

guess you are assuming that persons from nursing homes setting will all go to nursing homes, even DPI's own suggestion to...that they were going to have a lot of these people going to acute services through a private hospital. That, ladies and gentlemen, is going to be a lot more expensive than...I have been repeating that, than a regional center. Senator, I don't see why we shouldn't get involved, like Senator Korshoj said, with DPI if they can't see the plight we've got there. There was 10 in two counties...in the last three weeks there has been two...10 attempts at suicide, four happened. Now, ladies and gentlemen, if we can save one life, whether we open the beds in Norfolk, Hastings, or whatever, by golly, it's worth it. And there is a serious problem out there. Senator Hannibal talks about the \$1,300,000 goes to nursing homes and half-way houses. There's nothing left for beds and, ladies and gentlemen, there's not all those beds out at Hastings. DPI even admits that, Senator Smith, 10 at the most, according to DPI's own figures. Now somebody got some other figures that I'm not aware of. I would like to read a couple things here into the record. One is from another psychiatrist here in Lincoln. "I agree with you"...Dr. Whitla, I believe you pronounce it..."I agree with you that more psychiatric beds need to be available at the Norfolk Regional Center. The concept of alternative placements is a good idea but won't, in my opinion, cure all the ills of the bed shortage." From Creighton University Med Center and University of Nebraska Med Center, from some doctors there, "Individuals requiring acute care for a serious mental illness exceed current capacities to care for them in the Department of Public Institutions. In our zeal to deinstitutionalize and provide care at the least restrictive level of care we have created a cadre of seriously mentally ill patients who revolve through a repetitive cycle from acute community based hospitalization, transferred to a regional center, discharged back into the community, 'nursing home, half-way houses, family' and to frequently decompensate and are readmitted to a community acute care facility. In addition to this group are other acutely and chronically mental ill individuals competing with limited resources of care. The primary care psychiatrist is frustrated because he or she is unable to transfer his or her patient requiring longer term care to a regional center. The regional center psychiatrist is frustrated because ongoing admission pressure forces discharge of some of the patients back to the community without a sufficiently structured after care program to maintain out of hospital placement. This problem may become more acute as nursing homes no longer will be able to