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answer this. You've already stated that you're not on the Exec Board and maybe not sure how they would handle it. But do you personally think that there might be a public input before the Exec Board makes any decision, or do you have an opinion on that?

SENATOR JENSEN: Well, Senator, there's always public input. We both know that from all the letters that we get. And certainly, when you have people with mental illness and you have loved ones, you're going to get input from those. So I think that will continue, like I said, whether the Exec Board wants to decide to hold a public hearing, but they will always be taking public input. I'm sure of that. And whether they decide to have a public hearing, I'll leave that up to them. I had also hoped, to be honest with you, that the Exec Board would do some consulting with the Health Committee, since we are the ones who have been working on this for so long. That's not in the amendment, nor does it maybe need to be there. But I think that the Exec Board would certainly, I would hope, contact the Health Committee to get our input as they proceed and do make a decision.

SENATOR BURLING: Thank you. Now we talk about patients in the regional centers being...

SENATOR CUDABACK: One minute.

SENATOR BURLING: ...moved out into community-based services, and I thank you for acknowledging the fact that Hastings has had the ACT team for several years, and the substance abuse treatment out there for several years, and I appreciate that. Their experience is that, in Hastings, 39 percent of the EPCs were in community-based services. So, you know, they go to the hospital and then the mental health board refers them back to the regional center. It's stated in here that as long as the regional health services are necessary, they'll remain open. So you have the people that maybe are on community-based services but they're involved in a rotation...

SENATOR CUDABACK: Time. Sorry, Senator Burling.