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future will be or what the system should look like. We do need acute care mental health placements. There's absolutely no doubt about it. But one of the problems when...and I haven't been on the Health and Human Services Committee for a couple years, but one of the things that I found extremely interesting in visiting some of these facilities was the number of people who are waiting to get out and the lack of programs at the local level so that they could get out and get back to their communities. We need to start saying we don't want to keep people in acute care mental health hospitals who don't need to be there, and once they're stabilized they can get back to the communities if we have community-based systems in place for them. And work has been done in a number of areas to try to make that happen and make those changes happen, and progress has been good, but we don't have the money to fund it. So the question is, how do you get there if you're continuing to sustain and if you're going to start with a philosophy that takes that intent language out saying we're going to address the need...or address the fact that we have these large institutions when we need a series of smaller institutions that provide community-based care throughout the state. We're still going to need acute care mental health facilities, there's no doubt about it, but we're not going to need big, large facilities that take the resources and then keep us from having the community-based resources while we're keeping them in place. We need to do both. I was in state government for awhile when the last set of reform issues came out and we never quite got them finished, but I heard the same testimony and the same discussion a decade ago when we were talking about the same issues, different members of the Legislature but some of you are still here, and that is how much acute care mental health do you need in terms of facilities. And the fact is we need more community-based facilities to be in touch with the newer methods of treating mental illness, to be more...be wiser with our resources, and also to do better things for the families and the individuals themselves. So when we have people backed up in the system, backed up in these acute care hospitals, they could be served in the community and they're not able to be served so that we end up with more people there. So let's take a look at things with a fresh approach and leave this language in this bill so that when we start off we're going to say we have to look at these