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that the more patients we put on community-based services the more that the regional center facilities that we have now will need to be used for possibly safety nets for these people that get caught up in this revolving door that we have talked about on this floor. And just because a regional center facility would be closed and lose its license, doesn't mean that it couldn't be relicensed and used for some type of mental healthcare that it's not used for now. Because, like I said, we still going to need them during this transition for safety net purposes to fall back on as we learn about where we're going. So I'm trying to support this proposal. I have found the people at HHS very receptive to discussing it, along with the Governor, and I believe the Legislature has spoken. So I want to be a part of improving behavioral health and seeing if we can correct some things that we've been doing wrong. And I'm just...my goal now is to continue to work with all the parties involved to guarantee the best possible behavioral healthcare at the least possible cost that we can...that we can have in this state. So I return my time to the Chair, and thank you.

SENATOR CUDABACK: Thank you, Senator Burling. Senator Schimek, on the Jensen amendment, followed by Senator Tyson and Jones.

SENATOR SCHIMEK: Yes, thank you, Mr. President and members. I, too, rise in support of the bill, but also to ask some questions and to get some things into the record. I've been kind of distracted here by grasshoppers and cicadas and locusts and incest, Senator, but I thought it was time to focus here. And I had the opportunity recently to meet a constituent at a town hall meeting we had on March 22, and I learned that he had been in Kansas when Kansas had basically shut down their system, or not shut it down, but they redid their mental health services. And so I asked him if he would come to my office and visit with me for awhile, and he was gracious enough to do so. He spent about an hour with me talking about the experiences in Kansas, and he comes rather well credentialed because he was a deputy director of the mental health services in the Kansas Department of Health, as well as had some other experiences in Kansas with the correctional department and other interfacing agencies and groups. So it was very informative and he was very positive about what we're trying to do here, and he said there will be