

the body. This bill does a wide variety of things. A few years ago, the State of Nebraska tried a different tact in dealing with mentally-disordered sex offenders and this is not everyone that commits a crime that's a sexual offense. It's a limited number of crimes that have been defined. I served on the state Sentence Review Committee for a year and a half and my first impressions when I went to this Sentence Review Committee was that I was going to be seeing people like rapists and mass murders and so on and, much to my surprise, the large number of people that came into these groups were pedophiles, were people who had a lot of psychological problems, had a lot of family problems, and who were not violent people. So when we talk about MDSOs, that stands for mentally-disordered sex offenders, you're not talking necessarily about the violent people. You are talking about people who are extremely sick, who have a lot of mental problems but need to be treated and some who can be treated, some who can't be. But what we do right now is someone, if they are convicted of this certain list of crimes, they enter their plea of guilty or are found guilty by the judge or the jury and, before they are sentenced, they are sent off to be evaluated. Well, they can be evaluated about any place in the state. There is a statute that says as long as there are two physicians, and I think one's a psychologist and so on, that have treat...or have some experience in this area, they make a diagnosis, an evaluation, and decide if they are, quote, unquote, "a treatable mentally-disordered sex offender" or not. The judge gets that recommendation and, if they are determined to be an MDSO, then they are sent to the regional center. The Regional Center is jammed in Lincoln and this is where the treatment takes place. The other regional centers don't have those facilities to adequately treat these people. It's a fairly specialized area and one with a limited number of beds. The backlog is huge there, so they oftentimes go to the penitentiary to wait their time, or they go to the Diagnostic and Evaluation Center to wait their time to get into treatment. And the graph that I passed out on the blue sheets will show we've had an increase. Well, the reason there's an increase there is we've put more beds, we dedicated more beds to take care of these people because of the waiting list to get on to the program. Once an MDSO gets on to the program, they are then eligible for treatment. Some people it works. Some people, they make great strides in this area and they are eventually, although maybe not cured, are certainly acceptable to go back into the general society and our general population. If, for some reason, we can't successfully treat them, or let's say they