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Judiciary Committee
August 12, 2015

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The Committee on Judiciary met at 1:30 p.m. on Wednesday, August 12, 2015, in the Hastings City Council Chambers, Hastings, Nebraska, for the purpose of conducting a public hearing on the need for a behavioral health treatment center in Hastings, as proposed by LB999 of 2014. Senators present: Les Seiler, Chairperson; Colby Coash, Vice Chairperson; Laura Ebke; Adam Morfeld; Patty Pansing Brooks; and Matt Williams. Senators absent: Ernie Chambers and Bob Krist. Also present: Senator Kate Bolz, Senator Mark Kolterman, and Senator John Kuehn.

SENATOR SEILER: Welcome, ladies and gentlemen, to the Judiciary Committee hearing. We are really glad you're here. And it's the bewitching hour, so we'll start. Senators, to speak you've got to push your button forward. It lights up your red light. You can then talk. We're going to take invited testimony. And basically, if you're here and you have not been invited, you want to add to the testimony, depending on the hour, where we're out, if it's a quarter to midnight, I may not let you speak. But let's...what I'm saying is you can submit written testimony and we will plug it into the record just as if you had made your talk here. The first invited speaker, this is on the background for LB999 report and it's a question of a Behavioral Health Treatment facility at the Hastings Regional Center campus. And the first invited speaker is Mayor Vern Powers.

VERN POWERS: (Exhibit 1) Thank you, Senators. I prepared testimony today and handed it out to you. After reading my testimony from the last hearing, I thought I better write this one down so it was kind of...(laughter). It was a hot day. There was a lot to talk about that day and I kind of freewheeled a little bit more than I should have. Anyway, thank you, Senators, for allowing me to represent our city of Hastings on this warm August afternoon. You toured the Hastings Regional Center grounds this morning, a facility you own, a facility the residents of the state of Nebraska own. Thank you for every one of you who made the trip today. Since the mid- to late 1800s, the city of

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Hastings and the county of Adams have provided many different types of mental healthcare to the state of Nebraska and possibly beyond that. Careers were created and finished, patients were served and cared for and many times loved in this facility, oftentimes when families had thrown them away. Our residents and the employees of the Hastings Regional Center embraced those presented to us. We understood their plight. We accepted 130-plus years of mental healthcare challenges. And we continue to understand the critical juncture our state is at this point in housing and treatment of individuals who need more help than punishment. A very intricate network of professionals had been assembled over the 130-plus years of the HRC. Some of the best in the mental healthcare field had passed through our doors. The disassembly of this facility was fought vigorously over the years by the professionals tasked to serve the patients and by the residents of Hastings as a support facility. Our mission at the time was this: Yes, it's a good idea to treat, assimilate, and reintroduce individuals back in society in an outpatient setting, but there also needs to be direct, hands-on treatment in a confined setting for those not strong enough to face life yet without reverting back to alcoholism, drug addiction, sex addiction, shoplifting, antisocial behaviors as an addiction, etcetera. Are these people criminals? Some, yes; many, no. For those who are not criminals, is throwing them away in long-term jail confinement, without treatment, the best solution for society? Our state, through serious introspection due to numerous societal and monetary events of the last few years, now realizes that inpatient treatment needs to be a tool in our toolkit as it relates to our current prison crisis. We as a city, working hand in hand with an incredible mental health treatment facility and the staff at Mary Lanning Hospital, are again ready to assume the mantle of mental healthcare treatment at the Hastings Regional Center. Will it cost money to get this facility going again? Yes, most certainly but, I would interject, financially cheaper and more effective than just building more jail space. Will we face labor problems relating attracting healthcare professionals? We didn't before. But people who are continually threatened with RIF and harangued about program abolishments, people naturally move on. This time we trust and hope the programs offered and facilities built are left in place as the best solution for relieving overcrowded prison cells and the best

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answer to getting troubled members of our Nebraska society back to living as productive members of our Nebraska society. We the citizens of Hastings and Adams County stand at the ready to again provide superb mental healthcare services to the state of Nebraska and to the residents of our state. Thank you, Senators, for allowing my testimony, And any questions, I would...

SENATOR SEILER: Senator Coash.

SENATOR COASH: Thank you. Can you hear me okay?

VERN POWERS: What's that?

SENATOR COASH: I just want to make sure I'm on here.

VERN POWERS: Yep.

SENATOR COASH: Thank you, Mayor, for being here. One of the questions I have, if you can answer it, is what's your unemployment rate here in Hastings?

VERN POWERS: It's pretty low. I think, what are we, 2, 1.7, 2, Dave?

DAVID RIPPE: It's actually 3.1 right now as of July.

VERN POWERS: 3.1? 3.1.

SENATOR COASH: It's pretty low.

VERN POWERS: Yeah.

SENATOR COASH: Pretty low, so...

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VERN POWERS: Yeah. Like I said, we didn't have trouble attracting mental healthcare professionals in the past when it was a going facility. But again, when somebody is always pounding on you that we're going to...you know, we're going to lay you off, we're going to quit that program, people, you know, naturally will go somewhere where they can find something stable.

SENATOR COASH: Right. And I only ask that because I think the stable work force is going to be the key to making something like this...

VERN POWERS: Uh-huh.

SENATOR COASH: ...successful. And if we learned anything from some of the problems in Corrections, that the further you are from a hub of work force, unless there's...

VERN POWERS: Uh-huh.

SENATOR COASH: ...a neat, you know, unless there's a...

VERN POWERS: We, you know, it's like...

SENATOR COASH: ...a pool to draw from, you may have some challenges. So I wanted to...

VERN POWERS: As I testified before, we had a cottage industry. This was...Hastings understands this. We've had this since the 1880s, early 1880s. An intricate network of professionals was built up at the time but slowly disassembled because of continual threats of...you know, we need to assimilate into society, we need to have outpatient treatment. It was something we fought vigorously at the time, having these

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professionals during the time saying, some of that, some of outpatient is good, but there are lots of people that need to be incarcerated while they're...incarcerated while they're being treated. And so we feel this is, like I said, an industry our town understands, still understands. There's still hundreds of former HRC employees living in our town of different kind of values in their work force.

SENATOR COASH: Thank you.

SENATOR SEILER: Senator Williams.

SENATOR WILLIAMS: Thank you, Senator Seiler. Mayor, thank you for being here. One of the questions, to follow up on Senator Coash's question, is that's the question about the employees. What about the families of the residents that are using the facility here that may be further away from the population bases of Lincoln and Omaha, where they...maybe a larger percentage of them would come from? How would you answer the question about how important it is to be close to that family?

VERN POWERS: Well, and I had this same discussion with Senator Chambers a number of years ago when this same deal was brought up. Sometimes that's a good idea. You know, we have a program out there right now, reeducating...some of the YRTC kids come over here to get a GED program. We found if they don't have the...sometimes the family disruption is almost as bad as not having the family there. So we...our thinking is, you know, it's 100 miles from Lincoln, it's 150 from Omaha. They can get out here to see them enough. But while they're being treated, as in many alcohol treatment facilities, you got to go away for 30 days or 60 days or 90 days with no family involvement. That's the feeling I think we've always had here. We can do this. We can do the treatment without having some maybe possibly negative interference from families. And the ones that do want to come, we have plenty of hotels and there's plenty of rental housing here if they want to be next to their loved one. I guess we've never felt that to be a problem. And a lot of times, a lot of the patients that are in

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facilities now are outstate people also. So closer to North Platte, closer to Valentine, whatever.

SENATOR WILLIAMS: Thank you.

VERN POWERS: Uh-huh.

SENATOR SEILER: Anyone else? Thank you very much, Mayor.

VERN POWERS: Thank you.

SENATOR SEILER: At this time, I'd like the senators to introduce themselves, tell what district you represent and what community you're from. Start with you, Senator.

SENATOR KOLTERMAN: I'm Senator Mark Kolterman from Seward, Nebraska. I represent the 24th District. I'm here representing Health and Human Services today.

SENATOR KUEHN: I'm Senator John Kuehn from Heartwell, Nebraska. I represent District 38, which is seven counties in south-central Nebraska, a big "U" basically around Adams County, where we're located. I'm a member of the Appropriations Committee and a guest here of the Judiciary hearing.

SENATOR WILLIAMS: Matt Williams from Gothenburg, District 36, serve Custer County, Dawson County, and the north part of Buffalo County. And I'm a member of the Judiciary Committee.

SENATOR MORFELD: My name is Adam Morfeld. I represent the 46th Legislative District in northeast Lincoln.

SENATOR SEILER: Senator Bolz.

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SENATOR BOLZ: Senator Kate Bolz. I represent south-central Lincoln.

SENATOR EBKE: I'm Laura Ebke. I'm from District 32 out of Crete.

SENATOR PANSING BROOKS: And I'm Patty Pansing Brooks and I represent District 28 in the middle of Lincoln. Thank you.

SENATOR COASH: Colby Coash, District 27, also from Lincoln.

SENATOR SEILER: Les Seiler. I'm Chairman of the Judiciary Committee and I represent District 33, which is all of Adams County and everything in Hall County except Grand Island. Thank you and we again welcome you here. We didn't...we didn't set this up to have all the beauty on your right, my left, and all the thorns over here on my right, your left. (Laughter) I would like to invite James Davis and Jerall Moreland to come up and address this group. Please state your names and who you represent.

JERALL MORELAND: (Exhibit 2) Okay. Good afternoon. My name is Jerall Moreland, M-o-r-e-l-a-n-d, and beside me is James Davis, D-a-v-i-s. We are here today representing the State Ombudsman's Office in the capacity as deputy ombudsmen. We would like to thank Senator Seiler and the Judiciary Committee for inviting us to offer our views on possible related subjects that the committee might be interested in as it relates to the proposal of opening a new correctional Behavioral Health Treatment Center. One of LR34 committee's specific tasks is to study the "availability of mental healthcare and procedures in place to ensure that inmates receive appropriate mental healthcare." On July 25, 2015, Marshall Lux, the Nebraska Ombudsman, provided each LR34 committee member a memo detailing many of our views pertaining to various issues surrounding behavioral health services. As mentioned in Mr. Lux's memo, the LR424 committee concluded that "the resources available to inmates within the Nebraska Department of Correctional Services are wholly inadequate." Although today

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NDCS plans may already be in motion to increase the number of beds for those involved in the Nebraska system, treatment, the need, and the treatment reality is that the Nebraska Correctional System continues to be stressed from an overcrowding situation that affects not only the mental healthcare provided to those inmates incarcerated but also limits available programming options. When taking a look at the mental health treatment system in the state of Nebraska, you don't need to look very far to identify the two major service providers for the institutionalized mentally ill; namely, NDCS, Nebraska Correctional Services, and the state regional centers. When looking at the question of what a proposed Behavioral Health Treatment Center might look like, we would suggest that both these existing entities have to be examined to see what improvements are needed to meet the state's needs. Part of this effort should be an in-depth look at the complexities of the bed allocation system at the Lincoln Regional Center. What this adds up to is a need for Nebraska's policymakers to consider the fundamental question of how it wants to deal with the state's institutionalized mentally ill, both those who are incarcerated in the correctional center and those who are civilly committed. Arguably, the best answer for the state of Nebraska would be to develop a dedicated correctional Behavioral Health Treatment Center to provide humane treatment, stability, and structure to Nebraska systems' mentally ill, mentally disabled, and behaviorally disabled individuals. How do inmates with mental illness navigate through the correctional system? Some can live in general population. But some with more acute illnesses find it very difficult to adequately function within the rules and regulations of correctional confinement, which many times results in their placement in segregation status, isolated from others in a small cell for up to 23 hours a day, for months or years at a time. In this setting, the symptoms get worse. Meaningful treatment is very limited and they linger in the same place for years, untreated, while their condition worsens. Several years ago, the former Corrections director, Bob Houston, had the insight to take steps in creating a Mental Health Unit at the Lincoln Correctional Center. The intent of the unit was to provide treatment services for the seriously mentally ill inmates who would otherwise be in segregation. As the initial numbers were projected to be low, the Ombudsman's Office quickly discovered that the

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inmates needing the type of service offered at the LCC Mental Health Unit was much higher than planned for by the department. In fact, we had several conversations with Director Houston regarding the need to expand the program, considering that there were too many inmates in the Nebraska system generally and that there were too many of them who were mentally ill for the Mental Health Unit at LCC to really meet the needs of the system. Thus, while the Mental Health Unit at LCC was reasonably well run, it could not meet the needs of the system in terms of providing inmates treatment for the system's population. The other issue with having the Mental Health Unit at LCC is that it uses up beds in a maximum security institution that should be occupied by other inmates, for example, some of those who might otherwise be moved out to the Tecumseh facility. We support the Mental Health Unit at LCC. But just because that unit exists at LCC does not mean that everything is fine. There appears to be several serious deficits in the providing of mental health services to inmates within the system, these deficits in part being, as we expand beds at LCC, we are basically robbing beds from those who need to be exposed to various other programming needs. The LR424 committee heard testimony from Dr. Stacey Miller of the correctional system in which she described to the committee that perhaps 40 percent of the inmates at TSCI have a mental illness. If we look at the total Corrections population of approximately 5,000 inmates, that would suggest that, in fact, somewhere in the neighborhood of 2,000 of the system's inmates have a mental illness. We know that the department is not providing therapeutic services for anywhere near that many inmates. Currently, mentally ill inmates are being placed in segregation cells for rules infractions, bizarre behavior, or instability. It is only when stability is established in these cases that we generally see those inmates moved out of segregation to the Mental Health Unit at LCC. The problem with this approach is that it is very difficult, if not highly unlikely, that the mentally ill inmates in segregation cells will ever be sufficiently stabilized to make the transition to the Mental Health Unit at LCC. In addition to providing acute and/or comprehensive care to inmates with serious mental illnesses, a dedicated correctional behavioral health treatment could also serve several other types of population in the system. The following areas could be included as a part of the facility's programming offerings.

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Inmates held in segregation for long periods of time should not be released directly to the community. When this population is within a matter of months from their discharge, they should receive programming and/or treatment that make them more likely to be stable when released. A dedicated correctional health treatment center could be used for this purpose. Gang de-programming: Helping gang members reconnect with mainstream society should be a goal that Nebraska emphasizes. Instead of writing gang members off as incorrigible or lost causes, we should reach out to them with the goal of getting to know their root problems. We should attempt to provide programs with reality-based interventions that would cover family, education, community, and personal image issues. This type of population could be transferred to the dedicated facility early in the sentence for different phases of the program. We believe that many inmates are being released back to society with PTSD, a condition which many of them will have developed in prison. Many in this population cannot adjust to society after release and need continuum care prior and after their release from Corrections to address their PTSD issues. In these cases, we believe that the odds are probably high that these inmates are going to be coming back into the Nebraska correctional system. A dedicated correctional Behavioral Health Treatment Center could be used to identify and treat those inmates in the system suffering from some form of PTSD, thereby reducing the state's recidivism rate. A dedicated correctional Behavioral Health Treatment Center could also be used for providing comprehensive evaluations of prereleased mentally ill inmates, for example, 60 days out from their tentative release from Corrections, in order to determine whether those individuals should be referred for possible civil commitments at the end of their sentence. We saw in the Nikko Jenkins case how important it is for cases to be carefully evaluated before the inmates are discharged. Co-occurring disorders are prevalent in the corrections system. We are finding a number of cases of inmates with both substance use disorders and mental health disorders. Most of the system's substance abuse programming can go on in the correctional facilities, but cases where there are co-occurring disorders would be better served in a dedicated treatment center. Finally, when the state considers moving forward with a dedicated mental health facility for the system, we need to remember that

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this facility would be assisting with preparing most of these individuals for life in the community. Remember, many of those going through the corrections mental health system will eventually be released. I want to thank the committee for the opportunity to share our perspectives regarding the subject of mental health. James and I can take a few questions from you, and he would like to go over a few conditions of corrections.

JAMES DAVIS: Thank you. I'm James Davis, deputy ombudsman for Corrections. Let me give you a few figures of what's going on at LCC. As you know, LCC will probably be...Director Frakes is centralizing his mental health program there so basically he is sending the serious mentally ill at LCC. So it has approximately 110 beds at this particular time. In the restrictive housing unit where they house the more seriously unstable, you probably have four downstairs in the restrictive housing unit, I'm sorry...yeah, the restrictive housing unit. And then the secured mental health unit has 30 beds. So we're talking about approximately 144, at this time, beds that we have at LCC. Staffing: Basically, they have two licensed mental health practitioners at this time, two behavioral health caseworkers. So at the beginning of running that facility, you only had one licensed mental health practitioner and two behavioral health caseworkers running that whole unit. So they were sort of understaffed. And if we're looking at 24/7 care, right now we don't have 24/7 care on those units, so I just wanted to throw that out at you. And then I wanted to give you a perspective from Mississippi basically on their administrative confinement and sort of draw some parallels of what our administrative confinement looks like. So this was a study that was done to reform Mississippi correctional facility to get rid of the segregated units, so I'll just read from here: Beginning in the early 1990s, prisoners at Unit 32 described the harsh environment: severe isolation, unrelieved idleness and monotone, little access to exercise, stench, filth. The toilets in every cell had a ping-pong mechanism. Whenever it was flushed, it would push the waste in the bowl into the bowl in the adjoining cell. Infestations of mosquitoes and other stinging insects forced prisoners to keep their windows closed and their bodies completely covered, even in the hottest weather, and the temperatures in the cells during the long Delta summers were extreme. The light was too dim for

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reading and writing. Medical, dental, and mental healthcare was inadequate. Psychotic prisoners started fires, floods, in tears, smear feces, and screamed often all night. Prisoners were moved into cells that had been smeared from the floor to the ceiling with excrements from previous psychotic tenants. Take-down teams extracted prisoners from their cells and subdued them with pepper spray, adding a toxic environment caused by fire and flooding. Many prisoners stayed in Unit 32 for their duration of their sentence and some for life. In January 2002, the prisoners on Mississippi death row went on a hunger strike to protest the conditions of their confinement. And after they went through that duration, there was a lawsuit and then basically the seriously mentally ill were taken out of that unit and then they dismantled the segregation units, so. But I'm drawing some parallels of what we have on administrative confinement and some of these things I see when I walk through: a small cell basically where you have individuals who are psychotic. We don't have enough staff or mental health staff to take care of their needs, and most of the time they're left in those cells. They may have the licensed mental health personnel come up and have contact with them, but my question is how serious is the therapy going on with those individuals. We do...we're in the process of privatizing the mental health at Tecumseh because we couldn't get mental health personnel at Tecumseh to provide mental health therapy. So basically CCS I think probably has that contract. And so most of our seriously mentally ill are being transferred to LCC. So we have to ask the question, do we have adequate staff to cover those and provide service for those individuals that are being centralized at LLC at this time? Now we'll be...take any questions.

SENATOR SEILER: Would you describe LCC and what is LCC? Tell people.

JAMES DAVIS: Oh. LCC is a maximum and medium security facility. Basically, it was started as a maximum/medium, and then it went to minimum. But now it's a maximum/medium. And so right now, under the repurposing program that Director Frakes has started, they are going to centralize all their mental health services at LCC. Now as you might not know, he did name a behavioral health administrator last night,

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which was Dr. Jones, and then also a psychiatrist. Dr. Wetzel will be providing psychiatric service. And also in charge of the psychotropic drugs.

SENATOR SEILER: Okay. Senator Coash.

SENATOR COASH: Thank you, gentlemen. As I read through your entire testimony, you didn't mention the community of Hastings once. So you understand the needs of the correctional system. We rely on your expertise for that. What is your impression of providing mental health services in this community and do you think that can...I mean it sounds like...I understand you're very supportive of more mental health treatment. What we're trying to figure out, is this the right community and can we make it work here. Do you have any comments on that?

JERALL MORELAND: Sure. Sure. We think there's going to be some concern with what we have been challenged with in Tecumseh as far as providing the necessary professionals in those areas. However, I think the cases look fairly different. In Tecumseh, if you look at the counties that they're able to draw from, probably about 33,000 if you mention Nemaha County, Johnson County. Now compare that to the Hastings county (sic), you have Hall County and Adams, and you have approximately 92,000, I believe. So it is very different so I don't think we can take the same challenges that we have at Tecumseh and put it here. A second I would say is University of Nebraska Medical Center is looking at some kind of program as well that they can partner with the state to provide those professionals that are needed, and that's probably where we're going to need to target at. Those professional psychiatrists, psychologists are those that we're going to have to bring somehow, attract here, retain them here. But on the other side, as far as what's needed to operate a facility, we think they would have enough of a draw here in the Hastings area.

SENATOR SEILER: And you've been in on those hearings with the...the meetings, not the hearings,...

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JERALL MORELAND: Yes.

SENATOR SEILER: ...meetings with the University Med Center.

JERALL MORELAND: Yes, that's correct.

SENATOR SEILER: And they're anxious to get going. And we're going to have a hearing September 1 on that very issue in Omaha.

JAMES DAVIS: I think it's doable also because of what they started off at LCC. UNMC went into an internship with the Department of Corrections with their psychology or psychiatry students or med students to do internships, and they want to get down here and do it also. So I think it's doable with them being involved with Mary Lanning and then also the other professional clinicians around in the city. So I don't think, like Jerall said, they will face the challenges like at Tecumseh because Tecumseh didn't have that community to support. And so that's why we went into a privatization to get those clinicians there because, under a private contract, they could pay more than what the state is paying.

SENATOR SEILER: Any...? Senator Bolz.

SENATOR BOLZ: Good afternoon. I'm thinking about the testimony that we hear last summer on the LR424 committee from the ACLU in Colorado and some of their success with moving folks out of segregation and moving them through general population, and the therapeutic value of some of those strategies. So what I would be curious to hear your thoughts and ideas about is how do we leverage those strategies in a diffuse way across all of the systems versus one centralized institution which is more intense? Can you compare and contrast what those two things can give us and whether or not intensifying programs across the system has the same value as providing one more

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centralized facility. I hope that question comes through.

JERALL MORELAND: So I believe the program in Colorado was looking at how do we deal with those in segregation and how do we transition them through custody levels of that system. So right now one of the things the department is looking at is their population and how do we repurpose that population, and I think that's going to be big. A big question that we have as far as when you would place an individual in segregation, what reasons you would place that individual in segregation for, and what kind of program needs to accompany that person that's being placed in segregation. So I see that different than this facility here. A lot of it depends on the point that they are introduced to the facility. So one of the things we mention here is on the reprogramming of gangs. That is a program that we could offer very early in an inmate's sentence structure. And so they could go in fairly early in the middle of their sentence structure and maybe a phase that we would offer prior to release. So I think all that needs to be looked at. I do see that as a different issue as far as when and why we would use segregation for inmates. How we would transition those individuals for those...those individuals that are placed in segregation for long periods of time, how would we start introducing interventions to try to get them closer to the community.

SENATOR SEILER: Any other questions? Senator Williams.

SENATOR WILLIAMS: Thank you. Jerall and James, your testimony and everything you said is based on the current state of the prison system in Nebraska, which we know, because of the testimony that we've received on other issues, is overcrowded and all those things. The Legislature just passed LB605 with an emphasis on probation, postrelease supervision, and some other things that come along with it. As we move through the implementation of LB605, do you think, in your opinion, would that change any of your testimony? Do you think that the prison overcrowding will be addressed by LB605 in a way that might change how we should address the mental health issues going forward?

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JERALL MORELAND: So LB605 has a lot of alternatives that we could possibly follow. However, I think we're still in a position where we are five years out before we truly see what LB605...what kind of impact it would have. With that said, we also know nationally that the mentally ill are being placed in incarcerated areas. They're being placed in your state and local jails. So I would, I guess in my opinion, I would see that a combination of those areas that we're looking at in LB605 as well as making sure we have the ability to provide programming within the department is critical. I think, you know, one of the things we said in the beginning of the testimony is that we really need to examine not only Corrections, we need to examine all the stakeholders involved in this from mental health courts to Lincoln Regional Center, available beds that the Lincoln Regional Center could have, and just what kind of population we expect at either NDCS or the Lincoln Regional Center, state hospitals. Did I...

SENATOR SEILER: I just...I have one question. It seems to me, from your testimony and from the report of the "Behavioral (Health) Treatment Center Program Statement Report December 15," that there's really three segments in mental illness. It's the Lincoln Regional Center, which really has the acute, the really severe, I'll use his name, Nikko Jenkins type of person. Then what we don't have is somebody for the mild illness and the drug abuse and the alcohol abuse, and that's what we're proposing Hastings Regional Center to fit in. And then from there is a preparation for them to go to community health services when they come fresh out to learn how to live back in the community. Is that what you envision?

JERALL MORELAND: Let me...I guess I would add one thing. The memo that Marshall provided the LR34 committee laid out a kind of a view of what we have in the state of Nebraska as far as offerings to the mentally ill population. The regions are part of that process. So, yes, where the regional centers should obtain your most acute or those high acuity type individuals, your regions are then supposed to partner with hospitals, Mary Lanning, those type of service providers out in each region. Essentially, we have

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the need for more mental health beds, be it at the region site or at the state hospitals.

SENATOR SEILER: Or we're going down to community (inaudible).

JERALL MORELAND: Or going to community, yes. Yeah.

SENATOR SEILER: Right. Okay. Anybody else? If not...yes, Senator Pansing Brooks.

SENATOR PANSING BROOKS: Yeah. Thank you for coming and talking today. What I'm interested in is, and I will ask it at the next hearing with the UNMC people, but have you seen other places in other states where med students who aren't necessarily completely trained in these areas, come and take care of the most...I mean what I'm reading in this big tome is that these are high-security individuals, moderate- to high-security individuals. And so we're going to be taking some med students from the University of Nebraska Med Center, and I like that whole idea but how trained are they? How well will they be prepared to handle these very, very difficult people who are really seriously...I mean this isn't a little practice thing for people. This is something serious that I think, as a state, we have a responsibility to get people who really can make a difference. And it is nice to be able to have these students practicing, but I think we walk a really fine line between letting some people practice and fill a need, their need to get experience, and then also being able to deal with these really severely ill people. So have you seen this in other states where students...I'm thinking of law students just from my own experience as a law student. As a law student, we know we're practicing, we're learning. We don't know very much, very many things when we're a student. And so it's just that's what's worrying me. Have you seen this in other states?

JERALL MORELAND: So let me answer it two ways then. So when we look at similar programs, I know UNMC is looking at those now. I am aware of the New York system and I think the new chancellor there has experience actually with the prison system in New York and he talks about partnering with those private providers to provide those

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kind of internships. So that's one area that we could probably provide additional information for you. In addition to that, I think we go back to what population do we expect the regional centers to take care of. Are they going to take care of the most acute or do we want Corrections to take care of the most acute? What are the responsibilities or role of both? And so it's my understanding that we're probably not looking at the most acute type of individual for this particular treatment center, but that's something that you all have to decide on. If we do, part of it is, I think, Iowa system. They had a...not so much the intern but they had a system that they felt needed to be more treatment oriented, therapeutic, but they also utilize correctional staff to operate the facility. So there's probably some combinations out there that we would have to look at, but not specifically to the intern aspect outside of New York I believe.

SENATOR PANSING BROOKS: Okay.

JERALL MORELAND: And I'll try to provide that information to you.

SENATOR PANSING BROOKS: Thank you.

SENATOR SEILER: Any further questions?

JAMES DAVIS: I've seen some research but I want to make sure I state it correctly, that Texas med school students go into the Department of Correction and provide...

SENATOR PANSING BROOKS: Texas had med students, is that what you're saying?

JAMES DAVIS: Right. So I have to get that research and provide it to you.

SENATOR PANSING BROOKS: Thank you.

JAMES DAVIS: But in our system you have Dr. Wetzel, who is supervising the Med

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School students who come into that facility. So he is board certified and would oversee everything that they would do. So they would be supervised by already psychiatrists, so that's what I'm getting from UNMC, if they come down to Hastings, that they would have board certified psychologists and psychiatrists who are supervising the students who are interns.

JERALL MORELAND: So the point is, we have a pilot program now at LCC...

SENATOR PANSING BROOKS: Okay.

JERALL MORELAND: ...that they're utilizing with interns.

SENATOR SEILER: And we have the pilot program with Mary Lanning.

JERALL MORELAND: Yes. Yeah. And I do know Norfolk Regional Center, they also have a similar program.

SENATOR PANSING BROOKS: Okay, I have one more question, if you don't mind.

SENATOR SEILER: No, go ahead.

SENATOR PANSING BROOKS: I was also wondering, it's my understanding this is for a 200-bed facility and it's talking about 287 staff. Yet today when we toured the...it's the juvenile facility here for mental health, they have 24 beds and 90 staff. So I'm just trying to figure out, are these numbers correct that we're seeing in this report. I mean if it's 24 to 90, those are wildly different numbers than 200 to 287 on staffing.

JERALL MORELAND: Okay. So...

SENATOR PANSING BROOKS: So I just don't know if that's just that they're kids or

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because...so I'm interested in what...where is that disconnect.

JERALL MORELAND: Okay. Yeah, I think we're talking about the report that DHHS, Health and Human Services, and Corrections worked on. As far as the numbers, I don't know about the numbers. I would say that we're still at a point where we need to determine what the population is. So to me, it's difficult to determine what the actual numbers need to be for a facility until we understand who we want to service.

JAMES DAVIS: So what he's saying is, Senator, it's either major, mild, or very mild mental health patients at the facility, so it's up to you guys to decide.

SENATOR PANSING BROOKS: Less staffing for less majorly...

JERALL MORELAND: Yeah, and I would also say that the ratio may be a little different when we talk about adolescents in an institution system versus the adult system. So we'd have to look at that.

SENATOR PANSING BROOKS: But they are talking in here about moderate to maximum security prisoners. So if they're talking moderate to maximum and they're talking about a one to...that's what it says in here.

SENATOR SEILER: Look on page 39. It breaks it out. It is not acute or subacute mental health conditions.

SENATOR PANSING BROOKS: No, I know it's not subacute, but they're talking about moderate to maximum security. Here it is right...it says, on page 5, incarcerated and classified as maximum or medium custody.

JERALL MORELAND: Okay. And so here's why I say we really need to understand the population. One of the things the new director is doing is he's looking at the

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classification system, the system that determines if you're max, medium, or minimum. And so I believe that that is an area that he feels they're very high, as far as max, and you should turn that over and we should have more minimum type inmates classified that way. But I know that's something that he is going to be looking at. And so that's why I say I'm not sure how that is...once those changes are made, I'm not sure how that's going to impact the report.

JAMES DAVIS: In other words, he, Director Frakes, feels that the classification system is flawed so he has to go back in and redo that whole thing, because we probably have more people on the maximum that shouldn't be there, and also more people in administrative confinement that shouldn't be there, because it's subjective and it's not objective. So they have to go back and redo that whole thing over or look at that. So...and it depends on what classification of inmates you get here that will determine your staffing.

SENATOR SEILER: And I believe they're talking about two different classifications, one is the type of mental illness and the other one is the type of prisoner they're going to house. So those are two different classifications. Thank you. Any further questions?

JAMES DAVIS: All right.

JERALL MORELAND: Thank you.

SENATOR SEILER: Thank you very much. At this time I would move that and receive the Behavioral (Health) Treatment Center Program Statement report of December 15, 2014, into the record so that it's there for everybody to look at. It's on the computer and so I think it should be in the record. Senator Annette Dubas.

ANNETTE DUBAS: (Exhibit 3) Good afternoon, Senators. It's my pleasure to be here with you this afternoon. My name is Annette Dubas and I am the executive director for

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the Nebraska Association of Behavioral Health Organizations--long name. Most often we're referred to as NABHO. We are a statewide association representing over 40 behavioral health organizations all across Nebraska. So I appreciate the opportunity to present information to you related to the real need for behavioral health services for those who are incarcerated and what these services will do to reduce recidivism. The program statement contained in the LB999 report speaks to the need for a corrections facility that partners with DBH, the Division of Health and Human Services, to focus on the prison population who are ready to be released but, to date, who are receiving no reentry services or treatment plans. The importance of this partnership cannot be underestimated. Corrections facilities have a main focus and that is security, not treatment. This must be a collaborative process with Corrections leadership and DHHS leadership working hand in glove. There is no doubt that security is paramount, but equal emphasis must be placed on creating an environment focused on recovery and aftercare. And I will send all of your offices a link to an article that I just read yesterday in the Governing magazine, so I'm sure you have the magazine in your office as well. But it's talking about a very successful program implemented in Miami, Dade County. And what I took away from that article was the reason that this program is being successful down there is because they are looking at it in terms of a system, not in terms of program. So it's kind of taking it out of that silo and looking at it across the board. So it's bringing corrections in. It's bringing behavioral health and human services issues together. So again, I think that article really shows that there are workable opportunities out there if we're willing to kind of step out of where we've been and look to where we can go. Without a change in approach and a focus on rehab and community support, this type of facility will not succeed. Our support for this facility comes with some significant caveats. This proposal should not move us back to a centralized model of providing services. Reintegration success will be enhanced through a community-based regional model. And again, it's those community support services that will make this type of facility work. Nebraska's network of community-based providers has extensive experience in extending accredited mental health and substance use treatment services to high-risk clients. We need to ensure

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that this population is given every opportunity to receive treatment that is recovery focused with aftercare plans that fully incorporate available support systems in their home communities. This also means inmates' families are a part of that recovery and treatment plan. So if the location of such a facility is not convenient for family members, it can compromise that recovery plan. It's not an insurmountable obstacle, but it's something that needs to be taken into consideration. If families do choose to relocate, the community must be prepared to meet needs such as housing, jobs, transportation, day care, etcetera. When Nebraska moved from an institutional model of mental health treatment to a community-based system, it was anticipated that the savings would be redirected to those community services. This has not happened, at least not to the extent that was projected. This type of facility, again, cannot succeed without strong community services component to support the aftercare plans. Those plans include not only treating the illness inside the facility but making sure the needed services are available upon release. As I mentioned previously, housing and jobs, transportation, all of those are an important component to aftercare and a successful treatment plan, and for that inmate's ability to really succeed and thrive. We need to take into account the geographical disparities and challenges that come with reintegration. The Department of Corrections' statistical report indicates that 14.5 percent of the adult male corrections population are from south-central Nebraska. Omaha and Lincoln areas comprise about 60 percent of the incarcerated individuals. We believe that a large percentage of this population will integrate back into the communities outside of this particular facility. So again, we cannot emphasize enough the importance of aftercare and reintegration services as a component of a successful and effective program. We do believe that a facility such as envisioned in LB999 is a big step in the right direction, but we have to take a holistic approach and view of its development. NABHO supports investments that support and promote long-term rehabilitative success. We know we have far too many individuals in corrections who are there because of mental illness or addictions. In Douglas County, 21 percent of their population are identified with a mental illness. At Tecumseh, as was mentioned in previous testimony, it's as high as 40 percent with only five mental health practitioners to take care of their needs. Last year in Platte County

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the sheriff's department requested an additional \$10,000 in their budget to add a part-time counseling position to their jail. The sheriff reported that county jails have become the dumping grounds for people with mental illness. Our jails are not equipped to staff and meet those needs. This demand has increased over the past decade when the state shifted treatment responsibilities from regional facilities to community-based services. This is the 800-pound gorilla in the room. Where will those needed financial resources be found? The building alone will not ensure a successful program. It is meeting those ongoing financial needs that will determine this facility's viability. Program 38 provides a large percentage of support for behavioral healthcare. Will facilities like the one envisioned in LB999 have a new funding stream, or will they be lining up with the rest of the programs and compete for existing dollars? Without sufficient funding, you cannot build capacity. And without capacity, you greatly reduce access to timely and effective care. Effective programs needs consistent funding to ensure the requirements of the treatment plans that these individuals will be released with can be met. It's also been brought up here this afternoon, the work force issue. It is real and it is prevalent all across our state. Omaha just recently commissioned an assessment of the adult behavioral health system in their area. Work force shortages with psychiatrists, psychiatric nurses, nurse practitioners, and other bachelor-level staff who work in the community are evident. NABHO conducted its own survey just amongst our own members in regards to service gaps in the delivery system. Questions related to work force indicate very clearly that there is a shortage, not only for the higher level professionals but also for those who are direct care support staff. The most recent reports indicate that all but six Nebraska counties are designated mental health professional shortage areas. And many facilities across the state speak to the fact that they are rarely fully staffed and that it takes months to recruit positions such as licensed therapists or B.A.-level providers. And another component to staff is related to compensation, and I did hand out the maps. And there's also a chart attached with those maps talking about the educational requirements for those professionals who would be working in a facility like this. So even getting people up to speed and trained to come into a facility like is visioned in LB999 will take some time. Not saying it can't be

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done with some creativity and cooperation, but, you know, it will take some time. Mental illness and substance use disorders are very real health conditions that directly or indirectly impact all Nebraskans. It's estimated that 62,000 Nebraskans suffer from a serious mental illness and over 134,000 adults suffer from a substance use disorder. Nationwide, it's estimated that 70 percent of the youth in the juvenile justice system have a mental condition, with 20 percent of those having a serious and persistent mental illness. Access to treatment can lead to full recovery and the ability to lead a productive life. We all share in the burden of behavioral health problems, but we also share equally in the benefits of strong, accessible, and effective behavioral health system of care, which includes services for those who are incarcerated. Lack of early intervention treatment before, during, and after incarceration have magnified our problems with overcrowding and have put public safety at risk. We certainly understand what Senator Seiler is seeking with the establishment of this type of rehabilitation facility. We know these types of services are needed to address the big picture problems facing our corrections reform efforts. NABHO's members are the experts in the field of serving those with behavioral health needs. They know firsthand the realities of work force development, aftercare, family support, and the need for ongoing financial resources to support these important services. We want to offer our expertise and be at the table for these discussions involving the planning and the delivery of behavioral health services within the correction system. Financial resources are finite. Providers are currently stretched to their max, attempting to meet the needs of those with mental illness and substance use disorders. We want to ensure that whatever is decided is based on the reality of our circumstances with goals that are not only attainable but that are sustainable over the long-run. So again, we thank you for your intention to this very important issue and appreciate the leadership that you've taken.

SENATOR SEILER: Thank you. Questions? Senator Kuehn.

SENATOR KUEHN: Thank you, Senator Dubas. I want to follow up a little bit regarding the issues with the current competition for funds in Program 38 and, as we look at it, an

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ongoing and a continual means of funding these programs in addition to the already scarce dollars that are available for behavioral health in Nebraska. What type of program increases, what type of, you know, increases in a percentage basis, if you have an idea or an expertise, would be needed to meet the current demand? And what kind of additional increases would be needed to meet the demand by this kind of proposed center?

ANNETTE DUBAS: I don't have a specific answer to that question. But I think bringing people, such as my members, to the table to really do an evaluation of what are...what types of programs would people...would the inmates that are going to be released from a facility like this, what types of programs would they need; what are the aftercare; where are those programs located; what will it take. You know, maybe there's just some switching around of some dollars that can happen. I also believe that there's new dollars that need to be infused into the system. But I think really taking an in-depth view of each program, what it funds, is it really doing what it's supposed to do, and an analysis such as that would be very beneficial.

SENATOR KUEHN: Thank you.

SENATOR SEILER: Any other questions? Thank you, Senator.

SENATOR BOLZ: Oh.

SENATOR SEILER: Oh, excuse me. Senator Bolz.

SENATOR BOLZ: Maybe a similar question, but I was reviewing one of the reports from the Omaha region and they point to a gap specifically in the lack of intensive treatment service providers. And it seems to me, for the population that we're talking about that may enter the correctional system or may reenter the correctional system, that intensity of service and the gap there is really relevant. And I'm just curious if your organization

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has any insight as to why we have that gap and how we might overcome that gap.

ANNETTE DUBAS: That's something...that's why we did the survey just amongst our members,...

SENATOR BOLZ: Uh-huh.

ANNETTE DUBAS: ...trying to get a handle on, within NABHO's members, where are you seeing the service gaps; why are they there; what is it that we need to do to address them. Work force was one of those things that kind of kept coming in too. Provider rates were also mentioned. Again, if you don't have the financial resources to support those programs, you're going to scale them back or, you know, just do the bare minimum. So I think there's not any one specific answer to that question but, again, taking an in-depth look and analysis of all the programs and where should we be directing those dollars, what do they need to do. I know that survey or that study that the Omaha area did, that's why they're wanting to do it, looking at that area. But I think we need to take a statewide approach and look at, again, if we're going to have a facility like is envisioned in LB999, we don't want it to fail because once the people are released that they don't have the access to the services that they'll need to keep going forward. So I think this is an incredibly important dialogue. This is a huge part of that reform puzzle that needs to be addressed. And I'm anxious to have you all read that article from the Governing magazine because I think it gives a great deal of hope in looking at things maybe a little bit differently than what we've looked at in the past on what can be done. They rely a lot of peer support. I think that's something that we don't talk a lot about here in Nebraska. I know we have some great peer support programs but what...how can we incorporate that more into the treatment plan. And that would give people who are exiting programs like what we envision here, an opportunity for some jobs.

SENATOR SEILER: Any others? Thank you, Senator, for appearing.

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ANNETTE DUBAS: Thank you.

SENATOR SEILER: I agree with your philosophy of your community groups need to be the final "dispersement" of those prisoners. I agree with you 100 percent.

ANNETTE DUBAS: Well, they stand ready. They just want to make sure they have the resources to do it and we want to work with you to make sure that happens.

SENATOR SEILER: Yeah.

ANNETTE DUBAS: Thank you.

SENATOR SEILER: Thank you. Representatives from Mary Lanning Hospital.

ERIC BARBER: I think you're only going to get one. I'm not sure any of them will come up here with me,...

SENATOR SEILER: Oh. Okay. (Laughter)

ERIC BARBER: ...although I did bring them because I might need the expertise as we go through this discussion. My name is Eric Barber. I am the president and CEO of Mary Lanning Healthcare. I've been in Hastings now for almost exactly two years. I've been in healthcare administration for about 14 years. Spent three years in a community a similar size to Hastings in Missouri, where we actually trained residents across ten different specialties in a community about this size, Kirksville, Missouri. So I might be able to lend some answers to the question you raised earlier. But I don't pretend to be an expert on corrections and not necessarily a behavioral health expert. But what I think I can hopefully answer some questions here is, you know, what's the challenges or how would we handle the challenges of attracting the appropriate work force to Mary

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Lanning, in specific, and then, getting even more specific, in psychiatry. And licensed mental health practitioners in Adams County, it's my understanding there are about 43 of them in the county. We do have an inpatient behavioral health unit at Mary Lanning Hospital. We have 28 beds there. We have the Lanning Center here, which is a very busy place where we have two, soon to be three psychiatrists practicing there with at least four other licensed mental health practitioners. So I have also been in discussions with Dr. Gold at University of Nebraska of considering residents here in Hastings and more than just residents rotating in Hastings but residencies actually being established and being centered here in Hastings in primary care. And now, obviously, that conversation is moving to, you know, the discussion with psychiatry. We do already have residents who rotate through the Lanning Center and the inpatient unit here in Hastings. One of those we are actually recruiting to move to Hastings. So in the last 12 months, we have added two psychiatrists and a psychologist to our staff here at Mary Lanning. In the last two years, we have seen our work force grow by about 100 new employees. You know, our work force travels from about 60 miles radius around us. We have employees who travel a great distance to come here: some come from Grand Island, some come from Kearney, some come from Smith Center, Kansas. It just...it varies. But there is a pretty large regional presence for our employees. Our work force is currently at about 1,200 employees, and so we are the largest employer, I think by far now, in Adams County. I think the position that Mary Lanning has for this project is that we certainly support the development. But I think we share caution with a lot of other people about do we understand exactly what we need for resources from the standpoint of professionals as well as nursing staff and all the other people that it takes to establish a facility, especially a facility this size. I think this project has expanded in scope as it's gone forward. So one of the things that we noted initially was the proposed pay scales for registered nurses, and there is a real challenge there. Now the good news is that we train registered nurses in three different locations here in the tri-cities area. There's a school in Kearney. There's a school in Grand Island. There's two in Hastings. You know, we are training new nurses. Unfortunately, a lot of those young nurses decide to move to Lincoln and Omaha. So it's really a matter of how do we attract that talent to

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stay here, and some of that comes with incentivizing them through tuition reimbursement or some kind of a stipend while they're in school, all those things. We've used projects like that, you know, to retain those nurses for our own, whether it's OB or psychiatry or surgery or whatever it is. So we have seen success doing that over the course of the last two years. So I would say that we are cautiously optimistic that we could help do that. And you know, combining a project like this with what we provide, from inpatient psychiatric services as well as outpatient psychiatric services, positions us very well to think about training residents in psychiatry right here in the central part of the state, where, you know, there's plenty of studies out there to show that if you train them in a certain location and their families are here with them, the likelihood of them staying increases exponentially. So, you know, again from Mary Lanning's standpoint, we support this. We've discussed it at the board level, at the executive level. We think this a worthwhile endeavor and we are certainly willing to continue this discussion with a little bit of caution about understanding exactly what we need for resources and what the time line looks like for the development of the center and recruitment of the staff. And so I'm going to keep my testimony brief and will just offer the opportunity for questions.

SENATOR SEILER: Senator Morfeld.

SENATOR MORFELD: Do you have any numbers on retention of your staff? And how does that compare to other facilities, either the one you managed in Kirksville or...?

ERIC BARBER: As far as retention, what we really look at is our turnover rates, and I can tell you that our turnover is at about 13 percent. And if you compare that to a lot of hospitals across the country, that's relatively low. I can tell you that it used to be somewhere near 30 percent not too many years ago. A lot of that has to do with culture and leadership and, you know, certain things that we're doing to retain the staff. One of the things that we have done as we've gone out to recruit physicians, we don't just do a random, nationwide search. We look for connections back to central Nebraska. We look

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for ties to the Big Red Nation. You know, we look for people who are either in residency at UNMC or went to school at University of Nebraska and are doing a residency somewhere else. And you know, people know people and healthcare is a small world, but it's even smaller when you're from someplace like Hastings, Nebraska. So we use local ties when we're trying to recruit and that leads to a much higher retention rate if you approach it from that standpoint.

SENATOR MORFELD: Great. Thank you.

ERIC BARBER: You bet.

SENATOR SEILER: Senator Ebke.

SENATOR EBKE: Thank you. The question I would have is specific to Hastings, I guess. As the spouse of a physician who was looking for a place to practice 20-some years ago, one of the things that we looked for was a place that offered opportunities for the rest of the family, meaning me, at the time. What is your perception? And perhaps your economic development person can say more about that here in a little while. But what's your perception in terms of the opportunities available for families, spouses of staff who might be recruited into the area?

ERIC BARBER: Maybe I should have brought my wife to answer that question.

SENATOR EBKE: There you go. (Laughter)

ERIC BARBER: You know she is suffering a similar fate. She was brought here because I was being recruited to be the CEO here. Now the good news is she's from the state of Nebraska. She's got a family farm in Oakland, Nebraska, so kind of knew what she was getting into. But the feedback that I get at home from here, two years into this, is that she really...she loves Hastings. And again, I think that goes back to the initial

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response to the question, was, you know, when you're recruiting to a place like Hastings, Nebraska, it's best if you can find somebody who has ties back to at least the state of Nebraska if not more specifically smaller communities in Nebraska, so they understand what they're getting into. Now we're fortunate we don't live too far away from Lochland Country Club. My kids get a chance to spend a lot of time at the pool during the summer. You know, there's a lot of things that that part of the city offers. If I had one complaint about Hastings, I'd say we don't have enough nice restaurants. Hopefully, the mayor heard that. (Laughter) And so...but, you know, as we've recruited these new physicians to our community, we've had to answer that very question: How is this going to work for their spouse? And so as we go through that process and, you know, now here we are, I'm two years into this endeavor. We've added 20 new physicians to our medical staff, in total. And each one of them has brought a spouse, whether it was a husband or a wife, and the retention rate of those physicians right now is 100 percent. We haven't had anybody leave. So I guess I could just say that I think that this community is right for a lot of people. It's not right for everybody. Now the good news with Hastings is you do have Grand Island nearby and at least Kearney has a Target, if that's really what the husband or wife is looking for. So I like our chances for retaining them once we get them here.

SENATOR SEILER: Any other questions? Thank you. Thank you very much.

ERIC BARBER: Thank you.

SENATOR SEILER: I can add a little bit to that for recruiting lawyers for 45 years for our firm. I got so I didn't even want to talk to the lawyer. I just wanted him to have a license. I wanted to talk to his girlfriend or his wife (laughter) to see what she thought of Hastings. So I agree with you 100 percent, Mr. Barber.

SENATOR PANSING BROOKS: That was when you were hiring the male attorneys, is that correct?

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SENATOR SEILER: Uh, well, any spouse.

SENATOR PANSING BROOKS: Okay.

SENATOR SEILER: Any spouse.

SENATOR PANSING BROOKS: Sorry. Just had to throw that little (inaudible)...

SENATOR SEILER: Sure. (Laughter)

SENATOR PANSING BROOKS: ...since your firm did hire our female associate because of a healthcare job that her husband got, so.

SENATOR SEILER: You keep training them; we'll keep hiring them. (Laughter)

SENATOR PANSING BROOKS: Yeah. Yeah, exactly.

SENATOR SEILER: Like to call David Rippe, Hastings Economic Development Corporation, up.

DAVID RIPPE: (Exhibit 4) Chairman Seiler, members of the Judiciary Committee, my name is Dave Rippe, D-a-v-e R-i-p-p-e, and I'm the executive director of the Hastings Economic Development Corporation. Thank you for visiting our community and thank you for the invitation to address your committee this afternoon. I don't always get invited to places, so that's nice. (Laughter) In December 2014, the team of Alley Poyner Macchietto Architects and Pulitzer/Bogard and Associates, in conjunction with the Department of Administrative Services, Nebraska Department of Corrections, and the Division of Behavioral Health, delivered their program statement for the proposed Behavioral Health Treatment Center at Hastings to our state's Legislature. Our

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community greatly appreciates the diligent efforts of these entities in the thoughtful and thorough preparation of this document. As it relates to Hastings and its capacity to support the proposed facility, one of the primary issues discussed in the program statement is the availability of labor in our community. As outlined in the staffing section, "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." The program statement continues to list perceived staffing hurdles at a Hastings location. It should be noted that these staffing hurdles are not exclusive to our community. And should our state elect to go forward with this facility, these hurdles will need to be addressed regardless of location. Moreover, illustrated hurdles, such as the difference in compensation between state employees and private sector employees, would likely be exacerbated in larger cities, where entry-level police officers earn 8 (percent) to 20 percent more than entry-level officers in Hastings. With nearly 100 positions that would likely be classified within the Standard Occupational Code for Protective Service Occupations, special attention should be given to the difference in average annual wages across all professions, and not just a few high-level health professions necessitated by the program. "Wages by Occupation" tables from the Nebraska of Labor's 2013 regional labor reviews have been attached to my written testimony. If this facility is the correct path forward for our state, it will face staffing hurdles wherever it's placed. That fact is inevitable. Nearly every employer in this state will tell you that they are currently facing staffing hurdles. What is critical, and what our Legislature should consider, is how a community addresses these hurdles. Regardless of industry, our community has consistently found that the local development of talent provides a much greater return on time and investment than any other avenue. Our efforts in work force development and the implementation of career pathways have resulted in Hastings Public Schools being recognized as the top career education program in the state this year and Central Community College being nationally recognized and receiving awards for their career education programs in Advanced Manufacturing and Diesel Technology. The potential exists for the state of Nebraska to work with our community to build a

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pathway for behavioral health treatment professionals and the support staff necessary to create and administer innovative new programming and service delivery to those in need. Curriculum and programming are already in place at Central Community College for Criminal Justice and Human Services certificates, diplomas, and degrees. Hastings College offers undergraduate majors in Criminology, Human Services Administration, Psychology, Sociology, and more. The local educational infrastructure is ready and willing to assist in building the pipeline of talent that will supply the essential staff detailed in the Behavioral Health Treatment Center's program statement. Consistently, employers have found that Hastings is a solutions-oriented community and a great place to do business. Whether you're Hastings College, Central Community College, Ingersoll Rand, Eaton, Ag Processing, the U.S. Meat Animal Research Center, Mary Lanning Healthcare, Public Power Generation Agency, the state of Nebraska, or if you're Back Alley Bakery, Hastings possesses the municipal, infrastructural, and human capital resources for you to be successful. Again, I greatly appreciate the opportunity to address your committee this afternoon. And should you have any questions, I would be more than pleased to respond to the best of my ability.

SENATOR SEILER: Senator Williams.

SENATOR WILLIAMS: Thank you, Dave. A question as it relates to work force development and across our state, one of the issues that we hear from economic development people everywhere is the lack of housing in our state and how that is hampering people from being able to expand and fill jobs that are already there. Talk to me a little bit about the housing situation in Hastings and the surrounding area and what you might be doing that is unique to solve that problem here.

DAVID RIPPE: Listened to Jen Wolf out in Gothenburg, haven't you? Housing...

SENATOR WILLIAMS: I hired Jen Wolf. (Laughter)

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DAVID RIPPE: She's great. I call her often. And you know housing is an issue, obviously, everywhere, and the senators are hearing it. Economic development is finally having to pay attention to it at the state level in what can we do. Here in Hastings it's no secret that housing is an issue. Our corporation at the end of last year really adopted two primary priorities going forward and that is work force development and housing. Currently, we have two projects, multiunit apartment projects that have applications into the Nebraska Investment Finance Authority awaiting approval to add that type of multiunit housing. We have a couple other significant projects that are looking to add apartment housing. Our corporation is currently engaged with JEO engineers on a master site plan for a large section of land outside the community that looked at housing across a variety of different sectors: single-family homes; dense, multiuse housing. Hastings has been one of the most active communities in the state working on the development of senior housing and as well a low-income housing, utilizing NIFA tax credits. We also reached out to developers from across the state and the region that have the capacity to aggregate funds that our local developers might not have. And so utilizing historic tax credits at the federal and state level, utilizing low-income tax credit, senior tax credits, whatever they might be in order to bring the cost of construction and equity necessary in rural Nebraska to effectuate a project. And so, yes, housing is an issue. We feel like we've got the right players at the table looking at a long-term solution for that. We've worked very aggressively with...you might be familiar with our Good Samaritan Society. Hastings Village is the largest, single-site retirement community in the state and we've worked very aggressively to bring housing on there that helps to open up entry-level housing in our community. And so as we matriculate people through housing levels, we've had good success there too. So no silver bullet. It's a multi avenue and vehicle approach, but we're certainly hoping that we get there.

SENATOR WILLIAMS: Thank you. I'd like to just mention that I really appreciate the fact that it's clear that Hastings has focused its efforts on this issue. Many people around the state recognize the issue but aren't focusing their efforts on it.

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DAVID RIPPE: Yeah. And just add to that, when you look at Hastings--and we're big on data and measuring what we do--and we look at postrecession employment growth in our community, has significantly outpaced Grand Island and Kearney. But those communities have continued to see greater population growth than we have. All your data points to availability of housing being a primary shortcoming of our community there. And so really all efforts around the table, from chamber of commerce to ourselves to the city and beyond, in working with the private sector to try and leverage the availability of public assets to effectuate private, and I think we believe we're on the right path.

SENATOR SEILER: Dave, you have had experience working with prisoners in our work force here in town with Marc Hultine?

DAVE RIPPE: Limited. I have Marc behind me to speak intimately to it, should you choose so.

SENATOR SEILER: Okay. I will ask him to come forward as soon as you're finished.

DAVID RIPPE: Perfect.

SENATOR SEILER: You finished? You're finished.

DAVID RIPPE: Thanks.

SENATOR SEILER: (Laugh) Thank you. Marc, would you please come up? I'm interested in your program that you run. And would you tell the group about your program and especially the communication with the industry here in Hastings and how you work with them.

MARC HULTINE: Certainly. Again, my name is Marc Hultine. My sister, Michelle

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Hultine, and I actually went into business together way back when, when my grandmother was the administrator of the regional center campus. So when we were six years old, we were selling Kool-Aid out there. (Laughter) But our family has been in mental health and vocational rehabilitation for some time. My mother taught psychiatric nursing on that campus, and my father was the director of vocational rehabilitation. It's a sincere, dear place to our hearts, so say the least. As Michelle and I came about, along with my wife, Connie Hultine, we've been doing community corrections across the state of Nebraska for the last 17 years, since 1998. Community corrections is a very broad statement. We work with federal offenders as well as state offenders. We are based out of Hastings, Nebraska. The one thing I can say is that the environment in Hastings, Nebraska, is very conducive, from sitting at coffee tables, walking in to employers, visiting with friends and family. The support is very immense, both publicly and also the individuals behind us here in the city have just been wonderful. We do a variety of services when we do community corrections. We do ankle bracelet monitoring, "Breathalyzing," UA, victim restitution. We have a residential reentry center for the last seven years and that's a 50-bed facility where individuals are transitioning into and out of the Federal Bureau of Prisons. These individuals are typically with us three to four months, and we serve primarily from Lincoln west, and "west" being there's times that we're clear out to Scottsbluff. We most recently have been doing state programming as well, working with that offender population making that transition as well as expanding their vocational horizons. But in working with the transition of the offender population, it's very important to look at the skill sets and match them to the opportunities, both not only in Hastings but across the board, and also enhance those vocational opportunities. The employers in Hastings, again, I think more than anything, it goes back to the mind-set of Ingleside and the Hastings Regional Center campus. It's very difficult to walk into anywhere and not meet someone that didn't have an aunt, an uncle, a brother, sister, grandma, somebody that worked on that campus. And the level of understanding, the willingness to afford opportunity is very immense. And if you can take that opportunity and match it with the right individual supportive services, you have a very good opportunity for success. I hope that...(laugh) that was very broad in a lot of

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regards, Les, but.

SENATOR SEILER: Right. And you have worked with the local industry to provide employees?

MARC HULTINE: Absolutely. Absolutely. You know, a lot of these individuals that are transitioning out, both male and female, they're talented individuals. Not everyone is going into entry-level, nonskilled positions. Many of these individuals have transferable work skills. It's tapping those resources and matching them with the correct employers. The manufacturing industry is big. They're looking for welders. The Central Community College here in Hastings has been wonderful to work with in the sense they have their skills gap programs identified where industry is needing these individuals, and we're plugging our residents into those programs to match them with the employers. Yes, you are going to have individuals that, as they're here during this time making the transition, they may take entry-level, nonskilled positions, but they're also looking at going back to the community from where they're from. So if they're going to be here three to four months and make that healthy transition, it's building the work history and setting the cornerstone so they can transition back. So if an individual, let's say, is going to return to Lincoln or Kearney or North Platte, even, we work with that individual as they transition back to where it is that they call home. And that's typically what you find, is when an individual comes to us, you say, where do you want to go? The person will say, I want to go home. And again, Nebraska is a big state and delivering those services throughout the state takes specialized needs. But I can tell you that we typically are running in the lower to mid-90 percentile of employment, and our individuals have two weeks to get a job or start volunteering time. But we really don't have a difficult time placing our individuals into the work force. Our employers are very nice to work with and it's almost as though we are a staffing agency in that regard.

SENATOR SEILER: Any questions? Thanks, Marc.

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MARC HULTINE: Okay. Thank you.

SENATOR SEILER: Jeff Beaty from Corrections, would you come up and...

JEFF BEATY: (Exhibit 5) Good afternoon, Senator Seiler and members of the Judiciary Committee, as well as Health and Appropriations. My name is Jeff Beaty, J-e-f-f B-e-a-t-y. I'm the program research and accreditation administrator for the Department of Correctional Services. I appreciate the opportunity to provide testimony today. Director Frakes did provide written testimony to the committee and I'll...he did ask that I kind of paraphrase and provide some opportunity for feedback if there are questions from the committee. So I'll do my best. I'm not going to try to read verbatim, but I'll paraphrase the comments from the director. Do appreciate the opportunity testify today. Director Frakes did want to apologize that his schedule didn't allow him to appear in person. He's right now driving to, I believe, Nashville, I believe, for an American Correctional Association conference, which he's going to present at as well as be participating in. It's my understanding that the purpose of today's hearing is to discuss the need for a behavioral health treatment facility like the one proposed in the LB999 program statement and the possibility of developing an interprofessional behavioral health training site within the department. As you're aware, LB999 commissioned the creation of the program statement in a collaborative effort between the Department of Corrections, Department of Health and Human Services Division of Behavioral Health, as well as Pulitzer/Bogard, who were the architects that worked on the project. The report submitted by the Department of Health and Human Services last December contains the best estimates currently available of costs to construct such a facility, as well as the staffing needs of the facility. With regard to the need for such a facility within NDCS, no one questions that there are needs and individuals within the department with significant behavioral health needs. Director Frakes, however, is still in the process of assessing the behavioral health needs of inmates, as well as the existing treatment resources within the department. Just yesterday Director Frakes announced the appointment of a new Chief of Psychiatry within the department, which was a

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recommendation that came out of the original LR424 committee. That is Dr. Martin Wetzel. Dr. Martin Wetzel has also recently been appointed as a...he's now actually a staff member at UNMC. He's (inaudible) time staff member at UNMC expressly for the purpose of him being able to supervise psychiatric residents at Lincoln Correctional Center. So one of the issues: you got to have a psychologist, psychiatry...psychiatrist at the facility that's actually on the UNMC staff that can provide that supervisory experience, which is something that we're greatly appreciative of and looking forward to expanding. The other individual is Dr. Lisa Jones, was announced to be our new director of Behavioral Health. And we had an individual currently that had left earlier this spring, so we're happy to have that filled. And we have this new leadership team in place that's looking forward to establishing some new policies and new direction within the department with regard to behavioral health. We're also optimistic that the reforms in LB605 will relieve some of the population pressure. I know there was some discussion about how overpopulation is affecting the ability of the department to provide these services and programs. You know, we're optimistic over the next three to five years that it will relieve some of the pressure on the department and provide some additional flexibility to shift resources within the department to focus on these needs. I know there was some discussion earlier of the existing changes that Director Frakes has put in place at Lincoln Correctional Center, very optimistic about the ability to do that, creating dedicated units and marshaling the resources within the department to focus on these units and get the individuals where they're...house them in the facilities, that they're going to get the treatment that they need. That's been working very well. There's also, you know, we're also optimistic about some of the changes proposed in LB598. We've been working with Vera Institute on restrictive housing reform. We have requirements in that legislation. There will be no seriously mentally ill people placed in restrictive housing. Director Frakes has already made significant steps to that effect. I do think sometimes the terminology and the nomenclature there, you know, it is difficult. We do need to work on distinguishing what criteria, what classes of mentally ill people. And you know there are a broad spectrum of behavioral health disorders, everything from, you know, substance dependence, substance use, through serious acute, subacute mental

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illnesses. And so you have a very wide array and there's a lot of evidence-based practices that dictate how you allocate resources and that you should focus on the highest risk, highest need inmates, which is one of the objectives and definitely an objective of Director Frakes. Director Frakes does have concerns that this project could take attention from...take some attention away from other needs within the department. We did have the capital facilities master plan that came out in September of 2014 and one of the needs there is that there's a high need in the department for additional community beds. And so, you know, he does have concerns that we may be looking at just how to prioritize different needs within the department. And he sees a need for community beds to free up space at other facilities so that then you can create some more of these dedicated treatment units within existing facilities. So part...the classification system is part of that as well. We are looking to make some changes just in terms of how classification is structured, rely more on validated instruments and more just best practices in terms of identifying classification issues. I know one change that's been considered is to...we now have kind of an arbitrary number...amount of time you have to spend before you can move from maximum custody down to medium custody, dependent upon your length of sentence. And so we've already looked at cutting that time in half from, at one point, it was eight years and now we're looking at reducing that significantly. So that if people are ready to transition or if they need to transition in order to get their programming needs met, we can get them in the places that they need to be to get that programming. I know another concern that was raised was being able to adequately staff the facility. Those concerns were raised in LB999, the "Program Statement," and I know that there are some of those concerns, so I was glad to hear some of the statements that were presented here today. You know the department is willing to work with the committee on the location. We do recognize that staffing is an issue everywhere in Nebraska. We face that every day at the facilities that we're dealing with. You know Tecumseh, in particular, has had some staffing issues. But, you know, right now NSP, I think the State Penitentiary shares some of those issues. I think it was interesting. There's a lot of focus on Tecumseh but we actually have longer longevity at Tecumseh right now under...among officers than we do at the Nebraska State

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Penitentiary. So it is a systemwide and a statewide issue with regard to retention and recruitment of staff. The other issue...I'm sorry, I lost my train of thought here. He does also have some concerns about isolating seriously mentally ill individuals all within one facility, and just because there are physical needs, mental health needs, as well as programming needs and other needs, and that the ability to move individuals within the system to get them to the programming and the services that they need is there. So while that's a minor concern, but it is one that he had expressed and indicated in his testimony. I think the rest of his testimony focuses more on the BHECN proposal, which I believe is going to be the topic of the September 1 hearing.

SENATOR SEILER: That's correct.

JEFF BEATY: We are very supportive of any sort of collaboration with higher education. We currently have residency programs in place within the department for psychiatrists; ARPN, which are psychiatric nurses; as well as a number of other medical specialties. We're working with Creighton as well as UNMC and other programs. And I know that Dr. Wetzel, Dr. Kohl, and the rest of the medical staff are looking to enhance that. I do know that at times they just wanted to make clear that residents are a really valuable tool but they don't...they're not going to solve the entire staffing problem for such a facility like this. You still need the supervisory staff and you still need permanent, long-term staff, you know, full-time employees that are going to provide the core structure that then can be supplemented with students, which is a valuable and cost-effective way to do it, so a lot of support from the department there. In closing, I'd like to thank the committee for the opportunity to provide testimony today. Meeting the needs of inmates is our priority. And you know, I heard mentioned today that security was one of the primary things and it is important, but we recognize that making individuals...preparing individuals to return to the community is really what security means for the state of Nebraska and that, you know, reentry is a huge focus. I didn't know. There's a lot of focus on reentry throughout the department. We've got the grant program. I did note that there's \$5 million that was appropriated in LB907 two years ago that's specifically earmarked for mental health

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treatment for individuals within the criminal justice system. That was placed within Probation's budget but it is to be used by probationers, parolees, and other individuals transitioning out of corrections. So you guys provided that funding. I know that program hasn't taken off, at least with regard to corrections, to a huge extent yet, but we're looking at trying to find ways to marshal those resources in the community. So I'd be happy to answer any questions.

SENATOR SEILER: Senator Coash.

SENATOR COASH: Thank you, Senator Seiler. Jeff, could you describe what, if any, relationship Corrections has with the Lincoln Regional Center?

JEFF BEATY: Well, I mean we have a working relationship. Actually, our central office is located on the regional center campus. But, you know, historically we've had inmates that there are sex offender programs that are available at the regional center. There's been opportunities for inmates that need specific programming that's not available within the department, have received some treatment at the regional center. In general, though, you know, individuals that are committed to the department, they're under our jurisdiction. And so if they're processed through the criminal justice system, they're coming to us. And if they're processed through a civil commitment process, they'll end up in the regional center system. So you know, you kind of get that divergence. When people get in trouble with the law and they end up getting a conviction, they come to us. There are situations where we had, you know, courts have ordered individuals to be housed at the regional center for evaluation purposes. There's time when they've been used to...we've asked the regional center to evaluate individuals to see if they should be committed or what their, you know, what their diagnosis is to assist us. So there's a collaborative relationship there. But in terms of, I don't know exactly if there's additional particular aspect of it that you're interested in.

SENATOR COASH: Well, you know, we spent the morning touring the Hastings

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Regional Center...

JEFF BEATY: Yeah. Uh-huh.

SENATOR COASH: ...and I've certainly been to the Lincoln Regional Center. There's a lot of similarities: a lot of old buildings, big campuslike setting, and they have mental health professionals.

JEFF BEATY: Yes.

SENATOR COASH: There were mental health professionals at this center at one point now just serving the juveniles. So I'm just...one of the things that a couple of people have mentioned is it's important to treat people close to their families...

JEFF BEATY: Uh-huh.

SENATOR COASH: ...and to utilize the resources as close, you know, as close as you can. You, in your testimony, mentioned the need to, you know, be nimble and things like that.

JEFF BEATY: Right.

SENATOR COASH: So I'm just...our job is to try to, you know, take a big picture look at this and look at what resources are available to this. And Senator Seiler has presented a resource in the community of Hastings. It's willing to embrace this idea and certainly has the space. And Lincoln certain has that ability as well. But I'm just trying to figure out...I was just asking about what kind of relationship there was already in place...

JEFF BEATY: Right.

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SENATOR COASH: ...because, you know, they're not dissimilar. And...

JEFF BEATY: No. No, we definitely coordinate on...and since, you know, the decision was made to kind of deinstitutionalize the private...the behavioral health side and we have obviously taken on a larger role in treating mentally ill individuals within Nebraska. There's no question that some of the individuals that formerly were under the purview of regional centers or got services through behavioral health have now, since they've left those institutions, they end up coming through the criminal justice system and they end up with our...in our facilities. And so that's, you know, that's...it's unfortunate if the reason that they did was because of their mental illness. Sometimes that's not always the case. There's also individuals with mental illness that are also criminal and it's not necessarily the cause of their criminality. So you've got both individuals that their mental illness contributes to the cause of their committing crimes, and there's individuals that are both criminals and mentally ill and they're not necessarily...you know, the causation isn't necessarily there. So it's something that we struggle with on a regular basis. And it's clear that, you know, that that spectrum that we have, you hear a lot of percentages about the percentage of behavioral health diagnosis. I mean we hear if you talk about people with substance abuse, it's probably 70 percent. If you talk about, just depending on how you draw that line, you can get, you know, which I've heard the 40 percent number at Tecumseh or the 30 percent number overall. I think just some of it depends on what you're defining and what you consider to be serious mental illness or how you're looking at it. But there's no question that it's an issue that we need to address.

SENATOR SEILER: Any more questions? Senator Williams.

SENATOR WILLIAMS: Thank you, Senator Seiler. Jeff, follow-up on a question...

JEFF BEATY: Uh-huh. Sure.

SENATOR WILLIAMS: ...I asked Mr. Moreland and Mr. Davis on LB605. We recognize

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clearly as a state we have an issue. We also recognize we have a responsibility.

JEFF BEATY: Uh-huh.

SENATOR WILLIAMS: Do you think that LB605 will change anything from a statistical standpoint that we're looking at trying to solve with this issue?

JEFF BEATY: Well, you know, I think LB605 is going to have some impact. It's going to...you know, we're hopeful that it's going to have some impact on allowing us to focus our resources on the higher risk offenders. You know, one of the big things I think in LB605 that it's looking to divert low-risk individuals, who probably maybe should have never come to prison, out of prison. So for example, Class I misdemeanors are not going to come to prison anymore unless they also have another accompanying felony. So you're not going to see individuals that might have just had driving under suspension previously come in, or a second offense DUI if its a Class I mis...or some other, you know, lower-level crimes where maybe they have a very long litany of low-level offenses and the judge finally said, you know, you're not following it, and then send you down to DCS. They'll still have the opportunity to override that. But the presumption of probation for Class IV felonies is another one that will divert some of those shorter term inmates. We get...we have a lot of pressure on the department when we get individuals that come in for very short sentences but have needs. And so, you know, we get people that are spending four to six months with us after jail credit and, you know, they might get a 16-month sentence but they spent six months in jail. And then you take that off and then ten months left cut in half is five months. That's not enough time to even get through the assessment process and get into a residential treatment program. So if they get diverted into a community-based program, if they get diverted under Probation, or with the new Class IIIA and IIIs, they're going to be seeing a period of time within the department followed by a period of postrelease supervision under the jurisdiction of the Probation. And so they'll have the opportunity to get some community based resources in that last half of their sentence. I think that will free up some of the low end, hopefully,

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and allow us to focus more on the higher level offenders that have higher needs and that, you know, evidence-based practices say we should focus most of those resources on those individuals.

SENATOR SEILER: Any further questions? Excuse me.

SENATOR WILLIAMS: From a facility standpoint,...

JEFF BEATY: Uh-huh.

SENATOR WILLIAMS: ...does that alleviate any of the overcrowding...

JEFF BEATY: We're hoping. I mean the...

SENATOR WILLIAMS: ...to create more facility space for other programming?

JEFF BEATY: You know, the projections over the first five years are to reduce our population between 500 and 800 individuals, which while, you know, that brings us down, gives us breathing room, it's not going to solve the problem completely. But it's going to give us some more work room and get is some more time to work on other solutions other than necessarily building new facilities.

SENATOR SEILER: Any other questions? Thank you very much, Jeff.

JEFF BEATY: Thank you.

SENATOR SEILER: Anybody else who would like to volunteer any information? If you have any information you want to volunteer, we would be more than happy to accept your written statements being sent to my office. Yes, ma'am, go ahead.

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SHERI DAWSON: (Exhibit 6) Hi, Senator Seiler. Sheri Dawson, the acting director for the Division of Behavioral Health. I'm here on the behalf of CEO Courtney Phillips, who's unable to be here today. The Department of Corrections and the DHHS Behavioral Health System share a commitment to address the needs of individuals served. We're early in the tenure of the new leadership and for both departments it's really clear that the leadership is committed to an integrated framework that's been spoken about today. The future of criminal justice behavioral health interface requires a focused and strategic and data-driven approach to address the complex needs. LB999 authorized the Division of Behavioral Health to prepare a program statement for the Hastings Behavioral Health Treatment Center and the proposed project, as you know, would be about 200 beds to treat behavioral health and substance abuse needs of those who are determined to need services at the end of their term or prior to release. The department would like to highlight some advantages of the proposal. Finding strategic solutions to address reentry for individuals still under the authority of the Department of Corrections and meeting their health needs is important. Collaboration between the Department of Corrections and the Division of Behavioral Health, Department of Health and Human Services is appropriate and necessary to identify really the most effective and cost-effective solutions. The proposal focuses on a population of medium and maximum security, which can benefit from focused reentry planning. The proposal also calls for further consideration on some additional items. There's always that delicate balance between public safety and the opportunity for a more structured and transition back to the community. Additional clarity of mission and data is needed to drive the development of a specific solution that align with the Department of Corrections strategic plan. The work group did not identify an existing national model from which one could base this proposal. Also leaves opportunity for Nebraska to be a model. LB999 identified a specific location for the facility and there might be more cost-effective and efficient solutions to be gained by serving individuals in other localities from which inmates are discharging. Based on state behavioral health work force challenges in funding behavioral health work force and the sheer number that was required in this proposal, is it feasible to recruit and retain the full complement

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of behavioral health staff necessary to serve this special population? There would be a need at the Hastings Regional Center to have sight and sound barriers--we talked with you a little bit about that this morning--between the youth served at the Hastings Regional Center and the inmates, which may limit options and could contribute to additional costs. Appreciate Senator Seiler and the committee's efforts and would like to continue to work with the new leadership in Corrections to further evaluate the system, the proposal, identify resources at hand, collect and analyze data, and weigh the needs and risks to determine specific solutions. To be cost-effective as well as have the maximum impact, we need to align each individual's risk and needs with programs and practices. So thank you for your time.

SENATOR SEILER: Any questions? Seeing none, thank you for your testimony.

SHERI DAWSON: Thank you.

SENATOR SEILER: Thank you very much for your attendance here and your testimony given. I'd move that the written documents submitted so far to us be received as part of the transcript of this hearing. And if you think of something that you believe would really contribute to this hearing, September 1 we're going to have another hearing, please send your written materials to us so we can make them part of that record. Thank you very much.