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Judiciary Committee
LB 592
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Division of Behavioral Health
Department of Health and Human Services

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).   I am a registered nurse serving as the Deputy Director in the Division of Behavioral Health. Currently I am also serving as the Acting Director of the Division of Behavioral Health within the Department of Health and Human Services.

I am here to testify in opposition to LB592 as it is currently presented.

LB592 establishes one framework to address the complex balance of behavioral health treatment with safety, protection and detention. It makes changes to current statutes regarding the provision of mental health services to inmates in the Correctional system.   It changes the definition of a dangerous sex offender as defined in 83-174.01. This bill proposes to change Section 71-907 such that "mentally ill" is defined to mean persons not only with "psychiatric disorders," but also with "personality disorders."

With the broadened definition, it is important to note that for many types of personality disorders and specifically, antisocial personality disorder, there is no clear form of treatment. Medications have limited use; they may be used to treat co-existing psychiatric conditions but are not effective in treating the personality disorder, itself.   No research supports long term hospitalization for treatment. Civil commitment could essentially extend detention but in essence warehouse individuals.   Nebraska must exercise caution related to an individual's right to due process and address vulnerabilities to the U.S. Department of Justice broadened scope of review related to *Olmstead vs L.C.*

With LB 592, when a prisoner with a personality disorder has served their sentence, but is still considered dangerous due to their personality disorder, civil commitments could be requested. The Lincoln Regional Center is already at its full licensed capacity of 200 hospital beds and has a waiting list. There would be significant fiscal impact to the Lincoln Regional Center to take on additional civilly committed patients.   These patients would be considered higher risk and require a new secure building similar to the Forensic building at the Lincoln Regional Center. The costs per person are higher in a hospital than in corrections. Costs include necessary staffing, resources and capital costs to meet hospital licensure, accreditation and safety standards.

The broadened definition of mental illness may impact community settings as well. It is not clear, for example if the bill would now allow law enforcement to take persons who have personality disorders, for example individuals with antisocial personality disorder, into custody based on being dangerous due to mental illness. If the person is found to be mentally ill and dangerous due to the personality disorder, currently they would be civilly committed to community based hospitals or community based treatment. The existing system is not funded, trained nor staffed for this additional capacity. Funding an expanded

network of services would be necessary to safely address the specialized population for extended periods of time, ensure adequate monitoring, reporting, and network management. The DHHS Division of Behavioral Health would also need to develop and coordinate training for the Mental Health Boards related to changes in 71-907.

While we understand the intent of LB592 to advance a framework to address public safety in our communities and state, we encourage further consideration of the opportunity to advance collaborative planning with the new administration and system partners to effectively match risks and needs with interventions and practices.   Ultimately the decision is how best to move forward and fund Corrections and Behavioral Health to better serve individuals who commit crimes AND have behavioral health needs.

I thank you for the opportunity to share the Division of Behavioral Health's perspective and I will answer questions you might have.