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of, their mental health status carefully diagnosed, a prescription regime placed, some training may be necessary, and then release them to community services. That's fine. The general trend is to community services. But before we do that, we better find out what community services are there. Let's not get rid of the regional centers and find out that these people have gone where other people have gone from regional centers, going all the way back for more than a half a century. This is another step in a process that started after World War II, the deinstitutionalization of the mentally ill. The regional centers in Norfolk and in Lincoln and Hastings at that time had enormous populations. In Norfolk, I think it was something like 1,400 or 1,500 people. There are now I think 172 beds there. And we have just as many mentally ill now, or more, than we had then. The handling has been different and I don't have a problem with the handling. If someone can be diagnosed, medicated, trained to take care of themselves and put someplace where they can get help if they need it, which is a definition of community services, I have no problem with that. I think that's grand and we may be able to do it at a lesser cost and I have no...I'm all in favor of that. I don't want to see happen again what happened to many, many people over the last 50-some years. We released them from the regional centers and we made other provisions for them. Some went to the streets and died there. A good number went to jail and died there. Other people are going to jail now. There are various estimates nationwide as to how many people in prison are actually there because they are mentally ill and they weren't treated correctly. I don't want to see a repetition of that and I want to make sure that there is a savings, a real savings, not an imputed savings; that's there's a betterment of service, not a brushing aside of the mentally ill. And I believe that can happen in community services. Several years ago, we had a man who had been released from a regional center, walked back into the regional center, walked into the office of the man who had treated him, a man, name of Dr. Bartholow, and shot him down with a 9-millimeter handgun. Several years ago, we had a man who had been diagnosed as mentally ill who was threatening people but not to the point where EPC could be used, emergency protective care. He took a World War II German army rifle, a relic, and shot a woman to death. We don't need repetitions of this and we need better