



**Testimony on LR 34
Before the Executive Board of the Nebraska Legislature
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Good afternoon Senator Krist and members of the Executive Board. For the record my name is Brad, B-R-A-D Meurrens M-E-U-R-R-E-N-S, and I am the public policy specialist with Disability Rights Nebraska. I am here today in support of LR 34.

Disability Rights Nebraska is the designated Protection and Advocacy organization for people with disabilities in Nebraska and we are charged with advocating for the rights of persons with disabilities in Nebraska.

We completed a research report, which I have attached to my testimony, into the interplay between mental health and corrections, focusing on what we felt were 4 key areas: 1) The use of solitary confinement; 2) In-house mental health treatment; 3) Reentry and discharge planning; and 4) Community-based mental and physical health services. Our report's findings support LR 34's continued examination of the corrections systems and how people with disabilities, especially mental illness, are served currently within corrections and where improvements can be made. We note:

- A significant number of inmates with mental illness are placed in solitary confinement/extreme isolation/segregation programs. Once in segregation (whether long-term or short-term), their psychiatric symptoms and mental condition generally worsen (which can then be used to justify keeping them in segregation longer).
- Our research suggests that in Nebraska, mental health services available to individuals in segregation appear to be limited to face-to-face meetings with a mental health professional, the frequency of which is determined by apparent need. The Violence Reduction Program in Nebraska is not offered to individuals in segregation (who are some of the inmates most in need of such services).

- The vast majority of persons incarcerated in U.S. prisons and jails will eventually be released. The immediate period after release is an especially vulnerable time for released inmates: in the first two weeks of release, former inmates are over twelve times more likely to die from health problems than the general population as well as at a heightened risk to recidivate.
- Navigating a successful transition is often uniquely difficult for former inmates with mental illness, especially without assistance in preparing for their release and figuring out what services are needed or how to access those services.
- System collaboration is a necessary part of a successful transition to community. The corrections system, human service system, state agencies, and other relevant or pertinent service systems need to work collaboratively to address the scope of needs of former prisoners with mental health conditions once living in the community and resist the temptation to operate as service “silos”.
- Integrated services are essential.

This concludes my testimony. I would be happy to answer any questions the Executive Board may have.