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FLOOR DEBATE

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continue correctional facilities, develop in consultation with the probation administrator and the parole administrator standards for the use of community corrections programs, develop, recommend, and review sentencing guidelines, analyze the consistent use of offender risk tools, develop standards for eligibility, educate the courts on the board of parole about the availability and use of community correctional facilities and programs, enter into contracts for carrying out the programs of Community Corrections Act. Again, under the Community Corrections Council, no specific mentioning of the funding or apparatus of community-based substance abuse treatment. The bill ignores our existing apparatus for service delivery infrastructure of community-based substance abuse and mental health treatment. What we utilize in the state of Nebraska is through the Health and Human Services, the region concept. In the state of Nebraska, we have six regions that provide as pass-through monies to local providers, both profit and not-for-profit providers, substance abuse treatment. And this bill entirely ignores the current infrastructure to get that treatment to the individuals that need it. I would submit that our region system, which is compiled of all the counties, is currently treating this group, or this section of offenders, currently. They are currently contracting for services to treat probationers, to treat parolees. But the bill ignores the needed increase in capacity that is going to come about as a result of a diversion to community corrections rather than institutional corrections. What my amendment will do is allocate 50 percent of the fees that are collected for supervision fees, as we call them, will be directed to our existing infrastructure to provide service. And that would be to our Health and Human Services regions, the six regions that are involved in providing service of substance abuse treatment and mental health. This enhancement of capacity is going to without question be needed. I know that in Omaha, in the metropolitan area, currently, currently, there is a four- to six-week wait for residential inpatient treatment. I think this is...it is important to get the monies where the...where it is needed, in the treatment realm of things. Let the substance abuse and mental health treatment sphere of influence, if you will, receive the monies for what their expertise calls for, that is, the treatment of these individuals. And let the other