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drugs that they could take and they could live in society. And along with that, as we moved that 90 percent of those individuals out of those institutions, we were left with many empty buildings, empty buildings that have now sat there for 30 and 40 years. And as a steward of state property, it pains me every time I go on to one of those campuses and see the number of buildings sitting there vacant, sitting there rotting, sitting there in decay, and I can't understand why a state would allow that to continue. In Norfolk, we have a public...or a power system that at one time fed power to 15 buildings, now supplying power, electricity and heating and cooling, to only one building. And Norfolk...or, excuse me, in Hastings, out of the 20-some buildings, there are four that are being used: two for treatment, one for a chapel, another one for administration use. And of the two buildings being used for treatment, they're not fully occupied or they're not fully used to all their floors. You may have read that, in 1980, DPI Director Ralph Michener...that was DPI, we don't have that anymore after the merger that we went through...announced the closing of the Norfolk Regional Center in the spring of 1981. The Legislature made it clear who makes that decision and decided not to close that, along with then-Governor Charles Thone. But we continue to have studies at the mental health system. We had a study in 1992, 1993, 1994, 1996, 1998. And, as a matter of fact, in 1998, through the passage of LB 1354, of which 46 people in this Legislature voted to reduce the number of beds in the regional center by 200. Had about the same population back then. By the way, LB 1083 would reduce those beds by about 220, maybe even less. It all depends on where the population is. Forty-six to one. Senator Kate Witek voted against that bill. Senator Don Pederson, Senator Jim Jensen voted not voting. Forty-six of the people that were here in 1998 voted to reduce the number of beds. But it's not the number of beds that we're looking at. It's not the closure of the regional centers that we're looking at. What is really more important is how can we work together to achieve real and lasting behavioral health reform in the state of Nebraska? We cannot just talk about reform; we have to make it happen. Numerous sources in Nebraska and other states have emphasized the goal of reform and the critical components of reform. The importance of states pursuing reasonable efforts towards appropriate, less-restrictive, community-based care has