

Judiciary Committee
LB 1023
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Good afternoon, Senator Seiler and members of the Judiciary Committee. My name is Sheri Dawson (S-H-E-R-I D-A-W-S-O-N) and I am the Director of the Division of Behavioral Health. I am here to testify in neutral position of LB 1023. This bill creates a requirement to develop treatment protocols and complete needs assessments relating to committed offenders in correctional facilities.

The Division of Behavioral Health collaborates with key staff from the Lincoln Regional Center and the Department of Corrections on a monthly basis to review clinical cases and discuss shared system planning related to the behavioral health system. I have visited with Director Frakes about additional collaboration related to this bill. The Division embraces the opportunity to develop protocols for coordination of treatment and studying system data to effectively plan with the Department of Corrections. This work would be consistent with the Division's collaboration with other justice partners on a variety of system initiatives that are similar in intent.

The legislation contains language requiring the Department of Corrections to utilize community-based services during incarceration and upon discharge. Section 2 (3) and (4) is unclear as to the role and expectation for service provision in prison verses upon release; therefore it is recommended that this language be clarified or omitted, and I have spoken to Senator Ebke about this concern. Collaboration on data and determination of service needs of the correction population will be necessary to ensure there is sufficient capacity in the community to address the needs pre and post incarceration. The Division recommends that the number of individuals who are potentially eligible for service provision be studied in the needs assessment that is to be completed by the Department of Corrections. We also recommend the needs assessment be completed first and the data utilized to inform the development of treatment and coordination protocols. The Division of Behavioral Health will include the needs assessment and other Corrections data in its Behavioral Health System needs assessment it is conducting this spring.

Additional collaboration between DHHS and Corrections will be necessary to determine treatment capacity needs as well as enhancing the competency of treatment providers. Both are necessary to ensure there is an adequate pool of community based providers available and willing to treat individuals with behavioral health and criminogenic need, especially those who may require a higher custody level. Lastly, as a concern, it is important to note that treatment

of incarcerated individuals is not an allowable use of federal funding (Medicaid), state general funds would be needed if the expectation is for Nebraska Behavioral Health System to provide treatment services for individuals while incarcerated as well as when they are released.

I appreciate the opportunity to testify before you and look forward to future conversation with this Committee regarding LB 1023.

I'm happy to answer any questions you may have.