drains will be located in both the shower and dressing areas. The showers will have side shower panels to provide appropriate visibility into the shower stall, without compromising personal privacy. The shower stalls facing the dayroom should have café doors to allow visibility of head and feet. It is recommended a Velcro attached shower curtain that has top and bottom transparent panels with an opaque center panel be provided between the drying area and the shower area. This will both afford appropriate visibility while preventing water from entering into the dayroom area, which will prevent potential slipping and mitigate maintenance of the dayroom floors.

Service Kiosks - Most personal visits and many professional visits will be conducted via video visitation. Capabilities for using headsets may be considered to aid in minimizing noise associated with visits. Commissary orders will be placed and received on a scheduled basis. Sick call requests will be place through the integrated service kiosks.

Visiting - Most of the short-term inmates in the subacute living unit will have personal visits conducted via video visitation. However, inmates housed in the subacute living unit long-term due to vulnerability may be able to have contact visits as specified in the ITP. Special exceptions to this will be determined by the multidisciplinary treatment team balancing the therapeutic value of contact visiting with the security needs of the individual.

Storage Closet - A storage closet with shelving is required for toilet paper, linens, blankets, mattresses and the many supply and equipment items that must be maintained on the pod. Disinfectant spray products and cleaning wipes for the mattresses will be located in this closet for cleaning mattresses prior to a new inmate occupying a cell or at other times deemed appropriate.

Pantry/Food Cart Alcove - A food cart alcove will be provided for staging food carts and dispensing trays. The alcove will be equipped with counter space, sink with instant-hot water, appropriate electrical outlets and storage cabinets for a supply of napkins, disposable eating utensils, condiments, etc. The pantry/food cart alcove will be sized to accommodate a food cart. The door to the living unit pod will be sized wider than standard to permit passage of food carts. A refrigerator, microwave, and ice-maker will be provided. An adjacent trash alcove will be provided.

Based on their ITP, some inmates who are permanently housed in the subacute living unit due to vulnerability based on mental illness or cognitive impairments may be allowed to go to central dining as an incentive for engagement in treatment and managing their behavior.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry. Inmate workers will be assigned for this purpose. Inmates will be permitted to retain enough personal laundry to have sufficient changes of underclothing.

Janitor Closet - The janitor closets located on the living unit will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door will be glazed to allow for visibility into the closet.

Clinical/Security Workstation - An adjacent workstation in the living unit will be sized for three staff to include clinical staff. The shared living unit officer and nursing station will be defined by a four-foot high counter with staff access through a double swing half-height door at the rear of the station, to provide easy staff response the ranges in emergency situations. Security and nursing staff will have separate work areas. The nursing/clinical workstations will be directly linked to electronic health and other records to assist with all documentation. Charting and consulting will occur on the living unit. The living unit officer area will include a workstation, door controls, fire and smoke enunciation, and override for telephones, lighting, electrical receptacles, water controls, and CCTV monitoring of the recreation yard. Ideally, staff will be equipped with a personal data assistant (PDA) sized wireless device that will allow the officer to operate door controls such as the inner vestibule door and the room doors in the pod. The workstation will be equipped with a mechanism for securing the control panel (most likely a touch screen device) to prevent inmate tampering when the living unit officer is away from the workstation. Space must be identified in close proximity to the living unit officer's workstation for an emergency first-aid kit.

Staff Restroom - A staff restroom with standard vitreous china fixtures and a tempered glass mirror will be located near to the living unit officer workstation for staff use only.

Mental Health Professional Offices - There will be one Psychologist office in one pod and one unassigned office in the second pod; mental health practitioners will be assigned to

the subacute mental health living units. They will be provided with offices or workspaces within each subacute pod). The unassigned office can be used by staff who are not assigned offices but who need workspace to complete their work such as treatment plans, reports, etc. It should be noted that while the assigned mental health staff will have primary responsibility to the subacute pod, they will also provide assessments and outpatient clinic mental health services as assigned. The offices will provide direct visibility into the dayrooms. Access will be provided into the office from the dayroom space.

Outdoor Exercise - Fresh air recreation will be provided adjacent to each living unit pods, and inmates will be permitted to freely access the outdoor recreation facilities during scheduled times. The exterior exercise area will be sized to accommodate approximately 20 inmates at one time. The outdoor recreation area should be partially covered for weather protection, and secured with a wall eight feet high, with security mesh above that. All inmates will be permitted outdoor exercise seven days a week. To the degree possible, the building itself will provide the boundaries of the outdoor exercise area; however, the volleyball lines should be situated so that the walls are not the boundaries. Grille work or fencing must be designed to prevent unauthorized persons (e.g., the public) from observing or throwing contraband into the exercise areas. The common wall between the exercise area and the dayroom will be glazed to the maximum extent possible to afford unobstructed views to the exercise area for the officer in the living unit pod. Direct access to the exercise area is through a door located in the dayroom. Outdoor recreation areas will be equipped with appropriate exercise equipment and sized for half court basketball, with sufficient perimeter around the court for safety reasons.

Exam/Triage - An exam/triage room will be accessible from each subacute living unit. The exam/triage room will be equipped with a sink, workstation, chair, examination table, charting area with computer, wall mounted diagnostic equipment, AED, telephone and one visitor chair. There will be a small under counter refrigerator for lab specimens, motion sensitive or foot operated sink, counter workspace, and lockable cabinets and drawers. As necessary, the inmate will be scheduled for sick call in the clinic to see the physician or a specialist.

Medication Storage and Administration - Medications will be distributed from a medication storage room with a distribution window sized for medication distribution. Most subacute inmates will line up for medication administration. Based on clinical symptoms, some subacute inmates will have medications distributed at cell-side when necessary. A water cooler will be adjacent to the medication distribution window. There will be a small under counter refrigerator for medications, motion sensitive or foot operated sink, counter workspace, and lockable cabinets and drawers. Medication administration records will be charted electronically into the medical record as they are administered.

Counseling Offices - One individual counseling office will be provided in each living unit so that mental health therapists, case managers and others can conduct individual meetings with the inmates housed in this living unit to avoid having to escort the inmate to a central location.

Multipurpose Room - A separate multipurpose space will be provided for activities deemed appropriate by the treatment team and should be equipped for real-time

broadcast distribution. The multipurpose space should be located in close proximity to the living unit officer workstation to enhance supervision. The doors to the living unit and the zone corridor will be interlocked to avoid inmate travel through the multipurpose room. Tables and seating for up to 12 inmates in molded stackable plastic chairs will be provided.

9.300 Secure Mental Health Housing (2 living units of 32 beds each)

There are two secure mental health living units for inmates whose serious mental illness or cognitive impairment along with aggressive behavior compromises their ability to function with general population. The multidisciplinary treatment team will balance treatment needs with security needs by developing individualized treatment plans that will be incentive driven toward maximizing self-control.

The configuration of the two living unit pods is consistent with recognizing the level of aggression and impulsivity of these inmates while encouraging progressive interaction and self-control of behavior. Each pod will include 32 single occupancy cells. Admission to the Secure Mental Health living units will be from the acute mental health pod, the subacute pod, general population, and restrictive living unit, but only upon recommendation of MIRT that this level of care and security is required by the inmate.

Supervision will be provided by direct supervision. The electronic controls for doors leading into the living unit and the doors leading to exercise courts will be managed by the staff assigned to the living unit. Movement within the living unit pod will generally be escorted; off the living unit pod will be escorted; and off-floor will be escorted. Use of security restraints during escorts will be determined by individual treatment plans.

Cells will be constructed for single occupancy and equipped with stainless steel combination toilet/sink unit with adjacent stainless steel mirror. A low solid bed will be used so inmates cannot hide from officers. A stainless steel fixed desk and fixed stool seat, combination fluorescent/night-light security fixture, and breakaway wall-mounted hooks will also be provided. High security, out-swing security doors with lockable cuff/food pass and lower securable hatch for leg irons are required at the cells.

The sleeping areas should be arranged around the dayroom space where most inmates are expected to be during the daytime hours. This area will serve as an activity area and for dining. The dayroom will be equipped with two distinct seating areas with a ceiling or wall mounted televisions and an area where two telephone kiosks will be provided.

Four single showers should be located to provide for privacy, but also to allow for staff to observe the area with minimal difficulty. The shower heads should be suicide resistant and ideally will be recessed. One shower will be ADA compliant and equipped with a bench and double fixtures. Extra care must be taken to provide adequate drainage to avoid water run-off from this shower. Each individual shower stall includes a private outer area for drying/dressing. Floor drains will be located in both the shower and dressing areas. The showers will have side shower panels to provide appropriate visibility into the shower stall, without compromising personal privacy. The shower stalls facing the dayroom should have café doors to allow visibility of head and feet. It is recommended a Velcro attached shower curtain has top and bottom transparent panels with an opaque

center panel be provided between the drying area and the shower area. This will both afford appropriate visibility while preventing water from entering into the dayroom area, which will prevent potential slipping and mitigate maintenance of the dayroom floors.

Service Kiosks – Most personal visits and many professional visits will be conducted via video visitation or at centralized visitation depending on the inmate's ITP and need for special scheduling. Capabilities for using headsets may be considered to aid in minimizing noise associated with visits. Commissary orders, sick call requests, etc. will be placed on a scheduled basis using a kiosk in the dayroom.

Storage Closet - A storage closet with shelving is required for toilet paper, linens, blankets, mattresses and the many supply and equipment items that must be maintained on the pod. Disinfectant spray products and cleaning wipes for the mattresses will be located in this closet for cleaning mattresses prior to a new inmate occupying a room or at other times deemed appropriate.

Pantry/Food Cart Alcove - A food cart alcove will be provided for staging food carts and dispensing trays. The alcove will be equipped with counter space, sink with instant-hot water, appropriate electrical outlets and storage cabinets for a supply of napkins, disposable eating utensils, condiments, etc. The pantry/food cart alcove will be sized to accommodate a food cart. The door to the living unit will be sized wider than standard to permit passage of food carts. A refrigerator, microwave, and ice-maker will be provided. An adjacent trash alcove will be provided.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry. Inmate workers will be assigned for this purpose. Inmates will be permitted to retain enough personal laundry to have sufficient changes of underclothing.

Janitor Closet - The janitor closets located on each level of the living unit pod will include a utility sink, mop rack, broom rack, and space for limited cleaning supplies or dilution dispensers, along with mop buckets. Excellent ventilation must be provided to allow wet mops to dry without mildewing. The door will be glazed to allow for visibility into the closet.

Clinical/Security Workstation - An adjacent workstation in the living unit will be sized for up to three staff to include clinical staff. The shared living unit officer and nursing station will be defined by a four-foot high counter with staff access through a double swing half-height door at the rear of the station, to provide easy staff response the ranges in emergency situations. Security and nursing staff will have separate work areas. The nursing/clinical workstations will directly linked to electronic health and other records to assist with all documentation and record access secure limited to each individual user. Charting and consulting will occur on the living unit. The living unit officer area will include a workstation, door controls, fire and smoke enunciation, and override for telephones, lighting, electrical receptacles, water controls, and CCTV monitoring of the recreation yard. Ideally, staff will be equipped with a personal data assistant (PDA) sized wireless

device that will allow the officer to operate door controls such as the inner vestibule door and the room doors in the pod. The workstation will be equipped with a mechanism for securing the control panel (most likely a touch screen device) to prevent inmate tampering when the living unit officer is away from the workstation. Space must be identified in close proximity to the living unit officer's workstation for an emergency first-aid kit.

Staff Restroom - A staff restroom with standard vitreous china fixtures and a tempered glass mirror will be located near to the living unit officer workstation for staff use only.

Mental Health Professional Offices – Psychologist and mental health practitioners will be assigned to work on the secure mental health units. They will be provided with office or workspace within the living units. It should be noted while the assigned mental health staff will have primary responsibility to the secure mental health living unit, they will also provide other mental health services as assigned. The office will provide direct visibility into the dayrooms..

Correctional caseworker – will be assigned to an office in one of the living units.

Outdoor Exercise - Fresh air recreation will be provided adjacent to each living unit pod, and inmates will be permitted to freely access the outdoor recreation facilities during scheduled times. Consistent with the inmate's treatment plan and staffing levels, these inmates will be encouraged to participate in centralization recreation and programs. This decision will be made on a case-by-case basis and must be approved by the unit manager.

Ideally, the two fresh air areas should not be co-located since this population can only tolerate small groups. The exterior exercise area will be sized to accommodate approximately 16 inmates at one time. The outdoor recreation area should be covered for weather protection, and secured with a wall eight feet high, with security mesh above that. All inmates will be permitted outdoor exercise seven days a week. To the degree possible, the building itself will provide the boundaries of the outdoor exercise area; however, the volleyball lines should be situated so the walls are not the boundaries. Grille work or fencing must be designed to prevent unauthorized persons (e.g., the public) from observing or throwing contraband into the exercise areas. The common wall between the exercise area and the dayroom will be glazed to the maximum extent possible to afford unobstructed views to the exercise area for the officer in the living unit pod. Direct access to the exercise area is through a door located in the dayroom. Outdoor recreation areas will be equipped with appropriate exercise equipment with sufficient perimeter around the court for safety reasons.

9.400 Shared Secure Mental Health Support Area

Multipurpose Room/Classroom - A separate multipurpose space will be provided for activities deemed appropriate by the treatment team and should be equipped for real-time broadcast distribution. The multipurpose space should be located in close proximity to the living unit officer workstation to enhance supervision. The doors to the living unit pod and the zone corridor will be interlocked to avoid inmate travel through the multipurpose room. Student desks and seating for up to 12 inmates in molded stackable plastic chairs will be provided.

Interview Rooms/Counseling Offices - Two individual counseling offices will be provided so mental health therapists, case managers and others can conduct individual meetings with the inmates housed in this pod to avoid having to escort the inmate to a central location. Counseling rooms will be located in a manner to ensure maximum visibility of areas from a central location. Each of two counseling rooms will be equipped with a round table and seating for four will be used for inmate interviews with counseling professionals, mental health therapists, program leaders and volunteers.

Medical Triage/Exam - A triage/examination and medication room will be provided in the living unit support center to minimize movement of inmates requiring health care services throughout the facility. Additionally, inmates will be triaged for sick call on a scheduled basis. Inmates will make a written request to the medical office to be seen by medical staff.

The medical triage/examination area will be equipped with a sink, workstation for charting, chair, examination table, charting area with computer, sphygmomanometer, AED, telephone and one visitor chair. If necessary, the inmate will be scheduled for sick call in the clinic to see the physician.

Medication Distribution. Medication will be distributed from a room sized for a medication cart located at the shared services area. The medication will be stocked by the central pharmacy (located in the medical component described in Section 7.000) and then stored in the secured dispensary adjacent to the triage/examination area during the day and evening. This room will be equipped with a securable roll down window. Inmates will need access to water for taking medication.

Laundry - Inmate patients' uniforms along with all institutional items, such as sheets, towels, blankets, mattresses and pillows will be washed via the Cornhusker State Industries. Linens and uniforms will be exchanged on a one-for-one basis. Personal clothing will be secured in mesh bags and taken to the centralized laundry for washing and then returned the following day. Inmate patients will be permitted to retain enough personal laundry to have sufficient changes of underclothing. Laundry will be staged in an area central to the clinic area for both soiled and clean laundry.

Alternatively, personal clothing can be laundered in heavy duty residential washers and dryers located in the living unit support area by an inmate worker assigned to that function.

9.*500 Mental Health Administration Staff Offices*

Most staff offices will be located in the living unit to maximize access to the populations served. One shared office and administrative support will be located in the shared support area. The zone supervisor assigned the medical and mental health components will be located in the medical living unit support area. He/she will use a shared office or interview to talk with staff assigned to the mental health component if the need arises.

The mental health administration suite will be accessed via card access or from the officer station described below in Shared Spaces. An administrative assistant will be located in

this area to provide assistance to persons new to the suite (e.g., a contract psychiatrist requiring use of the tele-psychiatry equipment).

The Administration Office spaces will be provided for the following staff assigned to this component:

- Zone Supervisor
- Secretary II
- Psychiatrist
- MH Nurse Practitioner
- Clinical Program Manager
- Mental Health Practitioner Supervisors
- Social Worker Office
- Mental Health Nursing Supervisor
- Recreational Specialists
- Chemical Dependency Counselors

Workstations will be provided for staff who will typically work within the living unit areas, rather than at their assigned work area. These positions include personnel who screen/assess inmates and provide continuity of care for inmates currently housed in the facility and those soon to be released.

A copy/fax/file work and office supply room will be provided in this area that will be shared with all staff assigned to this component.

An ADA compliant staff restroom and inmate restroom will be located in the living unit support area. A janitor closet, convenient to all the rooms, will be also located in this area.

A medium-sized break room/pantry with cabinets, a small refrigerator, counter, sink, microwave, coffee maker, and a table and chairs should be located in close proximity to the administration suite, but will be used by all staff assigned to the mental health component. This space will also be used for case conferences, staff training, etc.

Additional Design/Operational Considerations

The primary security consideration in the mental health services component is inmate supervision and observation of inmates at all times. All enclosed rooms should be equipped with a large observation panels. Glazing should be extensive and should be security grade.

All living unit cells will be constructed to maximum security standards, as they will be designed to house any custody level as may be necessary. A secure speaker diaphragm provided in each room, and security viewing window of impact-resistant glass or scratch-resistant polycarbonate should be provided in each room door.

Natural light should be considered in all cells. No exterior window opening greater than five inches wide. Glazing should be security grade. Cells will be equipped with remotely operated swinging doors and door locking devices.

Electrical circuits and lighting in these areas of the facility should be connected to the facility's emergency power generation system.

Table 9.000
Architectural Program: Mental Health Housing

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
9.000	**MENTAL HEALTH CARE**					
9.100	ACUTE MENTAL HEALTH POD (1 unit of 30 rooms including 10 suicide watch rooms and 4 safety rooms)					
9.101	*Subpod 1*:Single Occupancy Cells	1	4	80 /cell	320	Includes low solid bed, shelf, fixed desk, fixed stool, stainless steel combination toilet/lav, swinging solid door with vision panel, one telephone jack in corridor between 2 cells; ADA compliant; 4 cells per subunit with camera monitoring.
9.102	*Subpod 1*:Subdayroom	4	1	35 /person	140	Seating for up to 2; heavy/fixed 4-person tables; 1 security telephone; sound attenuation measures; accessible from 9.101.
9.103	*Subpod 2*: Single Occupancy Cells	1	4	80 /cell	320	Includes low solid bed, shelf, fixed desk, fixed stool, stainless steel combination toilet/lav, swinging solid door with vision panel, one telephone jack in corridor between 2 cells; ADA compliant; 4 cells per subunit. Camera monitoring.
9.104	*Subpod 2*: Subdayroom	4	1	35 /person	140	Seating for up to 4; heavy/fixed 4-person tables; ; 1 security telephone; sound attenuation measures; accessible from 9.103.
9.105	*Subpod 3*: Single Occupancy Cells	1	8	80 /cell	640	Includes low solid bed, shelf, fixed desk, fixed stool, stainless steel combination toilet/lav, swinging solid door with vision panel, one telephone jack in corridor between 2 cells; ADA compliant; 8 cells per subunit. Camera monitoring
9.106	*Subpod 3*: Subdayroom	8	1	35 /person	280	Seating for up to 4; heavy/fixed 4-person tables; large weighted formed chairs; 1 security telephone; sound attenuation measures; accessible from 9.105.
9.107	*Subpod 3:* Safety Cell	1	2	80 /safety room	160	Walls and floor fitted with fire resistive and non-toxic rubberized product; flushing floor drain, controls outside of the cell. Camera Monitoring
9.108	*Subpod 3*: Subdayroom	2	1	35 /person	70	Seating for up to 2; heavy/fixed 2-person tables; 1 security telephone; sound

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
						attenuation measures, Hose bib. Located with 9.107.
9.109	Single Occupancy Suicide Watch Cells	1	5	80 /person	400	Includes low solid bed, shelf, fixed desk, fixed stool, stainless steel combination toilet/lav, swinging solid door with vision panel, one telephone jack in corridor between 2 cells; ADA compliant; 5 cells per subunit. Camera monitoring.
9.110	Safety Cell	1	1	80 /person	80	Walls and floor fitted with fire resistive and non-toxic rubberized product; flushing floor drain, controls outside of the cell; camera monitoring.
9.111	Subdayroom	2	1	35 /person	70	Seating for up to 2; heavy/fixed 4-person tables; 1 security telephone; sound attenuation measures; hose bib; located with 9.110.
9.112	Single Occupancy Suicide Watch Cells	1	5	80 /person	400	Includes low solid bed, shelf, stainless steel fixed desk, fixed stool, stainless steel combination toilet/lav, swinging solid door with vision panel, one telephone jack in corridor between 2 cells; ADA compliant; 5 cells per subunit. Camera monitoring.
9.113	Safety Cell	1	1	80 /person	80	Walls and floor fitted with fire resistive and non-toxic rubberized product; flushing floor drain, controls outside of the cell. Camera Monitoring
9.114	Subdayroom	2	1	35 /person	70	Seating for up to 2; heavy fixed 4-person tabes, 1 security telephone, sound attenduation measures.
9.115	ADA compliant. Shower	1	4	50 /area	200	Double shower head, vented doors, appropriate glazing, cuff pass-thru, outer drying/dressing area; one shower in each subdayroom.
9.116	Video Visitation	1	2	50 /room	100	Secure wall mounted monitor with security cabled handset within enclosed, securable room; one visitation room within each subdayroom.
9.117	Dayroom	8	1	35 /person	280	Secured area for kiosks for video conferencing/visitation; ceiling mounted television located to minimize noise; heavy/fixed 4-person tables (one seat left off for ADA); large weighted formed chairs for up to 8.

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
9.118	Pantry/Trash Alcove	-	1	80 /area	80	Sufficient space for staging of food cart; covered trash cans; ice machine; built-in microwave and refrigerator.
9.119	Outdoor Exercise Court	4	1	500 /area	(500)	Shared; partially covered for weather protection, solid door with vision panel, camera monitored; meets ACA standards for minimum covered exercise area size
9.120	Triage Room	1-2	1	100 /area	100	Includes sink, built-in writing surface, exam table, portable privacy screen, stool, glazed wall panels; all diagnostic equipment secured behind lockable cabinetry.
9.121	Officer/Clinical Workstation	1-3	1	150 /area	150	Sized for 3 persons each with work counter, chairs, secure file storage. Nurse/clinical area will include a computer and charting area; security staff area will include computer, tamper-proof control panel. The workstation should be situated so as to provide good visibility into all rooms; handwashing station. Wired/wireless access to EMR Custody Management System and other databases
9.122	Medication Storage	1	1	80 /area	80	Sized for med cart; small motion sensitive or foot operated sink; additional lockable cabinets. Wired/wireless access to EMR and other data. Can be located, if secured, within the triage/exam room
9.123	Counseling Rooms	2-4	1	100 /area	100	Table and stackable chairs for 4 people
9.124	Group Room	6	1	20 /person	120	Table and stackable chairs for 5 inmates and 1 group leader.
9.125	Psychologist	1	1	100 /person	100	OF-4; assigned office for psychologist assigned to acute pod with visibility of the pod. Wired for or wireless access to EMR and other data
9.126	Corrections Unit Caseworker	1	1	100 /person	100	OF-4
9.127	LMHP Shared Office	3	1	100 /person	300	OF-4; assigned office/workspace for mental health practitioners (2-1st shift, 1 second) assigned to acute pod with visibility of the pod. Wired for or wireless access to EMR and other data
9.128	Storage	-	1	40 /area	40	Secure area accessible to staff workstation; shelving
9.129	Clean Utility	-	1	100 /area	100	Secure area accessible to staff workstation; shelving

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
9.130	Soiled Utility	-	1	60 /area	60	Secure area accessible to staff workstation; bins for storage of soiled linens, designated container for bio-hazard waste removal
9.131	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation, glazing on door to allow observation
9.132	Staff Toilet	1	1	50 /area	50	ADA compliant
9.133	Pedestrian Sallyport	5	1	80 /area	80	
				Subtotal Net Square Feet	***5,250***	
				Grossing Factor	***2.00***	
				Subtotal Gross Square Feet	***10,500***	
				Subtotal Exterior Square Feet	***(500)***	
9.200	SUBACUTE/STEPDOWN PODs (2 units of 48 beds for subacute/step-down)					
9.201	Single Occupancy Cells	1	24	80 /cell	1,920	1 solid bed secured to floor; secure mounted writing surface, stainless steel toilet/sink, under bed storage, wall mounted cubbies for storage; picture slide bar; seating, suicide resistant devices for hanging towels, large vision panel; natural light
9.202	Double Occupancy Cells	2	12	100 /cell	1,200	2 solid beds secured to floor, secure mounted writing surface, stainless steel toilet/sink, under bed storage, wall-mounted cubbies for storage; picture slide bar; seating, suicide resistant devices for hanging towels, large vision panels; natural light; removable grab bar
9.203	Dayroom	48	1	35 /person	1,680	Divide space into two smaller dayrooms near grouped cells to decrease stimulation. Meets the minimum dayroom size requirement in accordance with ACA standards; fixed tables, large moveable furniture, TV, mailboxes; 2 pedestal telephones, 1 ADA height; commissary order kiosk in each dayroom/sitting space.
9.204	Shower/Changing	1	4	40 /area	160	Outer drying, dressing area. Half height café doors.
9.205	ADA compliant. Shower	1	2	50 /area	100	Double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors.
9.206	Video Visitation	1	2	40 /area	80	Computer carrels
9.207	Storage Closet	-	1	40 /area	40	Shelving & cabinet storage for housing unit supplies (e.g., toilet paper, hygiene kits, etc.)

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
9.208	Pantry/Food Cart Alcove	-	1	120 /area	120	Sink, countertop, refrigerator, cabinets, microwave, cart storage; beverage station
9.209	Trash Alcove	-	1	20 /area	20	Covered trash receptacles
9.210	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation, glazing on door
9.211	Officer/Clinical Workstation	1-3	1	200 /area	200	Desk, chairs, secure file storage, Dedicated computers with access to necessary electronic records and documentation, tamper-proof control panel; situated so as to provide good visibility into all areas.
9.212	Caseworker Office	1	1	100 /area	100	OF-4; assigned office for caseworkers
9.213	Psychologist Office	1	1	100 /area	100	OF-4 Assigned to psychologist with visibility of the pod
9.214	LMHP Staff Workspace	2	2	100 /person	400	OF-4; shared offices for 2 mental health practitioners (3 on 1st shift, 1 on 2nd shift assigned to each subacute pod with visibility of the pod.
9.215	Outdoor Exercise Court	20	1	1000 /area	(1,000)	Partially covered for weather protection, meets ACA standards for minimum covered exercise area size; shared with other units where possible
9.216	Staff Toilet	1	1	50 /area	50	ADA compliant
9.217	Exam/Triage	1	1	100 /area	100	Includes sink, built-in writing surface, computer wired/wireless access to EMR and other databases, exam table, portable privacy screen, stool, glazed wall panels; all diagnostic equipment secured behind lockable cabinetry.
9.218	Medication Distribution and Storage	1	1	80 /area	80	Small sink, under counter refrigerator, lockable cabinets and drawers, medication cart storage; medication distribution window, wired/wireless access to EMR to document administration of medication as it happens.
9.219	Counseling Rooms	2-4	1	100 /area	100	Table and stackable chairs for 4 people; wired/wireless access to EMR
9.220	Multipurpose Room	12	1	20 /person	240	Folding table and loose chairs for up to 5 inmates and 1 group leader. Ability to provide educational programs.
				Subtotal Net Square Feet	***7,730***	
				Grossing Factor	***2.00***	
				Subtotal Gross Square Feet	***15,460***	

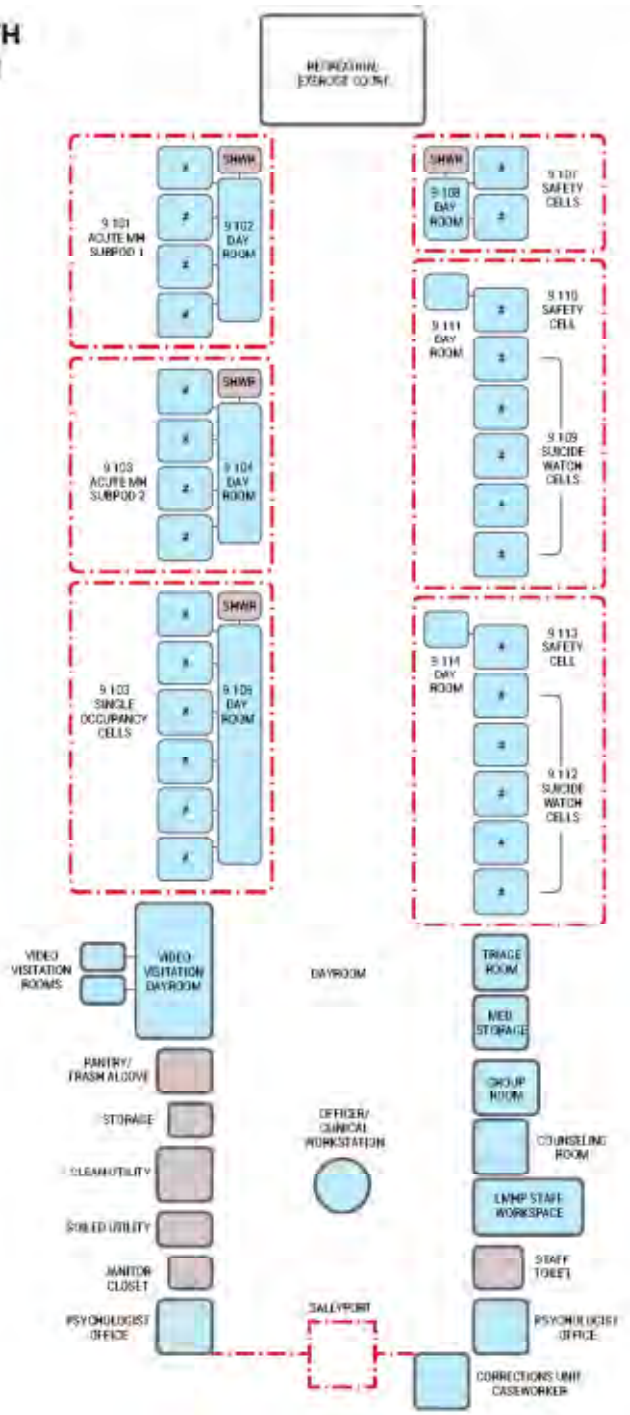
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
				Subtotal Exterior Square Feet	***(1,000)***	
				Subtotal 2 Pods - Interior Net Square Feet	***(15,460)***	
				Subtotal 2 Pods - Interior Gross Square Feet	***(30,920)***	
				Subtotal 2 Pods - Exterior Square Feet	***(2,000)***	
9.300	SECURE MENTAL HEALTH (2 PODS OF 32 CHRONICALLY UNSTABLE)					
9.301	Single Occupancy Cells	1	32	80 /cell	2,560	1 floor mounted bed, combination stainless steel lav/sink, secure mounted writing surface, under bed storage, wall mounted cubbies for storage; picture slide bar; seating, suicide resistant devices for storing towels, large vision panel; natural light
9.302	Dayroom	32	1	35 /person	1,120	Meets the minimum dayroom size requirement in accordance with ACA standards; tables, large weighted formed chairs, TV, mailboxes; 2 pedestal telephones, 1 ADA height, 1 integrated ordering kiosk
9.303	Shower/Changing	1	3	40 /area	120	Outer drying, dressing area. Half height café doors.
9.304	ADA Compliant Shower	1	1	50 /area	50	Double shower head, vented doors, appropriate glazing, outer drying/dressing area; half height café doors.
9.305	Video Visitation	1	2	40 /area	80	Computer carrels within dayroom
9.306	Storage Closet	-	1	40 /area	40	Shelving & cabinet storage for housing unit supplies (e.g., toilet paper, hygiene kits, etc.)
9.307	Trash Alcove	-	1	20 /area	20	
9.308	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation, glazing on door for observation
9.309	Staff Toilet	1	1	50 /area	50	ADA compliant
9.310	Pantry/Food Cart Storage	1	1	120 /area	120	Sink, countertop, refrigerator, cabinets, microwave, cart storage; beverage station
9.311	Outdoor Exercise Court	16	1	1000 /area	(1,000)	Partially covered for weather protection, meets ACA standards for minimum covered exercise area size; shared with other units where possible
9.312	Officer/Clinical Station	1 - 3	1	200 /area	200	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the adjacent interview room; clinical workstation access to EMR
9.313	Caseworker Office	1	1	100 /area	100	OF-4

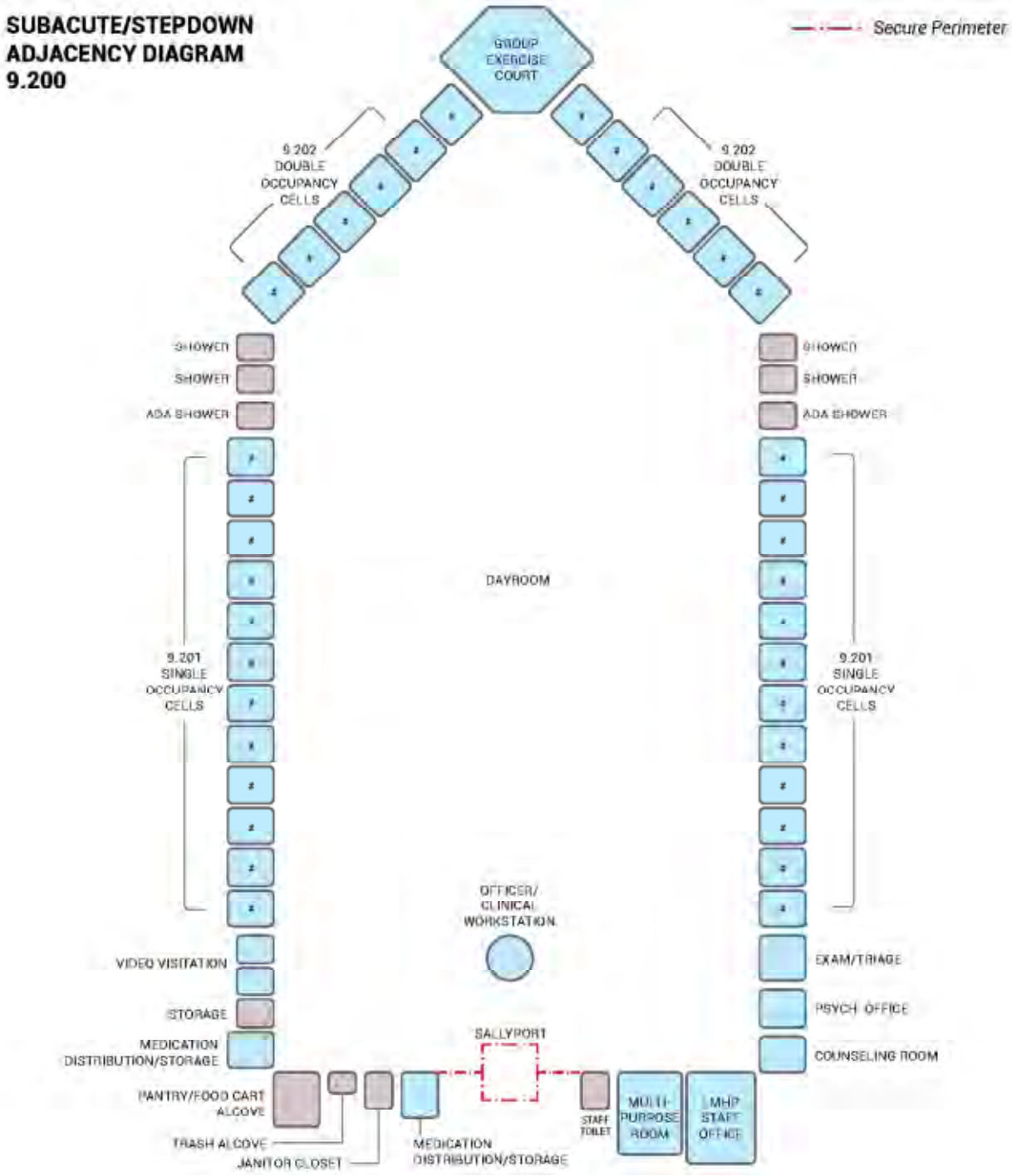
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
9.314	LMHP Staff Offices	2	2	100 /office	400	OF-4; assigned shared offices for 2 mental health practitioners assigned to each subacute pod with visibility of the pod. Access to EMR
				Subtotal Net Square Feet	***4,900***	
				Grossing Factor	***2.00***	
				Subtotal Gross Square Feet	***9,800***	
				Subtotal Exterior Square Feet	***(1,000)***	
				Subtotal 2 Pods - Interior Net Square Feet	***9,800***	
				Subtotal 2 Pods - Interior Gross Square Feet	***19,600***	
				Subtotal 2 Pods - Exterior Square Feet	***(2,000)***	
9.400	SHARED SECURE MENTAL HEALTH HOUSING SUPPORT AREA					
9.401	Seating Area	5	1	10 /person	50	
9.402	Multi-Purpose/ Classrooms	12	1	25 /pers.+50 inst area	350	Teacher station, narrow 2-person learning tables, sturdy molded plastic chairs, white board, cabled for video learning; computer carrel with CD-ROM capabilities CCTV capabilities.
9.403	Psychologist Office	1	1	100 /area	100	OF-4 Assigned to Psychologist who provides services to both secure units -- with good visibility into shared treatment space; Access to EMR
9.404	Triage/Exam	1-2	1	120 /area	120	Workstation, chair, computer, exam table, charting area, phone, visitor chair; wired/wireless for telemedicine and access to EMR and other databases, motion sensitive sink
9.405	Medication Distribution	-	1	100 /area	100	Motion sensitive Sink, undercounter refrigerator. Window to the waiting area with a water cooler and dispenser located outside of the area; interior sized for staff dispensing medication through a roll down window and a medication cart; authorized card access.
9.406	Interview/Counseling Rooms	2-4	2	100 /area	200	Table and stackable chairs for 4 people
9.407	Officer Station	1	1	60 /area	60	Standing height work desk/counter, stool, daily needs storage, control panel for doors, computer; visibility into the area maximized; visibility into the adjacent interview room
9.408	Inmate Restroom	1	1	50 /area	50	Secure area accessible to staff workstation; cubicles and shelving for

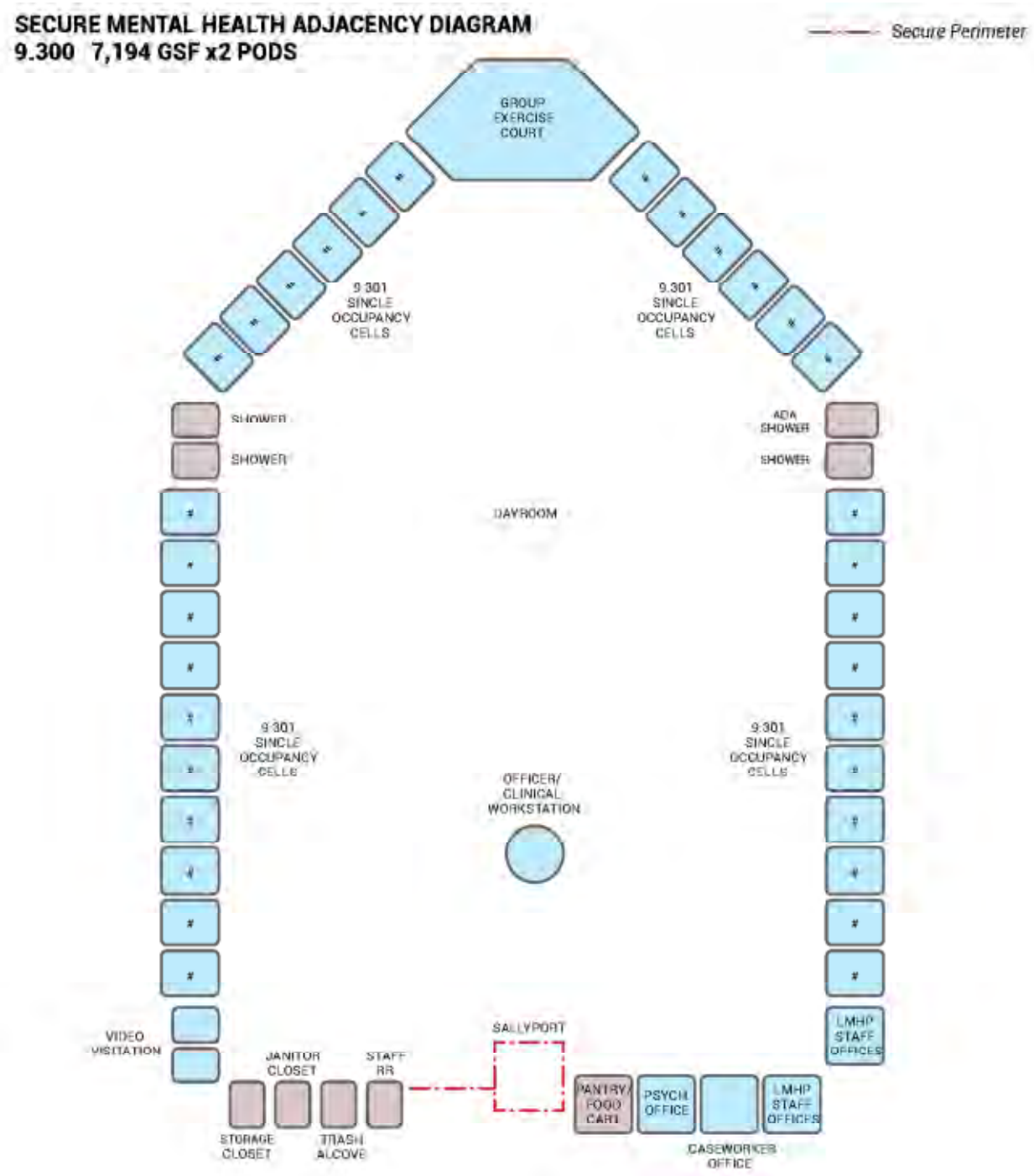
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
						inmate property
9.409	Staff Restroom	1	1	50 /area	50	ADA Compliant
9.410	Janitor Closet	-	1	40 /area	40	Slop sink, mop racks, ventilation, glazing on door for observation
				Subtotal Net Square Feet	***1,120***	
				Grossing Factor	***1.45***	
				Subtotal Gross Square Feet	***1,624***	
9.500	STAFF OFFICES AND SUPPORT					
9.501	Secretary II	1	2	80 /wrkstn	160	WS-2, wireless access to EMR and other databases
9.502	Psychiatrist Office	1	1	120 /office	120	OF-3, wireless access to EMR and other databases
9.503	NP Office	1	1	100 /office	100	OF-4, wireless access to EMR and other databases
9.504	Clinical Program Manager Office	1	1	120 /office	120	OF-3, wireless access to EMR and other databases
9.505	MHP Supervisor	1	2	100 /office	200	OF-4, wireless access to EMR and other databases
9.506	Shared Office for Psychiatric Social Workers	2	1	140 /office	140	W-2, wireless access to EMR and other databases to provide discharge planning and reentry services.
9.507	MH Nursing Supervisor	1	1	100 /office	100	OF4 wireless access to EMR
9.508	Copy/Fax/ Work Room	1-2	1	150 /area	150	
9.509	Recreational Specialist	1	2	100 /office	200	OF-4
9.510	Chemical Dependency Counselors	1	2	100 /office	200	OF-4
9.511	Secretary II - Unit Staff; Case Mgmt	1	1	64 /wrkstn	80	WS-2
9.512	Librarian - Corrections	1	1	100 /office	100	OF-4
9.513	Religious Coordinator	1	1	100 /office	100	OF-4
9.514	Break Room/Pantry/ Coffee	1-10	1	150 /area	150	Shared by all security/mh staff assigned to area; also used for meetings and staff training
				Subtotal Net Square Feet	***1,920***	
				Grossing Factor	***1.25***	
				Subtotal Gross Square Feet	***2,400***	
				9.000 Total Interior Net Square Feet	***33,550***	
				9.000 Total Interior Gross Square Feet	***65,044***	

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
				9.000 Total Exterior Square Feet	(4,500)	

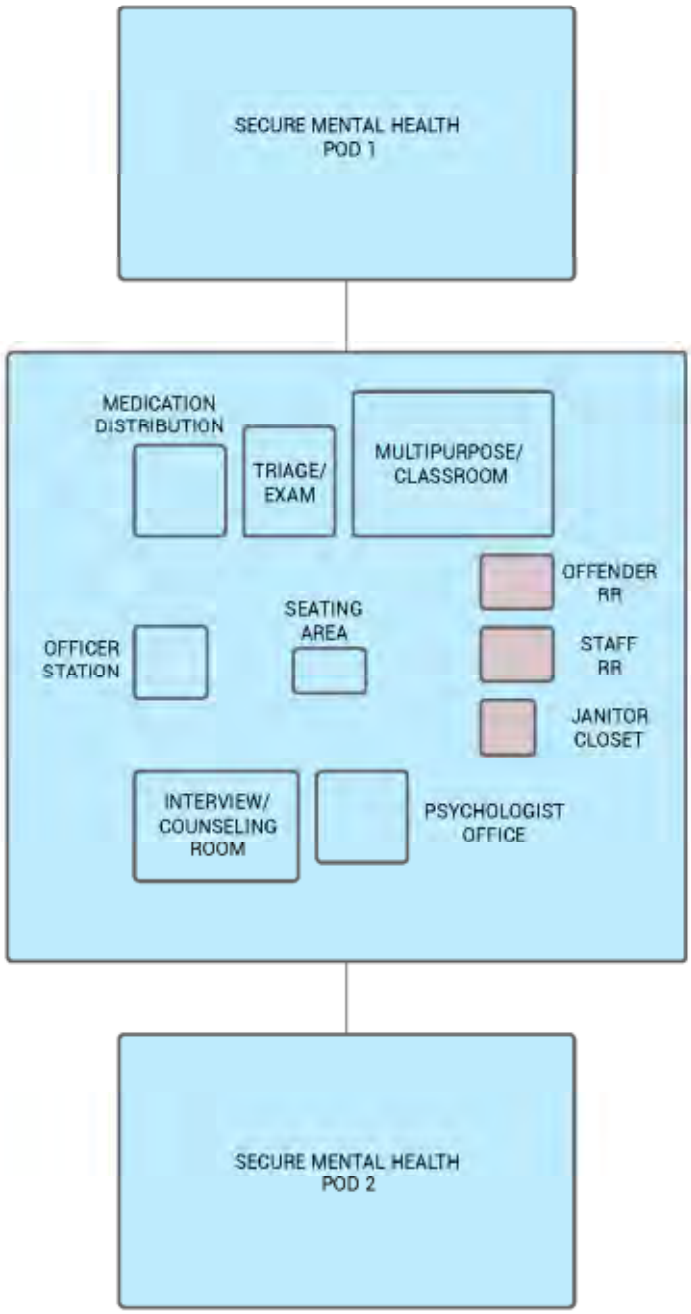
ACUTE MENTAL HEALTH ADJACENCY DIAGRAM 9.100



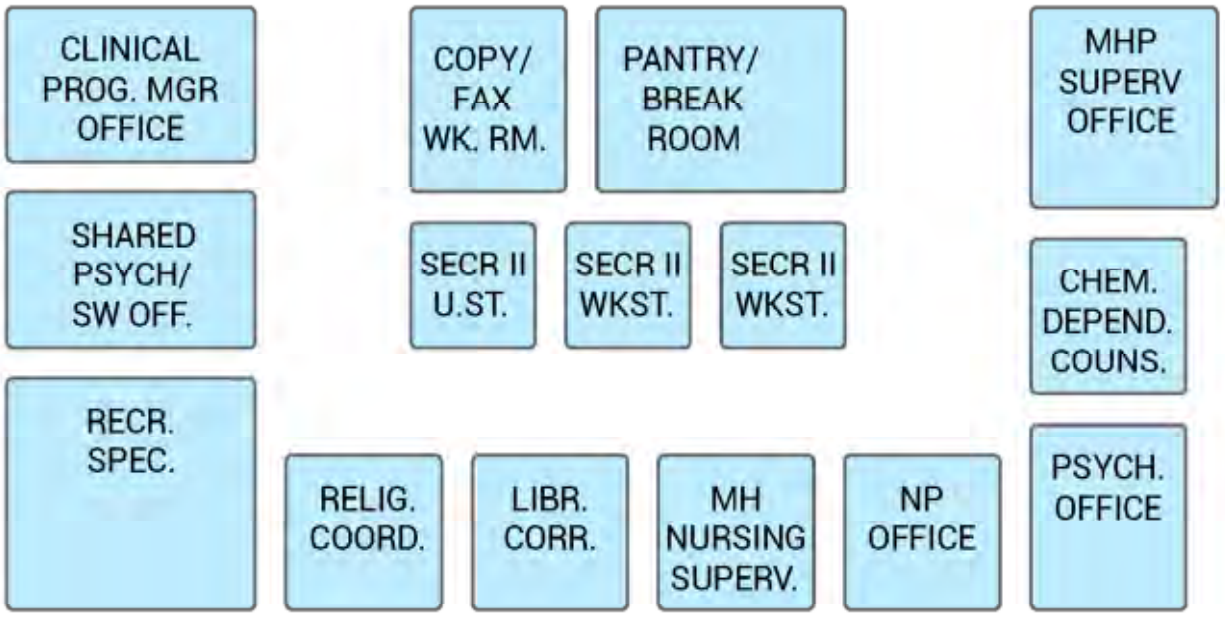

SUBACUTE/STEPDOWN
ADJACENCY DIAGRAM
9.200
Secure Perimeter
GROUP EXERCISE COURT
9.202 DOUBLE OCCUPANCY CELLS
9.202 DOUBLE OCCUPANCY CELLS
SHOWER
SHOWER
ADA SHOWER
SHOWER
SHOWER
ADA SHOWER
DAYROOM
9.201 SINGLE OCCUPANCY CELLS
9.201 SINGLE OCCUPANCY CELLS
OFFICER/ CLINICAL WORKSTATION
VIDEO VISITATION
STORAGE
MEDICATION DISTRIBUTION/STORAGE
SALLYPORT
EXAM/TRIAGE
PSYCH OFFICE
COUNSELING ROOM
PANTRY/FOOD CART ALCOVE
TRASH ALCOVE
JANITOR CLOSET
MEDICATION DISTRIBUTION/STORAGE
STAFF TOILET
MULTI-PURPOSE ROOM
LMHP STAFF OFFICE


SECURE MENTAL HEALTH ADJACENCY DIAGRAM
9.300 7,194 GSF x2 PODS
Secure Perimeter
GROUP EXERCISE COURT
9.301 SINGLE OCCUPANCY CELLS
9.301 SINGLE OCCUPANCY CELLS
SHOWER
SHOWER
ADA SHOWER
SHOWER
DAYROOM
9.301 SINGLE OCCUPANCY CELLS
9.301 SINGLE OCCUPANCY CELLS
OFFICER/ CLINICAL WORKSTATION
VIDEO VISITATION
JANITOR CLOSET
STAFF RR
SALLYPORT
LMHP STAFF OFFICES
STORAGE CLOSET
TRASH ALCOVE
PANTRY/ FOOD CART
PSYCH OFFICE
LMHP STAFF OFFICES
CASEWORKER OFFICE

SHARED SECURE MENTAL HEALTH SUPPORT AREA ADJACENCY DIAGRAM
9.400



STAFF OFFICES AND SUPPORT ADJACENCY DIAGRAM
9.500



10.000 Pharmacy

Introduction

The Nebraska Department of Correctional Services (NDCS) pharmacy currently serves ten facilities and potentially will serve more facilities in the future. It is anticipated the pharmacy will be relocated to the LCC/RTC Complex as a free standing building.

The pharmacy must be compliant with both the Nebraska Code Chapter 71, Section 2447 (Hospital, long-term care facility, or pharmacy; use of automated medication system; policies and procedures required) and Title 175, section 8-005.03 Pharmacy Quality Assurance Report).

Current staffing of the pharmacy includes: Pharmacy Operations Manager, Pharmacist in Charge (PIC), three production pharmacists, six pharmacy technicians, an inventory specialist and four auxiliary staff.

General Operations of the Pharmacy

The pharmacy hours of operation are from 6:00 am until 3:30 p.m. Monday through Friday. Despite the reported hours, pharmacy staff state they frequently work until five or six p.m. due to the service demands. In addition, Friday totes[29] will contain all medications through 12 noon on the following Monday.

The majority of pharmaceuticals are purchased from a vendor. The pharmacy receives a delivery from the vendor via a courier delivery van each working day at 6:30 a.m. Totes of bulk medications are carried into the pharmacy and taken into the medication storage room until packaged.

It is important to note currently within the 10 NDCS facilities there are three different types of medication distribution:

- Medication boxes with blister packs that are distributed by officers with no documentation on a medication administration record (MAR)[30] (Lincoln, York, and Work Ethic Camp (WEC) facilities)
- Pill lines where nursing distributes the medications and documents on a paper MAR
- Keep on person (KOP) where the inmate is given the medication and is given the responsibility to self-administer the medications

There are staggered pick up times scheduled throughout the day. Each facility has two sets of delivery totes. When picking up newly filled totes, used ones are left to be emptied (medications not taken or administered). Each tote is logged in and out this is generally a ten minutes process for each facility per day. Both shipping and receiving totes are in

[29] Totes are large lockable containers used to deliver medications to the NDCS facilities.
[30] As a result there is no record or way of capturing which inmates are refusing medications

locked transports. Pharmaceuticals are shipped by U.P.S. to the Work Ethic Camp (WEC).

Prescriptions and orders for medications for the inmates in the correctional facilities are sent to the pharmacy electronically. The majority of prescriptions are initially processed by two pharmacists.

Bulk packaging for frequently ordered medications occurs daily using a small packaging machine that is currently located in a corridor in the pharmaceutical storage and supply area. Frequently ordered medications are generally packaged in advance. Once the medications are packaged into the blister packs, they are moved to the medication storage room and stored until needed to fill a prescription. Since the volume for automated tablet packaging has increased greatly, there is a need for a second packager and the necessary additional space for an additional packaging machine. In addition, a large packager would increase the efficiency of the pharmacy operation.

Once packaged, all medications are also taken into the processing area for labeling and placement into the tote to be delivered to the institution where the inmate resides. The processing area consists of three methods of processing for the three methods of medication distribution:

- Medication boxes organized by housing unit by time of administration containing meds labeled for specific inmates and distributed by officer.

- Medications labeled for specific inmates and distributed from medication carts by nursing. This method is also time consuming for nursing staff since they must then sort and prepare the medication carts for delivery to housing units and/or pill lines.

- Keep on person (KOP) medication boxes that are labeled per inmate who is then responsible for taking their medications. (Processed by 1 pharmacist and 2 pharmacy technicians)

Medications are labeled for the inmate/patient and placed into labeled totes for each correctional facility. This entails nine to ten boxes of medications being processed, labeled, and sorted daily to be shipped, as well as the same number received from the institutions. The medication totes are not labeled as containing medications.

Operational Description

10.100 Offices and Workstations

Administration office spaces, located adjacent to the pharmacy processing area will be provided for the following staff assigned to this component:

- Pharmacy in Charge (PIC) (OF-2)
- Pharmacy Operations Manager (OF-3)

- Inventory Specialist (WS-1)
- Unassigned Workstation (WS-1) (for future growth

10.200 Pharmacy Administrative Support

A visitor waiting area for one to three people will be the entrance to the pharmacy area. There will be a closet accessible from the visitor waiting room.

The administrative support area will also include a secure computer server room with temperature and humidity control, secure racks for security equipment. A telephone electronics room with temperature and humidity control will also be required.

A conference room (CF-2) sized for 8 to 10 people will be provided for staff and will be designed, equipped and furnished commensurate with the type of activity/meetings anticipated.

A pantry/break room (BR-2) will be provided; this room will also have direct access from the conference room.

The administration/support spaces will include a copy/print/scan/fax work alcove, a wall-mounted water cooler, staff restrooms, an office supply closet, and a janitor closet.

10.300 Pharmacy Work Areas

The medication prescription area will include two work stations to receive and process all new medication prescriptions. Two pharmacists will be working in this area and should have adjacent access to the printer/fax/copier alcove. One additional workstation will be used by the pharmacy technician who manages prescription refills.

The pharmacy will have a medication storage area for all newly received medications to serve as a sorting and storage area prior to medications being labeled and processed for delivery to the institutions.

Adjacent to this area will be the medication packaging and equipment workstations to include two small packaging workstations and one separate large packaging workstation and room. The large packaging machine is loud and emits heat that interferes with both comfort and the ability for pharmacy staff to concentrate while processing prescriptions; therefore, special attention must be given to special acoustical and environmental treatment of this area. A compressor room with a vacuum pump is also required.

A medication storage area for blister packages and labeled medications should be located adjacent to (ideally between) the medication packaging areas and the packing stations (10.308 and 10.309).

Sterile Hood Room for Pharmaceutical Compounding – Sterile Preparations[31]

[31] Must be consistent with the standards outlined in U.S. Pharmacopeia Convention (2008). (97) Pharmaceutical Compounding—Sterile Preparations, Revisions Bulletin.

There are four specific categories of CSPs defined by these standards including low-risk level, medium-risk level, high-risk level and immediate use. These standards must be adhered to by all persons who prepare CSPs and all places where CSPs are prepared, stored and transported. To fully design this section of the pharmacy it will be imperative that the architects, engineers and mechanical subcontractors understand the risk level of the CSPs that will be prepared in this pharmacy. The spaces required include an anteroom room, and clean/buffer rooms and mechanical room.

The anteroom is a space leading into and out of the hazardous or non-hazardous clean rooms. This is a transitional space in which activities, such as, hand hygiene, garbing procedures, and staging of components and other activities are performed. Anterooms ensure directions of airflow and help maintain the required pressure relationships. Depending on the risk-level of CSP preparations two separate anterooms may be required; otherwise a common anteroom can serve for both hazardous and non-hazardous clean rooms.[32] The use of anterooms prevents large swings in temperature. Each room will be equipped with an automatic and washing basin. Anterooms serving hazardous clean room should also be equipped with an eyewash station. For the hazardous clean room, anterooms can be used for storing the hazardous drugs so that the use of a dedicated storage room can be avoided. The use of anterooms and airlocks should be carefully considered. The provision of an airlock should be considered if there is going to be high volume of compounding in the clean room; otherwise the use of an anteroom should be sufficient to maintain pressure in the clean room.

Clean Rooms. Unless otherwise notified by NDCS, there will be both a hazardous and non-hazardous clean room. A clean room (also known as a buffer room) is a space in which the concentration of the airborne particles is controlled to meet a specified cleanliness ISO class.

The packaging area should also include a medication storage area for the bulk medications prior to packaging. This medication storage should also include shelving, packing wheels, and a sink with instant hot.

There will be 11 packing areas including 5 workstations for documenting and packing keep on person (KOP) medication boxes and 6 packing cubicles each with a workstation to pack and document totes being sent to facilities.

Additional bulk storage should be provided with shelving for bulk supplies.

In addition, there should be one return cubicle to unpack any medications from returned totes.

The pharmacy work areas should include a shipping and receiving area where bulk medications are received (prior to being moved to the packaging storage area) and for holding the institution totes for shipping by the officers for delivery to the institutions.

[32] Department of Veterans Affairs (2008). Design Alert: Pharmacy Design Guidance Update on Compliance with USP Chapter 797 –Pharmaceutical Compounding – Sterile Preparations.

Ideally, the packing stations and return cubicle should be adjacent shipping and receiving area.

Additional Design/Operational Considerations

A "secure" perimeter is required for the pharmacy and per code must be "locked to prevent entry". However, commercial grade construction is permissible within the interior spaces. The perimeter walls should be secure construction and windows are secured, either with security mesh or security glazing. The public should be prevented from entering the pharmacy storage and preparation areas.

The pharmacy should be monitored from RTC Control with card access for staff and all exterior doors being monitored with DPS devices and/or motion detectors. The RTC staff will make security rounds.

Table 10.000
Architectural Program: Pharmacy

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
10.000	**PHARMACY**					
10.100	**OFFICES AND WORKSTATIONS**					
10.101	Pharmacist in Charge	1	1	200 /office	200	OF-2 Desk, chair, file cabinets, shelving, (3) visitor chairs, computer, telephone
10.102	Pharmacy Operations Manager	1	1	120 /office	120	OF-3 Desk, chair, file cabinets, shelving, (2) visitor chairs, telephone, computer
10.103	Inventory Specialist	1	1	80 /office	80	WS-1 Desk, chair, file cabinet, (1) visitor chair, telephone, computer, half height privacy panels (sidelight panels to be provided for daylight access).
10.104	Unassigned Workstation	1	1	80 /area	80	WS-1 Desk, chair, file cabinet, (1) visitor chair, telephone, computer, half height privacy panels (side light panels to be provided for daylight access).
				Subtotal Net Square Feet	***480***	
				Grossing Factor	***1.25***	
				Subtotal Gross Square Feet	***600***	
10.200	**PHARMACY ADMINISTRATIVE SUPPORT**					
10.201	Visitor Waiting	1-3	1	100 /area	100	Small Waiting alcove with seating for up to 3 people, coffee or end tables.
10.202	Closet	0	1	25 /area	25	Accessible from waiting area
10.203	Secure Computer Server Room	1	1	150 /area	150	Secure computer server rooms with temperature and humidity control; secured racks for security equipment.
10.204	Telephone Electronics Room	1	1	150 /area	150	Telephone electronics room with temperature and humidity control.

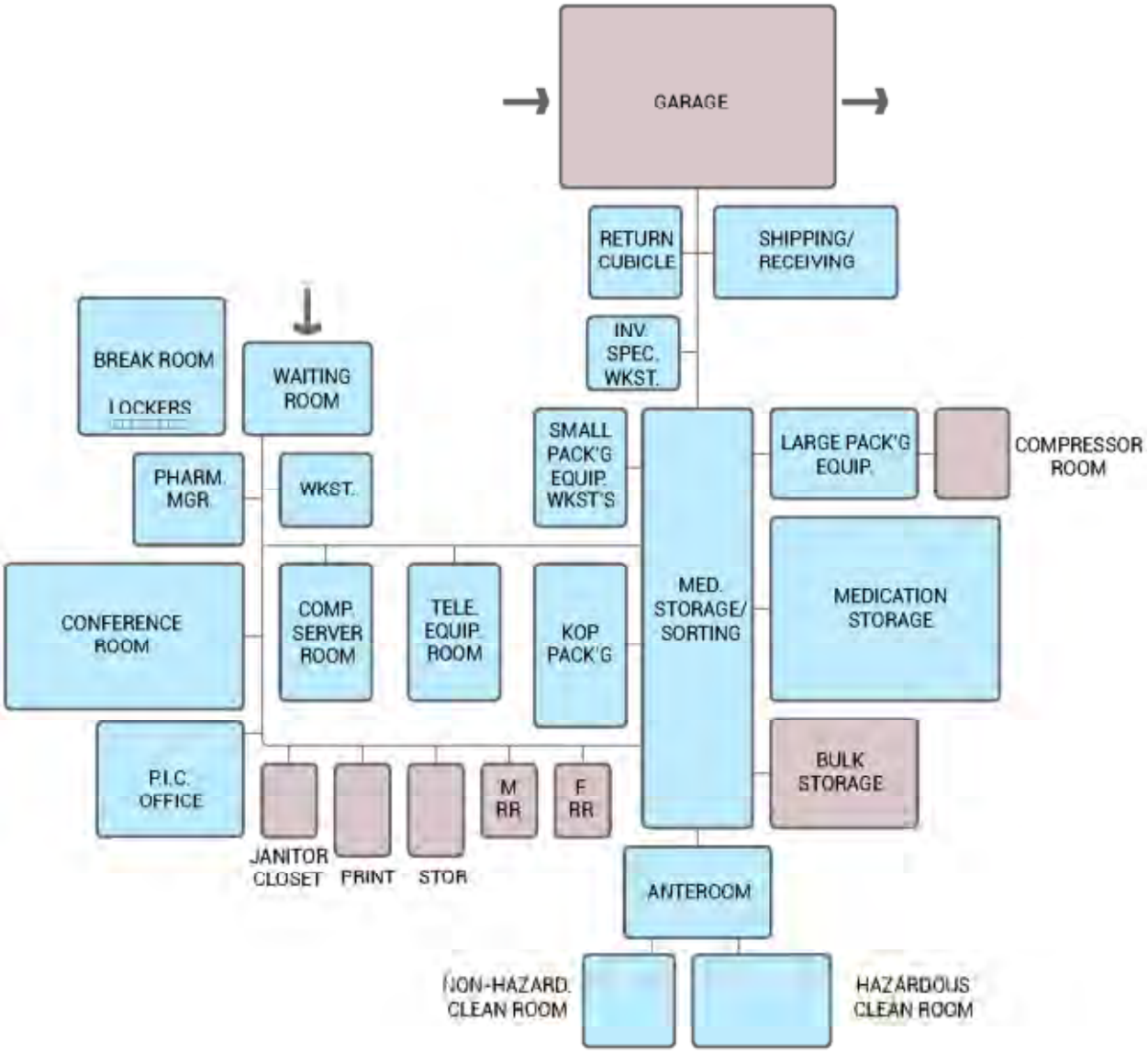
No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
10.205	Conference Room	15 - 20	1	400 /area	400	CF-1; Large screen smart TV; white board; Conference Table with seating for 15, side table, cabinetry
10.206	Pantry/Break room	5-6	1	150 /area	150	BR-2 1 table with 5 chairs, counter with sink, microwave, coffeemaker, refrigerator, cabinetry, Located near the entrance and admin area
10.207	Staff Lockers	15	1	5 /locker	75	Half-height staff lockers for personal belongings.
10.208	Printer/Copier/Fax Work Alcove		1	50 /area	50	Copier, networked printer/fax. Table. Adjacent to and directly accessible from the pharmacy work area.
10.209	Office Supply Storage		1	50 /area	50	Secure storage, shelving behind the Printer/Copier alcove
10.210	Staff Restroom	1	2	50 /area	100	ADA accessible, one designated males, one designated females
10.211	Water Cooler	1	1	6 /area	6	Wall mounted; ADA accessible from Pharmacy work area
10.212	Janitor Closet	1	1	40 /area	40	Utility sink, mop rack, broom rack, storage for limited cleaning supplies, mop buckets, ventilation such that wet mops dry without mildewing.
				Subtotal Net Square Feet	***1,296***	
				Grossing Factor	***1.25***	
				Subtotal Gross Square Feet	***1,620***	
10.300	PHARMACY WORK AREAS					
10.301	Medication Prescription Work Stations	2	3	64 /area	192	WS-2 Desk with computer return, chair, file cabinet, shelving, telephone, computer, half-height privacy panels (side light panels to be provided for daylight access.) Access to printer/copier/fax
10.302	Medication Storage/Sorting	1	1	500 /area	500	Shelves for received bulk medications, sorting bins attached to flexible wall storage system, sink with instant hot
10.303	Small Packaging Equipment workstations	1	2	100 /area	200	Small packager, provide work counter for customized blister-packs; computer, special printer tied to packaging equipment
10.304	Large Packing Equipment Area	1	1	150 /area	150	Special equipment to prepare bulk blister-packs. This should be located separately with noise attenuation and environmental temperature control (this machine radiates heat).

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
10.305	Medication Storage (Blister Packs and other Labeled Meds)	1	1	500 /area	500	Shelves for medications, binds for blister-packs; packing wheels, storage for full height vaccine refrigerator; sink with instant hot
10.307	Combined Anteroom	1-2	1	150 /area	150	Hand hygiene facilities, touchless controls, automatic controls to enter clean rooms, Electronic devices/sensors with time delays for light controls, towel dispensers, faucets to notify use readiness. Provide clothing hooks. The doorway into the buffer zone or clean room must be of sufficient size to move LAFWs in and out of the buffer zone when required.
10.308	Non-hazardous Clean Room	1	1	100 /area	100	Laminar Airflow Workstations (LAFW) 100% recirculatory. HEPA with prefilters accessible for service outside the clean room. Temperature, relative humidity, and pressure via monitoring devices on a continuing basis. Must have monolithic and cleanable walls, floors and ceilings. External lens of any lighting must be smooth and cleanable. Seal all wall openings, slots, pipings and electrical conduits and other penetrations to minimize air leakage from the clean room.
10.309	Hazardous Clean Room	1	1	200 /area	200	Biological Safety Cabinets that are vented with all air exhausted outside after passing through HEPA , integral or duct-mounted external by a dedicated exhaust fan must run continuously. HEPA with prefilters accessible for service outside the clean room. 100% exhaust of the air is required. Temperature, relative humidity, and pressure via monitoring devices on a continuing basis. Must have monolithic and cleanable walls, floors and ceilings. External lens of any lighting must be smooth and cleanable. Seal all wall openings, slots, pipings and electrical conduits and other penetrations to minimize air leakage from the clean room.

No.	Component	Pers/Units Per Area	# of Areas	Space Standard	NSF	Notes
10.310	Mechanical Space	1	1	80 /area	100	To provide the necessary electrical and mechanical equipment necessary to support the CSP suit.
10.311	Storage Closet	1	1	60 /area	60	Storage for paper, labels, and blister pack supplies
10.312	Central Bulk Storage		1	200 /room	200	Storage shelves, bulk supplies
10.313	KOP Packing	1	5	100 /area	500	Five WS-2 plus counter space for packing I/M med boxes
10.314	Packing Stations	1	6	100 /area	600	6 packing cubicles each with WS-3 and counter space to pack totes; adjacent to shipping
10.315	Return Cubicle	1	1	100 /area	100	1 return cubicle with WS-3 and counter space to unpack returned tote; adjacent to shipping/receiving
10.316	Shipping/Receiving	1	1	200 /area	200	Staging area for incoming deliveries and for totes waiting to be shipped out to the institutions; adjacent to delivery door
10.317	Garage for Deliveries and Pick-up	1	1	600 /area	600	Exterior garage protected from weather for pick up and delivery of medications.
10.318	Compressor Room	1	1	80 /area	80	Compressor and vacuum pump

Subtotal Net Square Feet	***4,432***
Grossing Factor	***1.35***
Subtotal Gross Square Feet	***5,983***
Exterior Square Feet	***600***
Total Interior Net Square Feet	***6,208***
Total Interior Gross Square Feet	***8,080***
Total Exterior Gross Square Feet	***600***

PHARMACY ADJACENCY DIAGRAM
10.000



11.000 Food Service

Introduction

The new Food Service operation shall prepare meals for the existing RTC and LCC units, as well as the new Health Care Dining (HCD) facility. New dining areas will also be provided on the same level as the new Production Kitchen, alleviating the vertical transport of food as is required in the existing facility.

The individual populations to be served are identified in the following table.

Unit	*Total Population*	*Dining Areas*
RTC	512	Existing
LCC	800	2 – New
HCD	358	1 – New
Staff	456*	1 – New
TOTAL	2,126	
*Estimated at 50% of the total staff		

The Production Kitchen will prepare 3 meals per day for the total population of 2,126; thus the design capacity for the new Kitchen is 6,300 meals per day. The serving methodology will include the transport of both bulk menu items and pre-assembled meal trays.

Three new Dining Rooms will be located adjacent to the new Production Kitchen. The LCC population shall be served in two Dining Rooms, each to provide seating for 140 inmates. Dining schedules shall generally be 20 minutes each, with 15-minute intervals for clean-up and staging for the next dining group. The LCC Dining rooms will be "turned" 3 times to accommodate the total population of approximately 800 inmates. Plating of the meal trays will occur in a Servery that is located between the Production Kitchen and each Dining Room. Pass-thru refrigerators and hot holding cabinets will supply the bulk food to the plating space. Trays will be passed using the blind-serve method, and inmates will pass soiled trays directly into the central Warewashing room thru small openings.

The RTC population shall be served in the existing areas within that unit, no new Dining spaces are required for RTC. Meals will be transported in pre-portioned trays and served in the blind-serve, blind-return style of service.

A portion of the Health Care Dining population will be served in a separate, new Dining Room with a seating capacity of 50. The majority of Health Care Dining inmates will be fed within their new unit in Day Rooms or individual inmate rooms. A small servery adjacent to the Day Rooms will receive the transport carts; all soiled meal trays will be returned to the Production Kitchen for washing. The Servery equipment list will include a refrigerator, sink(s), a pantry and space for the transport carts.

While most staff personnel will eat in their individual units, it is determined that a small Staff Dining Room with a seating capacity of 40 will be adequate.

An important operational upgrade should include a comprehensive food service software program that can provide a department-wide data base for recipes and inventory control.

The general flow of food service products into the complex will start with products being received into a Central Warehouse which is located outside the secure perimeter. This warehouse will also serve as storage and processing of non-food related supplies for the facility. The food service portion will provide space for “Opportunity Buys” and will be capable of maintaining a 4-8 week supply of refrigerated, frozen, dry food storage and paper products.

From the Central Warehouse, food will be transported through the secure perimeter into the Receiving area adjacent to the Main Kitchen. From there, products will be loaded into Walk-In Coolers, Walk-in Freezer and Dry Storage; internal wire mesh partitions within these spaces will prevent Kitchen inmate-workers from accessing the Receiving area. Doors on the Kitchen-side of these spaces will afford access to the authorized products and supplies.

Adjacent to the Receiving Dock and within a second perimeter should be located a compactor, dumpster corral, recycling bins and access to the below-grade grease interceptor.

General Kitchen Construction & Equipment Features

An Institutional Corrections Kitchen is one of the hardest-working areas in the facility. All construction and finish components should be selected for their durability, longevity and ease of maintenance. Floor materials should be seamless; either urethane/resin or heat-welded sheet material and the flooring should be coved up the walls a minimum of 4 inches. Wall finishes should be ceramic title or stainless-clad, depending on the individual spaces' severity of use. Ceilings should be 10'-12' high and constructed with a suspended aluminum grid and washable, impervious pads, or of painted, paperless gypsum board, depending on the space.

All steel doors and frames in the Kitchen area should be galvanized. Steel door frames should have a "hospital stop" detail at the floor to facilitate cleaning.

Floors at the Walk-In Coolers & Freezers should be of insulated slab design; the Freezer slab sub-grade should also be ventilated. These slabs must match the elevation of the adjacent Receiving & Kitchen floors, ramps are not permitted. The exposed walk-in wall panels should be textured stainless steel; ceiling panels can be white, factory-finished galvalume. Bollards or other door-jamb protection devices should be used on the Receiving end of the walk-ins, to accommodate pallet-jack loading. Continuous wall wainscoting or horizontal bumpers should be considered both inside and on the exterior face of the walk-in walls to minimize damage to the panels.

The Kitchen HVAC system should be independent from the rest of the facility and designed to provide a negative-balance at the space. Exhaust systems should feature demand-control ventilation to conserve energy, and have a separate, heated and cooled make-up air supply system, independent of the hoods. Self-cleaning hood options should also be considered.

All food service equipment shall be institutional-grade, when that option is available. "Prison Package" hardware should be specified for all components; exposed fasteners should be minimal, and be of security-design where necessary. The flight dishwasher and rotary oven shall have internal, emergency shut-down and exit hardware, respectively.

Component Descriptions

Receiving

From the Central Warehouse, food products and Kitchen supplies will be transported within the secure perimeter to the loading dock-height overhead door entrance to the Receiving area. Once checked-in, these products will be stocked into the Dry Storage, (2) Walk-in Coolers or the Walk-in Freezer for storage. These storage areas shall have the capacity for up to a two-week supply of products.

The Receiving function shall also include a separate Refuse Sorting Room for trash and recyclable waste. A separate Recycling Room and Can Wash area will also be included; all areas will have adequate trench and floor drains to facilitate cleaning.

Food Service Storage

Food Storage spaces will include Dry Storage with an Ingredients Room adjacent to the Baking/Prep area, a Walk-in Cooler for Dairy, Eggs and high-theft items, a Walk-in Cooler for Meat & Produce, and a Walk-in Freezer. These spaces will be accessed directly and loaded from the Receiving Room.

Internal to each storage area will be secure wire mesh partitions with controlled gates that will allow personnel to move products from the Receiving Room-side of the partitions to the Kitchen-side of the partitions. The gates shall remain locked except when products are moved through them, thus prohibiting inmate Kitchen workers access to the Receiving Room and dock area.

These spaces shall have additional doors at the Kitchen-side of the rooms for retrieval of the products by Kitchen Staff. All walk-in doors shall have emergency interior release hardware with alarm-signal to the central security system. Walk-ins shall also include energy-saving features of LED lighting, clear vinyl interior doors and defrost-on-demand refrigeration controls.

Bakery

Located adjacent to the Dry Storage and Ingredient Rooms, this space will include multiple mixers, water meters, a roll-in proofer and rotary oven, baker's tables, sheeter and rounder, cooling racks and prep and hand sinks.

Cold Food Preparation

This area is utilized for the preparation of vegetables, salad and desserts. Ideally located adjacent to the Walk-in Cooler, the space will contain prep sinks, tables, slicers, food processors, mixers and reach-in refrigeration.

Hot Food Production

The largest area of the Kitchen functions, this is the main cooking center for the institution. The cooklines will feature demand-velocity exhaust hoods for a variety of appliances:

combi ovens, convection ovens, griddles, steam-jacketed kettles, tilting braising pans and steamers. With multiple prep tables for landing space, this area should be equally accessible to the Cart Assembly area and the Dining Room Serveries. The exhaust hoods shall be oversized by 1/3 to allow for the future installation of additional cooking appliances. A Utility Distribution System (UDS) at the exhaust hoods is highly recommended to minimize disruption to the utilities at the time of future installation of additional appliances. Full-length trough drains with self-cleaning capability shall be located parallel to each cookline. Trough drains shall have a secure locking mechanism on all grate covers.

Secure Utensil Storage

This room serves as the secured area from which knives and other utensils are checked-out to inmate workers. The room shall include shadow-boards to facilitate the placement and monitoring of the check-out/check-in utensil program. It should be near the security/control deck, as staff accompanies the inmates into the check-out room. This room should also have visual access into it from the control deck.

Special Diets Kitchens

Within the Main Production area, these two separate mini-kitchens are responsible for the preparation of special medical diets and religious meals.

Medical Diet Room: shall include prep tables, prep and hand sinks, wall cabinetry, worktop and reach-in refrigeration, microwave ovens, and a "turbo" (ventless) countertop oven.

Religious Diet Room: shall include all of the above appliances, except the turbo oven, plus an electric rice cooker.

Pan & Utensil Washing

This area is near the main Hot Food Production cookline, and serves as the major warewash function for all pans and utensils used in the cooking and prep areas. This space will include a power-sink, hand sink, hose reel, clean pan racks and a Chemical Storage closet.

Cart Assembly & Staging

Adjacent to the Food Production areas, this functions as the meal tray-makeup and loading space for food to be transported to other areas within in institution. The individual meal-tray assembly line will utilize a non-motorized conveyor with both heated and refrigerated serving units to supply the system.

Once filled, it is preferred that the carts move to a Staging Area directly outside the Kitchen, awaiting transport to the RTC & Health Care Dining components.

Meal Trays & Carts

The LCC population will be served in the two dining rooms as previously described, meal trays will be plated in the serveries located between the main production Kitchen and these dining rooms. All of the other populations shall be served via proportioned meal trays. These individual trays in the Main Kitchen are transported in insulated carts to the units.

A very successful tray delivery system utilizes a seamless, insulated, molded, compartmentalized meal tray that is stackable without the need for individual lids. Once plated, the stacked meal trays are loaded into a similarly-fabricated molded and insulated transport cart for delivery to each unit. The carts are constructed with virtually no hardware to maintain (casters only), with easily removable doors, molded interior corners, and thus are very easy to clean and sanitize.

The carts are available in various capacities to accommodate 60 to more than 100 trays each. With the various populations to be served, the proposed quantity of carts is as follows:

RTC:	10 carts – 100 tray capacity
Restrictive Housing:	2 carts – 60 tray capacity
"C" Unit:	2 carts – 60 tray capacity

Health Care Dining:	
Dining room (50 seats)	1 cart – 60 tray capacity
Skilled Nursing	1 cart – 60 tray capacity
Medical Assisted Nursing	1 cart – 60 tray capacity
Medical Housing	1 cart – 60 tray capacity
Acute Mental Health	1 cart – 60 tray capacity
Subacute/Step-down	2 carts – 60 tray capacity
Secure Mental Health	2 carts – 60 tray capacity
Total Carts Required =	23 carts

Warewashing

This is the main inmate tray washing area, into which inmates will pass the soiled trays from each LCC Dining Room for scrapping, washing and sanitation. A "flight" type dishwasher with associated soiled dishtables is installed here. This room must share a wall with each Dining Room, with small pass-thru openings from each Dining space. A Janitor & Chemical closet will also be included in this space. This space will also contain adequate space for soiled and clean tray/cart space. There will be multiple hose reels and the floor sloped to trough drains to facilitate cleaning. All walls should be ceramic tile or stainless-clad for durability in this area.

Serveries

These two spaces are located between the main Kitchen and each LCC Dining Room, and include hot and cold holding equipment from which meal trays are assembled and passed thru to the inmates in the blind-serve program. Equipment will include pass-thru refrigerators and hot holding cabinets, steam tables, clean tray carts, and a hand sink.

Food Service Administration

This area will include individual offices for the Director and a Central Food Service Office. The Director office shall be adjacent to the main Kitchen with visual access; and a small workstation alcove should be adjacent to this office.

The centrally-located FS Office shall be on a raised deck with wrap-around windows to provide visibility to the entire Production & Preparation areas. This office will include two Manager workstations and one inmate clerk workstation.

Inmate & Staff Services

This area should be adjacent to the Secure Utensil Storage room. This area will contain multiple spaces to accommodate both inmate workers and FS Staff. There will be an inmate check-in kiosk (wall-mounted) outside the Inmate Shakedown Room (pat-search). An inmate coat rack and cubicle-storage area (60 cubicles) shall be secured with a wire partition, outside the partitioned space shall be a unisex, ADA inmate restroom.

A separately-secured staff locker area shall include coat racks and 14-12 x 15 x 72 open mesh lockers. Outside of this space should be located separate Male and Female, ADA, single-use restrooms.

Culinary Training & Multipurpose Room

Adjacent to the Main Kitchen will be a room to accommodate 25 inmates and other users. The room shall include space for seminar-style tables, counters for prep and induction cooktops, hand sink, prep sink, refrigerator, u/c dishwasher and secure utensil storage. A projector and screen is required. Adjacent to this space there should be single-use Male and Female ADA restrooms and single-use Inmate restroom.

Dining Room Facilities

LCC shall have two dining rooms, each with a capacity of 140 seats. Each seating will be turned three times to accommodate the total population of 800. LCC's servery will utilize a blind-serve and blind return function. Condiment counters shall be located near the serving pass-thru, as well as a secured counter area for coffee, ice tea and an ice dispenser. A small janitors closet should be adjacent to each dining room for clean-up.

Health Care Dining will require one dining room with a seating capacity of 50; the portion of the Health Care Dining population capable of eating in a dedicated dining room is approximately 100, so this room will be turned twice to accommodate the population. There is more wheelchair usage in this section, thus the space allocation per diner is greater. The serving methodology here will be blind serve/blind return, and as a training opportunity Porters will serve the trays. Food (including special diets) will be transported in proportioned trays to the Health Care Dining servery area. All meal trays and utensils will be returned to the central kitchen's warewash area. The servery will include refrigeration, hot holding, a steam table, plating space and prep and hand sinks.

The remainder of the Health Care Dining population will eat in Individual dayrooms. A separate area adjacent to the dayroom shall include a refrigerator, sink(s), pantry, and space for transport carts and proportioned trays. Soiled ware will return to the central kitchen dishwashing area.

RTC will not require a separate dining room; food will be transported in pre-portioned trays to the existing Serving areas. The existing plating areas shall be repurposed for the tray-delivery carts, a hand sink, and a secured beverage counter. All meal trays and pans shall be returned to the main kitchen for washing.

STAFF dining will require minimal space, as most personnel will eat in their individual units. It is determined that a small staff dining room with 40 seats may be necessary. This space would include a refrigerator/freezer, microwave and casework with a two-compartment sink. Meals would be served via the LCC Servery, and three Vending Machines should be included in this space.

INMATE ASSISTANCE

In addition to the departmental food service staff, the following inmate assistants are required:

Per Meal:	5 Cooks 6 Prep 4 Storeroom	
	15 x 3 meals/day	=45/day
Butter & Jelly Crew:	3am + 3pm shifts	=6/day
Bakers		=6/day
Utensil Room		=2/day
Warewashing:	7 per meal x 3 meals	=21/day
Utility Porters		=7/day
Sanitation Porters		=4/day
Truck & Cleaning Crew		=4/day
Servery:	15/servery/day x 2 serveries	=30/day
Floor Porters		=4/day
Bev Counter		=6/day
Utility Table Workers		=12/day
HCD Unit Servers		=9/day
Total		=156/day

Table 11.000
Architectural Program: Food Service

No.	Component	Pers/Units per Area	Number of Areas	Space Standard		NSF	Notes
	RECEIVING						
11.101	Receiving Dock		1	900	/area	900	OHD, dock leveler, cushion, floor drains
11.102	Refuse Sorting		1	350	/area	350	Hose reel, floor drain
11.103	Can Wash		1	120	/area	120	Hose reel, floor drain
11.104	Recycling		1	120	/area	120	Hose reel, floor drain
11.105	Trash Compactor		1	250	/area	250	Exterior space
			Subtotal Net Square Feet			***1,490***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***1,788***	
			Subtotal Exterior Square Footage			***250***	
	FOOD SERVICE STORAGE						
11.106	Dry Storage		1	720	/area	720	High Density Shelving
11.107	Ingredients Room		1	120	/area	120	Preptables, scales
11.108	WIC-Dairy & Eggs		1	280	/area	280	Internal partition, shelving, dunnage
11.109	WIC-Produce & Meat		1	240	/area	240	Internal partition, shelving, dunnage
11.110	WIF		1	520	/area	520	Internal partition, shelving, dunnage
			Subtotal Net Square Feet			***1,880***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***2,256***	
	BAKERY						
11.111	Baking Production		*1*	*900*	*/area*	*900*	Mixers, Roll-in proofer & rotary oven, sheeter, rounder, cooling racks tables
11.112	Baking Holding		*1*	*140*	*/area*	*140*	Staging area for finished products
			Subtotal Net Square Feet			***1,040***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***1,248***	
	COLD FOOD PREPARATION						
11.113	Prep & Production		1	750	*/area*	750	Prep sinks, tables, slicers, mixers, food processors, refrigeration
			Subtotal Net Square Feet			***750***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***900***	
	HOT FOOD PRODUCTION						
11.114	Prep Area		*2*	*800*	*/area*	*1,600*	Prep tables, sinks, mixers, processors
11.115	Cookline		*1*	*450*	*/area*	*450*	Combi oven, convection ovens, griddles steamers, kettles, Type 1 exhaust

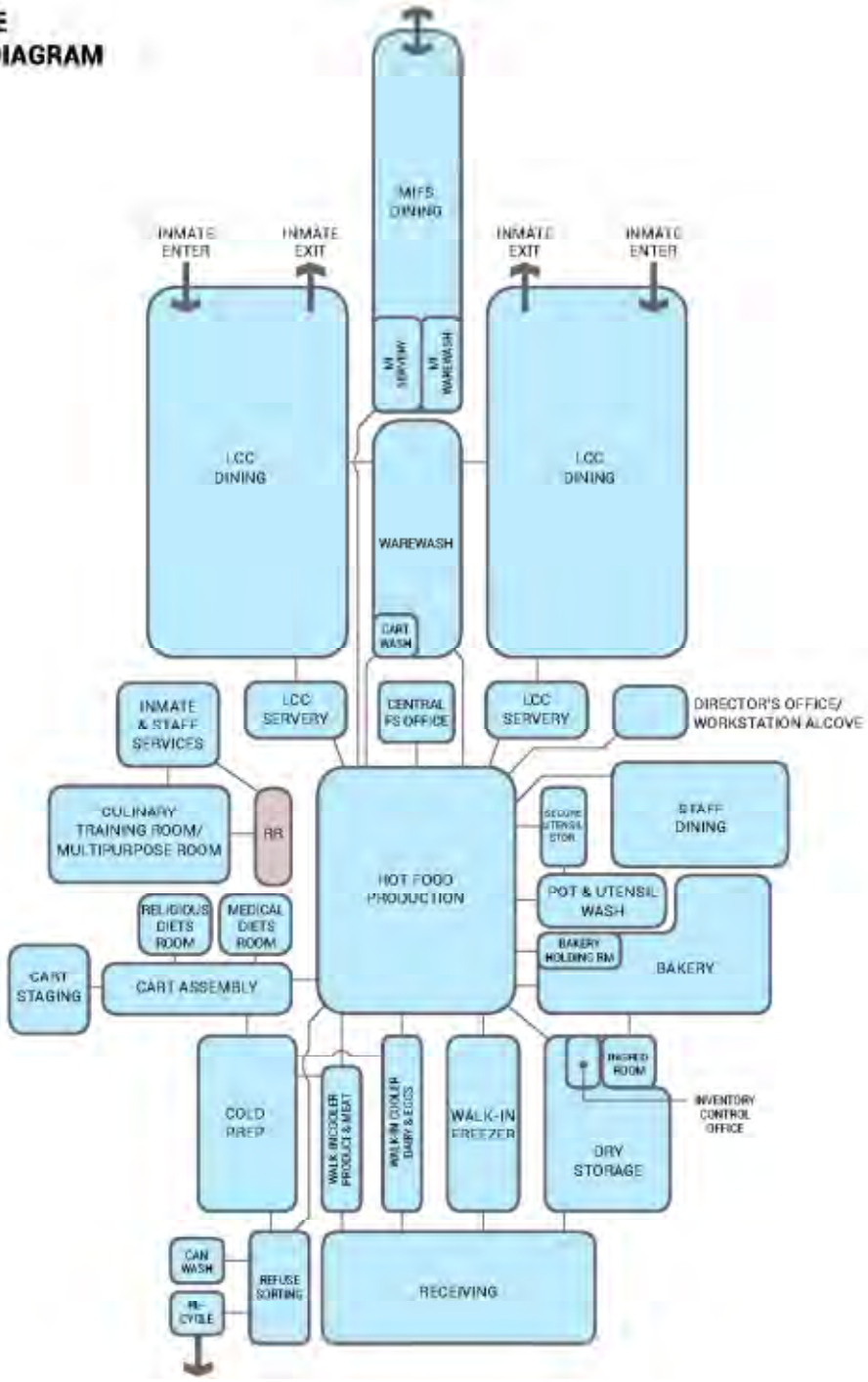
No.	Component	Pers/Units per Area	Number of Areas	Space Standard		NSF	Notes
							hoods with UDS system
			Subtotal Net Square Feet			***2,050***	
			Grossing Factor			***1.25***	
			Subtotal Gross Square Feet			***2,562***	
	SECURE UTENSIL STORAGE						
11.116	Storage & Check-out		*1*	*150*	*/area*	*150*	Secure door with vision light, knife & blade racks
			Subtotal Net Square Feet			***150***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***180***	
	SPECIAL DIETS KITCHENS						
11.117	Medical Diet Kitchen		*1*	*200*	*/area*	*200*	Prep tables & sinks, refrigeration, microwaves & ventless oven
11.118	Religious Diet Kitchen		*1*	*200*	*/area*	*200*	Prep tables & sinks, refrigerators, microwaves, rice cooker
			Subtotal Net Square Feet			***400***	
			Grossing Factor			***1.1***	
			Subtotal Gross Square Feet			***440***	
	PAN & UTENSILS WASHING						
11.119	Washing Area		*1*	*260*	*/area*	*260*	Powersink, clean pan racks
11.120	Chemical Closet		*1*	*40*	*/area*	*40*	Shelving
			Subtotal Net Square Feet			***300***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***360***	
	CART ASSEMBLY & STAGING						
11.121	Cart Assembly		*1*	*400*	*/area*	*400*	Conveyor w/heated & refrigerated components, tray and pan racks
11.122	Cart Staging		*1*	*300*	*/area*	*300*	Cart storage area
			Subtotal Net Square Feet			***700***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***840***	
	WAREWASHING						
11.123	Scrapping & Dishwasher		*1*	*900*	*/area*	*900*	Flight DW, soiled dishtable w/troughs, pulper, hand sinks, cart staging
11.124	Janitor & Chemical Storage		*1*	*80*	*/area*	*80*	Mop sink, shelving
			Subtotal Net Square Feet			***980***	
			Grossing Factor			***1.1***	
			Subtotal Gross Square Feet			***1,078***	
	SERVERIES						
11.125	LCC Serving & Tray Makeup		*2*	*250*	*/area*	*500*	Hot holding cabinets, refrigeration, steamtables, tray carts

No.	Component	Pers/Units per Area	Number of Areas	Space Standard		NSF	Notes
11.126	MI Serving		1	130	/area	130	Hot holding cabinets, refrigeration, steamtables tray carts
			Subtotal Net Square Feet			***630***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***756***	
	FOOD SERVICE ADMINISTRATION						
11.127	Directors Office	1	1	120	/area	120	Desk, files, side chairs
11.128	Workstation Alcove	1	1	80	/area	80	Computer station
11.129	Central Office & Control	3	1	170	/area	170	Wrap-around windows for surveillance
			Subtotal Net Square Feet			***370***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***444***	
	INMATE & STAFF SERVICES						
11.130	Inmate Shakedown	2	1	50	/area	50	Door with vision light
11.131	Inmate Lockers		1	100	/area	100	50 lockers - 12x15x12 coat hooks
11.132	Inmate Restroom	1	1	60	/area	60	Single-use, ADA
11.133	Staff Lockers	12	1	90	/area	90	12 lockers – 12x15x72 coat hooks
11.134	Staff Restrooms	1	2	60	/area	120	Single-use, ADA
			Subtotal Net Square Feet			***420***	
			Grossing Factor			***1.1***	
			Subtotal Gross Square Feet			***462***	
	CULINARY TRAINING & MULTIPURPOSE						
11.135	Training Room	25	1	17	/seat	425	Seminar tables, stacking chairs, projector & screen
11.136	Demonstration Area	2	1	300	/area	300	Induction cooktop, sinks, refrigerator, dishwasher, secure storage
11.137	Restrooms	1	3	60	/area	180	Single-use, ADA
			Subtotal Net Square Feet			***905***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***1,086***	
	DINING ROOMS						
11.138	LCC Dining Room	140	2	18	/seat	5,040	Fixed stainless 4-top tables with attached seating
11.139	Tray Pick-up & Beverage		2	150	/area	300	Beverage & condiment counters
11.140	Janitor Closet		2	70	/area	140	Mop sink, shelving
			Subtotal Net Square Feet			***5,480***	
			Grossing Factor			***1.4***	
			Subtotal Gross Square Feet			***7,672***	
11.141	MI Dining Room	50	1	20	/seat	1,000	Fixed stainless 4-top tables with attached seating
11.142	MI Servery		1	240	/area	240	Steam table, refrigerator, beverage

No.	Component	Pers/Units per Area	Number of Areas	Space Standard		NSF	Notes
							counter, cart space
11.143	MI Warewashing		*1*	*180*	*/area*	*180*	Rack dishwasher, 3-comp sink, hand sink, tray racks
			Subtotal Net Square Feet			***1,420***	
			Grossing Factor			***1.2***	
			Subtotal Gross Square Feet			***1,704***	
11.144	Staff Dining	40	1	18	*/seat*	720	Open plan tables & chairs
			Subtotal Net Square Feet			***720***	
			Grossing Factor			***1.3***	
			Subtotal Gross Square Feet			***936***	
			11.000 Total Interior Net Square Feet			***19,685***	
			11.000 Total Interior Gross Square Feet			***24,712***	
			11.000 Total Exterior Square Feet			***250***	

	Food Service within the GENERAL WAREHOUSE						
	Receiving – Gen'l		1	600	/area	600	OHD, Cushion, Floor Drains
	Receiving – Secure		1	400	/area	400	Wire partition & gate
	Bulk Dry Storage		1	2,300	/area	2,300	HD rack storage – pallets
	Walk-in Cooler		1	400	/area	400	Shelving & pallet storage
	Walk-in Freezer		1	800	/area	800	Shelving & pallet storage
			Subtotal Net Square Feet			***4,500***	
			Grossing Factor			***1.1***	
			Subtotal Gross Square Feet			***4,950***	

FOOD SERVICE
ADJACENCY DIAGRAM
11.000



6.2 Proposed Staffing

Introduction

One critical component of the programming effort is determining the number and classifications of staff required to effectively and efficiently operate a facility. The staffing represents the most significant portion of the overall operating costs.

This section represents our preliminary staffing recommendations for the programmed components. It is based on our understanding of the operations and the likely facility configuration at the Operational/Architectural program stage of facility development. This preliminary plan is intended only to be a starting point for discussion.

Determining the necessary staffing required for a specialized facility such as MIFS is not a science. A staffing plan represents a combination of factors, including consideration of existing personnel assignments and coverage, but also the consultants' experience and intuition about how the new/renovated MIFS may operate.

The staffing plan will continue to evolve during the various next stages of design (i.e., schematic and design development), which will then allow for an additional level of confirmation or modification as the design of the building becomes clearer. Additionally, the facility design should consider opportunities to realize staffing efficiencies by placing similar components in close proximity where visibility/supervision can be maximized.

The recommendations set forth in these tables reflect the estimated numbers of personnel required to operate the MIFS project facility at a sound and appropriate level; this will not result in a "bare bones" operation, nor will it represent an overly generous and wasteful level of service.

The proposed staffing plan is intended to reflect the direct supervision management of inmates, the level of supervision required of the specialized housing described in the operational program, and the centralization of core components (i.e., public lobby, administration, staff support, custody operations and intake/release. Where appropriate, a shift relief factor (described below) was incorporated in the total staffing requirements.

Shift Relief Factor

When calculating the total staffing requirements, a shift relief factor (SRF) was included. A shift relief factor is the personnel multiplier required to ensure that adequate personnel are available to keep a post open the requisite number of hours, days, and weeks each year. It accounts for absence factors due to regular days off, vacation leave, sick days, and the other types of leave to which staff are entitled during the course of the year. A 1.9 relief factor, as used in this case, means that 0.9 additional staff are required beyond the first employee to provide necessary coverage to keep a post open eight hours a day, seven days a week, 52 weeks a year.

The shift relief documentation was provided by the NDCS staff[33] and is included in the staff tables to identify the proposed staffing requirements for the spaces programmed.

A staffing plan is analogous to a budget document; it is a plan, based on a series of assumptions and historical data, for how many personnel are required for agreed upon posts

[33] Information provide by Doug Hanson, August 28, 2014.

in the coming year. Like a budget document, a relief factor is comprised of many individual line items, or absence categories, with a bottom line figure based on the assumptions underlying each of those items. Depending on various circumstances and changing needs, the actual relief factor, like a budget, will differ somewhat from the annual plan at the end of the year although, in both cases, it is hoped that the final bottom line figure will be within the parameters of the plan. Also, like a budget, a new relief factor must be calculated each year in order to update historical data and other assumptions upon which the relief factor's individual items are predicated. The final number of employees will vary, depending on the adoption of an updated relief factor for each position.

Assumptions

Although the proposed staffing plan is largely self-explanatory, a brief summary of salient assumptions are provided below. These assumptions are based solely on the draft operational and architectural program described in the previous section.

1. The staffing plan includes the recommended staffing to operate the RTC facility at 327 beds and the RTC/LCC centralized components that will support a population of 1658 beds. The preliminary staffing plan is based on the current program assuming the facility would be at or near that maximum capacity. In reality, fewer staff than identified in the staffing plan may be required upon initial occupancy.

Public Lobby

2. Ideally volunteers will be able to provide customer service support to visitors regarding resources available in the community.

Administrative Services

3. A single warden is expected to oversee the entire RTC. An assistant warden will be responsible for the day-to-day operations.

4. Staffing is provided for the business, human resources and information technology functions.

Staff Support

5. Although much of the staff training will be conducted at the centralized academy, a training coordinator and safety coordinator will be provided at the centralized staff support function to address internal training and safety issues.

Security Operations

6. Most security supervisory staff (including sergeants, lieutenants and captains) are noted in the operational program as centrally located in the Security Operations component, although these staff are expected to roam throughout their assigned zone to respond to staff concerns and to monitor performance.

7. Escort officers are provided to perform inmate escorts and provide back up to various functions during periods of high volume. Most inmates will not require escort; rather the escort staff will provide general oversight supervision in areas where inmates congregate

(e.g., housing support); and particularly when more than one housing unit may be in the same area at one time. Moreover, these staff will be essential to ensure appropriate separations are maintained since all custody levels and classifications of will be housed at the prison. Escort staff will perform additional functions such as meal delivery, meal relief, etc. Escort staff will also typically be the first responder to an incident in the RTC.

8. Shift supervisors are expected to operate the overall shifts; a shift sergeant will be provided for all housing components and major functions such as intake, food service, etc. In the absence of the shift lieutenant, a sergeant may assume the shift, however a shift sergeant must staff all subcomponents.

Central Visitation

9. Central visitation officers will be provided during all visiting hours in both visiting rooms. One search officer will be provided. Visiting must be scheduled to avoid overlap or waiting queues during searches.

10. When visits are not occurring, all visitation staff will report to the custody operations area for other assignments.

Intake and Release

11. Typically one intake officer and one intake sergeant will be assigned to this subcomponent during the day and evening shifts to process new admissions/releases and to monitor the inmates held in intake

12. If no inmates are presently in the intake area, then both intake officers can be assigned to the escort function.

13. Records staff will be collocated in the Intake and Release area. Although the records manager will work during standard business hours, records clerks must be provided on the day and evening shifts at all times.

14. There will be one R.N. assigned to Intake and Release during the first and second shifts seven days a week.

15. A Nurse Practitioner/Physician's Assistant will be available to respond the Intake for mental health assessment and evaluation for medications.

Health Care

16. The expansion of medical and mental health beds will necessarily increase the number of correction officers and health care staff to provide the necessary supervision and care of the expanding health care needs of the inmate population. The proposed staffing includes all of the health care functions for the LCC and RTC. This staffing includes current positions as well as expanded positions.

17. The healthcare clinic will be expanded to increase on-site specialty care thereby reducing the number of off-site transports for outpatient specialty care as well as some emergency room transports. The health care clinic will operate from 6:30 a.m. to 8:00 p.m. Monday through Friday and will typically be staffed with a reception R.N., two clinic

R.N.s and two clinic LPNs during the first shift, one R.N. and one L.P.N, during the second shift. The clinic will also be staffed with nurses on the first and second shift on the weekend and Holidays. Emergencies that occur during the night shift will be responded to by one of the R.N.s assigned to the SNF. Two Corrections Corporals will be assigned to the clinic during the day shift and one Corrections Corporal will be assigned to the clinic on the second shift. Corrections Corporals will be assigned to assist with escorting inmates to and from the clinic as needed.

18. There will be a Physician and three Physician Assistants assigned to the clinic Monday through Friday to provide medical care. As necessary they will be deployed to provide services in the LCC exam room for inmates who are housed in the restricted housing.

19. There will also be two mid-level psychiatric positions providing response to Intake, telepsych to York and LCC/RTC outpatient mental health medication evaluations and renewals.

20. A registered Nurse will be assigned for nurse sick call/protocols during the first shift seven days per week.

21. Certified medication technicians will be assigned to work to administer medications throughout the facility on both the first and second shifts seven days a week.

22. Coverage of health care staff will include 24/7 on-site nursing coverage in both the SNF, assisted nursing and the acute mental health care unit. Designated medical and mental health beds for inmates with higher healthcare needs will be located adjacent or in close proximity to the clinic and the skilled nursing facility (SNF) component to increase the efficiency of health care staff in meeting the inmate population's healthcare needs.

23. The skilled nursing facility (SNF) will expand to include 29 skilled nursing care beds, including two (2) isolation rooms and three (3) hospice suites. The assisted nursing housing area will include 28 beds (16 short/long-term care and 12 dementia care beds). Three R.N.s and one LPN will be assigned to this area during first and second shifts. There will be two R.N.s assigned to the SNF during the third shift. There will typically be one Corrections Corporal assigned to each living unit per shift.

24. There will be two 40 bed medical housing units. These will not be staffed by health care personnel, although regular rounds will be made on these units. Each of the medical housing units will be staffed by one Corrections Corporal each shift.

25. The addition of certified medication technicians to assist with medication administration will support nursing staff and eliminate the need for officers to pass medications in the RTC.

26. There will be Corrections Unit Caseworker assigned to the medical living units and social workers to provide reentry and discharge planning.

27. Mental health housing and care will be expanded to include 26 acute beds, 64 secure mental health beds (2 units of 32 beds) and 96 subacute/stepdown beds (2 units of 48 beds). Consideration was given to the classification of staff who would supervise the inmate mental health population. The discussion reflected that correctional officers did

not necessarily have the therapeutic training and education or the expectation of managing an inmate population who have high mental health treatment needs.

28. After reviewing several Department of Administrative Services positions, it was determined that mental health living unit positions other than strictly custody positions will be staffed with Mental Health Security Specialists II.

29. Each level of mental health care living units will be staffed with a Licensed Psychologists (day shift), Licensed Mental Health Practitioners (first and second shift), and Mental Health Security Specialists (first, second, third shifts). In addition, Correctional Corporals will be assigned one per shift for each two living units to ensure that security needs are met.

30. Registered nurses will be assigned to the acute mental health unit 24/7 and will make rounds in the subacute and secure mental health units each day. The psychiatrist will make rounds on the mental health units on a regular basis. In addition, there will be Corrections Units Caseworkers assigned to the mental health units.

Table 6.2.1
Staff in Mental Health Living Units

Living Unit	Pop #	Cell Type	Population	Psychologist	LMHP	MHSS II	R.N.	Caseworker
9.100 Acute	26	Single	Active Sx 16 Suicide Watch 10	1-0-0	2-1-0	3-3-2	1-0.5-1	0
9.200 Subacute	48	24 Single 12 Double	Subacute SPMI	0.5-0-0	3-1-0	3-3-0	0.5-0.5-0.0	1-1-0
9.200 Subacute	48	24 Single 12 Double	Subacute Stepdown	0.5-0-0	3-1-0	2-2-0	0.5-0.0-0.0	1-1-0
9.300 Secure	32	32 Single	Chronically Aggressive	0.5-0-0	3-1-0	3-3-0	0.5-0.5-0.0	1-1-0
9.300 Secure	32	32 single	Chronically Unstable	0.5-0-0	3-1-0	3-3-0	0.5-0.0-0.0	1-1-0

31. There will be two Recreational Specialists who will provide therapeutic activities in all RTC living units. There will be two Psychiatric Social Workers to assist with reentry and discharge planning.

    There will be additional programs and services staff that will work with the medical and behavior health staff to provide necessary treatment and reentry services.

32. It is noted that the amount of time required to pass medications, increases the total amount of time that nursing and certified medication technician services are required. Therefore it is vital that the cost of pharmaceuticals included in the approved formulary be carefully weighed against the time that is required to pass the medications. For example, a onetime daily dose of medication may appear to be expensive, but if the less expensive brand requires three or four daily medication administrative passes by health care staff it may, in fact, be the more expensive medication.

33. It is also anticipated that by implementing an integrated electronic medical record (EMR) and electronic medication administration recording (eMAR) throughout the NDCS health care system, Medical, Mental Health and Pharmacy will increase staff efficiency and therefore be more cost effective.

34. While it is recognized that there will be an impact on pharmacy demand, aligning the pharmacy, nursing, providers, and pharmaceutical vendor through integrated technology will result in a shift in type of work required.

Central Office and Repurposed Spaces

35. Several positions may be required at central office or the vacated spaces at the existing LCC and DEC since these spaces will be repurposed. These positions are included in the overall staffing complement and were provided by NDCS staff.

Staffing Post/Coverage Plan

The staffing table that follows represents the preliminary staffing recommendations for the RTC and the RTC/LCC central functions. Unless otherwise noted, no staffing recommendations are provided for the existing LCC and DEC. The top portion of the table is comprised of columns representing different data as follows:

A. *Position* – a brief description of the assignment or physical location of a staff person.
B. *Day Shift* – the number of personnel required to cover the post during normal business hours. These staff will typically not work standard shift work although their hours may vary depending on the staffing needs.
C. *1st Shift* – the number of shift personnel required to cover the post during the day shift. .
D. *2nd Shift* – the number of personnel hours required to cover the post during the evening shift.
E. *3rd Shift* - the number of personnel hours required to cover the post during the night shift.
F. *Relief Needed* – Level of relief staffing necessary to fill 5 or 7 day posts, covering absences such as training or leave.
G. *Total number of staff required to operate the post*.
H. *FTE Total* – the total number of personnel rounded to staff the post given the relief requirements.
I. *Existing Staff* – the number of staff that currently exist to perform the function.
J. *Budget Request* – the number of staff requested for the current biennium.
K. *Pgm. Stmt Request* – the number of staff requested to meet the staffing requirements outlined in the program statement.
L. *2015 Starting Salary* – the base salary cost.
M. *Benefits* – the cost of benefits in addition to base salary.
N. *Total Personnel Services* – The total cost of staffing the post.

A total of 338 personnel are recommended to fully staff the new RTC components and the repurposed LCC spaces.

Table 12.2
Staffing Coverage Plan

Facility Staff	Shift / Posts		Additional Requested FTE

Position	Day	1st	2nd	3rd	Relief	FTE Total	Existing Staff	Budget Request	Pgm. Stmt. Request	2015 Starting Salary	Benefits	Total Personal Services
Corrections Warden	1				1	1	1		**0**	85,733	25,720	**0**
Corrections Assistant Warden II	1				1	1	1		**0**	60,447	18,134	**0**
Business Manager II (V09212)	1				1	1	1		**0**	42,567	12,770	**0**
Personnel Assistant (K17112)	1				1	1	1		**0**	29,407	8,822	**0**
Material / Mail Specialist	1				1	1	1		**0**	24,028	7,208	**0**
Staff Assistant I	1				1	1	0	0	**1**	30,318	9,095	**39,414**
Administrative Assistant I (K09121)	1				1	1	1		**0**	32,273	9,682	**0**
AA III (Litigation, ACA)	1				1	1	1		**0**	43,100	12,930	**0**
Training Instructor	1				1	1	0		**1**	33,041	9,912	**42,953**
Switchboard / Receptionist	1				1	1	0		**1**	22,271	6,681	**28,952**
Corr Records Manager II	1				1	1	1		**0**	41,303	12,391	**0**
Corr Records Officer	1				1	1	1		**0**	28,873	8,662	**0**
Office Clerk III	1				1	1	1		**0**	23,685	7,105	**0**
Staff Assistant I	1				1	1	1		**0**	30,318	9,095	**0**
Security Administrator - Major	1				1	1	1		**0**	52,302	15,691	**0**
Secretary II - Security	1				1	1	1		**0**	24,238	7,271	**0**
Corrections Captain	1				1	1	1		**0**	48,653	14,596	**0**
Corrections Lieutenant		1	1	1	1.9	6	6		**0**	45,255	13,577	**0**
Corrections Lieutenant - Administrative	1				1	1	0		**1**	45,255	13,577	**58,832**
Corrections Sergeant		1	1	1	1.9	6	6		**0**	37,659	11,298	**0**
Corrections Sergeant (Disc; Tool /Key /Armory)	3				1	3	3		**0**	37,659	11,298	**0**
Corrections Sergeant (Admissions)	1				1.9	2	1		**1**	37,659	11,298	**48,957**
Corrections Sergeant - Sally Port		1	1	1	1.9	6	0		**6**	37,659	11,298	**293,740**
Corrections Corporal - DEC Areas		13	13	3	1.9	55	55		**0**	33,884	10,165	**0**
Corrections Corporal - Intake / Property		2	2		1.9	8	3		**5**	33,884	10,165	**220,246**
Corrections Corporal - DEC Repurp. Space		1	1	1	1.9	6	0		**6**	33,884	10,165	**264,295**
Corrections Corporal - LCC Repurposed		1	1		1.9	4	0		**4**	33,884	10,165	**176,197**
Corrections Corporal - Disciplinary Coord.	1				1	1	0		**1**	33,884	10,165	**44,049**
Corrections Corporal - Sally Port		1	1	1	1.9	6	0		**6**	33,884	10,165	**264,295**
Corrections Corporal - Front Entrance	1				1.9	2	0		**2**	33,884	10,165	**88,098**
Corrections Corporal - Visitation	1	1	1		1.3	4	0		**4**	33,884	10,165	**176,197**
Corrections Corporal -		1	1	1	1.9	6	0		**6**	33,884	10,165	**264,295**

Facility Staff	Shift / Posts									Additional Requested FTE		
Position	Day	1st	2nd	3rd	Relief	FTE Total	Existing Staff	Budget Request	Pgm. Stmt. Request	2015 Starting Salary	Benefits	Total Personal Services
Perimeter (LCC)												
Corrections Corporal - Escort / Transport	4	4	4	2	1.9	27	5	4	**22**	33,884	10,165	**969,082**
Corrections Corporal - RTC Housing Units		6	6	6	1.9	34	0		**34**	33,884	10,165	**1,497,673**
Corrections Corporal - RTC SNF / Asst. Living		1	1	1	1.9	6	0		**6**	33,884	10,165	**264,295**
Corrections Corporal - RTC Escort (Internal)		2	2	2	1.9	11	0		**11**	33,884	10,165	**484,541**
Corrections Corporal - Medical Clinic	2		1		1.3	4	0		**4**	33,884	10,165	**176,197**
Corrections Corporal - Dining		2	2		1.9	8	0		**8**	33,884	10,165	**352,394**
Corrections Corporal - RTC Food Prep		1	1		1.9	4	0		**4**	33,884	10,165	**176,197**
Corrections Officer - DEC HU		5	5	5	1.9	29	29		**0**	31,518	9,455	**0**
Corrections Officer - Central Control	1				1.3	1	1		**0**	31,518	9,455	**0**
Corrections Officer - DEC Repurposed		1	1	1	1.9	6	2		**4**	31,518	9,455	**163,894**
Corrections Officer - Video Monitoring		1	1		1.9	4	0		**4**	31,518	9,455	**163,894**
Unit Administrator	1				1	1	1		**0**	45,255	13,577	**0**
Corrections D&E Case Manager	9				1	9	8		**1**	53,550	16,065	**69,615**
Corrections Unit Manager - RTC	1				1	1	0		**1**	42,101	12,630	**54,732**
Corrections Unit Case Manager		1	1		1	2	0		**2**	39,165	11,750	**101,829**
Corrections Unit Caseworker - RTC		5	5		1	10	0		**10**	35,495	10,649	**461,435**
Secretary II - Unit Staff; Case Mgmt	2				1	2	1		**1**	24,238	7,271	**31,509**
Facility Maintenance Supervisor	2				1	2	0		**2**	38,420	11,526	**99,891**
Facility Maintenance Spec	5				1	5	0		**5**	32,274	9,682	**209,781**
Plumber	1				1	1	0		**1**	33,041	9,912	**42,953**
Electrian	2				1	2	0		**2**	33,041	9,912	**85,906**
Stationary Engineer (Power Plant)	3				1	3	0		**3**	26,859	8,058	**104,750**
Electronics Technician / Senior	2				1	2	0		**2**	35,518	10,655	**92,347**
Corrections Corporal - Mnt. Detail	2				1	2	0		**2**	33,884	10,165	**88,098**
Emergency Prep Specialist	1				1	1	0		**1**	35,518	10,655	**46,173**
Safety Specialist (A82310)	1				1	1	0		**1**	38,183	11,455	**49,638**
Librarian / Corrections	1				1	1	1		**0**	35,518	10,655	**0**

Facility Staff	Shift / Posts									Additional Requested FTE		
Position	Day	1st	2nd	3rd	Relief	FTE Total	Existing Staff	Budget Request	Pgm. Stmt. Request	2015 Starting Salary	Benefits	Total Personal Services
Religious Coordinator	1				1	1	0.5		**0.5**	39,749	11,925	**25,837**
Recreation Specialist	2				1	2	1		**1**	33,036	9,911	**42,947**
Food Service Director II (LCC)	1				1	1	1		**0**	39,437	11,831	**0**
Food Service Manager (LCC)	2				1	2	2		**0**	34,122	10,237	**0**
Food Service Manager (LCC)		1	1		1.5	3	1		**2**	34,122	10,237	**88,717**
Food Service Specialist (LCC)		4	4		1.5	12	6		**6**	28,396	8,519	**221,489**
Staff Assistant II (Food Service; Mnt)	2				1	2	0		**2**	33,369	10,011	**86,759**
Warehouse Manager	1				1	1	0		**1**	38,420	11,526	**49,946**
Warehouse Technician	2				1	2	0		**2**	26,859	8,058	**69,833**
* Salaries are beginning FY15 rates	76	70	71	29		338	147.5	4	190.5			

** Existing DEC Staff (137) and LCC Food Service (10)

Total NRTC PSL Impact **8,382,872**

Program Staff												
Position	Day	1st	2nd	3rd	Relief	FTE Total	Existing Staff	Budget Request	Pgm. Stmt. Request	2015 Starting Salary	Benefits	Total Personal Services
Health Section Administrator	1				1	1	0		**1**	108,946	32,684	141,630
Physician	1				1	1	1		**0**	204,608	61,382	0
Physicians Assistant	3				1	3	2		**1**	90,000	27,000	117,000
Nursing Director	1				1	1	1		**0**	59,290	17,787	0
Nursing Associate Director	1				1	1	0		**1**	54,838	16,451	71,289
Nursing Supervisor	2				1	2	2		**0**	47,728	14,318	0
Registered Nurse - SC / Clinic / Intake	1	2	1		1.9	8	6		**2**	42,145	12,643	109,577
Registered Nurse - SNF/ Asst. Liv.		3	3	2	1.9	15	8	0	**7**	42,145	12,644	383,520
Registered Nurse - MH units		3	2	1	1.9	11	0		**11**	42,145	12,644	602,674
Licensed Practical Nurse - Clinic		2	1		1.9	6	6		**0**	31,566	9,470	0
Licensed Practical Nurse - RTC		1	1		1.9	4	0	0	**4**	31,566	9,470	164,144
Medical Records Clerk	2				1	2	1		**1**	21,620	6,486	28,106
Secretary II	3				1	3	2		**1**	24,238	7,271	31,509
Dentist	2				1	2	2		**0**	81,563	24,469	0
Dental Assistant	2				1	2	2		**0**	24,565	7,370	0
Medical Radiographer	1				1	1	1		**0**	35,518	10,655	0
Optometrist					1		0					
Optometric Aide	0.5				1	0.5	0.5		**0**	21,012	6,304	0
Chemo Certified Nurse	1				1	1	0		**1**	42,145	12,643	54,788
Hemodialysis	1				1	1	0		**1**	42,145	12,643	54,788
Medication Aide (Cert. Med Tech)		3	3		1.9	11	0		**11**	32,078	9,623	458,715

Program Staff Position	Day	1st	2nd	3rd	Relief	FTE Total	Existing Staff	Budget Request	Pgm. Stmt. Request	2015 Starting Salary	Benefits	Total Personal Services
Mental Health Practitioner II		14	5	0	1	19	3		**16**	41,047	12,314	853,778
MHP Supervisor	2				1	2	1		**1**	47,728	14,318	62,046
Psychologist	3				1	3	2		**1**	82,941	24,882	107,823
Psychiatrist	1				1	1	1		**0**	220,000	66,000	0
Psych NP	1				1	1	1		**0**	100,000	30,000	0
Clinical Program Manager	1				1	1	1		**0**	55,160	16,548	0
MHSS II		14	14	2	1.9	57	3		**54**	29,320	8,796	2,058,264
Physical Therapist	1				1	1	0		**1**	38,505	11,552	50,057
Chemical Dependency Counselor	2				1	2	0		**2**	41,047	12,314	106,722
Certified Master Social Worker	3				1	3	1		**2**	43,711	13,113	113,649
MHP II - LCC Repurposed Space	2				1	2	0		**2**	41,047	12,314	106,722
CDC - LCC Repurposed Space	2				1	2	0		**2**	41,047	12,314	106,722
NP - LCC Repurposed Space	1				1	1	0		**1**	83,882	25,165	109,047
Pharmacy Manager	1				1	1	1		**0**	66,527	19,958	0
Pharmacy Inventory Technician	1				1	1	1		**0**	27,849	8,355	0
Pharmacist	5				1	5	3		**2**	115,172	34,552	299,447
Pharmacy Technician	14				1	14	6	0	**8**	24,097	7,229	250,609
Training Specialist	1				1	1	0		**1**	38,188	11,456	49,644
Reentry Officer	1				1	1	0		**1**	35,495	10,649	46,144
Engineering - Project Coordinator	1				1	1	0		**1**	42,869	12,861	55,730
Personnel Assistant	1				1	1	0		**1**	29,407	8,822	38,229
Budget Officer I	1				1	1	0		**1**	35,083	10,525	45,608
Buyer II	1				1	1	0		**1**	42,819	12,846	55,665
Accounting Clerk I	1				1	1	0		**1**	23,587	7,076	30,663
It Infras Support Analyst	1				1	1	0		**1**	43,749	13,125	56,874
	70.5	42	30	5		200.5	58.5	0	142			
										Additional Program PSL Impact		**6,821,183**
	146.5	112	101	34		538.5	206	4	332.5	**Total PSL Impact**		**15,204,055**

6.3 IMPACT OF PROPOSED PROJECT ON EXISTING SPACE

6.3 Impact of Proposed Project on Existing Space

The master plan design is the culmination of several months of programming and operational studies on how to best manage the various processes and functions to be housed within the expanded complex growing from the existing DEC and LCC facilities. The design separates the 'front of house' activities from the secure functions of the DEC, LCC and new RTC functions. A new public front door will be situated between the existing DEC and LCC complexes and built over an existing utility and service tunnel connection between DEC and LCC. This will present an appropriate public façade for visitors and staff alike oriented in the same overall direction as the combined existing DEC and LCC front doors. Within the front addition are the public lobby, RTC administration, staff support and custody operations. These connect to the existing DEC, the new RTC housing, clinic, and central food services and LCC complexes by a new corridor spine at the back of the 'front of house' area.

The new central food service and clinic areas are strategically located between the existing DEC and LCC complexes with connections to both facilities for direct access by inmates and staff to these areas. Beyond this area to the south is the new central clinic and medical and mental health housing areas as well as the new intake and release facility for the overall complex.

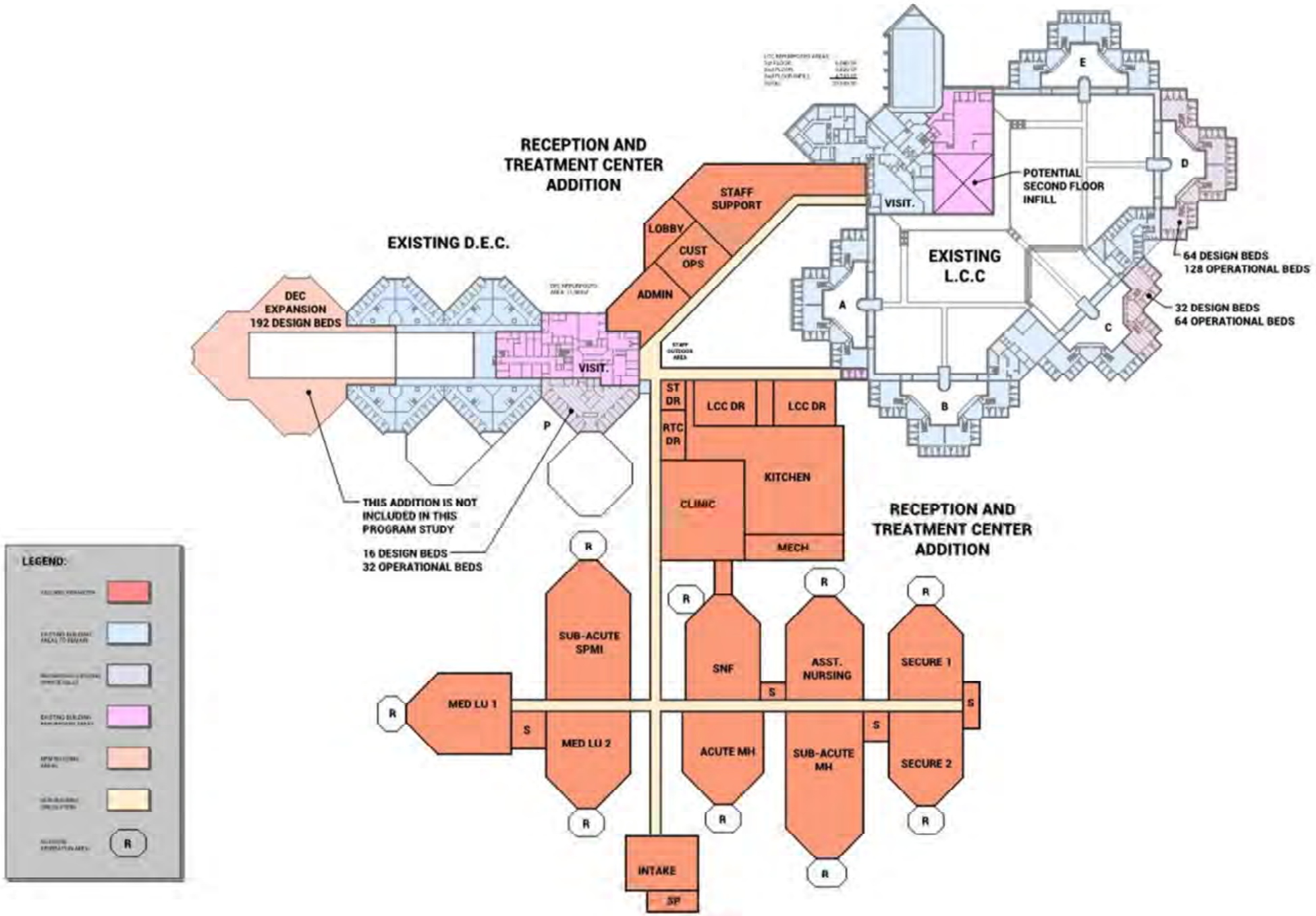
Within the expanded secure perimeter is a double vehicle sally port for ingress and egress of service vehicles as well as various law enforcement agencies from across the state who will bringing offenders to the RTC complex for admission into NDCS.

Beyond the secure perimeter are a new warehouse and maintenance building which will include bulk food storage and a new central pharmacy. Adjacent to this warehouse will be a new district energy plant facility that will serve both the RTC/LCC complex as well as the CCC-L complex just to the east. The warehouse, maintenance and food service building will serve the DEC, RTC and LCC complex. The location outside of the secure perimeter will facilitate various bulk shipping and receiving functions by non-corrections personnel. The central pharmacy will serve all NDCS facilities throughout Nebraska from this location.

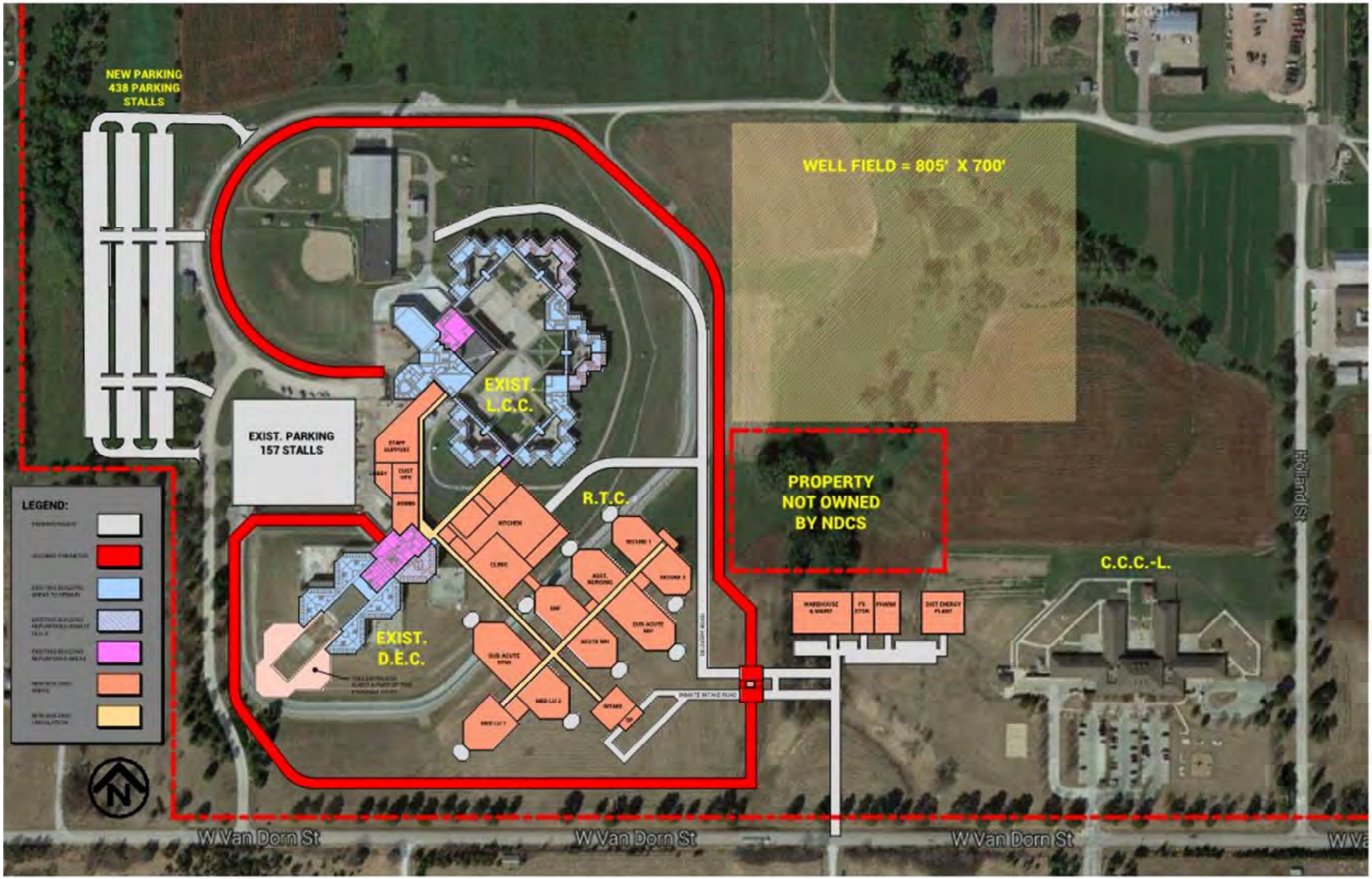
Diagrams

See the following diagrams for the plan diagram and site diagram.

6.3 Plan Diagram



6.3 Site Diagram



7.0 EQUIPMENT REQUIREMENTS

7.0 EQUIPMENT REQUIREMENTS

7.1 Existing Equipment for Reuse

Reception & Treatment Center
No existing equipment will be reused.

Food Service
None of the existing fixed food service equipment has been identified for reuse in the new kitchen facility. It is reasonable to consider the reuse of much of the small wares package (utensils, pots/pans, linens, etc.)

Pharmacy
All existing equipment will be reused.

7.2 New Equipment

Reception and Treatment Center
New Equipment and Furnishings are described in Chapter 6.1. See Chapter 12 Appendix, 'Opinion of Probable Cost', Furniture & Equipment for budget amounts for new Equipment.

Food Service
Level 1 food service equipment is included in the new RTC construction. This will provide for a kitchen that is fully functional with all required equipment. See Chapter 12 Appendix, 'Opinion of Probable Cost', Furniture & Equipment for budget amounts for additional Equipment. Estimated costs are provided for in the estimate for 1) Dining tables/seating, 2) Walk-in Cooler, Walk-in Freezer and storage shelving in the new Food Storage area within the new Central Warehouse.

Pharmacy
This building will have within it an area that is 'sterile with positive air pressure that has been filtered through HEPA air filters. Within this area new packaging equipment will be provided for. An allowance for new equipment is included in the construction budget. See Chapter 12 Appendix, 'Opinion of Probable Cost', Furniture & Equipment for budget amounts for additional Equipment.

7.3 Furnishings

Furnishings will be accounted as an 'allowance' in the FFE estimate. See Chapter 12 Appendix, 'Opinion of Probable Cost', Furniture & Equipment for budget amounts for additional Equipment. No furnishings are proposed for any repurposed areas of DEC and LCC.

8.0 SPECIAL DESIGN CONSIDERATIONS

8.0 SPECIAL DESIGN CONSIDERATIONS

8.1 Construction Classification

The new construction will be designed per the IBC (International Building Code), likely be categorized as Building Type 'I3" for the higher security portions of the facility; and for less stringent areas (clinic areas, office areas and other lighter uses), lighter IBC classifications will be utilized. This project, when completed will have a complete Fire Suppression System allowing larger areas without fire separations. With the many connected uses/areas of the whole facility, many 'area separations' will be required. NFPA (National Fire Protection Association) codes will provide State 'life-safety' requirements. Final planning for the 'Repurposed areas' of the existing LCC and the DEC will require analysis of separations as per the new plan requirements, again as per IBC/NFPA requirements.

8.2 Heating, Cooling, Electrical and Special Systems

Lincoln Reception and Treatment Center New Mechanical Systems

Overview - The mechanical systems serving the Diagnostics and Evaluation Center (DEC) and Reception and Treatment Center (RTC), the admin addition proposed at the NDCS South Campus shall be designed to provide adequate comfort levels and reliability. Additionally, a new central plant to serve the Lincoln Correctional Center (LCC), the DEC, the RTC facility, and a future addition to DEC is programmed to be a part of this same project. A new dining facility and cooking kitchen will be provided as part of this project. These will be served by the central plant and have their own MEP systems. The old dining and kitchen areas of the LCC Building would have the MEP services and system removed from those existing spaces. These kitchen and dining areas in LCC will be repurposed. The repurposing of these LCC spaces and the associated MEP costs are not part of this program statement's scope. Thus, no cost is included for the old LCC kitchen and dining areas. See Section 5.2 for estimated MEP cost for repurposed existing spaces in LCC and DEC.

Design Criteria - The design of the mechanical, plumbing, and fire protection systems shall conform to the following codes:

- 2009 International Plumbing Code
- 2009 International Mechanical Code
- NFPA-13
- NFPA-101
- 2009 International Energy Conservation Code (IECC)
- 2009 International Fuel Gas Code
- Applicable State and Local Codes

The design of the mechanical systems shall conform to the following standards:

- American Society of Heating, Refrigeration, and Air Conditioning Engineers (ASHRAE)
- National Fire Protection Association (NFPA)
- American National Standards Institute (ANSI)

- American Society of Mechanical Engineers (ASME)
- Sheet Metal and Air Conditioning Contractors National Association (SMACNA)

Outside Design Conditions

Summer 95°F db, 72°F wb
Winter -20°F, db

Indoor Design Conditions

Summer 75°F, 50% RH
Winter 70°F, 20% RH[1]

Outside Air Requirements

Outside air will be provided in the form of makeup air through the use of energy recovery units (ERUs). Outdoor air quantities will be provided to equal those with the greatest demand as dictated by ASHRAE Standard 62 or the current Correctional Facility Standard requirement.

Utilities - The DEC mechanical utilities will continue to stay in service and serve the expanded DEC and RTC facilities unless the additions to the building disturb them. Domestic water is provided to the DEC via a service line extension from the LCC. The 4" domestic service line comes through the pedestrian tunnel from LCC to DEC. Metering occurs in a pit north of South Street where the meter serves the whole NDCS campus. Backflow prevention is provided at the service entrance inside LCC and shall remain in service. This domestic water service line is in good condition, has good pressure, and should provide adequate domestic water for the RTC facility addition. It is recommended that a new sub-meter, which is building automation system-compatible, be provided on this 4" service to DEC/RTC. This will allow better monitoring of water usage.

The existing cast iron sanitary sewers shall remain in service unless disturbed by building additions. It is anticipated that additional sanitary sewer utilities will leave the new RTC facility and connect to campus systems. It is anticipated that the future bed expansion to DEC will have additional sanitary sewer connections.

New cast iron storm sewer utilities will need to be provided for the RTC facility. Existing storm sewers serving the DEC will remain in service unless disturbed by new construction.

A new gas service entrance will be provided to the new kitchen facilities serving the RTC, the existing DEC, and the LCC. Cooking appliances will utilize natural gas as well as the makeup air units serving the kitchen hoods. This new gas service shall be coordinated with the utility provider and will enter the building near the kitchen. Gas will also be the fuel source for RTC facility domestic water heaters.

Heating water and cooling water will be provided from the proposed new central plant serving the Mental Health Hospital, the expanded DEC facility, and the existing LCC. At this time, it is recommended that the heating and cooling water will be provided in direct

[1] No humidification is anticipated

buried, HDPE piping from the central plant to the served facilities. Expansion loops shall be provided in both the heating and chilled water to account for thermal expansion.

Mechanical Systems Recommendations

Reception and Treatment Center (RTC) Facility

Heating and Ventilation Air Conditioning Systems

Central Equipment - The heating and cooling of the RTC facility will utilize heating hot water and chilled water provided by a new central plant remote from the RTC facility. Thus, there will be no heating and cooling central equipment housed within the RTC facility with the exception of building level circulation pumps for both the chilled and heating water systems. Redundant centrifugal pumps shall be located within the RTC facility mechanical room to circulate within the RTC facility. The building shall have a chilled water control valve in the return line to control chilled water temperature differential between the supply and return for this building. This strategy will ensure a good temperature difference back to the central plant's chiller. All hydronic distribution pumps will be served by a variable frequency controller to allow for variable flow within the building. Heating and cooling coils shall generally use 2-way valves to allow variable flow pumping and the resulting pump energy savings.

Air Handling System - The RTC facility will be provided with multiple VAV air handling units to serve the various zones of the spaces. Staff and administrative areas will be separate from patient/inmate rooms. Supply and return fans of the air handling units will be controlled by variable frequency controllers to allow energy savings to be realized through the variable volume supply air strategy. Fan-powered boxes will be utilized for each room/zone identified as the patient rooms, offices, administration spaces, and common areas. Fan-powered boxes will allow for constant air movement throughout the room/zone, and to allow the primary air to be minimized when load conditions permit. Air handling units will be provided with an enthalpy based economizer cycle to permit cooling with outside air during times of the year when conditions are suitable. The air handling system will be provided with conditioned outdoor air from the energy recovery units (ERUs) that are part of the RTC facility HVAC systems. Outdoor air will be introduced to the return side of the air handling systems. For assembly type spaces, the ERUs will deliver outdoor air directly to those spaces to not cause all air handling systems to be required to provide the same high percentages of outdoor air that assembly occupancies dictate. Humidification will be provided at the RTC facility. Negative air pressure rooms will be provided at the RTC facility where rooms will serve as tuberculosis (TB) and special needs rooms.

Energy Recovery Unit (ERU) - The ERU will utilize chilled and heating water to condition the 100% outdoor air as needed after the energy recovery wheel has done its preconditioning. Exhaust air will be ducted from all occupied spaces in proportion to the outdoor air ventilation required for these spaces. This exhaust air will have its own fan and flow through a desiccant energy transfer wheel for preconditioning in both the heating and cooling modes of the incoming outdoor air. The outdoor air will be further conditioned by chilled water and heating water coils to make it "neutral" to the conditioned air of the air handling units serving the occupied spaces. In general, the neutral air shall target the setpoint air of the heating and cooling modes. At this time, it is anticipated that humidification of patient and care area's air systems will be utilized in the RTC facility. A small RO water skid with larger storage tank shall provide source water to duct dispersion tubes. The ERUs should be provided with bypass duct passes with dampers to allow for use of free cooling when conditions permit.

Duct Systems - The duct systems serving the RTC facility will be low pressure sheet metal with external wrapped insulation. The supply air and outdoor air will be fully insulated with a vapor barrier to prevent any condensation. The design process will determine whether insulation of the return air or exhaust air is appropriate for this building. It is anticipated that the return air will be a fully ducted system, except perhaps from any large commons areas or assembly spaces.

Room Distribution - Rooms within the RTC facility will generally be provided with fan-powered boxes. These fan-powered boxes will consist of a fan to provide constant air circulation in the space, and a heating coil connected to the hot water heating system. Air will be distributed into the space by means of sheet metal ductwork and ceiling diffusers to provide draft-free distribution. Ducted return air using ceiling or wall return grilles will be incorporated into the project. Highly humid areas shall use aluminum ductwork and grilles for corrosion resistance.

Exhaust Systems - All toilets, shower, and soiled linen areas will be provided with dedicated exhaust systems that will typically run continuously. These areas will be under a negative pressure so that the exhaust air exceeds any transfer or supply air coming into the spaces. A separate occupied room exhaust air duct system will be incorporated as part of the energy recovery unit described above.

Plumbing, Sanitary Waste, and Vent Systems - Sanitary waste and vent system piping will be service weight cast iron with gasketed joints underground and service weight cast iron with no hub joints and fittings above ground.

Domestic Water Systems - Domestic water piping shall be Type K copper with wrought copper fittings and non-lead solder. Underground piping shall be Type K copper with no joints below ground. All domestic water piping will be insulated with fiberglass insulation and a vapor barrier jacket.

The RTC facility will be served domestic hot water from new gas-fired, high-efficiency water heaters and distributed throughout the building. The hot water recirculation system, including circulating pumps, will be provided to insure hot water is available to all fixtures. The hot water recirculation pump will be connected to the building automation system. All water for the domestic hot water system will be softened.

Plumbing Fixtures - Plumbing fixtures shall be commercial grade and shall be designed to meet the Americans with Disabilities Act where required.

1. Water closets will be penal type stainless steel structures with the push button flush valve accessible in utility corridors. Concealed carriers will be utilized. Water closets in staff and non-inmate areas will be wall-hung, elongated bowl, flush valve type with solid plastic seats.
2. Urinals located in staff areas will be provided. Urinals will be wall-hung wash out type with flush valve.
3. Lavatories will be in inmate areas will be penal type stainless steel units with a push button metering faucet. Concealed carriers will be used on the lavatories. Lavatories in staff areas not used by inmates will be wall-hung lavatories with single lever faucets and concealed carriers will be utilized.
4. Janitor's sinks will be floor set terrazzo with stainless steel caps and wall-hung faucets with a brace.
5. Showers will be provided to have non-scald pressure regulating type faucets. A floor drain will be provided with each shower. ADA showers shall be provided at all designated locations and quantities.

6. Floor drains will be a cast iron body with nickel bronze grates for finished areas, and cast iron grates for equipment and maintenance areas.

Fire Protection - The fire service entrance will enter the building into the designated mechanical room. The main flow switch will indicate flow the fire alarm system. The system is anticipated to be a traditional wet sprinkler system. Fire suppression heads will be provided to cover all areas of the RTC facility. Each different zone connection to the system will be provided with a flow switch and an OS&Y monitoring valve. A fire department siamese connection will be provided at a location to be determined later when consulting with the fire department. In all areas subject to even temporary occupancy by patients and inmates, penal type sprinkler heads shall be utilized to prevent self-injury. Fire sprinkler heads in all other areas will be determined in consultation with the NDCS.

Building Automation System (Temperature Controls) - The facility will be controlled by an electronic microprocessor based direct digital control system, which will be the primary control for all heating, ventilation, and air conditioning systems and equipment. All equipment will have schedules and setpoint modifications readily accomplished through master onsite terminal and offsite by means of Internet connection and access protocol. Each zone or space will have individual control and will be addressable from the operator station. Alarms will be set up, as well as trend logging and reporting.

Air handlers will be provided with enthalpy based economizer controls to allow cooling with outside air during mild weather.

Central Plant

Three different central plant configurations were examined for purposes of this program statement:

- Option 1 consists of a traditional central plant with gas-fired hot water boilers and multiple chillers and cooling towers.

- Option 2 involves a geothermal well-field constructed of 600′ deep closed circuit geothermal wells manifold together to serve the heating and cooling load of the campus. The well field loop is used as condenser water to add or remove heat from building zones. The heating load is dominant compared to the cooling load for the load served by geothermal well-field. Thus, a gas-fired boiler sized for 25% of the heating load is anticipated to keep the well-field balanced for both heating and cooling. Option 2 includes water-to-air heat pumps connected to the well field condenser loop to serve all the various spaces, including water-to-air heat pumps integrated into energy recovery units conditioning outdoor air.

- Option 3 utilizes a similar geothermal well-field as Option 2 with supplemental boiler, but provides heat recovery chiller (HRC) located in the central plant to generate all the heating water and the chilled water used by the served building AHUs and ERUs.

  This program statement recommends that the new central plant be located on the NDCS campus, but outside of the security fence.

The designated load to be served by this proposed new central plant includes the new construction and remodeling per the following:

A 327-bed RTC facility, approximately 192,640 GSF, including the administrative addition over the existing LCC-DEC connector tunnel.

1. Food warehouse 22,500 GSF
2. The existing 88,000 GSF DEC building.
3. The existing 151,500 GSF LCC building.
4. The proposed new sally port into the secure areas of the complex.
5. Domestic water loads for the buildings included in this list.
6. Proposed 192-bed future housing unit addition to the DEC facility.

The above listed loads for facilities served by this new central plant represent approximately 1,500 tons of cooling required for this central plant. It is proposed that in any configuration enough cooling and heating equipment be provided that if the largest single generator of hot water or chilled water is lost, the central plant can still meet the designed day heating load or cooling load (called N+1 firm capacity). The central plant shall have redundant heating water and chilled water pumps, and be designed with primary and secondary pumping. Secondary pumping shall be variable flow. Similarly, cooling tower capacity provided with Option 1 shall have matching N+1 firm capacity. The programmed heating load for this central plant is estimated to be 13,895 MBH output. The heating hot water temperature ranges will be aligned to match up with the central plant system selected and the coils located in the air handling equipment.

A possible central plant option to consider is a third-party built and operated plant. This plant could sell chilled and heating water to NDCS to serve all of the above identified loads. The Lincoln Electric System (LES), has been engaged in initial discussions regarding forming a non-profit operating plant, similar to the District Energy Corp. (DEC) plant that serves the State Capitol and other state buildings. LES and the District Energy Corporation indicate a high interest in such a proposal. This idea merits further study.

Special Requirements - The ability for major additions to serve the other institutes on this land parcel, more specifically, the Central Energy Plant (CEP) will provide hot and chilled water (for heating and cooling), domestic water, and emergency power for the new DEC and RTC facility, DEC expansion, and the existing LCC and DEC facilities. The CEP could also be expanded in the future to provide heating, cooling, domestic hot water, and emergency power to the existing CCCL building and the expanded CCCL campus. A Central Energy Plant would reduce staffing and maintenance costs and improve efficiencies.

NDCS is currently working with Lincoln's District Energy Corporation on the feasibility of constructing and operating the Central Energy Plant.

The cost of the CEP for the DEC RTC facility, DEC expansion, and existing DEC and LCC building only is included in the scope of this program statement. In the event that Lincoln's District Energy Corporation decides to construct and operate the CEP, this program statement will need to be amended accordingly.

Life Cycle Cost Analysis - A life cycle cost analysis was performed using Trane Trace software. Three central plant options were analyzed. The life cycle cost analysis takes into account the cost of each system option, the first cost associated with each, a 30-year analysis period including replacement costs for equipment deemed to be replaced after year 25, maintenance costs, and utility costs.

Utility costs used for the analysis include $ .09 per KWH for electricity and $.70 per therm for the gas utility. Where lower rates exist for electrical power associated with heat pump systems, the analysis includes the lower electrical costs for power.

Description of Central Plant Options - The life cycle cost analysis compared three systems ranging from traditional chillers, towers and boilers to geothermal heat pumps and heat recover chillers.

- Option 1 includes a central plant comprised of water cooled chillers, cooling towers, gas-fired hot water boilers, and water circulation pumps.
- Option 2 includes a central plant comprised of a geothermal well field coupled with water-to-air heat pumps, loop water circulation pumps. Option 2 also includes a gas-fired hot water boiler and hot water circulation pumps to supplement the geothermal well field.
- Option 3 includes a central plant comprised of a geothermal well field, heat recovery chillers for production of cooling and heating water, and loop, chilled and heating hot water circulation pumps. Option 3 also includes a gas-fired, hot water boiler to supplement the geothermal well field.

Central Plant and New Building Construction Costs

Under Option 1, the cost for the new proposed central plant, warehouse/pharmacy, the new DEC RTC facility, and completion of fire sprinkling of DCEC and LCC were estimated to be $18,666,235. Of this total, it is estimated that a cost of $786,000 is included to expand fire protection to unprotected areas of the LCC and DEC buildings.

Under Option 2, the cost for the new proposed central plant, warehouse/pharmacy, the new DEC RTC facility, and completion of fire sprinkling of DEC and LCC were estimated to be $21,941,891. Again, the figure of $786,000 is included to cover the cost for the fire protection expansion in the LCC and DEC.

Under Option 3, the cost for the new proposed central plant, warehouse/pharmacy, the new DEC RTC facility, and completion of fire sprinkling of DCEC and LCC were estimated to be $22,903,505. Again, the figure of $786,000 is included to cover the cost for the fire protection expansion in the LCC and DEC.

Results of Life Cycle Cost Analysis - Each of three central plant system options analyzed included the estimated costs of the central plant, estimated costs for new building construction and the estimated cost to extend the existing fire protection system to the existing DEC and LCC building areas currently not sprinkled. The square footage of the proposed new central plant of 10,000 SF and the proposed DEC RTC facility addition of 192,640 SF, were included in the analysis.

The result of the analysis is as follows:

- Option 1 (Water Cooled Chillers and Gas-Fired Boilers)

While Option 1 was not the most efficient to operate, the overall life cycle cost analysis showed that this option was the least costly over the analysis period. This is primarily due to the difference in first cost when compared to the more costly geothermal systems.

- Option 2 (Geothermal Well Field with Water-to-air Heat Pumps)

Option 2 has a higher first cost when compared to Option 1 and Option 3 but has a lower operating cost than Option 1. It has a life cycle payback period of 16.7 years when compared to Option 1.

- Option 3 (Geothermal Well Field utilizing Heat Recovery Chillers)

Option 3 has a higher first cost when compared to Options 1 and 2 and has a slightly higher operational cost when compared Option 2 but a lower operating cost than Option 1. It has a life cycle payback period of 24.3 years when compared to Option 1.

Central Plant Recommendation

Option 3 (Geothermal Well Field utilizing Heat Recovery Chillers) is the recommended central plant system of this Program Statement. The life of the well field is forecasted to last several generations. The anticipated ever-increasing cost of energy will drive down the payback of this system and provide the most energy efficient central plant option. The maintenance of Option 3 will be considerably less than the maintenance of Option 2 with water-to-air heat pumps.

DEC - Mechanical Upgrades to Existing Systems

The existing DEC facility is approximately 35 years old and the mechanical equipment is original to its 1979 construction. It is estimated that the existing chilled water and heating water piping distribution systems have significant useful life remaining in them. Thus, no replacement of heating and chilled water piping is needed at this time. The HVAC equipment is fully past its useful life. Therefore, it is recommended the following equipment shall be replaced:

7. Air handlers
8. VariTrane VAV boxes
9. All thermostats and controls are to be replaced. New controls will be an extension of the new building automation system (BAS), provided as part of Residential Treatment Community (RTC) facility and central plant mechanical systems.
10. All dampers, control valves, and actuators
11. Any remaining galvanized domestic water piping
12. Completion of fire protection systems in areas no currently covered.

Generally speaking, it is believed that the plumbing fixtures can be reused. It is recommended that all individual plumbing fixtures be reviewed during this project's design phase and designated fixtures be replaced.

In the summer of 2014, a new domestic water heater was installed for the DEC facility.

LCC - Mechanical Upgrades to Existing Systems

Additional work involving upgrading of the air handing systems including removal and replacement of air handling units, air terminal units, heating and cooling water circulating pumps, and control valves at the LCC. Piping and duct systems would not be upgraded as it is felt that the systems are in satisfactory condition and can continue to serve the building. It is recommended the following equipment shall be replaced:

13. Air handlers
14. VariTrane VAV boxes
15. All thermostats and controls are to be replaced. New controls will be an extension of the new building automation system (BAS), provided as part of

Residential Treatment Community (RTC) facility and central plant mechanical systems.

16. All dampers, control valves, and actuators
17. Any remaining galvanized domestic water piping
18. The two existing cooling towers will need to be relocated to allow for the building additions. This needed relocation assumes the proposed new central plant will not yet be operational before the towers need to be moved.
19. Completion of fire protection systems in areas no currently covered.

Repurposed Areas: DEC Additional Work

At the DEC facility, there are areas currently occupied by medical and office spaces and the existing chiller room. These spaces would require renovation of the existing plumbing, HVAC, and fire protection systems to repurpose the areas.

Repurposed Areas: LCC Additional Work

At the LCC facility, the plumbing, HVAC, and fire protection systems serving the kitchen and dining areas would require renovation to repurpose the spaces. It has been identified that the temperature control system serving the LCC is in need of replacement.

The costs to provide the mechanical renovation work to repurpose the areas of LCC and DEC facilities are included in the cost estimate section.

Reception and Treatment Center- New Electrical Systems

Overview - The electrical systems for the new additions at the Reception and Treatment Center (RTC) will be designed to provide adequate normal power, emergency power, lighting, nurse call, paging, and communication pathway systems for the occupancy and use of the facility.

Design Criteria - The design of the electrical systems will conform to the currently adopted editions of the following codes:

20. National Electrical Code (NEC)
21. Life Safety NFPA-101
22. State and Local Codes

Basic Electrical Materials - Raceway systems will generally consist of metal boxes interconnected with electrical metallic tubing (EMT). Fittings shall be set screw or compression type. Poly-vinyl chloride (PVC) 40 will be used for underground installations. Rigid galvanized steel (RGS) conduit or intermediate metal conduit (IMC) will be used for exposed exterior work where subject to damage. The minimum conduit size for power wiring will be 3/4 inch. The minimum conduit size for communication raceways will be 1 inch. Liquid type flexible conduit shall be used for connections to motors.

Conductors will be copper. Conductors shall be No. 12 AWG minimum size. Insulation will be THWN or XHHW rated for 90°C; however, design will be based on 75°C ratings. Four-wire feeders, where neutral is considered a current-carrying conductor, will have an additional 80% derating. A maximum of nine (9) current-carrying conductors, using code-designated derating factors, will be installed in any raceway. All conductors, including neutrals and grounding conductors, will be color-coded. Conductors shall be solid except conductor's No. 10 and larger shall be stranded.

Wiring devices will be specification-grade, 20 amp minimum, and color as selected. Device plates will be institutional grade stainless-steel. Back-to-back installation of devices will not be allowed.

Electrical Service - The Reception and Treatment Center (RTC) will be provided with electrical service from the Lincoln Electric System (LES) utility company. A State of Nebraska supplied new medium voltage outdoor fusible metal enclosed switchgear and new outdoor current transformer/metering will be located on grade near the existing medium voltage pad mounted switch and existing pad mounted transformer which is located to the west of the LCC Building. Two State of Nebraska supplied pad mounted transformers will be supplied. One transformer will serve the new Central Utility Plant, the other transformer will sever the new Diagnostic and Evaluation Center (DEC) additions. Secondary service voltage for each transformer will be 480Y/277-volt three-phase, four-wire.

The existing current transformer cabinet, metering, and wiring will be removed. The existing State of Nebraska owned medium voltage pad mounted switch will be connected to the new outdoor medium voltage switchgear. The existing pad mounted switch feeds two State of Nebraska owned pad mounted transformers. One pad mounted transformer serves the LCC Building and the other pad mounted transformer serves the DEC building. The existing pad-mount transformer serving the DEC Building is near the footprint of the new addition. The existing pad mount transformer will need to be relocated to a new location. The existing concrete transformer pad, medium voltage underground primary electrical, and underground secondary electrical will need to be removed. A new concrete pad, underground primary electrical and underground secondary electrical, will need to be provided to the relocated pad mounted transformer.

The secondary electrical service conductors will run underground from the two new State of Nebraska owned pad mounted transformers to the new main distribution switchboards in the new central Utility Plant and the new Diagnostic and Evaluation Center (DEC) addition. The new warehouse building will be served from the electrical service in the Central Utility Plant.

The main switchboards will have insulated-case main breakers with full-feature electronic trip and ground fault protection. A microprocessor-based Owner metering package will be provided for kWH, kW, kVAR, ampere, and voltage readouts.

Switchboard bussing will be copper braced for 75,000 AIC. A fully rated horizontal bus will be provided for all sections. Branch overcurrent devices will be molded-case circuit breakers. All components will be fully rated for the available AIC.

Emergency Power - Emergency power will be supplied to the new Central Utility Plant and the Diagnostic and Evaluation Center (DEC) additions each by a diesel-fueled engine generator located in a generator room or outdoors. The engine generators will be complete with double-wall, in-base fuel tank, radiator, silencer and walk around weatherproof enclosure if located outside. Fuel storage will be approximately 1-1 ½ gallons per kW but not larger than 1200 gallons per installation.

The Central Utility Plant will have National Electrical Code Article 701 required emergency loads including exit lighting, egress lighting, fire alarm system, communication systems, and security systems will be served from a dedicated life safety branch of the emergency power system. This life safety branch will include a dedicated automatic transfer switch and the necessary distribution equipment.

The remainder of the building including all mechanical equipment will be connected to an optional standby emergency branch system per National Electrical Code Article 702. This optional standby branch will include a dedicated automatic transfer switch and the necessary distribution equipment.

The Diagnostic and Evaluation Center (DEC) RTC addition will be classified as a health care occupancy. The emergency power system will need to comply with National Electrical Code Article 517 health care facilities.

The DEC RTC addition will be served by an emergency power system with four branches. The four branches are: Life safety, critical, equipment, and optional standby loads.

The life safety branch shall include loads such as exit lighting, egress lighting, fire alarm system, communication system and security system per National Electrical Code Article 517.32 life safety branch.

The critical branch shall include nursing type lighting, receptacles, and equipment loads per National Electrical Code Article 517.33 critical branch.
Equipment as specified in National Electrical Code Article 517.34 equipment branch connection to alternate power source will be connected to the equipment branch.

All other remaining loads will be connected to the optional standby branch per National Electrical Code Article 702.

Grounding - The electrical power distribution systems serving the Central Utility Plant and DEC RTC addition will be provided with “single-point ground systems.” The ground bus at each of the main service equipment serving the Central Utility Plant and DEC RTC addition will be connected to the water service, a concrete-encased electrode, a ground rod, and building steel.

All dry type transformers will have the neutral of the derived system bonded to building steel, the nearest metal water pipe, and the transformer case. An insulated ground conductor will run back to the supply equipment in same raceway as the phase conductors.

An insulated equipment grounding conductor will be installed with feeders and branch circuits. Metal raceways, boxes, equipment, receptacles, and light fixtures will be bonded to the equipment grounding system.

Power Distribution - Distribution panelboards or switchboards will be provided to serve mechanical equipment and other concentrated loads. Lighting panelboards will be provided as required to serve other building loads. HVAC equipment, elevators, will be supplied with 480-volt, three-phase power. 277-volt circuits will be used for fluorescent lighting or LED lighting.

Distribution panels and switchboards will be circuit breaker-type. Molded-case breakers will be used. Components will be fully rated to provide the required AIC. Bussing will be aluminum or copper.

Lighting panels will be commercial-type with bolt-on circuit breakers. Bussing will be aluminum or copper. Components will be fully rated to provide the required available fault current rating. Each panel will have a hinged door with a master keyed flush tumbler

latch. Half-size breakers and load centers will not be used. Lighting panel overcurrent protection will be limited to 400-amp.

Dry type transformers will be provided to convert 480-volt power to 208Y/120 volts for receptacle, and equipment needs. Dry type transformers will be high efficiency dry-type rated for 150°C rise. Windings will be copper or aluminum. Dry type transformers rated 45 kVA or smaller may be wall or floor mounted. Transformers rated 75 kVA or greater will be floor mounted. Dry type transformers will be located to keep maximum feeder length from the transformer to the 120-volt panels from exceeding 200 feet in order to keep the neutral to ground voltage differential at work stations within acceptable limits.

Disconnect switches will be heavy-duty type. Exterior switches will be rain-tight. Disconnect switches for packaged HVAC equipment will be fusible.

HVAC equipment will be controlled by individual motor starters or variable frequency controllers. Each magnetic motor starter will include a hand-off-auto (H-O-A) switch, auxiliary contacts, a control power transformer, and a motor running pilot light. Loose starter will be combination-type with a motor circuit protector.

Surge suppressors devices will be provided at each of the main service entrances and at selected panels serving life safety branch panels and sensitive equipment.

Wiring Methods - Service entrance conductors serving the Central Utility Plant, DEC, RTC addition, and new service entrance conductors to the existing DEC Building run underground and will be enclosed in PVC 40 raceways. Service entrance feeders will be concrete encased between the pad mounted transformers and the switchboards. Service raceways that run through building spaces will be concrete encased.

Feeders will consist of conductors installed in raceways. Conduit fill will not exceed 40% based on the dimensions of THW conductors (even though thinner diameter conductors are installed) to allow space for possible future addition of conductors or installation of larger conductors in a given raceway.

Branch circuit conduits and feeder conduits will be concealed in finished areas and may be exposed in unfinished areas, mechanical rooms, and electrical rooms.

Cable trays will be provided for installation of communications cables.

Lighting - General lighting for offices, meeting rooms, training rooms, classrooms, corridors, and general purpose occupancies will consist of recessed LED fixtures.

General lighting for secure sleeping areas occupancies will consist of LED institutional grade fixtures.

General lighting for secure day room occupancies will consist of LED institutional grade fixtures.

Downlights for general purpose use will be LED with a low brightness alzak lens. Equipment room lights will be 4-foot LED industrial fixtures. In congested areas, fixtures will be chain hung.

Exit lights will be LED type. Egress lighting will be provided by selected fixtures connected to the emergency generator system.

Exterior lighting will consist of LED fixtures. A combination of recessed fixtures in building canopies, wall-mounted fixtures, and pole-mounted luminaires will be used. The existing security lighting poles along the section of security fence to be demolished will be removed. New security lighting poles will be added along the new section of security fence. The new parking lot area will be provided with pole mounted luminaires. Illumination levels will meet IES standards for walkways, roadways, and parking areas.

Multi-pole contactors will be provided for remote switching of large rooms or areas and for exterior lighting.

Fire Alarm - The Reception and Treatment Center (RTC) will be provided with a new intelligent microprocessor-based, addressable fire alarm system complete with addressable control relays. The existing fire alarm system will be removed in the LCC Building and DEC Building. The new system will be interfaced with an integrated security system. The system will have sensitivity monitoring and adjustment of all smoke detectors.

Addressable manual stations will be provided at each exit from the building and no more than 200 feet from any part of the building. Smoke detectors will be provided for elevator capture, HVAC system control, sleeping areas, paths of egress, and other areas required by code.

Audible/visual evacuation signals will be visible in the evacuation path. Signals will be located no more than 10 feet from exit doors and no more than 100 feet on center in corridors. Signals will also be installed in toilets, common use areas, and rooms larger than 2000 square feet. An additional signal will be located on the exterior of the building. Audible evacuation signals will be speakers with a pre-recorded voice evacuation message provided by the fire alarm system amplifier. Visual signals will be strobes meeting ADA requirements. Signals will be combined audible/visual assemblies, unless otherwise indicated.

HVAC systems will be provided with duct detectors as required by code. Relays will be provided to shut down each air handling unit in response to an alarm generated by its associated detector. Smoke dampers will be wired to dedicated 120-volt circuits from emergency panels. Circuits will be controlled by the fire alarm panel so dampers close upon smoke detection at the serving air handling unit or in the space served.

Fire sprinkler systems will be monitored for flow and valve position. New fire sprinkler systems in the DEC and LCC will be monitored. The fire pump controller will be monitored for power availability, pump run status, and trouble conditions.

Remote annunciator panels with microphones will be located at the security control desks. Another remote annunciator panel will be located in the existing building to the northwest of the LCC Building.

All fire alarm wiring will be installed in raceways.

Repurposed Areas: DEC Additional Work
At the DEC facility, there are areas currently occupied by medical and office spaces and the existing chiller room. These spaces would require renovation of the existing electrical and fire alarm systems to repurpose the areas.
Repurposed Areas: LCC Additional Work

At the LCC facility, the electrical and fire alarm systems serving the kitchen and dining areas would require renovation to repurpose the spaces.

The costs to provide the electrical renovation work to repurpose the areas of LCC and DEC facilities are included in the cost estimate section.

Lincoln Reception and Treatment Center New Special Systems

Overview - The project scope includes all cabling infrastructure and build-out of dedicated spaces for the communications equipment, cabling, and all associated infrastructure. The purpose of this infrastructure design is to provide comprehensive, coordinated, and converged system which shall support all aspects of voice/data, life safety, and security, as well as audiovisual transmission throughout the building while maintaining the flexibility to expand and accommodate future system additions.

Design Criteria - All telecommunications infrastructure and spaces are to be designed and constructed per The State of Nebraska and Department of Corrections Standards and recognized industry standards and best practices. As a minimum, all systems shall comply with NFPA, TIA, ANSI, and BICSI standards and particularly the following:

1. ANSI/TIA-568-B.1 Commercial Building Telecommunications Cabling Standard Part 1 General Requirements.
2. ANSI/TIA-568-B.2 Commercial Building Telecommunications Cabling Standard Part 2 Balanced Twisted-Pair Cabling Components.
3. ANSI/TIA-568-B.3 Optical Fiber Cabling Components Standard.
4. ANSI/TIA 569-A Commercial Building Standard for Telecommunications Pathways and Spaces.
5. ANSI/TIA 606(A) the Administration standard for the Telecommunications Infrastructure of Commercial Buildings.
6. ANSI/TIA 607(A) Commercial Building Grounding and Bonding Requirements for Telecommunications.
7. Federal, state, and local rules, regulations and ordnances governing the work as fully a part of the specifications as if herein attached. Where requirements of the drawings or specifications are more stringent than the applicable codes, rules, regulations and ordinances the specifications shall apply.

Cabling shall be installed in accordance with the most recent addition of BICSI publications:

1. BICSI Telecommunications Distribution Methods Manual (TDMM).
2. BICSI Customer-Owned Outside Plant Design Manual (OSP).
3. BICSI Electronic Safety and Security Design Reference Manual (ESSDRM).

Grounding and Bonding for Communications Systems - This section includes grounding of telecommunications systems and equipment. Grounding requirements specified in this section may be supplemented by special requirements of systems described in other sections.

The RTC facility shall be provided with an industry standard communications grounding system to supplement and expand upon electrical systems grounding. Elements of the communications grounding systems shall include:

1. Each communications room shall be provided with a communications ground bar to establish equipotential grounding for communications equipment and safety of personnel.
2. A telecommunications main ground bar (TMGB) shall be provided in the entrance facility (EF) or main distribution frame equipment room (MDF) of the RTC.
   A. The TMGB shall be connected to the facility grounding electrode system with a properly sized #6 minimum up to a #4/0 telecommunications bonding conductor (TBC). The TBC shall bond directly to the main electrical ground bar (MGB) located immediately adjacent to the main electrical service equipment.
   B. Incoming cables shall be protected and grounded with #6 AWG grounds to the telecommunications ground bar (TGB).
   C. Splice cases shall be grounded with a #10 - #6 AWG grounds to the TGB.
   D. Pathways into the EF shall be grounded with #6 AWG grounds to the TGB.
   E. Equipment racks, electrical panel serving room, and all miscellaneous equipment and cabinets shall be grounded with #10 AWG grounds to the TGB.
3. If not existing, a new TGB shall be provided in all other Intermediate Distribution Facility (IDF) Rooms or communications cabinets served from the EF or MDF. The existing or new TGB shall be connected to the TMGB with a properly sized Telecommunications Bonding Conductor (TBC).
   A. Pathways into each communications room shall be grounded with #6 AWG grounds to the TGB.
   B. Equipment Racks, electrical panel serving room and all miscellaneous equipment and cabinets shall be grounded with #10 AWG grounds to the TGB.
4. Existing communications rooms if not properly grounded shall be upgraded to provide an electrically contiguous grounding system.

Pathways for Communications Systems - This section includes grounding for communications systems and cabling. Pathway requirements specified in this section may be supplemented by special requirements of systems described in other sections.

The facility shall be provided with an industry standard communications cable distribution pathway system which includes, but is not limited to, cable trays, surface-mounted conduits, sleeves/conduits through walls and spaces, J-hooks, wall boxes, pull boxes, D-rings, cable drop-outs (waterfalls) and enclosures.

1. All telecommunications pathways shall be designed to comply with TIA-569A standards.
2. All telecommunications pathways shall be designed to provide the capability and capacity to properly install high-performance balanced twisted-pair optical fiber and coax cables from the beginning of the facility's construction and any future installations.
3. Telecommunications outlets shall have the following provisions:
   A. All conduits shall be 1″ in diameter (pending minimum size of cable quantities).
   B. Conduit bend radius shall not exceed 10 times conduit diameter when smaller than 2″ inside diameter and six times conduit diameter when 2″ or greater inside diameter.
   C. All wall-mounted outlets shall be provided with a 4″ wide by 4″ high electrical box with a single-gang drywall mud ring. Minimum clear inside depth shall be 2-5/8″ to accommodate Category 6 cabling installation and termination requirements.
4. Cable Management Tray:
   A. Provide steel zinc electroplated wire management tray which utilizes a 2″ x 4″ nominal mesh pattern. Depths shall be 2″ up to 4″ with widths as scheduled on

the drawings. Trays shall be provided with trapeze-style side rail hangers. Side wall-mounting shall only be allowed where trays can be securely anchored to block or plywood covered walls to prevent wall deformation and cantering of the tray due to cable pulling and loading. Cable dropouts (waterfalls) shall be provided at all elevation changes and where cable drop in to racks or cabinets.

5. J-Hooks:
   A. Provide 2″ or 4″ Category 6 rated with wire spring cable clips or slots for Velcro cable ties.

The following design criteria has been determined to be applicable for Site-Outside Plant Pathways:

1. Outside plant pathways shall follow ANSI, TIA, and BICSI customer-owned outside plant standards.
2. Conduits shall enter the EF from underground and shall terminate 4″ above finished floor with a conduit bushing and penetration seal.
3. A pull-string with a minimum of 600 lbs. pulling strength and a locator wire shall be installed in all conduits
4. Proper separation between telecommunications conduits and other utilities shall be enforced.

Identification for Communications Systems - This section includes means and methods for the labeling and documentation of communications infrastructure as needed for disaster recovery and as needed to implement and manage future adds, moves, and changes.

1. All communications cabling and infrastructure components shall be labeled. Labeling shall be produced with quality commercial equipment which utilizes self-adhesive vinyl or vinyl cloth labels with machine printed alpha numeric cable and equipment designations as detailed on the drawings. Labels shall be as produced by Brady I.D. Pro label maker or by software/printer industrial printing equivalents.
2. As a minimum, all racks, cabinets, patch panels, termination shelves, enclosures, communications outlets, device plates, and cables, as well as all backbone and horizontal cabling fiber and copper cables shall be labeled. Cables shall be labeled at each end and within or upon each plate or piece of termination hardware.

Communications Equipment Room Fittings - This section includes telecommunications infrastructure for communications equipment rooms and service entrance facilities including, but not limited to, equipment racks, cable, termination hardware, connecting devices, lightning protection, and installation for wiring systems to be used as signal pathways for voice and high-speed data transmission.

1. Free-standing, 19″ x 84″, two-post, black finish equipment racks shall be provided with 2U horizontal cable management between patch panels and termination shelves. Racks shall be provided with vertical cable management. Equipment racks shall be bolted to the floor.
2. 19″ configuration lockable, black finish wall-mount cabinets shall be provided with 2U horizontal cable management between patch panels and termination shelves. Equipment racks shall be bolted to plywood backing trimmed and painted black match the cabinet.
3. 48-port, flat, Category 6 or above rated copper patch panels and terminations shall be provided with 20% spare ports or as required to satisfy specified expansion criteria

4. Modular panels housing multiple-numbered cable connectors shall be provided; one for each fiber of cable or cables assigned to field, plus 20% spares and blank positions adequate to satisfy specified expansion criteria.
5. Copper and fiber patch cords shall be provided as required for communications rooms and work area outlets.
6. D-rings and cable straps uniformly installed and neatly fitted with Velcro ties shall be utilized for wall management of miscellaneous cabling around the communications room.
7. Rack-mounted power distribution units (PDU/plug strips) shall be coordinated with equipment requirements and provided in the appropriate racks and cabinets.

Communications rooms shall be provisioned as follows:

1. Telecommunications rooms shall be "dedicated" spaces that house electronics and equipment for voice and data networking, equipment racks, horizontal station cabling, and intra-building backbone cabling. Telecommunications rooms may also house electronics, cabling, and equipment for video, security, and/or BAS.
2. Plywood: communications rooms shall be lined with 3/4″, A/C-rated, interior-grade, plywood-painted with three coats of fire-rated white paint.
3. Communications room ground bars and grounding shall be provided as previously described.
4. Each communications room shall be provided with a 120/208-volt, three-phase, four-wire, 100-amp lighting panel to power only IT loads and other systems (fire alarm/security) or devices (general purpose outlets) located within or serving the room. Power outlets configured to provide a minimum of two 20-amp circuits per rack, minimum, shall be provided. Outlet configuration and amperage shall be confirmed as required for electronics or UPS input requirements prior to final design. Outlets shall be located above the racks unless specifically required otherwise.
5. Each communication equipment room shall be provided with cooling and separate T-stat. Cooling shall typically be standalone split-systems providing cooling to the rooms 24 hours a day, 365 days a year.
6. Communications rooms shall be free from EMI.
7. Communications rooms shall be designed with adequate clearance for cable trays and pathways.
8. A minimum of 3′ space shall be provided in front and back of populated equipment racks.
9. Adequate termination space shall be provided on walls and in equipment racks allowing for future expansion.
10. A 20′ fiber optic cabling slack loops shall be provided for future adds, moves, and changes of the facility backbone.
11. Conduits between the EF, MDF, and communications rooms (IDFs) shall be no less than two 4″ conduits. The number of conduits shall accommodate current and future use.
12. Communications rooms shall be centrally located with direct hallway access.
13. Communications rooms shall be provided with a ring of 12″ wide by 4″ deep cable management tray, including a separate run over the equipment racks.
14. Vertical cable support shall be provided where necessary.
15. Cable support shall be provided when transitioning from different elevations or from vertical to horizontal and vice-versa.

Communications Copper Backbone Cabling - This section includes cable, termination hardware, and installation for copper backbone communications cable systems to be used

for voice and high-speed data transmission. Backbone cables include riser cabling between the EF and communications rooms, between floors or distribution terminals, and/or between buildings.

Backbone cabling system consists of all cables, intermediate and main cross-connects mechanical terminations, patch cords and/or jumpers used for backbone-to-backbone cross-connection, testing, and cutover for a complete system.

Voice backbone cables shall consist of a minimum of 25-pair Category 5e twisted-pair to each building's IC of HC communications room. Cables entering the MC and communications rooms shall be terminated onto modular RJ-45 patch panels in equipment rack and cabinets.

Communications Optical Backbone Cabling - This section includes cable, termination hardware, and installation for optical backbone communications cable systems to be used for voice and high-speed data transmission. Backbone cables include riser cabling between EF and communications rooms, between floors or distribution terminals, and/or between buildings.

Backbone cabling system consists of all cables, intermediate and main cross-connects, mechanical terminations, patch cords and/or jumpers used for backbone-to-backbone cross-connection, termination, and testing for a complete system.

1. All backbone cabling cross-connects shall be installed in pathways, located, and terminated in telecommunications spaces.
2. All optical backbone cabling shall be designed to conform to a hierarchical star topology.
3. As a minimum, all fiber run between communications shall be 12-strand OM2 or OM3, 50/125 micron laser optimized-rated multimode (aqua colored) in combination with 12-strand OS2, 9/125 micron-rated singlemode fiber (yellow colored).
4. Fiber shall be terminated inside equipment cabinets located in the MC rooms in rack-mounted fiber termination shelves.
5. Cables shall be factory fabricated tight buffered, jacketed low loss glass-type fiber.
6. Cable jackets shall be rated for the environment for which they are installed, including UL listed for plenums where required. Where required, fiber cables shall be armored such as for installation in risers, exposed in trays or in tunnels.
7. Connections between fiber optic patch panels shall be made with a pre-manufactured fiber optic patch cord. All fiber optic jumper assemblies shall comply with the standards for both fiber optic cables and fiber optic connectors.
8. Fiber optic innerduct shall be UL listed, corrugated specifically designed for fiber cable pathways. Nominal size shall be 1″ (inside diameter) rated for the space it occupies. Color shall be orange or white as indicated on the drawings. Provide each innerduct with a 600 pound pull-string.
9. A 20′ service loop shall be provided at each end of all fiber backbone cable runs. Slack loop shall be wall-mounted high in the communications room neatly formed with D-rings and cable ties.

Customer Owned Outside Plant - This section includes cable, devices and installation for outside plant (OSP) wiring to be used as transmission media for voice and high-speed data.

OSP cable is that part of the information transport system running between buildings (overhead or underground), from within a building to a definable exterior point or from

another outside source (carrier or service provider) to the building. It also includes all termination hardware, transition splicing, and any other device into which the cable connects.

New construction for the RTC addition will both physically and logically connect the two existing independent buildings known as Diagnostic and Evaluation Center (DEC) and the Lincoln Correctional Center (LCC).

It is anticipated that existing fiber optic and copper cable services to the existing facilities will remain undisturbed; however the new facility presents an opportunity to physically connect all three facilities in addition to providing a new redundant service entrance suitably sized for future growth of the complex.

A new entrance facility (EF) room will be established as a part of the new construction and will be an environmentally controlled IT space housing critical communications services, network equipment, and service provider demarcation points. The entrance facility will also serve as the main distribution frame room for the RTC.

Two 4″ entrance conduits at this time are proposed to be extended out from the new entrance facility underground toward the service provider/network fiber access.

Two 2-1/2″ conduits are proposed to be extended out from the new EF to the Central Utility Building.

Conduit and/or cable tray connection will be also established between the new entrance facility and each entrance facility or main distribution frame room of the Diagnostic and Evaluation Center (DEC) and the Lincoln Correctional Center (LCC). This new pathway will serve as a cross-connect for shared services and as a redundant service route for all buildings.

All conduits shall be installed with 1″ innerduct or Maxcell fabric innerduct.

Outside plant pathways shall follow ANSI, TIA/EIA, and BICSI and State of Nebraska communications standards.

Exterior service conduits shall enter the entrance facility from underground and shall terminate 4″ above finished floor.

A pull-string shall be installed in all conduits with a minimum of 600 lbs. pulling strength.

Proper separation between telecommunications conduits and other utilities shall be enforced.

Backbone Cabling - The incoming campus fiber optic and copper cables that connect to the existing facilities backbone transmission plant will be extended in parallel from on the site service provider / fiber optic access point to the new entrance facility where they will be terminated and protected in the telecommunications entrance facility.

Copper backbone cables (if required) entering the TR and MDF shall be terminated onto modular wall blocks. Data fiber optic backbone cables are proposed to be a minimum of 24-strand, 50 micron, laser-optimized singlemode optical fiber. Fiber optic backbone cable shall be fusion-spliced and terminated using LC-style connectors.

1. All OSP cables shall be installed in pathways. All fiber optic OSP cable shall be installed in innerduct.
2. Copper Cables: OSP cables shall be 24 AWG solid copper, RUS/REA type design with PE 89 gopher resistant jacket.
   A. Splice closures shall be designed for the number and size of cables, quantity of conductors, and the environment of the splice location. Closures shall effect a complete and waterproof encapsulation and shall include all manufactured 25-pair modular hardware, including end caps, covers, splice wrap, flange seals, bond conductors, clamps, braids, lubricants, and mounting hardware.
   B. All splicing shall be performed by certified installers.
3. Fiber Optic Cables: Outside plant rated, factory fabricated loose tube, jacketed, low loss glass type, 125 micron cladding complying to the backbone multimode and singlemode fiber performance requirements previously described.
   A. Fiber optic splice closures shall be designed for the number and size of cables, quantity of strands, and the environment of the splice location. Closures shall affect a complete and waterproof encapsulation.
   B. All fiber optic cable splicing shall be performed by certified installers.
4. Tracer Wire: Provide a #12 HMW-PE Yellow jacket, 45 mil solid copper in all runs to enable electronic locating of all cables.
5. Warning Tape: An orange colored plastic or metalized warning tape specifically manufactured for marking and identifying underground cabling shall be installed continuously above all bruited cables.
6. All metallic shields shall be bonded to the communications grounding system.
7. OSP cables shall be terminated within 50′ of their entrance into the building. Lightning protection (entrance protectors) shall be provided on all copper cabling entering the building.

Communications Horizontal Cabling - This section includes wire, cable, connecting devices, installation, and testing for wiring systems that runs from the telecommunications space to a device location. Device locations include voice and data outlets, wall phones, wireless access points, CCTV cameras, fire alarm and BAS systems control panels, and all other devices or systems requiring network copper cable connectivity.

The telecommunications cabling system shall be designed to conform with TIA/EIA 568B, the Commercial Building Telecommunications Cabling Standard, and the Owner's standard.

All cabling shall be designed in a star topology. Cable length limitations shall be as follows:

1. Horizontal Cabling: 290′ from the furthest work area outlet to the termination equipment in the communications rooms.
2. Backbone Fiber Optic Cabling: 1,640′ from the MDF termination equipment to the furthest communications rooms' termination equipment.

The horizontal cabling includes the installation of the appropriate jacks, faceplates, copper station cable, distribution frame hardware, cross-connect hardware, labeling, and testing.

Work area outlets shall be provided with a standard of TIA-568B 4-pair balanced twisted-pair cables rated for plenum environments. All workstation cabling shall be terminated utilizing TIA-568B, 8-pin modular jack using TIA-T568B pinning at the workstation

faceplate and shall be terminated onto rack-mounted Category 6 or above modular patch panels in the communications rooms.

All cabling shall be new and unused provided, installed, terminated, labeled, and tested to form a complete system. Components shall be as follows:

1. Horizontal cables for voice, data, CCTV, and wireless access points shall be 4-pair UTP (twisted-pair) 24 AWG solid copper, color-coded Category 6.
2. Cable jacket shall be CMP (plenum). Color: Blue.
3. Jacks shall be Category 6 rated. Color: Blue.
4. Faceplates shall be stainless steel and vandal-proof.

Cables shall be installed continuous from communications room to device. Intermediate cross-connects or splicing is not allowed.

1. All cables shall be installed and terminated in accordance with TIA standard 568-B Commercial Building Telecommunications Wiring Standard observing all requirements for all cables within the building.
2. All cable shall be neatly bundled and neatly routed in as direct of route as possible, perpendicular, and parallel to the building structures.
3. All cables shall be installed in dedicated communications pathways and shall be completely accessible. Cable installations shall be planned to fill conduits and sleeves efficiently and allowing for additional growth. Pathway fills shall not exceed 40% of the total capacity.

CATV service will originate from the centralized communications room and distributed to each of the communications rooms.

1. A CATV outlet will be provided at each designated area in the facility and in resident unit.
2. CATV outlets will also be provided in common areas as directed by the Owner and determined during the design process.

Audiovisual Systems - The audiovisual systems shall include installation of displays, sound reinforcement and control capability in selected areas identified on the floor plans

The designated spaces will be provided with a complete sound reinforcement and video system including the design of all necessary equipment, cabling, equipment racks, control systems, and programming.

The sound reinforcement system will be designed so that it provides acceptable sound coverage and distribution throughout the space.

Public Address and Mass Notification Systems - Systems for other public spaces will include background paging that will include a distributed loudspeaker system connected to head-end distribution equipment.

The new RTC paging system shall be designed to integrate with the existing DEC and LCC paging systems.

Nurse Call/Code Blue Systems - A visual-tone nurse call system shall be installed to serve treatment and exam rooms of the facility.

Each bed shall contain a patient station with push-button call-cord located at the headwall on the family-side of the bed and a combination code blue and staff assistance station located at the headwall on the caregiver-side of the bed.

An associated corridor light shall be installed outside each simulation room to indicate calls initiated from the room. Initiation of a code blue call shall produce a flashing blue light at the corridor light; initiation of a staff assistance call shall produce a flashing red light; and initiation of a normal patient call shall be a flashing white light.

Each exam room shall include a staff registration station and associated corridor light outside the room. The staff registration station shall include a patient-ready button and button reserved for future use (such as student ready). The patient ready call shall produce a steady white light at the corridor light.

Each bathroom will be provided with an emergency station.

The nurse call system shall only include local annunciation at the corridor light and not include a central annunciation station.

If required, all calls will be annunciated to wireless pagers carried by staff indicating the call level and location.

The head-end equipment shall be located in the nearest telecommunication closet.

Wireless Clock Systems - A wireless clock system will be provided.

Electronic Safety and Security - Electronic security including access control, CCTV, and intrusion detection is not in the present scope of the telecommunications scope of work.

Repurposed Areas: DEC Additional Work
At the DEC facility, there are areas currently occupied by medical and office spaces and the existing chiller room. These spaces would require renovation of the existing special systems to repurpose the areas.

Repurposed Areas: LCC Additional Work
At the LCC facility, the special systems serving the kitchen and dining areas would require renovation to repurpose the spaces.

The costs to provide the special systems renovation work to repurpose the areas of LCC and DEC facilities are included in the cost estimate section.

8.3 Life Safety / ADA

Life Safety / ADA
All new construction will meet current Local, State and Federal building Life Safety codes including the NFPA (National Fire Protection Association) Code. Required construction for 'repurposed areas' within the existing DEC and LCC facilities will be done in compliance with same life safety codes noted above.

Both DEC and LCC inmate housing areas are protected with fire suppression systems however LCC has 64,000sf of other areas not protected with fire sprinklers and DEC has 34,250sf of of other areas not protected with fire sprinklers. This program state provides

for completing the system so both facilities are 100% protected with fire suppression systems. All new construction will be fully protected with fire suppression systems.

ADA (Americans with Disability Act). All new construction and all 'renovated / repurposed' areas shall comply. Existing facilities will continue to be updated and upgraded as future facility budgets allow.

8.4 Historic / Architectural Significance

The DEC was completed 1979 and the LCC also was completed in 1979. Neither are old enough to have 'Historic' significance. And while both facilities are constructed of quality material and have good design features for the building type, neither is 'architecturally significant'. Planned additions for the MIFS/RTC project can be done in a compatible and complimentary fashion.

8.5 Artwork

Nebraska State Statute 8-318 does not classify this facility as a Public Building due to the restricted nature of the facilities and the limitation of access by the public. Not being a Public Building excludes the requirement for 1% of construction cost to go for 'artwork'. However a correctional facility would certainly benefit from some moderate inclusion of artwork.

8.6 Sustainability / Other

All construction should be planned and designed to incorporate sustainable building products and detailing that promotes sustainable operations. All building materials from demolition processes should be directed to businesses that process and 'recycle' the materials into new products.

Energy conservation: this program statement plans for a 13 acre well field located generally northeast of the LCC for Geothermal Heating/Cooling purposes. This 'exchange' field will serve a new efficient Central Energy Plant, also located east of DEC/LCC.

8.7 Future Expansion

The DEC and LCC facilities are located on the westerly edge of the current NDCS owned land purposed for correctional purposes. The new MIFS/RTC project will expand to the east without closing the door on other future additions that can also go to the east. The new MIFS/RTC project also takes into consideration and allows for a future '139 Bed Housing Addition' to the southwest end of the DEC.

8.8 Site and Civil Engineering Criteria

Proposed Site Improvements – Site improvements as part of the Reception and Treatment Center (RTC) project will include access road off of West Van Dorn Street, new and re-configured parking lots, secured perimeter, new delivery and inmate intake roads, grading, utilities, exterior lighting.

Access Road – A new access drive will be constructed off of West Van Dorn Street approximately 1,400 feet east of the existing entrance to the Lincoln Correctional Center and Diagnostic Center. The new access drive will serve the proposed distribution energy plant, warehouse, pharmacy, and sally port. The new drive will also provide access to an

internal delivery road serving the proposed new kitchen and the Lincoln Correctional Center, as well as an inmate intake road.

The proposed access off of W. Van Dorn has received recommendation for approval from the Public Works Department; however, right and left turn lanes will be required to be installed as part of the new drive. One area of concern is as the access road heads north, it will run into an existing drainage swale. Significant grading and tree demolition will occur as a result. Lastly, before final design, the owner will want to have a wetlands study performed to insure that there are no wetlands conflicting with the proposed improvements.

Parking Lots – With the additional facilities proposed, an increase in parking will be necessary. To meet the proposed 546 parking stalls as suggested by NDCS Facilities Engineering, a combination of new and re-configured parking is being proposed.

Proposed Parking Recommendations

	Lincoln Correctional Center	Diagnostic Center	Peak # Required
Day	64	32	+96
1st Shift	56	28	+94
2nd Shift	55	37	+92
3rd Shift	29	17	-
RTC			+174
State Vehicles			+12
Visitors			+78
		Total Parking Stalls Required	**546**

The existing parking lot west of the current entrance will be re-configured to maximize parking. The re-configuration will include re-striping and additional concrete paving to achieve 157 parking stalls. As shown on the proposed site plan, 438 parking stalls are planned northwest of the existing parking lot. This lot will include three parking bays running north and south accessed by four entrances to allow for easy entry into the parking lot. The terrain slopes down from east to west, as well as south to north. As a result, each of the three parking bays will be at a different tier. Between tiers, either the earth will be sloped or anchored in place with a short retaining wall.

Secured Perimeter – The secure perimeter will consist of (2) rows of 12' high fence with 3 strand barb wire separately by 20 feet of either gravel or asphalt road. The fence will also include (3) 30" barb wire coils going up the fence. A perimeter road will follow adjacent to the new security fence and connect to the existing perimeter road system.

Utilities – Site utilities as part of the addition to the DEC and the new RTC Facility will include both new utility (electric, gas, sanitary, etc.) service lines, as well as relocated existing utility lines. The following breakdowns in impacts on site utilities were based on information from a 2013 Nebraska Department of Correctional Services Physical Plant Survey.

Diagnostic Evaluation Center Addition

The existing water and sanitary service lines to the DEC will continue to serve the addition. This includes an existing 4" domestic water line in the pedestrian tunnel and 6" sanitary service line running outside the building. New 6" sanitary service lines will connect into the existing lines outside the building. A 10" water main currently running

underneath the proposed location of the addition would need to be relocated. As a result of the RTC facility addition, this 10" water main would be required to be relocated outside the RTC footprint before reconnecting east of the LEC.

RTC Facility Addition
The proposed RTC facility would require the relocation of the previously mentioned 10" water main, an existing underground electric line, and 18" storm line. The underground electric line would be re-routed south and east of the RTC facility before tying into the existing line east of the LCC. The 18" storm line would be re-routed starting at an existing manhole heading to the south and west.

Several utility lines south of the Lincoln Correctional Center could be sleeved underneath the RTC facility. These include a 4" water line, underground electric, coax cable, and 8" sanitary main. New sanitary service lines would tie into the existing sanitary southeast of the LCC, with water tying into the 4" service line. In addition, new storm sewer would be provided.

8.9 Project Phasing

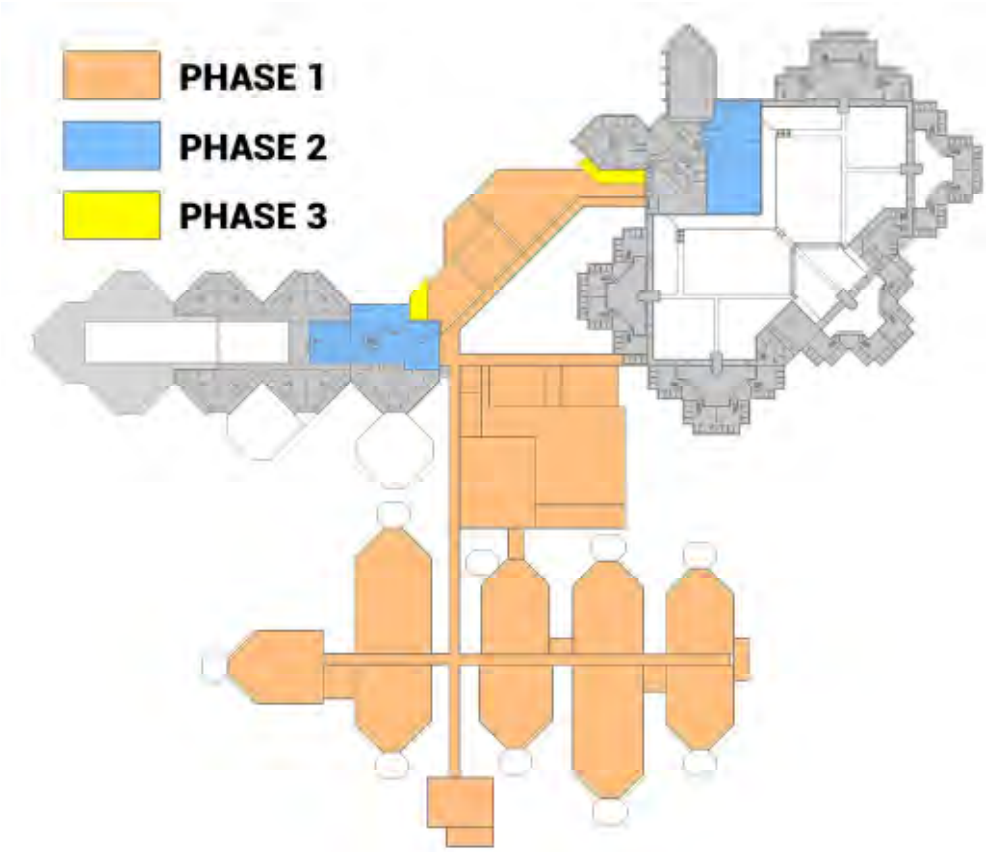
The project will need to be phased to allow occupancy and secure operations of the existing facilities during construction. A temporary secured perimeter surrounding the new construction and remodeled areas will be required at appropriate times. Construction personnel background checks, monitoring of construction activities and even examination of tools and materials used in construction will be performed as needed throughout the construction process.

Phase One will be the construction of the new public lobby, administration, staff support, custody operations, food service, clinic, medical and mental health housing, intake and release area along with expansion the expansion of the secure perimeter, central warehouse, pharmacy and central energy plant. Accompanying site work will include utility relocations, a new west parking addition as well as reworking the existing parking between DEC and LCC.

During Phase One, access to the DEC and LCC public lobbies and inmate sally ports will need to be maintained along with continuous utility services to avoid any disruption in existing operations. The secure perimeter will need to be temporarily relocated for construction activities. Continuous communication between the general contractor and DEC and LCC will need to be maintained for coordinated construction operations alongside the security operations within the DEC and LCC.

Phase Two, 'remodel of repurposed areas within DEC and LCC', can commence after Phase One is finished and existing functions are now able to be relocated and be fully operational in the new Phase One spaces. Phase Two Renovations can then commence to the areas to be 'repurposed'.

Phase Three will provide for the 'completion' of the areas left open for 'Phase One access to DEC and LCC', which also served as construction access to DEC and LCC during Phase Two outside of operational spaces in surrounding areas. This phase will commence after Phase Two.



Phasing Plan for new RTC/LCC Facility

New secure perimeter, new Central Warehouse, new Pharmacy, new CEP and new access road to West Van Dorn street not shown, but will be incorporated into the construction sequence of Phase 1.

9.0 PROJECT BUDGET & FISCAL IMPACT

9.0 PROJECT BUDGET & FISCAL IMPACT

9.1 Cost Estimate Criteria

The cost estimate takes into account all construction for this Master Plan.

*It does not include any construction amounts for a future 192 bed housing unit addition, but the included new Central Energy Plant is sized for the future housing.

The estimate was done per section of expertise; by the Architect, Mechanical & Electrical Engineers and Civil Engineer.

The estimate was reviewed by Sampson Construction's estimator that was the project manager for the new Lancaster County Corrections facility. Some minor adjustments were suggested and have been incorporated into the final estimate.

See Chapter 12 Appendix for Opinion of Probable Cost estimate.

9.2 Year Estimate Completed with Inflation Analysis

Estimate completed:	Feb, 2015
Midpoint of construction:	Feb, 2019 = 4 years
Inflation calculated at 3% per year =	12%

9.3 Gross and Net Square Feet of Area

New Construction	243,928 gsf: (188,450 nsf)
*Includes Central Warehouse, Food Storage & Pharmacy.	
Existing Repurposed Areas	36,485 gsf: (24,139 nsf) estimated)
Total Gross Sf	280,413 gsf

The areas calculated for this study break out as follows:

SUMMARY OF SPACES AND AREAS UTILIZED IN CONSTRUCTION COST ESTIMATE

Existing LCC		
Total Existing Space		151,000
1st Floor Repurposed Areas		6,040
2nd Floor Repurposed Areas		9,820
Total Repurposed LCC Area:		15,860
Existing DEC		
Total Existing Space		88,000
Repurposed DEC Areas		11,900
RTC Additions		
"Front of House" Addition		
Public Lobby		2,444
Administration		4,609
Staff Support		13,277
Custody Operations		5,035
Visitation		7,266
Subtotal		32,631
FS & M-MH Addition		
Kitchen		24,662
Clinic		11,249
Subtotal		35,911
M-MH Housing		
Medical Housing		46,173
Mental Health Housing		65,044
Subtotal		111,217
Intake & Release		
Facility Intake & Release		8,691
Perimeter Sallyport		
Subtotal		8,691
Food Service Warehouse		5,000
Subtotal Additions		193,450
Net to Gross Factor	15%	29,018
Total Area of Additions		222,468
Warehouse		
Warehouse & Maintenance		14,000
FS Warehouse		5,000
Pharmacy		7,139
Subtotal		26,139
Central Energy Plant		10,000

9.4 Total Project Cost per Gross Square Foot of Area

Construction Costs:		
1) Sitework		$5,675,571
2) New Building Construction		$81,121,710
3) Repurposed Area Construction		$5,332,900
4) MEP Updates in DEC & LCC		$13,124,440
5) Not Used.		
6) Not Used.		
7) Central Energy Plant		$12,386,525
8) Furniture & Equipment		$2,684,780
Subtotal		$120,325,926
Project Contingencies	10%	$12,032,593
Subtotal		$132,358,519
Design Fees, Surveys, Testing & Misc Expenses	15%	$19,853,778
Subtotal		$152,212,296
Inflation to Construction Midpoint	12%	$18,265,476
Subtotal		$170,477,772
Opinion of Probable Cost		$170,447,772

9.5 Construction Cost per Gross Square Foot of Area

$170,447,772 construction cost / 280,413 sf = $608 / Gross Square Foot
(includes Surveys, Testing & Misc.)

9.6 Fiscal Impact (Capital & Operating)

Staffing Costs

The program and mission of this facility was reviewed by NDCS. A full description of the staffing roles and responsibilities appears earlier in this document at the end of Sections 6.3. A total of 539 Full Time Equivalent employees are anticipated to operate the RTC including the repurposed space in the LCC. Many of the FTEs, 206, already work at the existing DEC and LCC operation. When additional operating funds are requested, an additional 333 staff will be required to operate the new RTC. It is important to note that bed space vacated throughout the system as a result of the new RTC will be repurposed to help alleviate severe overcrowding within the NDCS and therefore will not result in a decrease in overall staffing.

The staffing costs below are calculated based on the increased staffing required, and the operating and maintenance costs are based on the total increase in square footage to construct the RTC.

Cost Totals

Staffing Costs	$15,204,055
Operating Costs*	$1,219,640
Maintenance Costs**	$243,928
Total Operating Costs	$16,667,623

*$5.00 per total gross square foot for utilities (new construction only)
**$1.00 per total gross square foot for maintenance (new construction only)

As a basis for comparison, the annual operational budget per inmate/patient bed for fiscal year 2014 for the following facilities is provided.

- Lincoln Regional Center: ($29.4 million per year/200 beds = $147,000 per bed
- NDCS Annual Cost Per Inmate (FY 2014): $33,535/bed
- RTC ($16,667,623 million per year/284[1] = $58,689)
- Proposed Hastings BHTC: $73,638/bed

[1] The 284 beds represent beds counted as permanent beds at the new RTC. The total number of beds being built is actually 327. These beds represent the highest cost beds although they are not always occupied, and when occupied a permanent bed is reserved while these beds are occupied. If you count all beds, the per bed cost is calculated as $16,543,003/327 = $50,590.

10.0 PROJECT FUNDING

10.0 PROJECT FUNDING

10.1 Total Funds Required

A total of $177,916,284 is needed to complete this project
(includes FF&E, Design Fees, Surveys, Testing & Misc.)

10.2 Project Funding Sources

The proposed funding source is the State General Fund.

10.3 Fiscal Year Expenditures

Fiscal Year Expenditures for the Project Duration:

FISCAL YEAR EXPENDITURES

Description	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	Totals
Design, Bidding, Testing, Surveying, etc	$ 17,404,854	$ 828,803 [1]	$ 828,803 [1]	$ 828,803 [1]	$ 828,803 [1]	$ 20,720,064
Phase I Construction		$ 50,230,458	$ 43,230,458			
Phase II Construction						
Phase III Construction				$ 18,336,422		
Total Construction					$ 6,128,807	$ 117,926,146
Furnishings, Fixtures & Equipment			$ 7,000,000	$ 500,000	$ 150,000	$ 7,650,000
Contingencies		$ 5,023,046	$ 5,023,046	$ 1,883,642	$ 627,881	$ 12,557,615
Inflation		$ 7,624,984 [2]	$ 7,624,984 [2]	$ 2,859,369 [2]	$ 953,123 [2]	$ 19,062,465
Project Total Costs per FY	$ 17,404,854	$ 63,707,291	$ 63,707,291	$ 24,408,236	$ 8,688,614	$ 177,916,284

Notes:
1. Reflects construction phase design services.
2. Inflation is noted as it applies to the scope of construction in each year.

11.0 PROJECT TIMELINE

11.0 PROJECT TIMELINE

It is anticipated that, in the most linear time schedule would provide for 'full occupancy" at the first of the year, 2021. Partial occupancy of phases I and II (including FF&E for these areas) would happen before final occupancy/final completion of construction.

11.1 Timeline

The proposed Project Timeline follows:

Scheduled Item	**Date**
Program Statement Completion	Feb 2015
Funding Request	Jan 2015
Funding Approved	Jul 2015
A/E Consultant Selection	Oct 2015
Design Completed	Nov 2016
Bidding & Award	Feb 2017
Begin Construction	Mar 2017
Phase One complete	Mar 2019
Phase Two complete (repurposed areas)	Mar 2020
Phase Three complete	Sep 2020
Final Completion/Full Occupancy	Jan 2021

12.0 APPENDICES

12.0 APPENDICES

Trip to Iowa Facilities

See following Report dated 5 July 2014

PROJECT:	NDCS MIFS Program "Observations of two Iowa Correctional Facilities"	**PROJECT #**	L13372
FROM:	BVH Architects Curtiss Pulitzer, PB & Associates	**DATE:**	7/5/14
TO:	Doug Hanson, Manager, Facilities Engineering Department of Correctional Services State of Nebraska		
ATTENDEES:	**NDCS:** Doug Hanson, Nick Amen, Cameron S. White, Jon Wilson, Diana Tomek, Wayne Chandler **BVH:** Steve Clymer, Cleve Reeves **PBA:** Curtiss Pulitzer, Judi Regina-Whiteley, Karen Alberts		

BRIEF MEMO OF TRIP

1) 8-4-14; Group left Lincoln via NDCS van. PBA joined group at motel.

2) 8-4-14; Lodged at Coralville Marriott, Coralville, Iowa

3) 8-5-14 **IOWA MEDICAL & CLASSIFICATION CENTER (IMCC), CORALVILLE, IOWA**






a) Short background on facility – Chris Gesie, DOC Nursing Director / Dr. Harbans Deol, DOC Medical Director.
b) Facility originally built in 50s/60s as a psychiatric hospital.
c) Still is a forensic psychiatric Hospital for a small number of inmates.
d) Currently functions as primary 'reception/intake center' for male offenders.

e) Viewed clinic areas, skilled nursing areas, hospice, intake, and housing.
f) Inmates requiring Dialysis and Chemo are transported to Iowa State University.
g) Viewed a 'Telemedicine' session in progress with a patient in another Iowa facility. We were told that Iowa is one of the national leaders in Telemedicine operations.
h) Iowa also has all their inmate records in electronic format so access can be had from remote locations, even allowing some to work from home.
i) Food service was via carts with trays to the various units vs. Nebraska's LCC central dining hall arrangement.

4) 8-5-14 **IOWA CORRECTIONAL INSTITUTION for WOMEN (ICIW)**









a) ICIW is a medium/medium facility with a population of 800 – 900 female offenders.
b) Facility is new and has been open only a couple of months.
c) Toured intake, medical facilities, dental facilities, pharmacy dispensaries, restricted housing, suicide watch areas, dining and general population housing areas.
d) Security is 'state of art'. Lock action can be controlled with small 'blackberry' size units in lieu of keys.

e) Outdoor area/yard was very impressive. A cooperative program with ISU landscape students has enabled ICIW to develop many nice outdoor features to a yard that is usually a very sterile space.

f) At end of tour, Warden Patti Wachtendorf gave us a short background on the facilities, planning, and construction.

5) Tours complete and return to Lincoln. Programming meetings follow on Wednesday and Thursday.

The above brief summary is only for record of the visitations. Details and observations will be discussed for validity and possible incorporation into the program statement for the new MIFS facility.

Recorded by BVH Architects & Pulitzer Bogard and Associates,

Stephen Clymer, AIA

If you disagree with any of these notes or decisions, please respond within three (3) working days of receipt of this document; otherwise it will be assumed that you concur.

Opinion of Probable Costs

Summary		
DESCRIPTION	Total	
SITE WORK		
1) Site Work	$5,675,571	
NEW CONSTRUCTION / REPURPOSED / UPGRADED		
2) New Building Construction	$81,406,710	
3) Repurposed Construction	$5,332,900	
4) MEP Updates - DEC & LCC	$13,124,440	
5) (Unused)		
6) (Unused)		
7) Central Energy Plant	$12,386,525	
FACILITY SUPPORT		
8) Furniture & Equipment	$7,650,000	
Subtotal	$125,576,146	
Project Contingencies (10%)	$12,557,615	10%
Subtotal	$138,133,761	
A/E Fees, Surveys, Testing & Misc Expenses	$20,720,064	15%
Subtotal	$158,853,825	
Inflation to Const. Midpoint (2018-2021)	$19,062,459	12%
Total Project Cost thru Construction	$177,916,284	
OPINION OF PROBABLE COST	$177,916,284	

New & Repurposed	Gross sf	
DEC & LCC - Repurposed Construction	36,485	SF
New Building Construciton	243,928	SF
	280,413.00	SF

Project Cost	
Total	$177,916,284
Per Gross sf	$634

SITE WORK: OPINION OF PROBABLE COST

	Qty	Unit	Item Cost	
			UP	Total
Roads-Conc Pavement				
Mobilization	1	ls	$100,000	$100,000
Traffic Control	1	ls	$40,000	$40,000
Roads-Conc Pavement				
Van Dorn Access	10,150	sf	$6	$60,900
7" Paved Road to Sally Port	6,600	sf	$6	$39,600
7" Circulation Roads Inside	50,200	sf	$6	$301,200
Intake Road from Sally Port	9,900	sf	$6	$59,400
Parking-Conc Pavement				
Warehouse/DE Plant	18,000	sf	$7	$126,000
New West Pkg-438 Stalls	151,150	sf	$6	$906,900
Mods to Exist. Pkg-157 stalls	1	ls	$50,000	$50,000
Curbs & Gutters	8,850	lf	$12	$106,200
Lighting				
NW Parking Lot	20	ea	$5,000	$100,000
Mods to Existing Pdg-157 Stal	1	ls	$5,000	$5,000
Van dorn Access	4	ea	$5,000	$20,000
Secured Perimeter Fixtures	27	ea	$5,000	$135,000
Warehouse / DEPlant	6	ea	$5,000	$30,000
Earth Fill/Cut/Soil Compact/Prep				
Fill/Cut/Soil Compact	6,000	cy	$15	$90,000
New West Pkg-438 Stalls	24,000	cy	$15	$360,000
All Building Pads	1,000	cy	$15	$15,000
RTC Addition	5,000	cy	$15	$75,000
Internal Roads & Van Dorn Access				
Remove Exg Perimeter Fence	1,900	lf	$9	$17,100
Temporary Fencing	800	lf	$350	$280,000
New Perimeter Fence / Barrier	2,700	lf	$350	$945,000
New Added Patrol Road	64,800	sf	$4	$237,816
New Area Drainage Systems				
Basic Drainage Components	1	ls	$200,000	$200,000
24" Pipe	425	lf	$52	$22,100

SITE WORK: OPINION OF PROBABLE COST

Utilities - RTC				
Basic Utility Components	60	lf	$15	$900
Remove 18" RCP	240	lf	$50	$12,000
Relocated 18" RCP	1	ls	$5,000	$5,000
Storm Manhole	575	lf	$15	$8,625
Remove 10" Water	2,050	lf	$50	$102,500
Relocated 10" Water	400	lf	$38	$15,200
6" Sewer	1	ls	$25,000	$25,000
Domestic Water	650	lf	$15	$9,750
Remove UGE Line	1	ls	$10,000	$10,000
Relocate UGE	1	ls	$20,000	$20,000
Electricity	1	ls	$315,000	$315,000
Utilities - DEC				
Utilities	110	lf	$38	$4,180
6" Sewer	550	lf	$50	$27,500
Relocate 10" Water	1	ls	$40,000	$40,000
Electricity	1	ls	$225,000	$225,000
Utilities - Warehouse/Pharmacy				
Utilities	400	lf	$38	$15,200
Sewer	400	lf	$35	$14,000
Water	1	ls	$40,000	$40,000
Electricity	1	ls	$100,000	$100,000
Seeding	1	ls	$75,000	$75,000
Seeding (Facilty Area)	16,000	sy	$3	$40,000
Seeding (Well Field)	13	ac	$8,500	$110,500
Silt Fence fro Well Field	750	lf	$4	$3,000
Erosion Control Matting	1	ls	$100,000	$100,000
Landscaping	1	ls	$35,000	$35,000
	Total			$5,675,571

NEW BUILDING CONSTRUCTION COSTS: OPINION OF PROBABLE COSTS

Summary		
DESCRIPTION	Total	
SITE WORK		
1) Site Work	$5,675,571	
NEW CONSTRUCTION / REPURPOSED / UPGRADED		
2) New Building Construction	$81,406,710	
3) Repurposed Construction	$5,332,900	
4) MEP Updates - DEC & LCC	$13,124,440	
5) (Unused)		
6) (Unused)		
7) Central Energy Plant	$12,386,525	
FACILITY SUPPORT		
8) Furniture & Equipment	$7,650,000	
Subtotal	$125,576,146	
Project Contingencies (10%)	$12,557,615	10%
Subtotal	$138,133,761	
A/E Fees, Surveys, Testing & Misc Expenses	$20,720,064	15%
Subtotal	$158,853,825	
Inflation to Const. Midpoint (2018-2021)	$19,062,459	12%
Total Project Cost thru Construction	$177,916,284	
OPINION OF PROBABLE COST	$177,916,284	

New & Repurposed	Gross sf	
DEC & LCC - Repurposed Construction	36,485	SF
New Building Construciton	243,928	SF
	280,413.00	SF

Project Cost	
Total	$177,916,284
Per Gross sf	$634

REPURPOSED CONSTRUCTION **OPINION OF PROBABLE COST**

Summary	Qty	Unit	Item Cost	
			UP	Total
RP1 - DEC - Intake/Med/Other	11,900	sf	$140	$ 1,666,000
RP2 - LCC - Kitchen	12,600	sf	$140	$ 1,764,000
RP2 - LCC Dining	5,185	sf	$140	$ 725,900
RP2 - LCC - New Upper Dining	5,000	sf	$185	$ 925,000
RP2 - LCC Chiller Rm	1,800	sf	$140	$ 252,000
	36,485			
	Total			$ 5,332,900

FOR ESTIMATORS INFORMATION

Mech & Fire Protection Unit Prices included in total 'sf' costs

Summary	Qty	Unit	Item Cost	
			UP	Total
RP1 - DEC - Intake/Med/Other		sf	$79	
RP2 - LCC - Kitchen		sf	$69	
RP2 - LCC Dining		sf	$69	
RP2 - LCC - New Upper Dining		sf	$69	
RP2 - LCC Chiller Rm		sf	$79	

Electrical & Fire Alarm Unit Prices included in total 'sf' costs

Summary	Qty	Unit	Item Cost	
			UP	Total
RP1 - DEC - Intake/Med/Other		sf	$18	
RP2 - LCC - Kitchen		sf	$18	
RP2 - LCC Dining		sf	$18	
RP2 - LCC - New Upper Dining		sf	$18	
RP2 - LCC Chiller Rm		sf	$18	

MEP - DEC LCC: OPINION OF PROBABLE COST

Summary	Qty	Unit	Item Cost	
			UP	Total
RP1 - DEC - M/FP	88,000	sf	$45	$3,946,800
RP1 - DEC - E/FA	88,000	sf	$7	$594,000
RP2 - LCC - Kit. M/FP	151,000	sf	$45	$6,778,390
RP2 - LCC - Kit. E/FA	151,000	sf	$7	$1,019,250
LCC & DEC Fire Protection	98,250	sf	$8	$786,000
		Total		$13,124,440

CENTRAL ENERGY PLANT: OPINION OF PROBABLE COST

Summary	Qty	Unit	Item Cost	
			UP	Total
Building Construction	1	ls	$750,000	$750,000
Mech / FP/Well Field	1	ls	$7,901,225	$7,901,225
Electrical / Fire Alarm	1	ls	$1,350,000	$1,975,300
Emergency Generator	1	ls	$1,760,000	$1,760,000
		Total		$12,386,525

NOTE: This CEP is sized to also serve the future '139 Bed Addition" at the sw corner of DEC

NOTE: This estimate for the CEP reflects 'Option 3'.

FIXTURES, FURNISHINGS AND EQUIPMENT: OPINION OF PROBABLE COSTS

Summary		
DESCRIPTION	Total	
SITE WORK		
1) Site Work	$5,675,571	
NEW CONSTRUCTION / REPURPOSED / UPGRADED		
2) New Building Construction	$81,406,710	
3) Repurposed Construction	$5,332,900	
4) MEP Updates - DEC & LCC	$13,124,440	
5) (Unused)		
6) (Unused)		
7) Central Energy Plant	$12,386,525	
FACILITY SUPPORT		
8) Furniture & Equipment	$7,650,000	
Subtotal	$125,576,146	
Project Contingencies (10%)	$12,557,615	10%
Subtotal	$138,133,761	
A/E Fees, Surveys, Testing & Misc Expenses	$20,720,064	15%
Subtotal	$158,853,825	
Inflation to Const. Midpoint (2018-2021)	$19,062,459	12%
Total Project Cost thru Construction	$177,916,284	
OPINION OF PROBABLE COST	$177,916,284	

New & Repurposed	Gross sf	
DEC & LCC - Repurposed Construction	36,485	SF
New Building Construciton	243,928	SF
	280,413.00	SF

Project Cost	
Total	$177,916,284
Per Gross sf	$634